

## DECISION ON OPEN ACCESS INFORMATION – MINISTERIAL BRIEFINGS

In accordance with section 24 of the *Freedom of Information Act 2016* (FOI Act), an agency or Minister must make open access information of the agency or Minister publicly available unless the information is contrary to the public interest information.

### **Section 23 of the FOI Act**

Section 23(1)(i) states open access information includes any of the following ministerial briefs prepared by the agency that are 5 or more years old:

- (i) incoming ministerial briefs;
- (ii) parliamentary estimates briefs;
- (iii) annual reports briefs;
- (iv) question time briefs.

I am an Information Officer appointed by the Director-General of ACT Health Directorate (ACTHD) under section 18 of the FOI Act to ensure that the agency meets its obligation to publish open access information under part 4 of the Act.

I have identified 271 documents holding the information within scope of section 23(1)(i).

### **Decisions**

I have decided to grant full access to the information in the identified documents that can be decided under the FOI Act.

In reaching my access decision, I have taken the following into account:

- The FOI Act;
- The contents of the documents that fall within the open access information scheme;
- The views of relevant subject matter experts; and
- The *Health Records (Privacy and Access) Act 1997*.

### **Ombudsman review**

My decision on open access information is a reviewable decision as identified in Schedule 3 of the FOI Act. You have the right to seek Ombudsman review of this outcome under section 73 of the Act within 20 working days from the day that my decision is published on the ACT Health website, or a longer period allowed by the Ombudsman.

If you wish to request a review of my decision you may write to the Ombudsman at:

The ACT Ombudsman  
GPO Box 442  
CANBERRA ACT 2601  
Via email: [ACTFOI@ombudsman.gov.au](mailto:ACTFOI@ombudsman.gov.au)  
Website: [ombudsman.act.gov.au](http://ombudsman.act.gov.au)

**Further assistance**

Should you have any queries in relation to this publication, please do not hesitate to contact the FOI Team on (02) 5124 9831 or email [HealthFOI@act.gov.au](mailto:HealthFOI@act.gov.au).

A handwritten signature in black ink that reads "Fiona Barbaro". The signature is written in a cursive style with a large, stylized initial 'F'.

Fiona Barbaro  
**Executive Group Manager**  
Corporate & Governance  
ACT Health Directorate

9 January 2024

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## Minister's Fact Sheet—Item 1 - as at 30 June 2018

	2016–17	2017-18	% change
<b>Walk-in Centres</b>			
<i>Number of presentations to Walk-in Centres</i>	36,785	41,551	13%
<b>Emergency department</b>			
<i>Number of presentations by hospital</i>			
Canberra Hospital	85,093	88,661	4%
Calvary Public Hospital	58,767	59,117	1%
Total	143,860	147,778	3%
<i>Number of presentations by category</i>			
1—Resuscitation	642	752	17%
2—Emergency	14,694	14,737	0%
3—Urgent	55,380	62,106	12%
4—Semi-urgent	58,524	57,999	-1%
5—Non-urgent	14,620	12,184	-17%
Total	143,860	147,778	3%
<i>Percentage of patients seen on time<sup>1</sup></i>			
1—Resuscitation	99%	100%	1%
2—Emergency	77%	77%	0%
3—Urgent	50%	37%	-13%
4—Semi-urgent	64%	49%	-15%
5—Non-urgent	92%	82%	-10%
Total	63%	50%	-13%
<i>Proportion of presentations with a length of stay of 4 hours or less<sup>2</sup></i>			
Canberra Hospital	71%	59%	-12%
Calvary Public Hospital	76%	72%	-4%
Total	73%	64%	-9%

1. The benchmarks for seen on time are as follows:

- Triage category 1—100%
- Triage category 2—80%
- Triage category 3—75%
- Triage category 4, 5 and overall—70%

2. The performance benchmark for the National Emergency Access Target (NEAT) is 90% of all emergency department presentations with a length of stay of 4 hours or less.

*“There are no known issues with the data contained in this report and ACT Health will continue working to ensure that the data contained within this report is fit for purpose. Prior to the publication of any data contained within this report, written approval must be sought from ACT Health”*

	2016–17	2017-18	% change
<b>Elective surgery waiting lists</b>			
<i>Number of patients waiting longer than clinically recommended at end of period</i>			
Urgency 1 (see within 30 days)	8	8	0%
Urgency 2 (see within 90 days)	227	104	-54%
Urgency 3 (see within 365 days)	200	287	43%
Total	435	399	-8%
 <i>Number of removals for surgery</i>	 12,826	 13,340	 4%
 <i>Proportion of removals for surgery that were within clinically recommended timeframes</i>			
Urgency 1 (see within 30 days)	92%	91%	-1%
Urgency 2 (see within 90 days)	81%	70%	-11%
Urgency 3 (see within 365 days)	88%	77%	-11%
 <b>Separations from public hospitals</b>			
<i>Number of inpatient separations</i>			
Same day	60,487	60,052	-1%
Overnight	54,431	55,369	2%
Total	114,918	115,421	0%
 <b>Breast screens</b>			
<i>Number of breast screens performed</i>	17,176	18,123	6%

*“There are no known issues with the data contained in this report and ACT Health will continue working to ensure that the data contained within this report is fit for purpose. Prior to the publication of any data contained within this report, written approval must be sought from ACT Health”*

**ISSUE: HEALTH LEADERSHIP EVENTS ON 14 AUGUST 2018 AND  
13 SEPTEMBER 2018**

**Talking points:**

- Given the ACT Government's decision to create two organisations from October 2018, as well as the need to address other key organisational challenges, leadership engagement and collaboration is critical.
- Building an environment where collaboration between leaders across the two organisations thrives is intergral to positive workplace culture as we move through the organisational transition.
- The Collaborative Leadership Events held on 14 August 2018 and 13 September 2018 provided ACT Health senior leaders with an opportunity to engage directly with the Director-General and Senior Executives.
- The Interim Director-General officially opened both events. On 14 August 2018, the Interim Director-General emphasised the priorities of organisational values and their importance in guiding behaviours, decision making and leadership more generally.
- On 13 September 2018, the Interim Director-General's opening remarks focussed on acknowledging ACT Health's numerous successes since March 2018. The hard work undertaken by staff to accomplish these and his faith in ACT Health to continue to provide high quality health services in Canberra and surrounding region.
- The media attended the event on 13 September 2018, filming the Interim Director-General's opening remarks.
- Attendees contributed to the future state of the two organisations through a number of activities focussing on breaking down silos and consultation on a number of key issues specifically related to the organisational transition.

Cleared as complete and accurate: 15/10/2018  
5Cleared by: Executive Director Ext: 51086  
Information Officer name: Janine Hammat  
Contact Officer name: Flavia D'Ambrosio Ext: 74835  
Lead Directorate: Health

TRIM Ref: GBC18/580

## Key Issues:

- 139 leaders from across the organisation attended on 14 August 2018.
- 128 leaders from across the organisation attended on 13 September 2018.
- The Transition Office provided leaders with an update on the organisational transition and sought feedback from attendees about the transition to date.
- On 14 August 2018, futurist guest speaker, Bruce McCabe discussed research, innovation and technology developments that will impact healthcare and the broader community. Attendees were encouraged to consider future innovation and strategic thinking when completing Transition related activities during the event.
- On 13 September 2018, guest speaker, Abby Rees presented a session on Conscious Leadership – the leadership attributes needed to lead and collaborate in times of change. Attendees participated in a number of self reflective activities and table discussions to help embed the learnings of the session.

## Background

- Costing for the leadership workshop held on 14 August 2018:

Venue	\$850
Catering	\$13,600
Speaker	\$11,500

- Costing for the leadership workshop held on 13 September 2018:

Venue	\$1,873
Catering	\$12,160
Speaker	\$3,630

Cleared as complete and accurate: 15/10/2018  
 5Cleared by: Executive Director Ext: 51086  
 Information Officer name: Janine Hammat  
 Contact Officer name: Flavia D'Ambrosio Ext: 74835  
 Lead Directorate: Health

TRIM Ref: GBC18/580

## ISSUE: INDEPENDENT REVIEW INTO ACT HEALTH'S CULTURE

### Talking points:

- Together with the Minister for Mental Health, I have been extremely clear around my expectation for a positive culture in the delivery of public health care in the ACT.
- The Government has a zero tolerance for bullying and harassment.
- Since March 2018, there has been significant work undertaken within our public health system to improve culture and governance, and to build an environment of genuine engagement.
- I have seen significant improvements in workplace culture since this time. These improvements were confirmed by the Australian Council on Healthcare Standards, through their accreditation report handed down in August 2018.
- Building on these achievements, I have made the decision to put in place several processes to assist in further improving culture within ACT Health. This has included the establishment of an Independent Review of the workplace culture within ACT Public Health Services and the formation of a Clinical Leadership Forum.
- Both of these initiatives complement a broader package of initiatives that are being implemented by the Executive within ACT Health, aimed at further improving the workplace culture within ACT Health and Canberra Health Services.
- I am aware of the calls by Australian Salaried Medical Officers (ASMOF) and Australian Medical Association (AMA) to establish a formal Board of Inquiry. These views were carefully considered by me prior to announcing the Review, , and I do not believe that a Board of Inquiry is the right mechanism to be used.

Cleared as complete and accurate: 22/10/2018  
Cleared by: Director-General Ext: 50823  
Information Officer name:  
Contact Officer name: Vanessa Dal Molin Ext: 79532  
Lead Directorate: Health

TRIM Ref: GBC18/580

- The Independent Review will be about the entire ACT Health workforce, and not just about the doctors.
- All staff across the workforce have a right to feel safe, supported and heard during this Review process, regardless of their position.
- The Terms of Reference for the Independent Review were released on 21 September 2018, together with the details of the Review Panel members appointed to conduct the Review.
- The Review Panel is made up of three highly experienced individuals – Mr Mick Reid (Chair), Ms Fiona Brew and Professor David Watters.
  - Mr Reid has undertaken many roles in the Australian health system, spanning four decades. He has been a bureaucrat, consultant and academic which gives him a breadth of experience and depth of knowledge of the Australian health care system.
  - Ms Fiona Brew has a nursing background. She is a senior health executive with more than 10 years experience in managing public health services and aged care in various senior roles. She is a values based leader and an expert in reforming culture in health services.
  - Professor Watters was president of the RACS from 2015 to 2016. During this time he established an expert group to combat bullying, harassment and discrimination in the health sector. This included looking at how RACS could lead the elimination of bullying and harassment from hospitals and health departments. He has a strong interest in workplace culture and professional issues across the health sector. Professor Watters is Professor of Surgery at Deakin University, working at Barwon Health and the University Hospital Geelong.
- The Review panel has a mandate to undertake extensive engagement and consultation and to seek input from relevant experts where this is required.
- The Panel has been asked to determine how best to undertake this engagement, whilst ensuring the upmost protection and privacy is afforded to all individuals.
- To this end, the Review Panel issued a call for submissions on 15 October 2018. Anyone is able to make a submission to the Review. The call for submissions will be open until 30 November 2018.

Cleared as complete and accurate: 22/10/2018  
Cleared by: Director-General Ext: 50823  
Information Officer name:  
Contact Officer name: Vanessa Dal Molin Ext: 79532  
Lead Directorate: Health

- I have stated from the very outset that we will ensure that the processes established to conduct the Review are safe so that people are encouraged and confident to come forward. The Panel has also publicly stated that the protection of people's confidentiality and privacy is of the utmost importance to the Review.
- A Secretariat for the Review has also been established. The Secretariat is independent of ACT Health, and no permanent Health staff members will be involved with the Secretariat for the Review.
- The Review has been asked to produce an interim report by 17 December 2018, with a final report provided to me by the end of March 2019.
- I will subsequently table and publicly release these reports at the earliest opportunity.

*[If pushed around the need for a Board of Inquiry]*

- In my view, holding an expensive Board of Inquiry has the potential to be incredibly divisive for the workforce. It could be an extended and protracted process, distracting our health professionals from the very important work they do to deliver quality and safe healthcare to our community.
- A Board of Inquiry would see witnesses being cross examined by the independent legal teams of staff. This could have a significant personal impact on staff who need to be focused on providing care to patients.
- I do not believe that an Inquiry will be beneficial for our health system at this critical point in time. The significant funds that would be required to support a Board of Inquiry would be better spent on providing critical health services to our community.
- The Independent Review will be one of learning and healing, and looking at how we can address any systemic issues in a meaningful way. This should not be a witchhunt or a mechanism for publicly scrutinising a small portion of the workforce within the Directorate, as the AMA and ASMOF suggest.
- Can I also say that I have received representations from a variety of important professional associations and prominent individuals from within our healthcare system who have told me that they are highly opposed to a Board of Inquiry approach.

Cleared as complete and accurate: 22/10/2018  
Cleared by: Director-General Ext: 50823  
Information Officer name:  
Contact Officer name: Vanessa Dal Molin Ext: 79532  
Lead Directorate: Health

TRIM Ref: GBC18/580



- I have received strong support for the independent review process I have announced.

### Clinical Leadership Forum

- I also intend to finalise terms of reference for a Clinical Leadership Forum over the coming weeks.
- This is a high level forum that will report directly to me.
- The Forum will include a range of stakeholders from across Canberra Hospital, Calvary Public Hospital and the broader ACT health services sector.
- The Forum will provide an important mechanism for clinical leaders to advise on health services planning and infrastructure, clinical culture and training and education.
- I expect that the Forum will be in place before the end of this year.

### **Key Issues:**

- On 10 September 2018 you issued a statement on ACT Health culture. As part of this statement you announced the establishment of an Independent Review into the Workplace Culture within ACT Public Health Services.
- The AMA, ASMOF and the ACT Visiting Medical Officers Association have called for the establishment of a Board of Inquiry.

Cleared as complete and accurate: 22/10/2018  
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Lead Directorate: Health

TRIM Ref: GBC18/580

GBC18/580

**Portfolio/s:** Minister for Health and Wellbeing

**ISSUE: ACT HEALTH ANNUAL REPORT 2017-18**

**Talking points:**

- ACT Health performed well against a range of Health Directorate and ACT Local Hospital Network strategic objectives and priorities over the reporting period.
- Emergency Departments (ED) in the ACT were impacted by a record number of influenza cases during the winter of 2017.
  - In 2017-18, 100 per cent of Category 1 patients presenting to the ED were seen within clinically recommended timeframes.
  - The number of presentations to ACT Public EDs increased by 6.3 per cent from July to September 2016 to July to September 2017.
  - The number of presentations to Canberra Hospital ED increased by 4.1 per cent in 2017-18.
  - The number of presentations to ACT public EDs in 2017-18 was 147,778 compared to 143,860 in 2016-17.
- ACT Health exceeded the target for the total number of elective surgeries performed. In 2017-18, 13,340 elective surgical procedures were completed across the ACT, compared to 12,826 in 2016-17.
  - The results for Urgent Category 1 are similar to the previous year, with 91 per cent of urgent patients receiving access within clinically recommended timeframes.
  - There were zero long-waits in paediatric surgery, an important achievement.
  - The Government has committed to providing additional funding to increase elective surgery numbers to around 14,000 per annum from 2018-19.
  - The Government has committed \$64.7 million over the next four years to improve access to surgical care and reduce wait times,

Cleared as complete and accurate:	18/10/2018	
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which will produce better health outcomes for patients in the ACT and surrounding NSW region.

- The target for access to radiotherapy emergency treatment was met with 100 per cent of patients requiring emergency treatment seen within 48 hours.
  - During 2017-18, overall activity and the number of patients treated by radiotherapy services increased by 6.5 per cent. This increased demand created additional challenges in meeting target wait times for palliative and radical treatments.
- The number of breast cancer screens in 2017-18 increased compared to the previous year. The ACT participation rate is three per cent higher than the national average.
- The usage of seclusion in Mental Health episodes increased from four per cent in 2016-17 to 7 per cent in 2017-18.
  - The increase is due to the inclusion of the data from the Dhulwa Mental Health Unit (Dhulwa) which opened in November 2016. The target from 2016-17 was maintained in 2017-18 and was not adjusted to account for another inpatient unit.
  - The target has been increased to be less than five per cent for the 2018-19 Financial Year due to the inclusion of the more complex Dhulwa patient cohort.
- The ACT continues to enjoy the highest life expectancy of any jurisdiction in Australia. Life expectancy at birth is:
  - 85.2 years for females in the ACT, against a national average of 84.6 years.
  - 81.3 years for males, against a national average of 80.4 years.
- The estimated hand hygiene rate at Canberra Hospital continues to remain well above target levels. Hand hygiene was a key focus of the Australian Council on Healthcare Standards accreditation process undertaken earlier this year.
- For the two-year Cervical Screening Program participation rate, the ACT achieved a result of 56.2 per cent against a national rate of 56.0 per cent.
- The proportion of the ACT population with cardiovascular disease is 3.9 per cent, which is lower than the national proportion of 4.7 per cent.

- The 2014 dfmt/DMFT index results at six years and 12 years were lower than the national average for the dfmt/DMFT index.
- The 2016–17 ACT rate of admissions in persons aged 75 years and over with a fractured neck of femur was 5.6 per cent. This is above the long-term target of 5.3 per 1,000 persons, but an improvement on the 2015-16 result of 6.6 per cent.

### Key Information

- There is no data to report against maintaining reduced rates of patients returning to an ACT public acute psychiatric inpatient unit.
- Unplanned readmissions could not be separated from planned readmissions for a range of reasons at a time of significant change occurring during the second half of 2017.
- This indicator will be reviewed, with a proposal to align the ACT Health definition with the national definition, for future reporting.

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GBC18/580

**Portfolio/s:** Minister for Health and Wellbeing

## ISSUE: Health Expenditure Australia 2016-17

ACT Government is spending more on health as detailed in Health Expenditure Australia 2016-17 report published by the Australian Institute of Health and Welfare (AIHW) and discussed in the Canberra Times article on 29 September 2018.

### Talking points:

- ACTs total health expenditure increased by \$498 million (17 per cent) from 2014-15 to 2016-17. This was driven by growth in recurrent expenditure \$435 million coupled with growth in capital expenditure \$63 million.
- It should be noted that funding for the increase in recurrent expenditure of \$435 million was split between Commonwealth \$263 million, ACT Government \$136 million and Non-Government Sources \$36 million.
- The increase in recurrent expenditure of \$435 million was substantially driven by increase in funding for expenditure relating to primary healthcare \$191 million, research \$92 million, public hospital services \$86 million and other \$66 million.

### Key Information

Funding Source	Expenditure Category	2014-15	2015-16	2016-17	Growth 2015 to 2017	
		\$m	\$m	\$m	\$m	%
ACT Funding	Recurrent	986	1,068	1,122	136	14%
	Capital	80	73	157	77	96%
	<b>Total</b>	<b>1,066</b>	<b>1,141</b>	<b>1,279</b>	<b>213</b>	<b>20%</b>
Commonwealth Funding	Recurrent	1,179	1,245	1,442	263	22%
	Capital	5	5	5	-	0%
	<b>Total</b>	<b>1,184</b>	<b>1,250</b>	<b>1,447</b>	<b>263</b>	<b>22%</b>
Non-Government Funding	Recurrent	658	706	694	36	5%
	Capital	56	67	42	14	-25%
	<b>Total</b>	<b>714</b>	<b>773</b>	<b>736</b>	<b>22</b>	<b>3%</b>

All funding Sources	Recurrent	2,823	3,019	3,258	435	15%
	Capital	141	145	204	63	45%
	<b>Total</b>	<b>2,964</b>	<b>3,164</b>	<b>3,462</b>	<b>498</b>	<b>17%</b>

Cleared as complete and accurate: 18/10/2018  
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 Lead Directorate: Health

## Background Information

- Health Expenditure Australia report produced annually by the AIHW.

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GBC18/580

**Portfolio/s:** Health & Wellbeing

**ISSUE: ACT HEALTH ORGANISATIONAL UPDATE**

**Talking points:**

- The proposal to restructure ACT Health was considered over a number of months and involved a range of conversations between myself and the Minister for Mental Health.
- The ACT Health Directorate Executive Leadership Team, with the support of a dedicated Transition Office, were responsible for overseeing the transition planning.
- As planned, the ACT Health Directorate became two organisations on 1 October 2018: Canberra Health Services and ACT Health Directorate.
- Canberra Health Services is responsible for the delivery of frontline health services to the Canberra community, including the Canberra Hospital, University of Canberra Hospital Specialist Centre for Rehabilitation, Recovery and Research, three Walk-in Centres, six Community Health Centres and a range of community based health services.
- The ACT Health Directorate is responsible for the stewardship of the health system in the ACT and for building a strong research, strategic policy, population health and planning capability, which will set the strategic direction for health services across the ACT.
- The creation of two health organisations will enable a clearer focus on efficiency and effectiveness for clinical operations, and enable the ACT Health Directorate to develop strategies and set the direction to ensure services meet community needs and expectations and that the health system is innovative, effective and sustainable now and in the future.
- This change is an essential evolution for our growing population and expanding health system, and will bring greater clarity about the distinct roles and responsibilities of frontline staff and corporate staff.

Cleared as complete and accurate: 15/10/2018  
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## Governance and Consultation

- The planning process for creating the two organisations has included defining the relationship between the service delivery organisation and the planning and policy organisation. It is essential that this relationship supports a model providing effective governance, management and accountability. This process has involved consultation with key stakeholders to seek their views on the governance model and key relationships required to ensure effective functioning of the organisations.
- The Transition Office has undertaken regular staff and stakeholder communications and engagement activities, to ensure that we deliver a model that will work on the ground for both staff and ACT Health consumers.
- A formal consultation period provided staff the opportunity to formally contribute to the design of the organisations that would see us reach our milestone of 1 October.
- It is important to recognise that the key milestone date of 1 October 2018 is not the end of this process. The transitioning to two new organisations includes a “stabilise and refine” phase. This will allow us to further refine processes and internal structures once the organisations are fully established. Staff feedback will continue to be a key element of this phase.
- I remain committed to enabling and encouraging staff, stakeholders and the community to invest in this change process.

## Project governance

- The Transition Advisory Committee was established as the steering committee governing the delivery of the program of work to establish the two organisations. The Transition Advisory Committee was comprised of the Director-General, three Deputy-Director Generals, Executive Director People and Culture, Chief Finance Officer, Chief Information Officer and Director Transition Office.
- The Transition Advisory Committee met fortnightly and monitored project risk, timeframes and activities of working groups established to deliver on project elements.
- The Director-General and the Director of the Transition Team provided several verbal briefings on the key threshold matters including staffing approaches and structures.

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## Impacts for Staff

- I would like to reassure all ACT Health employees that they will continue to be engaged as we refine and stabilise the new structures. We know that large changes such as these require a process of iteration to ensure that core processes are improved, that the workload balance is correct and to rectify any unintended consequences.
- We are working to ensure that we minimise disruption for staff members as much as possible.
- There were no job losses as a result of the transition.
- Every possible opportunity has been and will continue to be provided to staff and unions to provide feedback on proposed changes to organisational reforms.

## Eligible Public Hospital and Ambulance (EPHA) salary packaging benefits

- A great deal is being speculated about the application of the Eligible Public Hospital and Ambulance (EPHA) salary packaging benefits and the impact this will have on individual staff benefits.
- Firstly, it is important to note that there will be no impact on the eligibility for EPHA Salary Packaging for staff currently working at Canberra Hospital and Health Services as a result of the transition. EPHA is sometimes mistakenly referred to as PBI.
- It is also important to note that this is a benefit which is governed by federal tax legislation and the ACT Government must ensure that any decisions regarding EPHA are aligned with this legislation.
- EPHA Salary Packaging is available to staff who meet the requirements of the Fringe Benefits Tax Assessment Act 1986 for these benefits.
- Failure to comply with the Australian Taxation Office (ATO) determination may result in FBT liability for the individual and/or the organisation.
- An all-staff email was distributed on 28 June 2018 providing information about the ATO's interpretation of eligibility to access this benefit. This interpretation narrowed the eligibility criteria and provided a number of tests to be satisfied by the employee relating to the nature and extent of their work for a hospital facility.

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- This has left a number of ACT Health staff being subject to grandfathering arrangements in an uncertain position for a number of years.
- The transition will provide clarity on the status of the Directorate and the Health Service as defined in the ATO determination and therefore will provide clarity and certainty on access to this benefit for individuals.
- An information paper providing further clarity was distributed to staff on 21 September. This outlined the fact that any staff reporting to the Chief Executive Officer from 1 October would continue to, or begin to, receive this benefit. It is expected that approximately an additional 700 staff would be eligible to access this benefit as a result of the transition.
- This is a complex and sensitive area and the ACT Government will work with staff who may be impacted and their unions.

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GBC18/580

**Portfolio/s:** Health & Wellbeing

**ISSUE: ACT HEALTH PUBLICATION OF DATA FOR CONSUMERS**

**Talking points:**

- The System-Wide Data Review identified that ACT Health provides data for over 130 performance indicators that are publicly reported. This includes in the *Report on Government Services* and on the *MyHospitals* and *MyHealthyCommunities* websites.
- ACT Health has provided access to all of these publicly reported metrics through its website, where users can access the most up-to-date information at any time.
- One of the top priorities for ACT Health is to identify and report relevant health information to improve access to data online and help Canberrans be more in control of their own health care.
- To ensure that we continue to improve the availability and usefulness of information about our health system, ACT Health is undertaking work to refresh the publication of data for consumers.
- This was identified as one of the key activities in the Implementation Plan that I tabled in the Legislative Assembly on 21 August 2018.
- Initial focus is on access to useful and up-to-date information through user friendly web portals, such as emergency department waiting times, the number of patients actually waiting, and the number of patients receiving treatment.
- Consultation is underway with a range of consumer groups, including the Health Care Consumers Association to better understand consumer requirements for information about the ACT's health services which will lead to further information being available.
- Broader community consultation will also be conducted to ensure that a full range of views are obtained to inform ACT Health's ongoing public reporting.

Cleared as complete and accurate: 17/10/2018  
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Lead Directorate: Health

TRIM Ref: GBC18/580

## Background Information

### System-Wide Data Review

- On 14 February 2017, you announced a System-Wide Data Review (the Review), after ACT Health was unable to provide data on emergency department performance, elective surgery waiting times and mental health data for the *2017 Report on Government Services*.
- As part of this Review, ACT Health was required to:
  - Provide advice on the publication of data for consumers;
  - Ensure consumers can easily understand the information published by ACT Health; and
  - Develop options for real-time provision of information, for example live Emergency Department waiting times.
- Throughout the Review process, the publication of quarterly performance reports was put on hold. This was done to allow ACT Health time to review and develop new reporting processes to ensure that all data released has undergone a robust quality assurance process.
- You tabled the final Outcomes Report, *Leading Data Reform – The Way Forward: Outcomes of the ACT Health System-Wide Data Review*, in the Legislative Assembly on 21 August 2018. It outlined:
  - the key findings and recommendations from the Review;
  - the independent root cause analysis findings; and
  - a three-year roadmap for key future activities.
- To support the Review, you also tabled in the Legislative Assembly a comprehensive Implementation Plan covering the first six months of the three-year program of activities, to December 2018.
- The Implementation Plan will be updated by ACT Health every six months to include updates on projects underway and projects planned to start over the next six months.

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GBC18/580

**Portfolio/s:** Health & Wellbeing

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

**Talking points:**

- The ACT Health System-Wide Data Review is now complete, with my tabling of the Outcomes Report in the Legislative Assembly on 21 August 2018.
- The Outcomes Report makes nine key recommendations, and sets out a three-year program of activities that has been developed in accordance with best practice data management and performance reporting principles.
- Implementing this program of activities is now a top priority in order to ensure that the outcomes of the Review result in meaningful change for patients, the broader community and the ACT Health workforce.
- Immediate high-priority work is to identify and report relevant health information to improve access to data online and help Canberrans be more in control of their own health care.
- This will include:
  - enhanced quarterly performance updates from 2018-19;
  - developing new public reporting for patients, consumers and the broader ACT community;
  - developing and enhancing dedicated mental health performance metrics;
  - building a new data repository to deliver high quality and timely information; and
  - real time performance metrics, such as emergency department average wait times, patients currently waiting, and patients receiving treatment.
- Overall, these new ways of collecting, reporting and managing health data will inform strategic decision-making and support ACT Health to drive reform and innovation.

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## Key Information

### System-Wide Data Review

- On 14 February 2017, you announced that ACT Health would undertake a System-Wide Data Review (the Review), 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 Outcomes Report, *Leading Data Reform – The Way Forward: Outcomes of the ACT Health System-Wide Data Review*, outlines:
  - the key findings and recommendations from the Review;
  - the independent root cause analysis findings; and
  - a three-year roadmap for key future activities.
- To support this, you also tabled a comprehensive Implementation Plan covering the first six months of the three-year program of activities (to December 2018) on 21 August 2018.
- The Implementation Plan will be updated by ACT Health every six months to include updates on projects underway and projects planned to start over the next six months.

### The nine key Review recommendations

1. Build a new data repository, which will collect, store, extract and transform quality data to deliver better insights to the community;
2. Embed new governance structures to delineate roles and responsibilities in relation to data across ACT Health, ensuring accountability and transparency is a priority;
3. Continually improve the accuracy of data through robust data quality assurance activities;
4. Improve the understanding of data to ensure that the data produced and shared amongst all ACT Health stakeholders has embedded and consistent definitions and interpretation;
5. Maintain security and privacy of the data held by ACT Health;
6. Continually improve internal workforce capabilities around data to build a strong data and analytics team, and train the health workforce to leverage the use of data for decisionmaking;
7. Improve communication about data across ACT Health, mobilising a cultural shift around data management, with the intent of creating a new relationship between data, the community and stakeholders;
8. Improve communication about data across ACT Health, mobilising a cultural shift around data management, with the intent of creating a new relationship between data, the community and stakeholders; and

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TRIM Ref: GBC18/580

9. Be transparent within and outside ACT Health, by meeting regulatory requirements as well as deliver insights and intelligence about the healthcare services delivered throughout the ACT.

#### Notable outcomes of the Review

- Meeting external reporting obligations such as the *2018 Report on Government Services* and the *2016-17 ACT Health Annual Report*;
- Ensuring security and access policies are in place, so that personal information is kept confidential and is stored and released with the appropriate privacy safe guards;
- Embedding strong governance models to ensure decisions regarding our data is made by those with appropriate skill and delegation;
- Building enduring relationships with external data reporting agencies, such as the Australian Institute of Health and Welfare (AIHW);
- Embedding a Reporting Coordination Unit as a ‘data front door’ to ACT Health, so that both internal and external stakeholders have a centralised point of contact for data and reporting matters;
- Engaging independent experts to review the System-Wide Data Review activities to ensure they are comprehensive and that all systemic issues are addressed;
- Embedding a number of key quality assurance processes to ensure the data is accurate and correct at the time of release;
- Developing an annual audit program across our data collection and reporting systems to ensure that each year a sample of patient journeys will be followed from the initial collection point, to when the record is reported in a dataset. This process demonstrates confidence and transparency across the data and reporting systems;
- Reaching an agreement with the AIHW to accredit ACT Health to use the national health metadata registry ‘MeTEOR’ as a data repository for all definitions and standards. Although this work is in the initial stages, it is a major improvement and will ensure our existing and new standards and definitions are robust and consistent with national requirements;
- Investing in our staff, and embedding a culture of respect and innovation to ensure we attract and retain a skilled workforce;
- Developing end to end documentation for all national data collections, from collection point right through to reporting. Demonstrating transparency of data management processes and mitigating gaps in collection;

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- Identification of over 130 performance indicators that are currently published. The System-Wide Data Review is assessing and restructuring this consumer information so that it is informative, can easily be found and navigated through ACT Health websites and other media platforms. This will encompass the Quarterly Reporting arrangements and recommendations on format, structure and metric frequency for system performance reporting to consumers; and
- Rolling out a new data repository that is innovative and a first for the ACT Government that has the potential to be expanded and adapt to changing community health needs.

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GBC18/580

**Portfolio/s:** Health & Wellbeing

**ISSUE: UPDATE ON QUARTERLY REPORTING**

**Talking points:**

- With the System-Wide Data Review now complete, ACT Health is undertaking work to refresh and improve the timeliness and availability of information about our health system.
- As part of this commitment to improve data reporting, the rollout of quarterly performance reports will re-commence with the July- September 2018 quarter being made available at the end of October this year.
- ACT Health is in the process of redeveloping these reports to ensure they contain information that is high-quality and user-friendly.
- Additionally, as the recommendations of the System-Wide Data Review are implemented, the quarterly performance reports will be expanded to ensure we continue to improve access to information about our health system and help Canberrans be more in control of their own health care.

**Background Information**

System-Wide Data Review

- On 14 February 2017, you announced a System-Wide Data Review (the Review), after ACT Health was unable to provide data on emergency department performance, elective surgery waiting times and mental health data for the *2017 Report on Government Services*.
- As part of this Review, ACT Health was required to:
  - Provide advice on the publication of data for consumers;
  - Ensure consumers can easily understand the information published by ACT Health; and
  - Develop options for real-time provision of information, for example live Emergency Department waiting times.
- Throughout the Review process, the publication of quarterly performance reports was put on hold. This was done to allow ACT Health time to review and develop new

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TRIM Ref: GBC18/580

reporting processes to ensure that all data released has undergone a robust quality assurance process.

- You tabled the final Outcomes Report, *Leading Data Reform – The Way Forward: Outcomes of the ACT Health System-Wide Data Review*, in the Legislative Assembly on 21 August 2018. It outlined:
  - the key findings and recommendations from the Review;
  - the independent root cause analysis findings; and
  - a three-year roadmap for key future activities.
- To support the Review, you also tabled in the Legislative Assembly a comprehensive Implementation Plan covering the first six months of the three-year program of activities, to December 2018.
- The Implementation Plan will be updated by ACT Health every six months to include updates on projects underway and projects planned to start over the next six months.

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GBC18/580

**Portfolio/s:** Health & Wellbeing

**ISSUE:       INFRASTRUCTURE (INCLUDING SPIRE)**

**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, including an Adolescent Mental Health Inpatient Unit;
  - The Surgical Procedures, Interventional Radiology and Emergency (SPIRE) Centre;
  - Northside Hospital Scoping Study, in close collaboration with Calvary Healthcare;
  - The Weston Creek Walk-in Centre, which has moved into design and construction; and
  - An Inner North Walk-in Centre.

Timelines for the Expansion of the CHWC

- As stated in the context of the Select Committee on Estimates 2018-19, the project is forecasted for completion by the end of financial year 2021-22, with elements of the project due for staged completion over this period. This estimated completion timeframe includes building and clinical commissioning of the new and refurbished infrastructure.
- Construction of the expansion will start in the 2018-19 financial year, with completion of the security enhancement works to support a Custodial Birth Suite due by the end of October 2018.
- • The next phase of this project is to commence design work, in conjunction with ongoing Territory-wide health services planning work.
- Since the expansion was announced in last year's Budget, ACT Health has been working to undertake project due diligence and determine the final

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staging and scheduling of works, and this has led to greater certainty around timeframes.

- It is important to highlight that the expansion is happening in an existing facility on the Canberra Hospital, which is an operational campus. There are existing health services that will need to be considered carefully and we also need to ensure there is a continuation of care and services for our patients and their families while this major project is underway.
- The Adolescent Mental Health Inpatient Unit (AMHIU) is considered as part of the Centenary Hospital for Women and Children (CHWC) Expansion project. It is expected that the AMHIU will be completed by the end of the 2021-22 financial year.

### Timelines for the SPIRE

- 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 SPIRE targeted for completion in 2023-24. This 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.
- ACT Health is progressing due diligence for the SPIRE project, including health planning requirements, feasibility studies and early design work. This has included the development of preliminary demand modelling forecasts; scope options analysis and high level engineering studies.
- ACT Health is currently considering the optimal location for SPIRE on the Canberra Hospital campus, service design options, and opportunities for suitable 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.

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- ACT Health and Canberra Health Services intends to engage further with clinical staff in the coming weeks on the SPIRE planning work currently underway; Territory-wide health services planning and clinical input are a vital part of planning for the construction of SPIRE.
- We are working closely with our other Directorate partners, such as Environment Planning and Sustainable Development Directorate and Transport Canberra and City Services, to explore the full benefits of integrating the health precinct at Garran with the Woden Town Master Plan and other landmark proposals in the area.

### Key Information

- SPIRE is a commitment of this Government from the 2016 election.
- SPIRE received \$3.0 million in the 2017/18 Budget for feasibility (development of a strategic business case to seek funding for capital investment).
- The 2018-19 Budget has provided \$13.0 million to SPIRE to progress the next phase of design.

### 2018-19 Budget

	<b>2017-18</b>	<b>2018-19</b>	<b>2019-20</b>	<b>2020-21</b>	<b>2021-22</b>	<b>Total</b>
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Capital Provision	0	0	20,000	200,000	200,000	<b>420,000</b>
Feasibility Expenses	3,000	13,000	0	0		<b>16,000</b>

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**Portfolio:** Health & Wellbeing

**ISSUE: ABORTION**

**Talking points:**

- The ACT Government is committed to supporting and enabling women to make informed decisions about whether or not to seek an abortion. Removing barriers and ensuring access to services that assist women before, during and after making their decision about abortion, is vital.
- In the ACT, abortion is considered to be a health issue, not a criminal matter, and as such is listed in Part 6 of the *ACT's Health Act 1993* (Health Act).
- Part 6 of the Health Act defines abortion as causing a woman's miscarriage by:
  - a drug;
  - using an instrument; or
  - by any other means.
- Part 6 of the Health Act currently provides that:
  - only a doctor may carry out an abortion;
  - an abortion is to be carried out in an approved medical facility;
  - the Minister may approve a medical facility or an appropriate part of a medical facility as suitable on medical grounds for carrying out abortions; and
  - no-one is under any duty to carry out or assist in carrying out an abortion.

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Cleared by:	Executive Director	Ext: 79143
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Lead Directorate:	Health	

- On 19 September 2018, the Assembly passed Caroline Le Couteur's Health (Improving Abortion Access) Amendment Bill with Government amendments. This Bill removes the requirement for a medical abortion to be carried out in an approved facility therefore allowing appropriately trained doctors to prescribe the medication and pharmacists to dispense the medication, which in turn facilitates the woman to take the medication in the privacy of their own home.
- ACT Health will now begin the work to consult with stakeholders on implementation, and develop necessary treatment pathways in readiness for commencement of the new provisions. It is for this reason, a 12 month commencement period was included in the Government's amendments to the Bill.
- One barrier to access the Government has addressed was the introduction of a patient privacy zone around the health facility at 1 Moore Street in Civic in 2016. Women who have made the difficult decision to have an abortion have the right to access the medical services they need without being forced to endure the judgement of others.
- I note that on 15 August 2018, a Notice of Motion by Ms Cody was passed, with amendment. That amended Motion gives this Government a mandate to seek to ensure that people, especially women, can have confidence in seeking the reproductive health services they need.

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## ISSUE: CANNABIS LEGALISATION

### Talking points:

- Issues relating to cannabis diversion are the subject of considerable ongoing debate.
- Any amendments to legislation regarding cannabis possession and cultivation, must be carefully considered, and take into account the best available evidence around implications related to adverse health effects
- Consistent with the National Drug Strategy 2017-2026, the ACT Government is developing the ACT Drug Strategy Action Plan 2018-2021. Both the National Drug Strategy and the Drug Strategy Action Plan are underpinned by the three pillars of harm minimisation: demand reduction, supply reduction and harm reduction.
- The Drug Strategy Action Plan is due to be finalised by the end of 2018.

### Key Issues:

#### Harms of cannabis

- Cannabis use has been associated with substantial adverse health effects, some of which have been determined with a high level of confidence.
- Most studies report adverse effects from:
  - Short-term cannabis use, for example, impaired short-term memory and motor coordination, altered judgment and, in high doses, paranoia and psychosis.
  - Long-term or heavy cannabis use, for example, addiction, altered brain development, symptoms of chronic bronchitis and increased risk of chronic psychosis disorders, including schizophrenia, in persons with a predisposition to such disorders.
- Cannabis, like other drugs of abuse, can result in addiction. During intoxication, cannabis can interfere with cognitive function (e.g. memory and perception of time) and motor function (e.g. coordination), and these effects can have detrimental consequences (e.g. motor-vehicle accidents).

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TRIM Ref: GBC18/580



- Repeated cannabis use during adolescence may result in long-lasting changes in brain function that can jeopardise educational, professional, and social achievements.

### Medicinal use

- Since 1 November 2016 some cannabis products have been able to be prescribed by doctors for medicinal use in Australia, including the ACT.
- In order to prescribe cannabis as a controlled medicine, doctors should obtain authority from the ACT Chief Health Officer under the same process which currently applies for other controlled medicines such as opiates and amphetamines.
- Only registered medical practitioners can apply for an authority to prescribe a controlled medicine for one of their patients.

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**Portfolio/s:** Health & Wellbeing

**ISSUE: DRUG STRATEGY ACTION PLAN**

**Talking points:**

- The draft Drug Strategy Action Plan 2018-2021 (the Action Plan) was released for public consultation via the Your Say website on 21 June 2018. Submissions closed on 3 August 2018.
- 49 written submissions were received, including submissions from the ACT alcohol and other drugs sector, peak bodies, Government agencies, non-government organisations, key interest groups and individual members of the public.
- The feedback has been considered by a group of key Government and community stakeholders and the Action Plan is now being revised.
- I intend to have the Action Plan finalised and released this year.
- An expert Advisory Group, including representation from community and consumer organisations, will be established to provide input and advice on implementation of the Action Plan.
- The Advisory Group will also play an important role in identifying emerging drug use patterns and informing future priorities.

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**ISSUE: INDEPENDENT REVIEW AND SYSTEMS LEVEL RE-DESIGN OF WITHDRAWAL MANAGEMENT SERVICES (INCLUDING CULTURALLY SPECIFIC DRUG AND ALCOHOL REHABILITATION CENTRE)**

**Talking points:**

- The 2018/19 ACT Budget includes up to \$250,000 one-off funding for ‘early planning to expand alcohol and other drug services’.
- ACT Health has already undertaken some work to identify gaps in alcohol and other drug service delivery. This has included a review of withdrawal services in the ACT conducted by 360Edge and a series of stakeholder workshops regarding the proposed ACT Drug and Alcohol Court.
- The Government will continue to draw on the expertise of the specialist alcohol and other drug sector in the ACT and nationally to develop options for future service models for alcohol and drug withdrawal and early intervention, as well as link to the development of the ACT Drug and Alcohol Court.

**Key Issues:**

- In June 2016, ACT Health commissioned 360Edge, a specialist alcohol and drug clinical consultancy, to conduct a review of withdrawal services in the ACT.
- This review was completed in December 2016 and the ‘ACT Alcohol and Other Drug Withdrawal Services Review and Redesign: Final Report’ (the Review) was provided to me in March 2018.
- The Review identified that the ACT is the only Australian jurisdiction without a formal medically supervised outpatient withdrawal program.
- The Review recommended that ACT Health should develop a formalised alcohol and other drug outpatient withdrawal program in addition to existing bed-based services.
- The Review concluded that alcohol and other drug withdrawal symptoms can in many cases can be managed safely and cost-effectively in the community. Bed-based services are more suitable for complex and severe withdrawal, including stepped-up care if symptoms escalate during outpatient care.

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- The Review was commissioned to inform internal policy and planning, and as such there is currently no plan to publicly release the Review.

### **Background Information:**

- ACT Health hosted two external workshops on 13 June 2018 and 5 July 2018 with ACT Alcohol and Other Drug (AOD) treatment providers and other key stakeholders including representatives from the Justice and Community Safety Directorate. These workshops were facilitated by Professor Steve Allsop from the National Drug Research Institute at Curtin University. They explored the proposed DAC model and potential impacts on the ACT AOD service system and related costs.

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**Portfolio/s:** Health & Wellbeing

**ISSUE:           END OF LIFE**

**Talking points:**

- The Commonwealth *Euthanasia Laws Act 1997* discriminates against ACT citizens by restricting the ability to introduce, through elected representatives, legislation to recognise the right to choose the manner and timing of one's death in certain circumstances.
- This is an issue not only for people who support euthanasia – it is a critical debate for all people who value the right of residents of the ACT to engage and participate in democratic processes to determine the laws that apply to them.
- The ACT Government Submission to the Select Committee Inquiry into End of Life Choices argued that the ACT Government should not be prevented from legislating for an assisted dying scheme, should it choose to do so, and that the states and territories should be treated equally in terms of their power to legislate.
- The ACT Government submission did not hypothesise on possible end of life schemes that could be appropriate for the ACT at this point. This would have been a matter for extensive consultation with the ACT community, had the prohibitive Commonwealth laws been repealed.
- There is much sensitivity in the ACT community around voluntary assisted dying, with strong sentiments on both sides of the argument.
- The ACT Government believes all Canberrans are entitled to quality end of life care, which relieves pain and suffering, and provides empowering support to family, friends and carers.
- For most patients at the end of their life, pain and suffering can be alleviated through the provision of good quality end of life care, including palliative care that focuses on symptom relief, the prevention of suffering and improvement of quality of life.

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- However, there are some instances where palliative care is not enough to achieve satisfactory relief of suffering. Even with the best palliative care, patients sometimes ask for alternative approaches to relieve extreme suffering.
- The potential for difficult situations to arise towards the end of life was reinforced by evidence via submissions to the Select Committee.
- End of life choice is an issue that is close to the heart of many in our community. As our city continues to grow and our community continues to age, there is need for a robust discussion on approaches for dealing with situations where palliative care is not enough to relieve extreme suffering.
- The establishment of the Select Committee on End of Life Choices in the ACT provides the ACT community with a valuable opportunity to discuss the important social policy and legal considerations relating to end of life choices in the ACT.
- End of Life choices is an important issue to many in the community. This was made evident by the number of submissions received by the Inquiry, with nearly 500 received. The Select Committee held eight public hearing sessions involving evidence from 80 witnesses.
- A report from the Select Committee to the Legislative Assembly is due by the last sitting day in 2018 (29 November 2018).

### Key Information

- On 30 November 2017, the ACT Legislative Assembly established a Select Committee to conduct an inquiry into End of Life Choices in the ACT (the Inquiry).
- The Inquiry was established following the Victorian Parliament passing the *Voluntary Assisted Dying Act 2017* (Victorian Act) on 29 November 2017, which introduced a voluntary assisted dying scheme for Victorian residents. Victoria is the first Australian state to legalise voluntary assisted dying.
- Currently, the ACT cannot legislate for voluntary assisted dying due to law making restrictions placed on the ACT Legislative Assembly by the Commonwealth Parliament.
- The Commonwealth laws discriminate against Territory citizens by restricting the ability to introduce, through elected representatives, legislation to recognise the right to choose the manner and timing of an individual's death in certain circumstances.

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- Section 122 of the Australian Constitution enables the Commonwealth Parliament to override any Territory law, which it did by enacting the *Commonwealth Euthanasia Laws Act 1997* (also known as the Andrews Bill). This legislation precludes the Legislative Assembly from passing a voluntary assisted dying scheme similar to the Victorian Act.
- For the ACT to be able to legislate in relation to an assisted dying scheme similar to Victoria's, the Commonwealth Parliament must first repeal s23(1A) of the *Australian Capital Territory (Self-Government) Act 1988* and Schedule 2 to the *Euthanasia Laws Act 1997*.
- On 9 February 2018, the ACT and the Northern Territory Chief Ministers signed a Strategic Cooperation Agreement. One area of collaborative interest involved the removal of the *Euthanasia Laws Act 1997*.
- On 27 June 2018 Liberal Democrats Senator David Leyonhjelm moved to force debate in the Australian Parliament on his private bill (Restoring Territory Rights (Assisted Suicide Legislation) Bill 2015) to restore the rights of the ACT and the NT parliaments to legislate on the issue of euthanasia; and repeal the *Euthanasia Laws Act 1997*. The motion was passed 36-27.
- In July 2018, the Chief Minister wrote to federal MPS and senators calling for their support to repeal the Euthanasia Laws Act 1997.
- On 15 August the Australian Senate voted on Senator Leyonhjelm's Bill to restore Territory Rights. The Bill was defeated by two votes.
- On 23 August 2017, the Western Australian Parliament established a Joint Select Committee of the Legislative Assembly and Legislative Council to inquire and report on the need for laws in Western Australia to allow citizens to make informed decisions regarding their own end of life choices. The Joint Select Committee tabled its report, 'My Life, My Choices', in the Legislative Assembly and Legislative Council on 23 August 2018. The report included 53 Findings and 24 Recommendations, Recommendation 24 being:

*'The Western Australian Government develop and introduce legislation for voluntary assisted dying having regard to the recommended framework and following consultation with the Panel established under Recommendation 21.'*

The Premier, Minister for Health and the Attorney General are required to report to the Assembly as to the action, if any, proposed to be taken by the Government with respect to the recommendations. Cabinet ministers are considering the report recommendations.

- On 2 Sept 2018, the Queensland Premier, Annastacia Pallaszczuk, announced Queensland will undertake an inquiry into end-of-life care, including the use of voluntary euthanasia.

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**ISSUE:       EPILEPSY ACT**

**Talking points:**

- ACT Health acknowledges the valuable work Epilepsy ACT (EACT) provides the community and people who have been diagnosed with epilepsy.
- ACT Health has agreed to provide a grant of \$100,000 to EACT through a Deed of Grant.
- The Deed of Grant was agreed to by EACT and returned to ACT Health for execution of Friday 19 October 2018. Payment under the Deed of Grant is split into two equal payments. The first is upon execution of the Deed of Grant and the second is upon presentation of a report from Epilepsy ACT to ACT Health Directorate due within 10 days of 31 March 2019. Epilepsy ACT are required to invoice ACT Health for payment.
- The Period of Grant is from 19 October 2018 until 30 June 2019.
- This grant will allow EACT to work with ACT Health to develop a model to address the needs of people living with epilepsy and any gaps in the ongoing provision of support and information. The model will also be used to capture data on the needs and uses of services for people living with epilepsy.
- Ongoing funding for this model will be subject to future budget considerations.
- ACT Health already provides services for people with epilepsy in the form of diagnostic services, such as clinical assessment and investigations, using computed tomography (CT) scan, magnetic resonance imaging (MRI) and electroencephalography (EEG), and advice on treatment.
- Treatment includes medical and, if appropriate, referral to centres in Sydney for specialist surgical treatments. The emergency department and intensive care unit, in conjunction with the neurology department, also manage uncontrolled epileptic seizures and status epilepticus.

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Lead Directorate: Health

- On average, the majority of people who have epilepsy will control it well, and a sizeable proportion will have associated abnormalities such as learning difficulties, autism or behavioural disorders, all of which need managing.

## Key Information

- EACT is a not-for-profit, self-help community service organisation formed in 1982 to provide services for people with epilepsy, their families and the community.
- EACT provides support, reassurance, advocacy, referral and information to people with epilepsy. They promote an understanding of epilepsy, through education and increased community awareness.
- EACT currently provides a range of services including:
  - Personalised case management;
  - Personalised advocacy-seeking work and education adjustments;
  - Information provision;
  - Individual care planning;
  - Community building;
  - Community advocacy; and
  - Training.
- EACT charges a fee for its training program and provide 25 training sessions per year.
- EACT has not previously advised the ACT Government of their financial difficulties.
- EACT were previously funded \$83,497.
- EACT received \$142,000 transitional funding from the NDIA from July 2016 up until February 2018 from the Information, Linkages and Capacity (ILC) funding program of the NDIA.
- EACT received \$44,000 Business Package from the ACT Government in 2017 following them being unsuccessful in the first grant round of ILC in 2017.

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GBC18/554

**Portfolio/s:** Health & Wellbeing

**ISSUE: FOOD REGULATION**

**Talking points:**

- The Health Protection Service (HPS) is responsible for food safety regulation in the ACT. This includes managing the registration of food businesses, providing food safety information to food businesses, managing enforcement activities, and responding to foodborne illness outbreaks. HPS advise that the ACT Health Directorate has adequate tools and resources to address and manage registered food businesses' compliance with food safety requirements.
- Despite media reports to the contrary, ACT Health Directorate has never implemented a scores on doors rating scheme. ACT Health Directorate relies on a range of other tools and actions to increase food business compliance rates.
- An analysis of compliance data over recent years indicates food safety breaches have declined. This can be attributed to the effective use of the 'Engage, Educate, Enforce' compliance model. Emphasis is placed on education to encourage compliance.
- Public Health Officers are responsible for inspecting registered food businesses in the ACT, including those operating at markets, declared events such as the National Multicultural Festival, and undeclared events such as Floriade.
- ACT Health Directorate lead the jurisdictional response to the national strawberry incident. Public Health Officers informed food businesses of the strawberry brands implicated and verified that those brands had been removed from the shelves. Action taken by ACT Health Directorate ensured that the public and food businesses were informed and provided with up to date information as the incident unfolded.
- In response to several complaints related to illegal waste water discharge, the HPS and Environment Protection Authority (EPA)

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undertook a joint proactive education and compliance operation in May 2018 targeting food business. The operation focussed on kitchen maintenance, cleaning facilities and the rear of the food business, particularly around stormwater drains. Stage 2 of the operation is scheduled to commence late October 2018 focussing on the Woden, Weston and Tuggeranong areas.

- At the end of September 2018, there were 3,169 registered food businesses. Risk classification of a food business is determined by their food preparation activities. Most ACT food businesses are classified as medium risk.
- ACT Health Directorate endeavours to follow-up all medium and high risk food businesses that have had a revoked prohibition order prior to their scheduled reinspection.
- There are number of issues that Public Health Officers take into account on a case by case basis when determining the timing of a follow-up inspection, including:
  - The nature of the non-compliance and other factors that may contribute to non-compliance;
  - The attitude of the proprietor, their willingness to work with ACT Health Directorate and the actions taken to address the non-compliance;
  - The willingness of the proprietor to accept responsibility and their commitment to the maintenance of a food safety culture; and
  - The level of food safety training for all staff.
- All food businesses closed by a prohibition order in 2017 and 2018 that reopened have been reinspected.
- Upon revocation of a prohibition order, businesses with further outstanding issues that do not pose a serious public health are issued an improvement notice. As such, these businesses have ongoing inspections until all items identified on the improvement notice are rectified.

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## Key Information:

- In the period 1 July 2017 to 30 June 2018, Public Health Officers:
  - Conducted 2,429 inspections of food businesses, including at Declared Events;
  - Issued 341 Improvement Notices – 14 per cent of inspected businesses; and
  - Issued three Prohibition Orders – 0.12 per cent of inspected businesses.
- In the period 1 July 2016 to 30 June 2017, Public Health Officers:
  - Conducted 2,559 inspections of food businesses, including at Declared Events;
  - Issued 472 Improvement Notices – 18 per cent of inspected businesses; and
  - Issued eight Prohibition Orders – 0.31 per cent of inspected businesses.
- The HPS works closely with registered food businesses and has developed resources to help businesses and their staff comply with food safety laws and standards, and to better understand food safety practices.
- HPS enforcement action is proportionate to the degree of public health risk. This ensures necessary enforcement action is taken to protect the community. All public complaints are taken seriously and investigated as a matter of priority. If a non-compliance that poses a serious public health risk is identified during an inspection, the HPS will issue the proprietor a prohibition order. The safety and wellbeing of the community is ACT Health's first priority.

## Background Information:

- The HPS has always undertaken food business regulation in line with national food standards, such as the Australia New Zealand Food Standards Code. Food business inspections are undertaken by professional Public Health Officers who are trained subject matter experts.
- There has been a noticeable reduction in the number of critical food safety breaches in the ACT over the past few years. This positive change has been aided by an improved working relationship between industry and regulators. It has also been assisted by continuous improvements being implemented by ACT Health with respect to published food safety information, tools for industry and inspectors, and improved internal procedures.
- In recent years, there have been several changes to the *Food Act 2001* aimed at improving food safety and regulation in the ACT. For instance in 2013, changes

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commenced that required registered food businesses to appoint a trained food safety supervisor. The HPS has also increased its efforts to engage with industry in a constructive and transparent way. For instance, the food business inspection manual and information on common compliance issues have been published online. Food safety resources have also been published online in the eleven languages most commonly used in food businesses (other than English).

- Since September 2014, a collaborative approach has been fostered through the work of the Food Regulation Reference Group. The group includes representatives from industry, public health and consumer groups, as well as government stakeholders in the ACT hospitality sector. The group meets quarterly to discuss and provide advice to ACT Health on certain aspects of the food regulation system and emerging issues that affect industry.
- The ACT Government's decision not to proceed with a food hygiene grading system in the ACT follows a noticeable reduction in the number of critical food safety breaches observed at ACT food businesses in the past few years.

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GBC18/580

**Portfolio/s:** Health & Wellbeing

**ISSUE: GAY CONVERSION THERAPY**

**Talking points:**

- I made a commitment on 17 May 2018 to ban gay conversion therapy in the ACT.
- The practice of conversion therapy is inconsistent with the inclusive values of Canberrans.
- The ACT Government is not aware of these practices currently being undertaken in the ACT, and will ensure they cannot be offered in the future.
- I have asked ACT Health to provide the Government with advice about how to ensure that gay conversion therapy does not take place in the ACT.

**Key Information**

- ACT Health is currently exploring options for banning conversion therapy in the ACT.
- The Victorian Health Complaints Commissioner is undertaking an inquiry into the practice of conversion therapy in Victoria.

**Background Information**

- ACT Health is currently working to develop options for the prohibition of the practice in the ACT, including identifying points at which decisions are required, to guide further work to prohibit conversion therapies in the ACT.
- In February 2017, Victoria implemented the *Health Complaints Act 2016*, which effectively implements the National Code of Conduct for Health Care Workers (National Code) and gives their Health Complaints Commissioner powers to issue prohibition orders on health practitioners deemed to be a threat to public health. The focus of the National Code relates to action against individual practitioners, rather than the banning of an entire practice.
- In the ACT, legislation to implement the National Code is scheduled for consideration by Cabinet by the end of 2018. It is likely that mechanisms other than the implementation of the National Code will be required to completely ban the practice of gay conversion therapy.

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- ‘Gay conversion therapy’ is an umbrella term for a range of practices intended to change or suppress a person’s sexual orientation. Many definitions have tended to focus on issues related only to sexual orientation. Over recent years it has emerged that the practice has also affected transgender people who may be seeking to transition, and people with diverse gender identity or gender expression. There is potential impact on intersex people too, if an early decision is made regarding a child’s sex or gender, that does not then relate to the child’s perception of their sex or gender.
- The broader term ‘conversion therapies’ (CT) is therefore generally preferred in the recent literature. If a broader definition of CT is adopted (i.e. to include sexual orientation, gender identity and gender expression), it is important to understand particular terminology and to distinguish between the concepts of biological sex characteristics, legal sex and gender identity.
- The *Prohibition of Conversion Therapies Bill 2018*, currently before the Oireachtas Éireann – the parliament of the Republic of Ireland – includes the following definition: ‘Conversion therapy means any practice or treatment by any person that seeks to change, suppress and, or eliminate a person’s sexual orientation, gender identity and, or gender expression.’ In discussing any proposed regulation or prohibition of CT, it should be recognised that those who offer CT generally do not use the term, nor is it promoted or advertised as such. In addition, it is rare for CT ‘practitioners’ to describe themselves as therapists.
- The majority of CT is offered under the umbrella of spiritual guidance or counselling through religious organisations (Christian, Jewish, Islamic and other). This tends to be offered internally within the organisation, and is generally not advertised specifically as gay CT. In addition, those offering the practice are unlikely to meet the definition of health workers, under the National Code.
- There are human rights implications for banning CT, which may only come to light after community consultation. For example, someone experiencing confusion about their sexuality, unwanted same-sex attraction, or internalised homophobia should be able to seek appropriate supportive counselling and support, which may or may not involve seeking to convert away from those feelings.
- There may also be implications for free speech and the rights of individuals to have the freedom to pursue their own goals within a confidential therapeutic environment.
- Care must be taken to ensure religious organisations in Canberra understand that religious freedom is not under attack. Instead, the message to be communicated is that this measure is to ensure harm is not done to people in ACT through the use of CT.

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- Protections for practitioners who are providing legitimate support to individuals may also be required, in the event of a complaint made against them without sufficient evidence of conversion being attempted.
- It is therefore difficult to prohibit a practice which is not advertised, nor which may or may not be intended to “convert” an individual away from same-sex attraction.
- 14 jurisdictions in the USA have recently banned CT being offered by licenced mental health practitioners to minors. However, CT in the USA can still take place amongst unregistered practitioners or within religious institutions, and there are no protections in place for adults.
- In October 2018, the Human Rights Law Centre in conjunction with La Trobe University released their report ‘Preventing Harm, Promoting Justice’. The report illuminates the unique experiences and needs of LGBT people of faith who have undergone some form of religion-based conversion therapy; outlines the history, prevalence and changing nature of services provided to LGBT people of faith in Australia; canvases international legal models and conducts a human rights based analysis of the issues as well as surveys the existing legal landscape in Australia.

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GBC18/580

**Portfolio/s:** Health & Wellbeing

**ISSUE: NGUNNAWAL BUSH HEALING FARM**

**Talking points:**

- The third program of the NBHF commenced on 25 September 2018 with five clients (50 per cent capacity). It is scheduled to be completed on 14 December 2018. Clients were sourced from a range of government and non-government programs within the ACT.
- The program includes the following providers:
  - Blacksmithing and toolmaking – Valley Forge Cuppcumbalong;
  - Physical fitness and wellbeing – Thriving Life and Strive Fitness;
  - Music therapy – Johnny Huckle;
  - Cultural walks and talks – ACT Parks and Conservation Aboriginal Rangers ‘Health Country Program’;
  - Horse therapy – Peakgrove Equine Assisted Therapy;
  - Relapse prevention – SMART Recovery; and
  - Cartoon therapy – FunnyOz Works.
- The second 14 week day program for the Ngunnawal Bush Healing Farm (NBHF) was completed on 6 September 2018. It commenced with a full complement (12) of clients who began their orientation for the NBHF on 4 June 2018.
- NBHF staff have provided a number of opportunities to continue to strengthen links and partnerships with organisations and with members of the Aboriginal and Torres Strait Islander community.
- As I have previously committed, ACT Health has contracted Mr Russell Taylor AM to undertake a review following the successful completion of one year of operation of the NBHF.

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- Mr Taylor is an Aboriginal Australian (Kamilaroi) and former long term Senior Executive Service member of the Australian Public Service. In 2016, he stepped down as CEO of the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) in Canberra. Mr Taylor is also a former CEO of the NSW Aboriginal Housing Office (AHO), the Chair of the Burbangana Group and the 2018 NAIDOC Male Elder of the Year.
- Mr Taylor will examine and report on:
  - governance arrangements for the NBHF and recommendations regarding appropriate governance arrangements into the future;
  - the range of programs currently delivered and potential future additions or improvements best suited to governance model;
  - research and consultation in relation to delivery of appropriate and effective programs including processes for client identification and selection, effectiveness of completed programs and the sustainability of program outcomes following completion;
  - the effectiveness and relevance of governing policies for the NBHF;
  - staffing levels, training and supervision procedures; and
  - current infrastructure and best use of the facility to align with program aims, the NBHF governance model and the needs of the Community.

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Contact Officer name:	Marc Emerson	Ext: 50693
Lead Directorate:	Health	

**Key information:**

The current program includes:

Blacksmithing and toolmaking

Clients are taught how to make reshape metal into tools such as fire pokers, hammers and other tools.

Physical fitness and wellbeing

There are two fitness providers currently on the NBHF program, one for male clients and one for female clients.

Music Therapy

The aim of this program is for the clients to write the lyrics to a song relating to their recovery journey, guided by a local music therapy professional, and record it together.

Cultural Walks and Talks

This program is delivered by Aboriginal staff at ACT Parks and Conservation. Clients visit the Namadgi National Park and learn about the Aboriginal culture and history of the park, including ceremonial sites, scar trees, grinding grooves, rock shelters, rock art; and tool and weapons.

Horse Therapy

The horse therapy program aims to develop confidence and leadership skills, enhance relationship and emotional connections, and encourage clients to work through trauma, depression, and anxiety.

Cartoon Therapy

Clients are taught how to draw cartoons and other illustrations as part of their recovery journey and as a reflection of their life experience.

Cleared as complete and accurate:	17/10/2018	
Cleared by:	Executive Director	Ext: 79143
Information Officer name:	Patrick Henry	
Contact Officer name:	Marc Emerson	Ext: 50693
Lead Directorate:	Health	

GBC18/580

**Portfolio/s:** Health & Wellbeing

**ISSUE:           PALLIATIVE CARE AND CLARE HOLLAND HOUSE CAPACITY**

**Talking points:**

- Treating people with respect and in a manner that protects their dignity is an important role for our health service at all stages of life.
- Palliative care is not just care provided in the final stages of life, but helps people to live well with a terminal illness. Sometimes palliative care can be of benefit for a person at their initial diagnosis of a life-limiting condition, or be useful on and off through various stages of an illness. Many people have long-term interactions with their palliative care team, seeing them during the course of their illness.
- There are many elements to palliative care, including pain and symptom management and advice and support to carers. Palliative care ensures people are kept comfortable and maintain a good quality of life.
- In the ACT, there are a number of palliative care services offered. These primary and specialist palliative care services are of high quality and deliver excellent care to the community. The services are embraced within the ACT Palliative Care Clinical Network.
- The Government spends over \$10 million each year to provide palliative care services in the ACT.
- In recent years, the Government has provided additional investment in palliative care services, with increased support of home based palliative care packages, a new paediatric palliative care service to specifically address the palliative needs of children and adolescents, as well as investment in more staff and education.
- Calvary is funded to provide the majority of specialist palliative care services in the ACT, with Clare Holland House being the largest palliative care inpatient unit in the ACT.

Cleared as complete and accurate:	17/10/2018	
Cleared by:	Executive Director	Ext: 79143
Information Officer name:	Patrick Henry	
Contact Officer name:	Peter Matwijiw	Ext: 78445
Lead Directorate:	Health	

- The Clare Holland House inpatient unit currently has a capacity of 19 beds.
- Other palliative care service models provided from Clare Holland House include:
  - Home based palliative care;
  - specialist outpatient clinics;
  - outreach programs to residential aged care facilities; and
  - a specialist care and support clinic at Winnunga Nimmityjah Aboriginal and Community Health Service.
- Demand for palliative care will continue to increase as our population ages, and people live longer lives. We need to respond to this so that people receive the care and dignity they deserve at the end of their life.
- As part of the Territory-wide Health Services Strategy, ACT Health is developing a specialty services plan for palliative care.
- On 25 September 2018, a major expansion of Clare Holland House was announced with a \$6 million commitment from the Australian Government in partnership with The Snow Foundation, which will see an increase in the number of specialist in-patient palliative care beds.

### Key Information

#### *Clare Holland House*

- Clare Holland House consists of a specialist inpatient unit, home based palliative care services and community specialist palliative care services.
- The average length of stay in 2017-18 was 11.7 days, but it can vary widely from hours to months.
- Clare Holland House staffing is 61.53 Full Time Equivalent positions or a headcount of 90 staff across all categories of employees. Staffing levels at Clare Holland House are adjusted to meet patient/staff ratios and to ensure consistently high quality, safe and compassionate care is provided to all admitted patients and their families.
- All staff at Clare Holland House receive education in all clinical aspects of palliative care, from primary care to specialist care, to enable support of other health practitioners, carers and patients.

Cleared as complete and accurate: 17/10/2018  
Cleared by: Executive Director Ext: 79143  
Information Officer name: Patrick Henry  
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Lead Directorate: Health

- Clare Holland House staff also provide extensive palliative care education and training programs for primary care providers, other health facilities and Residential Aged Care Facilities staff. This extends to programs such as the Program of Experience in the Palliative Approach which provides education to enhance the capacity of health professionals to deliver a palliative care approach through their participation in either clinical placements in specialist palliative care services or interactive workshops.
- Medical specialists are on duty from Monday to Friday from 8:00am to 5:30pm, and on call after hours.

### *Referrals*

- Palliative care services are available to patients with a life limiting illness whose complexity of symptoms (physical, psychosocial/emotional, and spiritual/existential symptoms) cannot be managed by their primary care provider. Care is provided to patients who need End of Life Care and who chose to die at the inpatient unit at Clare Holland House.
- Care to patients requiring palliative support is provided by their primary treating team such as a General Practitioner, community nurse or the team on an inpatient ward. These treating clinicians are able to access advice and support from the Specialist Palliative Care service without needing to refer their patient for direct services.
- Patients who have more complex needs and require specialist palliative care are referred to the service by their treating specialty team or General Practitioner. Patients can be referred for either inpatient or outpatient treatment at Canberra Hospital. The focus of care is on advanced symptom management and psychosocial support.

### *Calls for palliative care ward at Canberra Hospital*

- Consideration will be given to a specialist palliative care ward at Canberra Hospital as part of future health services planning.

### *Palliative Care in Residential Aged Care Facilities*

- The 2018-19 Federal Budget included a Measure on Comprehensive Palliative Care in Aged Care, which forms part of the Australian Government's *More Choices for a Longer Life – healthy ageing and high quality care* package.
- The Measure will provide \$32.8 million over four years from 2018-19 to support state and territory governments to improve palliative and end-of-life care coordination for older Australians living in residential aged care homes. Funding for individual jurisdictions will be negotiated over coming months.

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Information Officer name: Patrick Henry  
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Lead Directorate: Health

- The Measure is premised on a cost-shared model with states and territories matching Commonwealth funding. The Commonwealth recently sought the nomination of the appropriate ACT Health representative to receive a draft National Project Agreement and accompanying schedule.

Cleared as complete and accurate: 17/10/2018  
Cleared by: Executive Director Ext: 79143  
Information Officer name: Patrick Henry  
Contact Officer name: Peter Matwijiw Ext: 78445  
Lead Directorate: Health



GBC18/580

**Portfolio/s:** Health & Wellbeing

**ISSUE: PILL TESTING**

**Talking points:**

- The ACT Government received a proposal from STA-SAFE to conduct a pill testing service at the Spilt Milk festival in Commonwealth Park on 17 November 2018.
- I asked the ACT Health Directorate to reconvene the cross-government pill testing working group to consider the public health, legal and social issues relating to the proposal and to provide advice to Government about this specific proposal.
- Agreement between all relevant parties, the festival promoter, STA-SAFE and the land owner, the National Capital Authority (NCA), is necessary for a pill testing service to proceed at the Spilt Milk music festival.
- Unfortunately, the NCA has made clear that it will not allow a pill testing service to be offered at the upcoming Spilt Milk festival.
- On 2 October 2018, STA-SAFE submitted a proposal to conduct pill testing on 17 November at a location not controlled by the NCA. The working group is considering the new issues raised by a pill testing service potentially being conducted outside a festival environment.
- The ACT Government has encouraged the Commonwealth Minister for Health to consider the harm minimisation benefits of a pill testing trial at Spilt Milk.
- The ACT Government continues to support an evidence based, harm minimisation approach to drug policy and believes the recent announcement by the NSW government to increase the penalties associated with drug possession is unlikely to prevent further deaths at music festivals.

Cleared as complete and accurate:	23/10/2018	
Cleared by:	Deputy Director-General	Ext: 52439
Information Officer name:	Emily Harper	
Contact Officer name:	Emily Harper	Ext: 52245
Lead Directorate:	Health	

- The ACT Government would welcome any proposal to conduct pill testing at any music festivals held in the ACT. However, the option to make a pill testing service available is not intended to be an incentive to bring new events to the ACT, but rather to make an event safer.

### Key Information:

- Australia's first trial of a pill testing service took place at Groovin the Moo Canberra on 29 April 2018.
- The service was provided by the Safety Testing and Advisory Service at Festivals and Events (STA-SAFE) and was supported by the ACT Government, the festival promoters (Cattleyard Promotions) and the University of Canberra, where the festival was held.
- STA-SAFE has submitted its report on the trial. The report indicates that potentially lethal substances were identified in two of the 85 samples submitted for testing. Following testing, a number of patrons utilised the amnesty bins to discard their pills instead of consuming them.

### 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 has been reinvigorated following the tragic deaths of attendees of the Defqon.1 music festival in Penrith on Saturday 15 September 2018.
- On 23 October 2018, the NSW Premier announced harsher penalties for music festival drug dealers and users - \$500 on the spot fines for drug possession and a new offence which holds drug dealers responsible for the deaths caused by the drugs they supply with up to 25 years imprisonment.

Cleared as complete and accurate: 23/10/2018  
Cleared by: Deputy Director-General Ext: 52439  
Information Officer name: Emily Harper  
Contact Officer name: Emily Harper Ext: 52245  
Lead Directorate: Health

GBC18/580

**Portfolio/s:** Health & Wellbeing

**ISSUE: QEII (MOTHERCRAFT MATTER)**

**Talking points:**

- ACT Health Directorate is committed to ensuring that Canberra families continue to have access to the services provided at the Queen Elizabeth II (QEII) Family Centre.
- ACT Health Directorate has recently concluded negotiations with the Canberra Mothercraft Society (CMS). I look forward to being able to jointly announce the terms of that agreement shortly.

If decision is made public

- I understand that Canberra Mothercraft Society has, after 54 years, determined that it wishes to transition out of providing care at the QEII Family Centre.
- CMS has been providing help to Canberra families for generations, touching the lives of many in our community.
- Services through the QEII Family Centre have included support for families with special needs, parenting support, advice and help for unsettled babies, and for mothers with complex breastfeeding and lactation problems.
- To ensure the service continues, ACT Health Directorate has commenced the processes for finding a new provider to ensure a successful transition of service.
- It is our intention to continue providing the types of services provided by QEII.
- ACT Health Directorate has committed to supporting staff through this transition processes.
- I understand CMS made this decision as it had formed the view that the service required the resources of an organisation with a larger economy of scale in order to be effective into the future.

Cleared as complete and accurate:	29/10/2018	
Cleared by:	Executive Director	Ext: 79143
Information Officer name:	Patrick Henry	
Contact Officer name:	Marc Emerson	Ext: 50693
Lead Directorate:	Health	

- I would like to thank CMS for their many years of service to the Canberra community and I look forward to continuing to work with them as they shift their focus towards other community endeavours.
- ACT Health Directorate offered a fully funded four year contract valued at over \$17 million over 4 years to CMS to provide ongoing certainty for this service.

### Key Information

- ACT Health Directorate has concluded negotiations with CMS, and a new agreement was executed on 11 October 2018. The terms of this agreement are confidential until CMS and ACT Health Directorate agreed on a joint communication protocol.
- In addition to continued service funding, the recently signed Deed of Variation provides up to \$3 million to CMS to support its transition out of service provision at the QEII Family Centre.

Cleared as complete and accurate:	29/10/2018	
Cleared by:	Executive Director	Ext: 79143
Information Officer name:	Patrick Henry	
Contact Officer name:	Marc Emerson	Ext: 50693
Lead Directorate:	Health	

GBC18/580

**Portfolio/s:** Health & Wellbeing

**ISSUE: SUPPORT FOR BULK BILLING GENERAL PRACTITIONERS**

**Talking points:**

- The 2017–18 ACT Budget announced \$1.05 million (GST exclusive) over three years for the ‘Better care when you need it—Support for bulk billing GPs’ initiative as part of the ACT Government election commitment to deliver a grant scheme to support the establishment of bulk billing general practices in the ACT.
- The Bulk Billing General Practices Grant Fund aims to encourage the expansion or establishment of new general practices with a demonstrated commitment to bulk billing in the Tuggeranong and Molonglo Valleys. The aim is to provide residents in those areas with better access to affordable, connected, quality primary health care.
- Grant guidelines were developed in consultation with key stakeholders: Health Care Consumers’ Association (HCCA); Australian Medical Association (AMA) ACT; and Capital Health Network (CHN).
- Applications have been assessed by a panel, including the key stakeholders above, and three grant recipients have been selected.
- On 19 and 22 October 2018, it was announced that a total of almost \$1 million in funding would be distributed between the three grant recipients, to establish two new general practices, one in Molonglo, and one in Tuggeranong, and to expand the services of an existing Tuggeranong general practice.
- All three grant recipients have a demonstrated commitment to bulk billing, particularly for vulnerable population groups.

Cleared as complete and accurate:	23/10/2018	
Cleared by:	Executive Director	Ext: 79143
Information Officer name:	Patrick Henry	
Contact Officer name:	Catherine Eadie	Ext: 71541
Lead Directorate:	Health	

- The remaining funding will be utilised to support a project to investigate options to:
  - improve the accessibility of primary health care for consumers; and
  - encourage bulk billing in the ACT.
- ACT Health Directorate has recently received a Freedom of Information (FOI) request for documents related to the Bulk Billing General Practices Grant Fund. This request will be managed in accordance with the FOI Act.

Cleared as complete and accurate: 23/10/2018  
Cleared by: Executive Director Ext: 79143  
Information Officer name: Patrick Henry  
Contact Officer name: Catherine Eadie Ext: 71541  
Lead Directorate: Health

GBC18/580

**Portfolio/s:** Health & Wellbeing**ISSUE:       HYDROTHERAPY POOL****Talking points:**

- The University of Canberra Hospital (UCH) in Bruce features a new, state-of-the-art hydrotherapy pool that will provide enhanced services and convenience for people. The pool opened on 23 July 2018.
- Canberra Health Services' Hydrotherapy Service has been transferred from the Canberra Hospital to the UCH.
- It has always been the ACT Government's intention to fully transition all rehabilitation services to the new facility in Bruce.
- Bringing all of ACT Health's rehabilitation staff and facilities together in one place will result in better outcomes for patients and the community.
- The Canberra Hospital pool will continue to be available for use through to 30 June 2019, for existing users and the Arthritis Foundation. During this period, I have asked ACT Health to work with Arthritis ACT to look at alternative options to support hydrotherapy in the South of Canberra.

**Key Information**

- The new hydrotherapy 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.
- AACT is the only current user of the Canberra Hospital hydrotherapy pool, offering their members nine sessions per week.
- ACT Health has agreed to continue to give AACT access to the hydrotherapy pool at Canberra Hospital until 30 June 2019. Discussions are ongoing regarding alternative options to support hydrotherapy in the South of Canberra.
- ACT Health is committed to working closely with AACT to ensure a transition of services to UCH and alternative options in the South of Canberra, is smooth and as seamless as possible.

Cleared as complete and accurate:	15/10/2018	
Cleared by:	Deputy Director-General	Ext: 52248
Information Officer name:	Karen Doran	
Contact Officer name:	Brad Burch	Ext: 72385
Lead Directorate:	Health	

- AACT have also been offered and have accepted sessions at the UCH hydrotherapy pool from 23 July 2018. A separate Access Agreement has been signed to support this.

## Background Information

- Canberra Hospital hydrotherapy pool operational budget (including staffing and maintenance) has been transferred to the UCH operating budget. This is in line with the previously intended closure of the Canberra Hospital hydrotherapy pool.
- Furthermore the hydrotherapy pool and associated space at the Canberra Hospital is nearing end-of-life, and ideally is not sustainable to keep it open beyond 30 June 2019.
- A number of complaints have been received from individuals, AACT, and MLAs about the decision to close the pool at Canberra Hospital and the perceived loss of a public service to constituents located on the south side of Canberra.
- ACT Health has a Service Funding Agreement with AACT for the period 2016 – 2019, to provide educational programs and information sessions on self-management, as well as supervised hydrotherapy sessions.
- There are a number of private hydrotherapy pools on the south side, but they are costly and/or their pool temperatures are lower than the temperature of the pool at Canberra Hospital. The optimal temperature for hydrotherapy is 33 degrees Celsius or greater. See list below.

Private hydrotherapy pools (heated to 33°C or greater):

South side	North side
Hughes Hydro	Club MMM, CISAC Bruce
Kings Calwell	Private Hydrotherapy Pool, Dickson,
Kings Swim, Deakin	Kings Swim, Majura Park
Calvary John James Pool, Deakin	

ACT Government schools with hydrotherapy facilities (heated to 33°C or greater):

South side	North side
Malkara Special School, Garran	Black Mountain Special School, O'Connor
	Turner School

Cleared as complete and accurate: 15/10/2018  
 Cleared by: Deputy Director-General Ext: 52248  
 Information Officer name: Karen Doran  
 Contact Officer name: Brad Burch Ext: 72385  
 Lead Directorate: Health



GBC18/554

**Portfolio/s:** Health & Wellbeing

**ISSUE: INFLUENZA SEASON**

**Talking points:**

- The 2018 influenza season has commenced, however the number of influenza notifications being received by ACT Health Directorate remains low. Overall, influenza activity in 2018 has been well below activity in previous years, which is likely due, at least in part, to higher uptake of influenza vaccines.
- Due to an unprecedented demand for seasonal influenza vaccination this year, there have been nationwide supply issues with some flu vaccines through both the National Immunisation Program (NIP) and the private market.
- This is good news as it means the community is understanding the dangers of influenza and importance of getting the flu vaccine.
- The Commonwealth Government has secured additional vaccines for the NIP and is working with jurisdictions to monitor and manage national supplies.
- The Immunisation Section at the Health Protection Service (HPS) has delivered more vaccines to date this year than for the entire 2017 influenza season. Over 90,000 vaccines have been distributed to date in 2018, compared with 57,000 for the whole of 2017.
- In 2018, two new vaccines specifically for people aged over 65 years of age were funded through the NIP. The new vaccines are expected to illicit a stronger immune response in this age group. ACT Health Directorate has distributed enough of these vaccines for 85 per cent of people aged 65 years and over to be immunised.
- In 2018, the ACT Government funded flu vaccines for all children under five years of age. Based on the Australian Immunisation Register data, vaccination of children under five years is also much higher in 2018

Cleared as complete and accurate: 12/10/2018  
Cleared by: Executive Director Ext: 54402  
Information Officer name:  
Contact Officer name: Conrad Barr Ext: 54402  
Lead Directorate: Health

compared to previous years. As of 20 September, 47 per cent of the ACT's children aged 6 months to under 5 years received at least one dose of the flu vaccine this season. This compares to five per cent vaccination coverage for this age group at the end of 2017. Current national data shows that as of 30 June 2018, ACT was leading the nation in influenza vaccine coverage among non-Indigenous children under five years and was above the national average for Indigenous children under five years.

- The ACT currently has sufficient stock to meet the demand for all high risk groups eligible for free, government-funded vaccine because of their increased risk of complications from influenza. These groups are:
  - pregnant women;
  - children aged six months to under five years;
  - adults aged  $\geq 65$  years;
  - Aboriginal and/or Torres Strait Islander persons aged  $\geq 15$  years; and
  - all persons aged  $\geq$  six months who have certain medical conditions which increase the risk of influenza disease complications e.g. severe asthma, lung or heart disease, low immunity or diabetes.
- The ACT Health Immunisation Section is closely monitoring influenza vaccine stock for people who are eligible to receive free, government-funded vaccine.
- We encourage all people in high risk groups to make an appointment with their provider as soon as possible to get vaccinated.
- Supply constraints may still affect the private market for people who are not eligible for funded vaccine. People in this group are advised to check with their GPs and pharmacies regarding stock availability.
- Influenza is highly contagious, so individuals that are unwell should try to avoid spreading the infection to others. If you are unwell you can do this by seeking medical care and taking necessary precautions such as hand and cough hygiene and absenting yourself from public places such as school or work.

Cleared as complete and accurate: 12/10/2018  
Cleared by: Executive Director Ext: 54402  
Information Officer name:  
Contact Officer name: Conrad Barr Ext: 54402  
Lead Directorate: Health

- Influenza is generally self-limiting and symptoms will resolve on their own with rest. If concerned, individuals can seek medical advice from their GP, ACT Health Walk-in-Centres or healthdirect Australia on 1800 022 222.

Cleared as complete and accurate: 12/10/2018  
Cleared by: Executive Director Ext: 54402  
Information Officer name:  
Contact Officer name: Conrad Barr Ext: 54402  
Lead Directorate: Health

GBC18/580

**Portfolio/s:** Health & Wellbeing

**ISSUE: TERRITORY WIDE HEALTH STRATEGIES**

**Talking points:**

- ACT Health is developing an overarching Strategic Framework which provides a common vision and direction for the range of strategies and plans that inform the future work program in ACT Health.
- The vision is to provide a high performing, safe health system with the primary focus being person-centred care.
- The system wide strategic goals of access, accountability and sustainability are the pillars that align the strategies and plans to the vision. The intent of each strategy or plan is summarised in the Framework.
- Consultation has occurred with the Executives responsible for each strategy and their feedback has been incorporated into the document.
- The Territory-wide Health Services Advisory Group has also provided input into the development of this document.
- The key strategies and plans that are described in the Strategic Framework include:
  - Territory-wide Health Services Strategy (formerly Framework)
  - Digital Health Strategy
  - Quality Strategy
  - Workforce Strategy
  - ACT Preventive Health and Wellbeing Plan
  - ACT Regional Mental Health and Suicide Prevention Plan
  - Performance, Reporting and Data Management Strategy
  - Research Strategy

Cleared as complete and accurate: 22/10/2018  
Cleared by: Deputy Director-General Ext: 52439  
Information Officer name: Leonie McGregor  
Contact Officer name: Leonie McGregor Ext: 52439  
Lead Directorate: Health

- The Strategic Framework has been developed in line with new branding guidelines. This has resulted in the requirement for the strategies and plans underneath it to also be redesigned to conform with the branding guidelines.
- A tentative launch date of February 2019 has been indicated for the finalisation of this work.

Cleared as complete and accurate: 22/10/2018  
Cleared by: Deputy Director-General Ext: 52439  
Information Officer name: Leonie McGregor  
Contact Officer name: Leonie McGregor Ext: 52439  
Lead Directorate: Health

GBC18/580

**Portfolio/s:** Health & Wellbeing**ISSUE: ACT HEALTH STAFF CULTURE SURVEY****Talking points:**

- Culture is complex and dynamic, particularly in large health care organisations such as ACT Health. Over many years ACT Health has been closely monitoring its workplace culture and utilising a range of methods drawn from best practice to encourage respectful and supportive environments for staff and patients.
- ACT Health's Quality Strategy 2018-2028 was officially launched in March 2018. The Strategy supports the delivery of person-centred, safe and effective care, through three key enablers – Culture, Leadership and Communication. The inclusion of culture as a key enabler will further strengthen the implementation of the Strategy.
- Given the ACT Government's decision to create two organisations from October 2018, as well as the need to address other key organisational challenges, culture development is a central area of focus. Key actions focusing on leadership, values and engagement are being planned and implemented.
- Building a cohesive senior leadership team is critical to improved workplace culture in both organisations. Since July 2018, the Director-General, Deputy Directors-General and Executive Directors have participated in a number of high level workshops to discuss culture improvement, refreshing organisational vision, values based behaviours and leading staff through the organisational transition.
- The findings and recommendations of the independent review into ACT Health's culture announced on 10 September 2018 will help inform the content of the next Staff Culture Surveys for both organisations.
- The next Staff Culture Survey for each organisation is intended to be held six months after the organisational structures of both organisations are well established.

Cleared as complete and accurate: 15/10/2018  
Cleared by: Executive Director  
Information Officer name: Janine Hammat  
Contact Officer name: Flavia D'Ambrosio  
Lead Directorate: Health

Ext: 51086

Ext: 74835

GBC18/580

**Portfolio/s:** Health & Wellbeing

**ISSUE: ARINS AND SEAS**

**Talking points:**

- There are currently 321 staff in ACT Health and Canberra Health Services covered by Attraction and Retention Incentives (ARIns) and Special Employment Arrangements (SEAs).
  - This represents an increase of 39 from July 2017, primarily as a result of a group ARIn being offered to psychiatrists to address recruitment and retention issues.
- Total expenditure on ARIns/SEAs in 2017-18 was \$18.7 million, the vast majority of which went to doctors and other health professionals.
- All ARIns are subject to annual review. That review process is ongoing, with particular emphasis on senior medical staff owing to the complexity and extent of the arrangements for this group.

Cleared as complete and accurate: 17/10/2018  
Cleared by: Executive Director Ext:51086  
Information Officer name: Janine Hammat  
Contact Officer name: Steven Linton Ext: 75569  
Lead Directorate: Health

TRIM Ref: GBC18/580

GBC18/580

**Portfolio/s:** Health & Wellbeing

**ISSUE: PUBLIC INTEREST DISCLOSURES AND PRELIMINARY ASSESSMENTS**

**Talking points:**

- All requests under the *Public Interest Disclosure Act 2012* (PID Act) are coordinated and recorded centrally by the Professional Standards Unit, of the Chief Minister, Treasury, and Economic Development Directorate.
- If Canberra Health Services receives a complaint from an employee, it is obligated to conduct a preliminary assessment as per the relevant Enterprise Agreement.
- A preliminary assessment is not a formal investigation, it is a means of determining if, and how, to proceed with a complaint.
- A preliminary assessment may or may not result in an investigation.
- Complaints regarding individuals are private matters dealt with by the Directorate, and I am unable to disclose any information, as to do so would be in breach of my obligations in the Information Privacy Act 2014.

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**[ if asked how many PIDs are currently active in Canberra Health Services ]**

Canberra Health Services is currently dealing with one submission under the PID Act. The delegate for Canberra Health Services is managing this submission to ensure that all the requirements set out in the PID Act are met.

**[ if asked about the PID in Imaging ]**

I am unable to divulge any information about specific PIDs, as to do so would be an offence under section 44 of the PID Act.

Cleared as complete and accurate: 16/10/2018  
Cleared by: Executive Director Ext: 51086  
Information Officer name: Janine Hammat  
Contact Officer name: Janine Hammat Ext: 51086  
Lead Directorate: Health



**[ if asked about Canberra Health Services' handling of the Imaging PID ]**

PIDs are handled by the relevant ACT public sector entity (be that an administrative unit, such as a directorate, or otherwise) under the PID Act with advice from appropriate sources

**[ if asked are there complaints regarding the Director Medical Imaging ]**

Complaints regarding individuals are private matters dealt with by the directorate, and I am unable to disclose any information about any such complaint because of the operation of the *Information Privacy Act 2014*.

**[ if asked questions about the selection process for Director Medical Imaging ]**

I am unable to divulge any information about that issue, as to do so would breach my obligations under the *Information Privacy Act 2014* and may also be an offence under other Territory legislation.

Cleared as complete and accurate:	16/10/2018	
Cleared by:	Executive Director	Ext: 51086
Information Officer name:	Janine Hammat	
Contact Officer name:	Janine Hammat	Ext: 51086
Lead Directorate:	Health	

GBC18/580

**Portfolio/s:** Health & Wellbeing

**ISSUE: NURSES AND MIDWIVES: TOWARDS A SAFER CULTURE**

**Talking points:**

- Consultation on the Nurses and Midwives: Towards a Safer Culture Strategy has occurred to improve the safety of front-line nurses and midwives as they carry out their important health care role with our community and reduce the risks of harm in the workplace. Nurses and midwives and ACT Health employees were consulted and provided opportunities to give feedback.
- Three separate rounds of consultations were undertaken.
- A series of initiatives will be adopted, including:
  - Promoting a workplace culture of respect and empowerment;
  - Developing preventative workplace strategies, which will include adequate staffing levels and support;
  - Strengthening risk assessment practices;
  - Improving incident reporting systems, data collection and feedback;
  - Developing and reviewing dedicated staff education; and
  - Implementing an awareness campaign.
- A further round of staff consultation has occurred to further inform the Strategy.
- The Australian Nursing and Midwifery Federation (ANMF) has been involved in the consultation process.

Cleared as complete and accurate:	12/10/2018	
Cleared by:	Deputy Director-General	Ext: 42147
Information Officer name:	Dr Marg McLeod	
Contact Officer name:	Danielle Rutter	Ext: 76772
Lead Directorate:	Health	

## Key Information

- The project to prevent and manage workplace aggression and violence towards nurses and midwives concluded in March 2018, and a Report was forwarded to the Minister for Health and Wellbeing for consideration.
- Detailed feedback from the Minister highlighted a number of deficits in the Report that require further development, including but not limited to the need for further consultation with the ANMF, safety culture considerations, system issues with data reporting and analysis, tools for assessment, mental and physical stress issues, development of an implementation plan, and governance considerations for the Territory.
- A senior project officer was appointed to develop an action plan addressing all elements of the Ministerial feedback and comments from the ANMF.
- Further high level consultation has occurred with the ANMF, Workplace Safety, the Communication and Stakeholder Engagement team and the ACT Chief Nursing and Midwifery Officer to progress issues including the project Implementation Plan.
- Recommendations and an Implementation Plan will be presented to Minister for Health and Wellbeing for consideration and endorsement.
- This strategy is due for completion by the end of October 2018.

Cleared as complete and accurate: 12/10/2018  
Cleared by: Deputy Director-General Ext: 42147  
Information Officer name: Dr Marg McLeod  
Contact Officer name: Danielle Rutter Ext: 76772  
Lead Directorate: Health

GBC18/580

**Portfolio/s:** Health & Wellbeing

## ISSUE: SENIOR MANAGEMENT CHANGES AT CALVARY

### Talking points:

- A new organisational structure for Calvary will see both public and private hospitals on the Bruce site report to a single Chief Executive, rather than separate Executives.
- Ms Barbara Reid has been announced as the Chief Executive for the Australian Capital Territory (ACT).
- Robust governance arrangements are in place for funding public health services delivered by Calvary, to ensure accountability and transparency of funding arrangements.
- These governance arrangements will be reviewed after the implementation of Calvary's new structure, to ensure that public monies continue to fund public health services in the ACT.

### Key Information

The Canberra Times published an article on this issue on 22 July 2018 raising these points:

- A new organisational structure will see both the public and private hospitals on the Bruce site report to a single Chief Executive, rather than separate Executives.
- This restructure follows similar changes taking place at other Calvary owned facilities in NSW, Victoria, Tasmania and SA.
- The management changes at Calvary hospital in the ACT will come into effect on 3 September 2018, with an eight week transition period taking place.
- The changes to management is not expected to impact upon inpatient services at the hospital.
- Calvary's Deputy Chief Executive Officer, Mr Matt Hanrahan said Calvary funding from the ACT Government will not go towards operations in the private hospital.
- Public health and hospital services at CPHB, including the emergency department, will be unaffected.
- Palliative care services at Clare Holland House will also be unaffected by the management changes.
- Territory funding will only be used for public health and hospital services.

Cleared as complete and accurate: 12/10/2018  
Cleared by: Deputy Director-General Ext:52248  
Contact Officer name: Jacob Fell Ext:76230  
Lead Directorate: Health

GBC18/580

Portfolio/s Health & Wellbeing

**ISSUE: AUDITOR GENERAL REPORT NO. 9/2018 -  
ACT HEALTH'S MANAGEMENT OF ALLEGATIONS OF MISCONDUCT  
AND COMPLAINTS ABOUT INAPPROPRIATE WORKPLACE  
BEHAVIOUR**

**Talking points:**

- On 2 August 2018, the ACT Auditor-General released Report No. 9/2018 – ACT Health’s management of allegations of misconduct and complaints about inappropriate workplace behaviour.
- The Minister for Mental Health, the Director-General of the ACT Health Directorate and I have made numerous public statements since in relation to this matter, reiterating that the ACT Government has zero tolerance for bullying and that there are safe and respectful pathways available to people wishing to raise concerns about bullying within ACT directorates. ACT Health has a range of measures in place to support staff, including:
  - Training programs to educate staff on respectful workplace behaviours, how to raise concerns about inappropriate behaviour and educate managers on how to manage complaints of inappropriate behaviour.
  - Avenues for staff to raise incidents of bullying and harassment, which include raising concerns with their Senior Manager, People and Culture (HR) Employee Services Unit and through the electronic internal incident reporting mechanism.
  - An established network of over 101 Respect Equity and Diversity (RED) Contact Officers for all professions.
  - Rigorous processes for investigating bullying appropriately and independently in line with the requirements of ACT Health Enterprise

Cleared as complete and accurate:	15/10/2018	
Cleared by:	Executive Director	Ext: 51086
Information Officer name:	Janine Hammat	
Contact Officer name:	Jim Tosh	Ext: 50006
Lead Directorate:	Health	

TRIM Ref: GBC18/580

Agreements and the *Public Sector Management Act 1994*, to which all ACT Health and ACT Government employees are required to adhere.

- Ensuring the employee against whom the allegation has been made is afforded their right to natural justice and procedural fairness in the process.
- Since the matters which were subject to the Auditor-General's report, the Australian Council on Healthcare Standards July 2018 Accreditation Report commented on ACT Health's *"commitment and hard work has resulted in a significant shift and improvement in work place culture. With staff now openly taking pride in their work place environment..."*
- We agree with the Accreditor's view that *"It will be crucial that this leadership and level of commitment is maintained to ensure all improvements are sustained and further developed across the health service."*
- To this end, ACT Health is exploring alternative ways to address bullying and harassment matters, and while further announcements will be made in due course, some of the proposed features of this model have been discussed publically by me and the Director-General of the ACT Health Directorate.
- Existing investigative processes, which still have their place for more serious matters, are often of limited assistance for interpersonal disputes in the workplace.
- Due to confidentiality obligations and procedural fairness, the complainant will not be informed of the outcome and sanction taken against the other individual. And investigative processes do not often deal with the relationships, but only find fact as to what has occurred.
- ACT Health are exploring alternative dispute mechanisms which aim to intervene early in such disputes to ensure that working relationships are brought back on track as quickly as possible. These processes also aim to provide all parties to the dispute a level of agency in the resolution of the matter, an opportunity that investigations do not often provide.

Cleared as complete and accurate:	15/10/2018	
Cleared by:	Executive Director	Ext: 51086
Information Officer name:	Janine Hammat	
Contact Officer name:	Jim Tosh	Ext: 50006
Lead Directorate:	Health	

TRIM Ref: GBC18/580

- Where these processes fail, then there will evidently be the existing processes for raising these matters internally, and potentially escalating to an investigation in accordance with the relevant enterprise agreement.
- The Director-General has been in conversation with the Health Services Commissioner in formulating some views as to an appropriate external and independent avenue for employees to raise complaint. Some work is required in ensuring that these processes work within existing legislative frameworks.
- Further announcements will be made in due course.

Cleared as complete and accurate: 15/10/2018  
Cleared by: Executive Director Ext: 51086  
Information Officer name: Janine Hammat  
Contact Officer name: Jim Tosh Ext: 50006  
Lead Directorate: Health

TRIM Ref: GBC18/580

GBC18/580

Portfolio/s Health & Wellbeing

**ISSUE: CONSULTANCY CONTRACTS LED BY ACT HEALTH**

**Talking points:**

- ACT Health Directorate engages consultants regularly to undertake work and provide expert advice in all areas of health care delivery and planning, including health infrastructure planning and design to meet the health care needs of our growing city.
- It is not unusual for Government Departments, both Federal and State, to engage consultants for this type of work.
- There are a number of different types of consultants ACT Health Directorate engages for specialist technical advice on projects such as these. They include:
  - Cost consultants including commercial and economic advisers;
  - Architects;
  - Master planners;
  - Health facility planners; and
  - Engineers including traffic and parking; structural; aeronautical (Surgical Procedures, Interventional Radiology and Emergency Centre), civil, geotechnical, façade and mechanical, electrical or hydraulic.
- The Contracts register is a publically available website and can be found at <https://tenders.act.gov.au>

Cleared as complete and accurate: 15/10/2018  
Cleared by: Deputy Director-General Ext: 52248  
Information Officer name:  
Contact Officer name: Emm Dale Ext: 71818  
Lead Directorate: Health

TRIM Ref: GBC18/580



GBC18/580

**Portfolio/s:** Minister for Health and Wellbeing

**ISSUE: CHEMOTHERAPY CO-PAYMENTS**

**Talking points:**

- On 4 July 2018, the Chief Minister announced that the ACT Government would meet the costs of co-payments for chemotherapy for cancer, and that patients would no longer be directly charged.
- From 6 August 2018, ACT Health (now Canberra Health Services, CHS) began covering the co-payment for patients requiring injectable and infusible chemotherapies in ACT public hospitals.
- The majority of chemotherapies administered through an ACT public hospital are provided through an arrangement with Slade Pharmacy, and reimbursed to Slade on a monthly basis by CHS.
- The ACT Government has also committed to covering the co-payment for oral chemotherapy medications dispensed through ACT public hospitals
  - There have been initial challenges processing this change and some patients will be reimbursed for chemotherapy co-payments which they have paid for since 6 August 2018.
- The Government acknowledges there are challenges covering the co-payment for oral chemotherapy medications dispensed through community pharmacies and is continuing to investigate options for
- The ACT Health Directorate has initiated discussions with the Pharmacy Guild of Australia in relation to community pharmacy involvement in chemotherapy co-payment coverage outside ACT public hospitals. There are administrative barriers to overcome to include the majority of oral medications, which are provided through community pharmacies.
- Presently, Patients continue to pay co-payment for oral chemo medication administered outside the ACT public hospital system

**Background Information**

CHS estimate the cost of the co-payment subsidy for injectable and infusible chemotherapy medicines at approx\$550,000 p.a. The cost of including oral medications is not yet known.

GBC18/580

**Portfolio/s:** Health and Wellbeing

**ISSUE: NGO FUNDING**

### Talking points:

- We know that community organisations do a lot of good work that complements the public health system to better support people in managing their health.
- We will be contacting current service providers in the coming weeks in relation to the process and timing for future funding arrangements.

### Key Information

- ACT Health Directorate funds services that improve health outcomes and complement and support services delivered directly by the public health system.
- Funding decisions in relation to many of the services delivered by NGOs are subject to the Government Procurement Act because the Territory is purchasing the delivery of services.
- The majority of 2016-19 service funding agreements expire on 30 June 2019. To provide continuity of access to services for consumers and provide greater certainty to current service providers, ACT Health is working towards a proposal to extend current contracts where possible, taking into consideration broader government objectives in relation to expenditure of public funds.
- It is intended that the sector will be informed of the funding process and timing, in November 2018, following consultation with the Government Procurement Board.

Cleared as complete and accurate:	22/10/2018	
Cleared by:	Executive Director	Ext: 79143
Information Officer name:	Patrick Henry	
Contact Officer name:	Yu-Lan Chan	Ext: 76869
Lead Directorate:	Health	

GBC18/580

**Portfolio/s:** Minister for Health and Wellbeing

**ISSUE: WASTEWATER REPORT (INCLUDING FENTANYL)**

- The Australian Criminal Intelligence Commission (ACIC) has released the fourth National Wastewater Drug Monitoring report.
- The ACT has participated in each release of the Wastewater Drug Monitoring Program Report. With each report we gain a more comprehensive understanding of the usage of both legal and illicit drugs within the ACT.
- Alcohol and nicotine continue to be the most consumed drugs in Australia, but pleasingly the ACT continues to have nicotine and alcohol consumption lower than the national average.
- While methylamphetamine is the most frequently used illicit drug in the report, ACT data shows significantly lower than national average rates of methylamphetamine use.
- The most recent data has indicated an increasing trend of oxycodone use in the ACT. The wastewater testing cannot distinguish medical and non-medical use. However, according to ACT pharmacy supply data, there has not been an increase in the supply of oxycodone in the ACT. In fact, between July 2017 and March 2018, there has been approximately a 10 per cent decrease in the supplies of Oxycodone from ACT pharmacies.
- The ACT has controls in place to limit the prescribing of controlled medicines such as oxycodone and amphetamines, and monitors the supply of controlled medicines from pharmacies under the *Medicines, Poisons and Therapeutic Goods Act 2008*. The Health Protection Service oversees these controls and takes appropriate action in response to concerns of overprescribing for a patient when these situations arise.
- Our message to the community is always ‘don’t use drugs’, however, illicit drug use in our community is a reality, and we are focussed on reducing the associated harm.

Cleared as complete and accurate:	22/10/2018	
Cleared by:	Director	Ext: 71781
Contact Officer name:	Emily Harper/ Conrad Barr	Ext: 71781
Lead Directorate:	Health	

## Key Information

- Wastewater data was collected from one waste water treatment plant site in the ACT, during weeks of February and April 2018. This captures wastewater for more than 150,000 people.
- The analysis measures the presence of the following major drugs:
  - methylamphetamine (ACT use has increased since the last report but still remains well below the national average)
  - cocaine (ACT use is lower than Sydney, but higher than other capital cities, and usage has remained the same since the last report) )
  - 3,4-methylenedioxymethylamphetamine (MDMA) (ACT use is similar to that in all capital cities across the nation )
  - heroin (ACT use is in line with the capital city average)
  - oxycodone (ACT use is lower than Hobart, but higher than other capital cities)
  - fentanyl (ACT usage is slightly higher than the capital city average)
  - nicotine (ACT usage is consistently in line with or lower than the capital city average and significantly lower than the national average)
  - alcohol (ACT usage is consistently in line with or lower than the national average)
- According to the report “The weighted average consumption of fentanyl in both capital city and regional sites increased from December 2017 to April 2018 and are both currently the highest recorded levels since the program began”.
- The ACT has a wide range of services available to assist people who are dependent on alcohol and other drugs. This financial year we will invest around \$20 million in specialist alcohol and other drug treatment and support services.

Cleared as complete and accurate: 22/10/2018  
Cleared by: Director Ext: 71781  
Contact Officer name: Emily Harper/ Conrad Barr Ext: 71781  
Lead Directorate: Health

GBC18/580

**Portfolio/s:** Minister for Health and Wellbeing

**ISSUE: HEROIN OVERDOSES**

**Talking points:**

- Reports earlier this month of several recent deaths by suspected overdose are very concerning. Any preventable death is a tragedy.
- There are many drug and alcohol support services available in the community and we would encourage people to seek the support they need.
- Information on support services is available 24-hours, 7 days a week through the Drug and Alcohol Help Line.

**Key Information**

- ACT Health funds the Canberra Alliance for Harm Minimisation and Advocacy (CAHMA), to run a take home naloxone program in Australia. This program provides comprehensive overdose management education to injecting drug users and other clients at high risk of experiencing or witnessing a heroin overdose.
- Increasing access to naloxone is in line with the soon-to-be-released ACT Drug Strategy Action Plan.

**Background Information**

- On 12 October 2018, the Canberra Times reported on three recent deaths from suspected heroin overdoses. This was followed by an editorial on 14 October 2018, calling for increased use of naloxone (a reversal agent used to treat overdose from opioid drugs, including fentanyl, oxycodone and morphine as well as heroin and methadone).

Cleared as complete and accurate: 22/10/2018  
Cleared by: Director  
Contact Officer name: Emily Harper  
Lead Directorate: Health

Ext: 78634  
Ext: 78634

GBC18/580

**Portfolio/s:** Health and Wellbeing

**ISSUE: INTENSIVE CARE BED CAPACITY ISSUES**

**Talking points:**

- Across Australia, hospitals experience pressures and unexpected demand on intensive care units from time to time.
- Canberra Hospital is also experiencing unusually high demand in its Intensive Care Unit (ICU).
- ACT Health Directorate and Canberra Health Services (CHS) have systems that have been put in place to manage the demand.
- This has included rostering additional staff to ensure clinically safe staff-to-patient ratios.
- A small number of patients were safely transferred to Calvary Public Hospital on 25 October to help manage demand.
- This included one Emergency Department patient requiring ICU treatment.
- One elective surgical procedure was postponed on 25 October.
- There have been no adverse patient outcomes as a result of the high demand.
- Canberrans can be assured that should they or a loved one require urgent treatment they will receive it.
- Patients presenting to Canberra Hospital's Emergency Department continue to be assessed and treated as per normal.
- Canberra Hospital has well established systems and processes in place to appropriately manage periods of high demand such as we are currently experiencing.
- ACT Health Directorate and Canberra Health Services are jointly examining the source of the demand and will use this information to build a future proofed strategy that encompasses a territory-wide approach to acute care services.

Cleared as complete and accurate: 25/10/2018  
Cleared by: Director-General Ext: 50823  
Information Officer name: Michael De'Ath  
Contact Officer name: Michael De'Ath Ext: 50823  
Lead Directorate: Health

## Background

- One ED patient requiring ICU destination was transferred to Calvary Hospital on 25 October.
- Clinically safe Coronary Care Unit (CCU) patients were also transferred to Calvary Hospital.
- Clinically safe ICU patients were decanted to the CCU.
- CHS commenced bypass for non-urgent cases.
- Two patients have been transferred to Sydney for specialist burns treatment following an explosion in the community yesterday evening.

Cleared as complete and accurate: 25/10/2018  
Cleared by: Director-General Ext: 50823  
Information Officer name: Michael De'Ath  
Contact Officer name: Michael De'Ath Ext: 50823  
Lead Directorate: Health

GBC18/580

**Portfolio/s:** Health and Wellbeing

**ISSUE: GRATTAN ORANGE REPORT 2018**

**Talking points:**

- The Grattan Orange Report shows that the ACT is leading the nation on a number of key issues in health.
- The ACT has the lowest avoidable mortality rate of any capital city. The avoidable mortality rate in the ACT has declined 13.4% over the past five years.
- While our elective procedure wait times remain comparatively high, the median wait time has decreased 27% over the past four years, while nationally, wait times have risen.
- To improve access to elective surgery in 2017-18, the ACT Government committed to reducing the number of paediatric patients classified as 'long wait' to zero. This target was achieved.
- The ACT Government has also committed to providing additional funding to increase elective surgery numbers to around 14,000 per annum from 2018–19.
- The nature of the ACT means that our health care costs are, on average, higher. However, the ACT gains excellent health outcomes from our investment in health.
- These figures show that ACT Government investment and reforms are taking the ACT health system in the right direction.

**Key Information**

- The Report mentioned several key areas for improvement nationally: regional healthcare, public hospital efficiency, dental and outpatient waiting times, and public mental health services.
- Due to its small size, the ACT does not have a disparity in avoidable mortality due to geography. However, co-design in development of preventive health programs is central to ACT Health Directorate program development methodology.

Cleared as complete and accurate:	29/10/2018	
Cleared by:	Executive Director	Ext: 79143
Information Officer name:	Patrick Henry	
Contact Officer name:	Ashleigh Keeling	Ext: 50832
Lead Directorate:	Health	



- The Report identified no ACT-specific dental health data, however, the Dental Health Program at Canberra Health Services has maintained the organisational mean waiting time target of six months for adults on the routine dental services waiting list, in the context of rising demand.
- There continues to be no waiting lists for children to receive routine dental care in ACT Community Health Centres.
- There is no detail in the Report specifically referring to mental health matters in the ACT.
- The Report raises concerns about wait times for mental health care nationally. The ACT has implemented the Mental Health Short Stay Unit and the Mental Health Assessment and Consult Liaison in the Emergency Department at the Canberra Hospital to reduce wait times for treatment, as well as a redesigned Adult Community Mental Health Services model of care to further increase access to timely mental health care.
- The Report also raises concerns about the inadequacy of community mental health services being measured only by the use of services. Work has commenced in the ACT to review the mental health indicators and reporting framework and intends to establish a set of broader mental health outcome indicators beyond the use of services.

### Background Information

- The ACT does not yet collect information on the waiting time between when a patient is referred to the hospital to the time they are seen in an outpatient clinic (referred to in the Grattan Report as the 'hidden waiting list'). ACT Health Directorate is currently participating in national work being undertaken by the Australian Institute of Health and Welfare to develop nationally consistent data on this waiting time.
- The ACT Health Directorate extended operating hours of dental clinics at the Belconnen and Tuggeranong Community from January 2018.
- Additional aged care facilities were included in mobile dental rostering.
- The ACT Health Directorate is committed to delivering two additional mobile dental clinics, which will be in operation by early 2019. ACT Health Directorate is engaging with community stakeholders to develop and fine tune the Models of Care for this program prior to final implementation.
- The ACT has established an Office for Mental Health and Wellbeing to provide jurisdictional leadership for mental health reform in ACT. The Office's oversight will help address some social factors which may lead to inequity (the social determinants of health).

Cleared as complete and accurate: 29/10/2018  
Cleared by: Executive Director Ext: 79143  
Information Officer name: Patrick Henry  
Contact Officer name: Ashleigh Keeling Ext: 50832  
Lead Directorate: Health

- The ACT actively participates in national mental health initiatives regarding access, quality of services, and improved mental health outcomes.
- The ACT Health Directorate also works closely with the ACT's Primary Health Network to strengthen primary care services in regional areas of New South Wales which are closer to Canberra than Sydney or Melbourne.

Cleared as complete and accurate: 29/10/2018  
Cleared by: Executive Director Ext: 79143  
Information Officer name: Patrick Henry  
Contact Officer name: Ashleigh Keeling Ext: 50832  
Lead Directorate: Health

GBC18/580

**Portfolio/s:** Health and Wellbeing

**ISSUE: WARRANT EXECUTION ON ACT PREMISES**

**Talking points:**

- Following receipt of a complaint made to ACT Health, the Health Protection Service (HPS) has executed warrants on 17 premises linked to businesses in the ACT, between 30 August and 24 October 2018.
- These businesses have allegedly been advertising and supplying sport supplements, mainly used for body building. A variety of sports and other supplements were seized during the searches.
- These supplements can pose a significant public health risk when used inappropriately and without the guidance of a registered medical practitioner.
- The items of interest in this investigation have mainly been advertised for body building purposes. Some other items have been marketed as weight loss aids, sleeping aids or sexual enhancers. These items allegedly contain prescription only medicines and prohibited substances.
- ACT Health has published information for consumers and businesses on its website warning about the potential health risks associated with these supplements.

**Key Information**

- Now that all warrants have been executed in relation to the matter a public health alert was issued on Wednesday 31 October 2018 to warn the public about the dangers associated with these types of substances.
- The HPS will also release targeted communications through the fitness industry advising of the potential harms of these products and that these products need to be removed from sale.
- In the interim, the HPS has published public information on the ACT Health website to warn the public about the potential health risks associated with these supplements.

Cleared as complete and accurate:	30/10/2018	
Cleared by:	Chief Health Officer	Ext: 71781
Information Officer name:	Dr Paul Kelly	
Contact Officer name:	Conrad Barr	Ext: 54402
Lead Directorate:	Health	

- In late August 2018, ACT Health was notified by NSW of three overdoses in Queanbeyan, including one death, linked to weight-loss products , containing the highly toxic chemical 2,4-dinitrophenol (DNP). This product is marketed to the fitness and bodybuilding communities.
- In order to raise public awareness of the risks associated with products containing DNP, both NSW and ACT Health release of media statements.
- There is currently no evidence that the products involved in the NSW overdose cases have been sold from any of the businesses searched by HPS between August and October.

## Background Information

- The completion of the final set of warrants executed on 24 October 2018 means that all current known suppliers of these substances in the ACT have now been subjected to regulatory action.
- The items seized present a relatively low acute health risk. However several of the substances may be associated with long term health risks. Due to this lack of acute harms, a decision was made to delay public health alerts until the final warrants were served and illegal products were seized. This approach has minimised the ongoing availability of these products to the community, providing the best protection for the community's health.
- The ACT Government Analytical Laboratory (ACTGAL) is undertaking analysis of the seized substances which is likely to take several months to complete. Timeframe for completion of this analysis is dependent on development of analysis methods and complicated by the incompatibility of some of these compounds with standard analytical techniques.

Cleared as complete and accurate:	30/10/2018	
Cleared by:	Chief Health Officer	Ext: 71781
Information Officer name:	Dr Paul Kelly	
Contact Officer name:	Conrad Barr	Ext: 54402
Lead Directorate:	Health	

GBC18/580

**Portfolio/s:** Health and Wellbeing

**ISSUE:           Resignation of Chief Medical Officer – Dr Jeffery Fletcher**

**Talking points:**

- Chief Medical Officer (CMO) Dr Jeffery Fletcher, has made the decision to resign from ACT Health and Canberra Health Services.
- I am unable to comment on an employee’s personal situation. Dr Fletcher’s decision to move on from ACT Health is a matter for him, and I respect his decision.
- The CMO position is an important clinical leadership role across the ACT Health system.
- The recruitment process to appoint a CMO will commence as soon as possible.
- The CMO will be finishing with Health in late November, and arrangements for an interim CMO will be put in place at that time.
- I wish Dr Fletcher the very best in his future endeavours and thank him for the valuable contribution he has made to ACT Health.

**Key Information**

- The Chief Medical Officer role is in the Office of Professional Leadership and Education, in the Health Systems, Policy and Research Division of ACT Health.
- The recent recruitment process to fill other DDG leadership positions within the ACT Health Directorate has now been finalised.
- Ms Leonie McGregor has been appointed as Deputy Director General, Health Systems, Policy and Research. Ms McGregor has been acting in this role since July 2018. Ms McGregor has had an extensive career in the Australian Public Service, including the Federal Department of Health and Ageing, leading teams in both program and policy areas.

Cleared as complete and accurate:	18/01/2018	
Cleared by:	Director-General	Ext:
Information Officer name:		
Contact Officer name:	Vanessa Dal Molin	Ext:79532
Lead Directorate:	Health	

- Ms Karen Doran has been appointed to the position of Deputy Director General, Corporate. Ms Doran has acted in this role since October 2017. Prior to commencing with ACT Health Directorate, Ms Doran was an executive within ACT Treasury where she was responsible for economic and revenue policy, forecasting and modelling and federal financial relations.

### **Background Information**

- On Monday 29 October 2018, the Chief Medical Officer Dr Jeffery Fletcher, announced his resignation from ACT Health.
- Dr Fletcher made the announcement via email to colleagues across the organisations. A message from the Director-General of ACT Health was also issued to all staff.
- Dr Fletcher's resignation has received media attention from The Canberra Times and ABC Radio Canberra.

Cleared as complete and accurate: 18/01/2018  
Cleared by: Director-General Ext:  
Information Officer name:  
Contact Officer name: Vanessa Dal Molin Ext:79532  
Lead Directorate: Health

GBC18/675

**Portfolio/s:** Minister for Mental Health**ISSUE: ACT HEALTH ANNUAL REPORT 2017-18****Talking points:**

- ACT Health performed well against a range of Health Directorate and ACT Local Hospital Network strategic objectives and priorities over the reporting period.
- Emergency Departments (ED) in the ACT were impacted by a record number of influenza cases during the winter of 2017.
  - In 2017-18, 100 per cent of Category 1 patients presenting to the ED were seen within clinically recommended timeframes.
  - The number of presentations to ACT Public EDs increased by 6.3 per cent from July to September 2016 to July to September 2017.
  - The number of presentations to the Canberra Hospital ED increased by 4.1 per cent in 2017-18.
  - The number of presentations to ACT public EDs in 2017-18 was 147,778 compared to 143,860 in 2016-17.
- ACT Health exceeded the target for the total number of elective surgeries performed. In 2017-18, 13,340 elective surgical procedures were completed across the ACT, compared to 12,826 in 2016-17.
  - The results for Urgent Category 1 are similar to the previous year, with 91 per cent of urgent patients receiving access within clinically recommended timeframes.
  - There were zero long-waits in paediatric surgery, an important achievement.
  - The Government has committed to providing additional funding to increase elective surgery numbers to around 14,000 per annum from 2018-19.
  - The Government has committed \$64.7 million over the next four years to improve access to surgical care and reduce wait times,

Cleared as complete and accurate:	18/10/2018	
Cleared by:	Director-General	Ext: 50823
Information Officer name:		
Contact Officer name:	Geraldine Grayland	Ext: 52976
Lead Directorate:	Health	

which will produce better health outcomes for patients in the ACT and surrounding NSW region.

- The target for access to radiotherapy emergency treatment was met with 100 per cent of patients requiring emergency treatment seen within 48 hours.
  - During 2017-18, overall activity and the number of patients treated by radiotherapy services increased by 6.5 per cent. This increased demand created additional challenges in meeting target wait times for palliative and radical treatments.
- The number of breast cancer screens in 2017-18 increased compared to the previous year. The ACT participation rate is three per cent higher than the national average.
- The usage of seclusion in Mental Health episodes increased from four per cent in 2016-17 to seven per cent in 2017-18.
  - The increase is due to the inclusion of the data from the Dhulwa Mental Health Unit (Dhulwa) which opened in November 2016. The target from 2016-17 was maintained in 2017-18 and was not adjusted to account for another inpatient unit.
  - The target has been increased to be less than five per cent for the 2018-19 Financial Year due to the inclusion of the more complex Dhulwa patient cohort.
- The ACT continues to enjoy the highest life expectancy of any jurisdiction in Australia. Life expectancy at birth is:
  - 85.2 years for females in the ACT, against a national average of 84.6 years.
  - 81.3 years for males, against a national average of 80.4 years.
- The estimated hand hygiene rate at Canberra Hospital continues to remain well above target levels. Hand hygiene was a key focus of the Australian Council on Healthcare Standards accreditation process undertaken earlier this year.
- For the two-year Cervical Screening Program participation rate, the ACT achieved a result of 56.2 per cent against a national rate of 56.0 per cent.
- The proportion of the ACT population with cardiovascular disease is 3.9 per cent, which is lower than the national proportion of 4.7 per cent.

Cleared as complete and accurate:	18/10/2018	
Cleared by:	Director-General	Ext: 50823
Information Officer name:		
Contact Officer name:	Geraldine Grayland	Ext: 52976
Lead Directorate:	Health	



- The 2014 dfmt/DMFT index results at six years and 12 years were lower than the national average for the dfmt/DMFT index.
- The 2016–17 ACT rate of admissions in persons aged 75 years and over with a fractured neck of femur was 5.6 per cent. This is above the long-term target of 5.3 per 1,000 persons, but an improvement on the 2015-16 result of 6.6 per cent.

**Key Information**

- There is no data to report against maintaining reduced rates of patients returning to an ACT public acute psychiatric inpatient unit.
- Unplanned readmissions could not be separated from planned readmissions for a range of reasons at a time of significant change occurring during the second half of 2017.
- This indicator will be reviewed, with a proposal to align the ACT Health definition with the national definition, for future reporting.

Cleared as complete and accurate: 18/10/2018  
Cleared by: Director-General Ext: 50823  
Information Officer name:  
Contact Officer name: Geraldine Grayland Ext: 52976  
Lead Directorate: Health

GBC18/675

**Portfolio/s:** Minister for Mental Health

## ISSUE: Health Expenditure Australia 2016-17

ACT Government is spending more on health as detailed in Health Expenditure Australia 2016-17 report published by the Australian Institute of Health and Welfare (AIHW) and discussed in the Canberra Times article on 29 September 2018.

### Talking points:

- ACTs total health expenditure increased by \$498 million (17%) from 2014-15 to 2016-17. This was driven by growth in recurrent expenditure \$435 million coupled with growth in capital expenditure \$63 million.
- It should be noted that funding for the increase in recurrent expenditure of \$435 million was split between Commonwealth \$263 million, ACT Government \$136 million and Non-Government Sources \$36 million.
- The increase in recurrent expenditure of \$435 million was substantially driven by increase in funding for expenditure relating to primary healthcare \$191 million, research \$92 million, public hospital services \$86 million and other \$66 million.

### Key Information

Funding Source	Expenditure Category	2014-15	2015-16	2016-17	Growth 2015 to 2017	
		\$m	\$m	\$m	\$m	%
<b>ACT Funding</b>	Recurrent	986	1,068	1,122	136	14%
	Capital	80	73	157	77	96%
	<b>Total</b>	<b>1,066</b>	<b>1,141</b>	<b>1,279</b>	<b>213</b>	<b>20%</b>
<b>Commonwealth Funding</b>	Recurrent	1,179	1,245	1,442	263	22%
	Capital	5	5	5	-	0%
	<b>Total</b>	<b>1,184</b>	<b>1,250</b>	<b>1,447</b>	<b>263</b>	<b>22%</b>
<b>Non-Government Funding</b>	Recurrent	658	706	694	36	5%
	Capital	56	67	42	14	-25%
	<b>Total</b>	<b>714</b>	<b>773</b>	<b>736</b>	<b>22</b>	<b>3%</b>
<b>All funding Sources</b>						
	Recurrent	2,823	3,019	3,258	435	15%
	Capital	141	145	204	63	45%
	<b>Total</b>	<b>2,964</b>	<b>3,164</b>	<b>3,462</b>	<b>498</b>	<b>17%</b>

Cleared as complete and accurate: 18/10/2018  
 Cleared by: Chief Finance Officer Ext: 78441  
 Information Officer name: Trevor Vivian  
 Contact Officer name: Sasith Wickramasinghe Ext: 76184  
 Lead Directorate: Health

## Background Information

- Health Expenditure Australia report produced annually by the AIHW.

Cleared as complete and accurate: 18/10/2018  
Cleared by: Chief Finance Officer Ext: 78441  
Information Officer name: Trevor Vivian  
Contact Officer name: Sasith Wickramasinghe Ext: 76184  
Lead Directorate: Health

**ISSUE: INDEPENDENT REVIEW INTO ACT HEALTH'S CULTURE****Talking points:**

- Together with the Minister for Health and Wellbeing, I have been extremely clear around my expectation for a positive culture in the delivery of public health care in the ACT.
- The Government has a zero tolerance for bullying and harassment.
- Since March 2018, there has been significant work undertaken within our public health system to improve culture and governance, and to build an environment of genuine engagement.
- I have seen significant improvements in workplace culture since this time. These improvements were confirmed by the Australian Council on Healthcare Standards, through their accreditation report handed down in August 2018.
- Indeed an independent external review into Mental Health Services, commissioned in response to the March 2018 accreditation process, made some very complementary remarks about ACT Health staff. There was strong praise for many aspects of our mental health inpatient services and facilities.
- Building on these achievements, on 10 September 2018, the Minister for Health and Wellbeing announced her decision to put in place several processes to assist in further improving culture within ACT Health. This has included the establishment of an Independent Review of the Workplace Culture within ACT Public Health Services and the formation of a Clinical Leadership Forum.
- Both of these initiatives complement a broader package of initiatives that are being implemented by the Executive within ACT Health, aimed at further improving the workplace culture within ACT Health.

Cleared as complete and accurate: 22/10/2018  
Cleared by: Director-General Ext: 50823  
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Contact Officer name: Vanessa Dal Molin Ext: 79532  
Lead Directorate: Health

TRIM Ref: GBC18/675

- I am aware of the calls by Australian Salaried Medical Officers Federation (ASMOF) and Australian Medical Association (AMA) to establish a formal Board of Inquiry.
- I have taken their views into consideration and am supportive of the Minister's decision to undertake an Independent Review, rather than a full Board of Inquiry.
- The Independent Review will be about the workforce, and not just about the doctors.
- All staff across the workforce have a right to feel safe, supported and heard during this Review process, regardless of their position.
- The Minister announced the terms of reference for the Review on 21 September 2018, together with the details of the Review Panel members who had been appointed to conduct the review.
- The Review Panel is made up of three highly experienced individuals – Mr Mick Reid (Chair), Ms Fiona Brew and Professor David Watters.
- I had an introductory meeting with two members of the Review Panel earlier this month.
- The Review panel have a mandate to undertake extensive engagement and consultation, whilst ensuring that the privacy of individuals coming forward is maintained. To this end, the Review Panel issued a call for submissions on 15 October 2018.
- Anyone is able to make a submission to the Review. The call for submissions will be open until 30 November 2018.
- The Panel has publicly stated that the protection of people's confidentiality and privacy is of the utmost importance to the Review Panel.
- I will continue to work closely with the Minister for Health and Wellbeing to ensure that the Review is appropriate and effective.

Cleared as complete and accurate: 22/10/2018  
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TRIM Ref: GBC18/675

### Key Issues:

- On 10 September 2018 the Minister for Health and Wellbeing issued a statement on ACT Health culture.
- As part of this statement the Minister announced the establishment of an Independent Review into the Workplace Culture within ACT Public Health Services.
- The AMA, ASMOF and ACT Visiting Medical Officers Association (VMOA) have called for the establishment of a Board of Inquiry.

Cleared as complete and accurate: 22/10/2018  
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TRIM Ref: GBC18/675

GBC18/675

**Portfolio/s:** Mental Health

**ISSUE: ACT HEALTH ORGANISATIONAL REFORM**

**Talking points:**

- The proposal to restructure ACT Health was considered over a number of months and involved a range of conversations between myself and the Minister for Health and Wellbeing.
- The ACT Health Directorate Executive Leadership Team, with the support of a dedicated Transition Office, were responsible for overseeing the transition planning.
- As planned, the ACT Health Directorate became two organisations on 1 October 2018: Canberra Health Services and ACT Health Directorate.
- Canberra Health Services is responsible for the delivery of frontline health services to the Canberra community, including the Canberra Hospital, University of Canberra Hospital Specialist Centre for Rehabilitation, Recovery and Research, three Walk-in Centres, six Community Health Centres and a range of community based health services.
- The ACT Health Directorate is responsible for the stewardship of the health system in the ACT and for building a strong research, strategic policy, population health and planning capability, which will set the strategic direction for health services across the ACT.
- The creation of two health organisations will enable a clearer focus on efficiency and effectiveness for clinical operations, and enable the ACT Health Directorate to develop strategies and set the direction to ensure services meet community needs and expectations and that the health system is innovative, effective and sustainable now and in the future.
- This change is an essential evolution for our growing population and expanding health system, and will bring greater clarity about the distinct roles and responsibilities of frontline staff and corporate staff.

Cleared as complete and accurate: 15/10/2018  
Cleared by: Director  
Information Officer name: Catherina O'Leary  
Lead Directorate: Health

Ext: 75391

## Governance and Consultation

- The planning process for creating the two organisations has included defining the relationship between the service delivery organisation and the planning and policy organisation. It is essential that this relationship supports a model providing effective governance, management and accountability. This process has involved consultation with key stakeholders to seek their views on the governance model and key relationships required to ensure effective functioning of the organisations.
- The Transition Office has undertaken regular staff and stakeholder communications and engagement activities, to ensure that we deliver a model that will work on the ground for both staff and ACT Health consumers.
- A formal consultation period provided staff the opportunity to formally contribute to the design of the organisations that would see us reach our milestone of 1 October.
- It is important to recognise that the key milestone date of 1 October 2018 is not the end of this process. The transitioning to two new organisations includes a “stabilise and refine” phase. This will allow us to further refine processes and internal structures once the organisations are fully established. Staff feedback will continue to be a key element of this phase.

## Impacts for Staff

- I would like to reassure all ACT Health employees that they will continue to be engaged as we refine and stabilise the new structures. We know that large changes such as these require a process of iteration to ensure that core processes are improved, that the workload balance is correct and to rectify any unintended consequences.
- We are working to ensure that we minimise disruption for staff members as much as possible.
- There were no job losses as a result of the transition.
- Every possible opportunity has been and will continue to be provided to staff and unions to provide feedback on proposed changes to organisational reforms.

Cleared as complete and accurate: 15/10/2018  
Cleared by: Director  
Information Officer name: Catherina O’Leary  
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### Project governance

- The Transition Advisory Committee was established as the steering committee governing the delivery of the program of work to establish the two organisations. The Transition Advisory Committee was comprised of the Director-General, three Deputy-Director Generals, Executive Director People and Culture, Chief Finance Officer, Chief Information Officer and Director Transition Office.
- The Transition Advisory Committee met fortnightly and monitored project risk, timeframes and activities of working groups established to deliver on project elements.
- I received regular verbal updates on the status, progress and issues relating to the program of work.
- Due to the fast pace of this project and tight timeframes, formal written briefs were provided only as required.

### Eligible Public Hospital and Ambulance (EPHA) salary packaging benefits

- A great deal is being speculated about the application of the Eligible Public Hospital and Ambulance (EPHA) salary packaging benefits and the impact this will have on individual staff benefits.
- Firstly, it is important to note that there will be no impact on the eligibility for EPHA Salary Packaging for staff currently working at Canberra Hospital and Health Services as a result of the transition. Note: EPHA is sometimes mistakenly referred to as PBI.
- It is also important to note that this is a benefit which is governed by federal tax legislation and the ACT Government must ensure that any decisions regarding EPHA are aligned with this legislation.
- EPHA Salary Packaging is available to staff who meet the requirements of the Fringe Benefits Tax Assessment Act 1986 for these benefits.
- Failure to comply with the Australian Taxation Office (ATO) determination may result in FBT liability for the individual and/or the organisation.
- An all-staff email was distributed on 28 June 2018 providing information about the ATO's interpretation of eligibility to access this benefit. This interpretation narrowed the eligibility criteria and provided a number of tests to be satisfied by the employee relating to the nature and extent of their work for a hospital facility.

Cleared as complete and accurate: 15/10/2018  
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- This has left a number of ACT Health staff being subject to grandfathering arrangements in an uncertain position for a number of years.
- The transition will provide clarity on the status of the Directorate and the Health Service as defined in the ATO determination and therefore will provide clarity and certainty on access to this benefit for individuals.
- An information paper providing further clarity was distributed to staff on 21 September. This outlined the fact that any staff reporting to the Chief Executive Officer from 1 October would continue to, or begin to, receive this benefit. It is expected that approximately an additional 700 staff would be eligible to access this benefit as a result of the transition.
- This is a complex and sensitive area and the ACT Government will work with staff who may be impacted.

Cleared as complete and accurate: 15/10/2018  
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GBC18/675

**Portfolio/s:** Mental Health

**ISSUE: ACT HEALTH TERRITORY-WIDE HEALTH SERVICES STRATEGY**

**Talking points:**

- Work on the Territory-wide Health Services Strategy (the Strategy) is progressing and the Territory-wide Health Services Advisory Group has provided feedback resulting in a revised draft of the Strategy.
- The revised Strategy will be considered by Advisory Group at its meeting planned for 31 October 2018, and then will be put to Minister/s for final endorsement.
- Implementation of the Strategy will be phased in from late 2018 to take full advantage of the development of the two new organisations and the recruitment of a new leadership team.
- Feedback to date from ACT Health staff and the Advisory Group indicates a high level of support for the refreshed Strategy.
- The development of the Specialty Services Plans (SSPs) is also progressing well. There are 46 SSPs in total in development. This includes 40 specialty services and six core services e.g pathology and pharmacy.
- The progress of the development of all SSPs, including the Mental Health SSP, is below:
  - **Phase 1** has involved profiling the current services. Work to date has included stakeholder engagement with these service providers:
    - CHHS service providers;
    - Calvary;
    - ACT Health GPs;
    - Other GPs; and
    - NGOs.
  - **Phase 2** analysis is also underway and data that identifies current demand for inpatient and outpatient services is being collated.

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GBC18/675

**Portfolio/s:** Mental Health

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

**Talking points:**

- The ACT Health System-Wide Data Review is now complete, with the Outcomes Report tabled in the Legislative Assembly by the Minister for Health and Wellbeing on 21 August 2018.
- The Outcomes Report makes nine key recommendations, and sets out a three-year program of activities that has been developed in accordance with best practice data management and performance reporting principles.
- Implementing this program of activities is now a top priority, to ensure that the outcomes of the Review result in meaningful change for patients, the broader community and the ACT Health workforce.
- One of the immediate activities already underway by ACT Health is to develop and enhance dedicated mental health performance metrics. This work will:
  - consolidate existing information and reporting;
  - make information more relevant to stakeholder and community requirements;
  - to develop metrics that will support mental health reforms at the local and national level; and
  - address the information management recommendations from the Auditor-General's 2017 report *Mental Health Services – Transition from Acute Care*.
- I look forward to advising on the progress of this work once the development process is finalised shortly.
- More broadly, this project will support high-priority work to identify and report relevant health information to improve access to data online and help Canberrans be more in control of their own health care.

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Lead Directorate:	Health	

TRIM Ref: GBC18/675

- This will include:
  - enhanced quarterly performance updates from 2018-19;
  - developing new public reporting for patients, consumers and the broader ACT community;
  - building a new data repository to deliver high quality and timely information; and
  - real time performance metrics, such as emergency department average wait times, patients currently waiting, and patients receiving treatment.
- Overall, these new ways of collecting, reporting and managing health data will inform strategic decision-making and support ACT Health to drive reform and innovation.

## Key Information

### ***System-Wide Data Review***

- On 14 February 2017, Minister Fitzharris announced that ACT Health would undertake a System-Wide Data Review (the Review), 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 Outcomes Report, *Leading Data Reform – The Way Forward: Outcomes of the ACT Health System-Wide Data Review*, outlines:
  - the key findings and recommendations from the Review;
  - the independent root cause analysis findings; and
  - a three-year roadmap for key future activities.
- To support this, a comprehensive Implementation Plan covering the first six months of the three-year program of activities, to December 2018, was also tabled by Minister Fitzharris on 21 August 2018.
- The Implementation Plan will be updated by ACT Health every six months to include updates on projects underway and projects planned to start over the next six months.

### ***The nine key Review recommendations***

1. Build a new data repository, which will collect, store, extract and transform quality data to deliver better insights to the community;
2. Embed new governance structures to delineate roles and responsibilities in relation to data across ACT Health, ensuring accountability and transparency is a priority;

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TRIM Ref: GBC18/675

3. Continually improve the accuracy of data through robust data quality assurance activities;
4. Improve the understanding of data to ensure that the data produced and shared amongst all ACT Health stakeholders has embedded and consistent definitions and interpretation;
5. Maintain security and privacy of the data held by ACT Health;
6. Continually improve internal workforce capabilities around data to build a strong data and analytics team, and train the health workforce to leverage the use of data for decisionmaking;
7. Improve communication about data across ACT Health, mobilising a cultural shift around data management, with the intent of creating a new relationship between data, the community and stakeholders;
8. Improve communication about data across ACT Health, mobilising a cultural shift around data management, with the intent of creating a new relationship between data, the community and stakeholders; and
9. Be transparent within and outside ACT Health, by meeting regulatory requirements as well as deliver insights and intelligence about the healthcare services delivered throughout the ACT.

***Notable outcomes of the Review***

- Meeting external reporting obligations such as the *2018 Report on Government Services* and the *2016-17 ACT Health Annual Report*;
- Ensuring security and access policies are in place, so that personal information is kept confidential and is stored and released with the appropriate privacy safe guards;
- Embedding strong governance models to ensure decisions regarding our data are made by those with appropriate skill and delegation;
- Building enduring relationships with external data reporting agencies, such as the Australian Institute of Health and Welfare (AIHW);
- Embedding a Reporting Coordination Unit as a 'data front door' to ACT Health, so that both internal and external stakeholders have a centralised point of contact for data and reporting matters;
- Engaging independent experts to review the System-Wide Data Review activities to ensure they are comprehensive and that all systemic issues are addressed;
- Embedding a number of key quality assurance processes to ensure the data is accurate and correct at the time of release;
- Developing an annual audit program across our data collection and reporting systems to ensure that each year a sample of patient journeys will be followed from the initial

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TRIM Ref: GBC18/675

collection point, to when the record is reported in a dataset. This process demonstrates confidence and transparency across the data and reporting systems;

- Reaching an agreement with the AIHW to accredit ACT Health to use the national health metadata registry 'MeTEOR' as a data repository for all definitions and standards. Although this work is in the initial stages, it is a major improvement and will ensure our existing and new standards and definitions are robust and consistent with national requirements;
- Investing in our staff, and embedding a culture of respect and innovation to ensure we attract and retain a skilled workforce;
- Developing end to end documentation for all national data collections, from collection point right through to reporting. Demonstrating transparency of data management processes and mitigating gaps in collection;
- Identification of over 130 performance indicators that are currently published. The System-Wide Data Review is assessing and restructuring this consumer information so that it is informative, can easily be found and navigated through ACT Health websites and other media platforms. This will encompass the Quarterly Reporting arrangements and recommendations on format, structure and metric frequency for system performance reporting to consumers; and
- Rolling out a new data repository that is innovative and a first for the ACT Government that has the potential to be expanded and adapt to changing community health needs.

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TRIM Ref: GBC18/675

GBC18/675

**Portfolios:** Mental Health**ISSUE: OFFICE FOR MENTAL HEALTH AND WELLBEING****Talking points:**

- Since the launch of the Office on 14 June 2018, the Office for Mental Health and Wellbeing staff have undertaken a broad range of stakeholder engagement across Government and the community to build relationships and to identify priorities for the initial work plan.
- The Office will develop a cohesive vision for mental health in the ACT. This will be led by a Coordinator-General, and will involve representatives from across ACT Government.
- The recruitment for the Coordinator-General is in progress. It is anticipated the successful applicant will commence later this year. Recruitment for the two Change Leaders has been finalised and they have now commenced with the Office.
- Nominations for the Agency Stewardship Group have been received from all directorates. The Office will lead a process of co-design through this Agency Stewardship Group to develop a new Territory-wide vision for mental health in the ACT. This new vision will reflect how Canberra wishes to foster the mental health and wellbeing of its people into the 21st century. The vision will be developed with the Agency Stewardship Group and co-designed with stakeholders alongside the development of the initial work plan, which will be the first priority of the Office.

**Key Information**

- The Office will maintain a level of independence and has a mandate to work across all Government agencies. In order to ensure the Office retains a level of independence from the day-to-day running of ACT Health, it will have the authority to conduct reviews and produce reports as the Coordinator-General deems necessary or at the request of the Minister for Mental Health.

Cleared as complete and accurate: 17/10/2018  
Cleared by: Executive Director Ext: 77969  
Information Officer name: Patrick Henry  
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Lead Directorate: Health



- While the Office was formally launched on 14 June 2018, the commitment of action within 100 days will be taken to start with the commencement of the Coordinator-General.
- The allocated budget for the Office will be solely to fund the staff for the Office for Mental Health and Wellbeing, this includes all on costs. The existing ACT Health infrastructure will provide in kind support for all associated corporate functions.
- There is currently no additional budget allocated for the program of work. The agreed workplan will be subject to considerations regarding whether there are coordination activities that require new funds allocation.

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GBC18/675

Portfolio: Mental Health

**ISSUE:           IMPACT OF THE NATIONAL DISABILITY INSURANCE SCHEME  
(NDIS) IN THE MENTAL HEALTH COMMUNITY**

**Talking points:**

Experience of the ACT Mental Health Community Sector

- On the 26 June 2018, the Mental Health Community Coalition launched a report titled ‘When the NDIS came to the ACT – A story of hope and disruption in the mental health sector’ (the Report). The Report outlines the experience of the ACT mental health community sector following the introduction of the NDIS.
- The Report highlights the challenges faced by the ACT community sector during the transition to the NDIS. This includes the ongoing challenges faced in meeting the diverse psychosocial support needs of people with mental illness, the tensions that arise around notions of disability and recovery, the NDIS pricing structure and sustainability of providers, as well as the potential of the scheme to transform lives.

NDIS and Mental Health Interface work:

- At the Disability Reform Council meeting in March 2018, the ACT Government elected to take the national lead on mainstream interface work related to the interface between the NDIS and mental health services.
- This includes developing a clearer and shared understanding of decision-making, and the interpretation and application of the Applied Principles and Tables of Support to determine system responsibilities.
- A jurisdictional workshop was hosted by the ACT Office of Disability in collaboration with the ACT Health Mental Health Policy Unit on 8 June 2018.
- The focus of the workshop was to discuss common challenges, identify priorities and draft a work plan that aligns with the Fifth National Mental Health and Suicide Prevention Plan (the Fifth Plan), the associated NDIS

Cleared as complete and accurate:	12/10/2018	
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Psychosocial Participant Pathway work and highlights areas for collaboration. The resulting work plan has been drafted and will be presented to the Disability Reform Council for endorsement in October 2018.

### Psychosocial Participant Pathway:

- The ACT has nominated to trial the tailored psychosocial participant pathway being led by the National Disability Insurance Agency (NDIA).
- Key themes from the NDIA work to develop the psychosocial pathway include:
  - ensuring that planners with specialist knowledge are available;
  - staff training to ensure effective initial engagement with people;
  - strengthening referral pathways between the Scheme and community programs;
  - better describing the flexibility in support use, in anticipation of episodic need;
  - ensuring NDIS plans are recovery oriented and focus on capacity building; and
  - improved pathways for those not eligible for the NDIS.

### **Key information**

#### Psychosocial Disability Stream Announcement

- On 10 October 2018 the Federal Minister for Families and Social Services, the Hon Paul Fletcher MP, and the Assistant Minister for Social Services, Housing and Disability Services, the Hon Sarah Henderson MP, jointly announced that people with severe and persistent mental health issues will have improved access and support in the NDIS.
- According to the announcement, the new stream will be implemented progressively and includes:
  - the employment of specialised planners and Local Area Coordinators;
  - better linkages between mental health services and National Disability Insurance Agency (NDIA) staff, partners and;
  - a focus on recovery-based planning and episodic needs.

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- This reform follows recommendations by the national peak organisation, Mental Health Australia, in its *National Disability Insurance Scheme Psychosocial Disability Stream Report*.

## National Psychosocial Support Measure

- On 23 June 2018, the Federal Minister for Health the Hon Greg Hunt announced that the Bilateral Agreements between the Australian Government and all eight jurisdictions, including the ACT, regarding the new national psychosocial support measure have been finalised.
- The Bilateral Agreement between the ACT and Australian Government will enhance funding for psychosocial support measures for people with functional impairment, resulting from severe mental illness, who are not found eligible for the NDIS, or who are otherwise not engaged with the NDIS.
- Total funding from ACT Health is \$2 million over four financial years, with the Commonwealth funding \$1.3 million over the same period.
- Australian Government funding will be administered by the Capital Health Network (ACT PHN). Target areas will be informed by the Fifth Plan and priorities identified in the joint integrated regional planning process.

## **Background Information**

- The activities outlined above are part of the response to concerns raised about the rollout of the NDIS and challenges in delivering psychosocial support in the ACT.
- The concerns raised are similar to those being experienced nationally and include:
  - Access to the NDIS – challenges for the NDIS to engage with people in need of supports, difficulties faced with planning and reviews, process related delays and processes that create barriers to engagement.
  - Lack of skilled staff at the NDIA – the importance for staff to have adequate understanding of psychosocial disability, including how to collaborate with the person and their key supports. The impact on the adequacy of plans and agreed funding is significant.
  - Pricing structure – the impact of the NDIS price points on the sustainability, quality and effectiveness of providers of psychosocial supports.
  - Tensions between the language of permanent disability and mental health recovery, and translating the NDIS in practice to promote recovery.

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- The importance of accommodation in the psychosocial support landscape and how the NDIS interfaces with meeting accommodation needs.
- Need to build in support coordination including funding for services to assist people in the period leading up to engagement with the NDIS.
- Concern regarding psychosocial support services and programs for people who are not eligible for the NDIS, including information linkages and capacity building and the psychosocial support measure. Loss of social support programs, especially group programs, with open access since the rollout of the NDIS.

Cleared as complete and accurate: 12/10/2018  
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GBC18/675

**Portfolio:** Mental Health

**ISSUE:** Eating Disorder Services in the ACT

**Talking points:**

- In recent months there has been an increased amount of community attention towards eating disorder services in the ACT. This included the presentation of a petition to the Legislative Assembly of the ACT on 31 July 2018.
- ACT Health established an Eating Disorder Working Group in June 2018 to examine the current services available to support people with eating disorder in the ACT. This working group included national and local experts and people with lived experience.
- I am currently reviewing the outcomes of the Working Group process and look forward to providing the Assembly with an update on a broader strategy for eating disorder services in the ACT later this week.
- Currently in the ACT there are a number of services available for people with eating disorders. These services are provided through ACT Health, private health organisations, general practitioners and non-government organisations.
- The ACT Health Eating Disorder Program is a specialist tertiary service which provides free, public, specialist eating disorders therapy to people with a primary diagnosis of an eating disorder.
- The ACT Health Eating Disorder Program is an evidence-based service that provides the Maudsley Family-Based Therapy for Adolescents (up to 18) and Cognitive Behavioural Therapy, complimented by a group program, for people aged 18 and over.

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- People with eating disorders who require inpatient treatment in the ACT are cared for by multidisciplinary teams at the Paediatrics Ward at the Centenary Hospital for Women and Children, or the general medical or inpatient mental health wards at Canberra Hospital and Calvary Public Hospital Bruce (depending on the age and individual medical and psychiatric needs of the person).

### **Key Information**

#### Specialist in-patient treatment

- The petition, developed by Ms Molly Saunders and sponsored by Michael Petersson MLA, requests the establishment of a specialist in-patient treatment centre for eating disorder in the ACT or, in the absence of such a unit, the provision of 10 long-stay hospital beds for intensive and specialised treatment of eating disorders.
- Analysis of current national and ACT data by the Eating Disorder Working Group suggests that there is not enough demand for inpatient services to operate such a unit safely, as a constant throughput of cases is necessary to ensure the development and maintenance of staff skills.
- Where possible, treatment for eating disorders should be offered in the settings that are the least restrictive. As a result, admission to a specialised eating disorder in-patient unit should be rarely required. In cases where admission to a specialised eating disorder in-patient unit is required, ACT Health will aim to develop relationships with specialised interstate services to arrange appropriate treatment and ensure continuity of care.
- The Eating Disorder Working Group found that the development of services must be across multiple settings with a particular focus on services aimed at early intervention and prevention of eating disorders.
- The Eating Disorder Position Statement describes a number of immediate actions that ACT Health can pursue within existing resources, in addition to identifying future options for development that will require Budget consideration.

#### Eating Disorder Programs

- Wait times to access the ACT Health Eating Disorder Program range from four to 10 weeks, depending on clinical severity, capacity to access other services and the overall impact of eating disorders on overall age and functioning.

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- All referrals to the Eating Disorder Program must be from a GP. This is to ensure ongoing medical monitoring of the person throughout therapy as the Eating Disorder Program is not a medical service or a crisis service.
- ACT Health currently funds Mental Illness Education ACT (MIEACT) to provide an educational body image program to teaching staff and Year 7 and 8 girls in schools. MIEACT are also currently developing a similar school-based program for boys.

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GBC18/675

**Portfolio:** Mental Health

## ISSUE: SUICIDE PREVENTION

### Talking points:

- Suicide Prevention remains a priority of the ACT Government.

### Lifespan Suicide Prevention Framework

- The ACT Government has committed \$1.545 million to establish a pilot version of the Black Dog Institute's LifeSpan Integrated Suicide Prevention Framework in the ACT over the next three years.
- LifeSpan is an evidence-based approach to integrated suicide prevention. LifeSpan combines nine strategies that have strong evidence for suicide prevention into one community-led approach incorporating health, education, frontline services, business and the community.
- ACT Health is currently finalising a contract with the Black Dog Institute to enable the establishment and implementation of the LifeSpan Pilot in the ACT.
- A LifeSpan Steering Committee, composed of key local agencies and stakeholders to guide this work in the ACT, held its first meeting on 8 August 2018, with good attendance and engagement from the government and community sector.
- ACT Health also provided an additional \$60,000 for suicide prevention through Let's Talk Funding Grants during August 2018. This funding will support the Territory's mental health sector by helping community organisations to deliver better suicide prevention services to Canberrans, in alignment with LifeSpan. Grants were provided to the AIDS Action Council of the ACT, in partnership with A Gender Agenda (\$20,000), Lifeline Canberra (\$9,520), Mind Blank Ltd, in collaboration with PCYC Canberra (\$20,000), and Youth Coalition of the ACT (\$10,000).
- ACT Health also provided additional funding of \$350,000 to the Way Back Service, which is part of the LifeSpan suicide prevention pillar on suicide aftercare.

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### Way Back Support Service

- The Way Back Support Service is a pilot program in the ACT providing a non-clinical suicide prevention service developed to support people for up to three months, after they have attempted suicide. Client intake in the ACT commenced in October 2016.
- Way Back was designed by beyondblue and is funded in the ACT by the ACT Government. The local service provider, Woden Community Service, is engaged by beyondblue to deliver Way Back in the ACT.
- Way Back has been designed to provide follow-up support for people who have attempted suicide. However, subject to service demands, the future funding may extend services to people who have experienced a suicidal crisis.
- Way Back has a high level of service demand. As of 13 September 2018, a total of 300 referrals have been received since the programme commenced.
- In recognition of the high level of demand, ACT Health has provided additional funding to beyondblue to extend the pilot and fund an additional support co-ordinator.
- The 2018-19 ACT Budget provided an additional \$350,000 for Way Back, which will further support the service to continue until June 2019.
- The Federal Government 2018/19 budget included a commitment of \$37.6 million over four years to expand the Way Back program across Australia. This funding will match the funding allocated by States and Territories to their local Way Back services. ACT Health is currently in discussion with the Capital Health Network and beyondblue to determine what this investment means for the delivery of the ACT program.
- An evaluation of the ACT trial is currently being finalised and this report will be used to inform future funding of this service.

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**Key Information**

- According to 2018 ABS data, there were 3,128 deaths from suicide across Australia, which was the highest suicide rate in the past 10 years.
- Of these, 58 were recorded in the ACT, which represents an increase of 30 people from 2016 and the highest percentage increase among all jurisdictions.
- While this is a sobering statistic, it should be noted that the number of suicide deaths can fluctuate between a range from year to year in small jurisdictions such as ours. For example, in 2015 the number of suicide deaths was 45. However, between 2013-2017, the ACT recorded the second lowest rate of suicide deaths in the country.

**LifeSpan Suicide Prevention Framework**

- The LifeSpan Integrated Suicide Prevention Framework is developed by Black Dog Institute and the National Health and Medical Research Council Centre for Research Excellence in Suicide Prevention.
- There are four high-fidelity LifeSpan trials currently being implemented in New South Wales. These trials are being led by the Primary Health Networks with support of the NSW Ministry of Health and other partner organisations. ACT LifeSpan will be the fifth high-fidelity trial site.
- The LifeSpan trial in the ACT will involve the simultaneous implementation of nine evidence based strategies:
  1. improving emergency and follow-up care for suicidal crisis;
  2. using evidence-based treatment for suicidality;
  3. equipping primary care to identify and support people in distress;
  4. improving the competency and confidence of frontline workers to deal with suicidal crisis;
  5. training the community to recognise and respond to suicidality;
  6. promoting help-seeking, mental health, and resilience in schools;
  7. engaging the community and providing opportunities to be part of the change;
  8. encouraging safe and purposeful media reporting; and
  9. improving safety and reducing access to means of suicide.

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## Way Back Support Service

- ACT Health's funding commitments for Way Back has been:
  - 2015-2018, trial project funds - \$446,000; and
  - 2016-17, research and development funding - \$250,000.
- In the 2017-18 Budget, \$250,000 was committed to additional suicide prevention/postvention services in the ACT. This funding was partitioned into two parts for Way Back. The first part involved \$65,000 to provide extra FTE resourcing for the remainder of the life of the trial. The remaining \$185,000 was allocated to extend service provision to the end of the 2018 calendar year.
- In the 2018-19 Budget an additional one-off payment of \$350,000 was provided to prolong the service until June 2019.
- Way Back aligns with Priority Area Two of the Fifth National Mental Health and Suicide Prevention Plan, which commits all governments to a systems based approach to suicide prevention including the elements of:
  - access to services (Priority 4) – promote increased access to services for those vulnerable to suicidal behaviours and remove barriers to care; and
  - treatment (Priority 6) – improve the quality of clinical care and evidence-based clinical interventions, especially for individuals who present to hospital following a suicide attempt.

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GBC18/675

**Portfolio:** Mental Health

**ISSUE: ACT REGIONAL MENTAL HEALTH AND SUICIDE PREVENTION PLAN**

**Talking points:**

- Better integration and coordination of mental health and suicide prevention services is fundamental to the ACT Government's vision for services.
- A key priority area of the Fifth National Mental Health and Suicide Prevention Plan (the 5<sup>th</sup> Plan) is achieving effective integration of mental health services. A key action identified to achieve this priority is the development of a Regional Mental Health and Suicide Prevention Plan (Regional Plan), to account for local contexts.
- The Capital Health Network (CHN), in close collaboration with ACT Health, have been leading the work to lay the foundations of the ACT Regional Mental Health and Suicide Prevention Plan (Regional Plan).
- The tools used to assist this planning process are helping to form a clearer picture of the ACT service system and highlight gaps and other issues that can be addressed through the Regional Plan.
- On the 28 August 2018, I attended a Consultation Forum for the Regional Plan hosted by the CHN. This was a significant milestone in the planning process and brought together a diverse range of stakeholders to identify priorities and practical strategies that will form the basis of a Regional Plan.
- Further public consultation and input occurred through to October, with the aim of finalising an initial plan within the timeframes set out under the 5<sup>th</sup> Plan.
- The Office for Mental Health and Wellbeing will be well placed to oversee the implementation of the plan and facilitate effective cross-sectoral collaboration that will be critical for the success of the Regional Plan.

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## Key Information

### The 5<sup>th</sup> Plan

- Achieving integrated regional planning and service delivery is Priority Area 1 of the 5<sup>th</sup> Plan and the concepts of better coordination and integration of services is a common theme throughout the document.
- ACT Health has been involved in the National Integrated Regional Planning Working Group to prepare guidance for Primary Health Networks and Local Health Networks for developing joint integrated regional plans.

### The Regional Plan

- The planning process incorporates service mapping and data analysis as well as drawing on evidence and best practice in developing the Regional Plan. For example:
  - the CHN, ACT Health and Australian National University have drafted the first edition of the Integrated Mental Health Atlas of the Australian Capital Territory Primary Health Network Region;
  - CHN and ACT Health staff have been trained in the use of the National Mental Health Services Planning Framework tool to assist and inform service planning and demand analysis;
  - the CHN has conducted baseline and follow up Needs Assessment for the Primary Health Network region;
  - analysis of data on community and service profiles, prevalence of mental health issues, service use and outcomes.; and
  - Office for Mental Health and Wellbeing have established a detailed Matrix of Services mapping a persons area of needs.

These tools will help to identify service strengths and gaps and understand future needs to inform the Regional Plan.

- Collaboration and co-design are fundamental to the process of joint planning. In addition to including representation from key stakeholder groups on the ACT Regional Planning Working Group, mechanisms to consult broadly and invite the ACT community to contribute to development of the Regional Plan have been established. A Consultation Forum was held on 28 August 2018, with representation from the health and human services sectors and was inclusive of people with lived experience. Opportunity to input into this consultation for those unable to attend the Forum has been made available through an online survey.
- The work of identifying priorities and potential projects is underway and further co-design work will be done around the agreed priorities.

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GBC18/675

Portfolio/s Mental Health

**ISSUE: AUDITOR GENERAL REPORT NO. 9/2018 -  
ACT HEALTH'S MANAGEMENT OF ALLEGATIONS OF MISCONDUCT  
AND COMPLAINTS ABOUT INAPPROPRIATE WORKPLACE  
BEHAVIOUR**

**Talking points:**

- On 2 August 2018, the ACT Auditor-General released Report No. 9/2018 – ACT Health’s management of allegations of misconduct and complaints about inappropriate workplace behaviour.
- The Minister for Health and Wellbeing, Director-General of the ACT Health Directorate and I have made numerous public statements since in relation to this matter, reiterating that the ACT Government has zero tolerance for bullying and that there are safe and respectful pathways available to people wishing to raise concerns about bullying within ACT directorates. ACT Health has a range of measures in place to support staff, including:
  - Training programs to educate staff on respectful workplace behaviours, how to raise concerns about inappropriate behaviour and educate managers on how to manage complaints of inappropriate behaviour.
  - Avenues for staff to raise incidents of bullying and harassment, which include raising concerns with their Senior Manager, People and Culture (HR) Employee Services Unit and through the electronic internal incident reporting mechanism.
  - An established network of over 101 Respect Equity and Diversity (RED) Contact Officers for all professions.

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TRIM Ref: GBC18/675

- Rigorous processes for investigating bullying appropriately and independently in line with the requirements of ACT Health Enterprise Agreements and the *Public Sector Management Act 1994*, to which all ACT Health and ACT Government employees are required to adhere.
- Ensuring the employee against whom the allegation has been made is afforded their right to natural justice and procedural fairness in the process.
- Since the matters which were the subject of the Auditor-General's report, the Australian Council on Healthcare Standards July 2018 Accreditation Report commented that ACT Health's *"commitment and hard work has resulted in a significant shift and improvement in work place culture. With staff now openly taking pride in their work place environment..."*
- We agree with the Accreditor's view that *"It will be crucial that this leadership and level of commitment is maintained to ensure all improvements are sustained and further developed across the health service."*
- To this end, ACT Health is exploring alternative ways to address bullying and harassment matters, and while further announcements will be made in due course, some of the proposed features of this model have been discussed publically by the Minister for Health and Wellbeing, and the Director-General of the ACT Health Directorate.
- Existing investigative processes, which still have their place for more serious matters, are often of limited assistance for interpersonal disputes in the workplace.
- Due to confidentiality obligations and procedural fairness, the complainant will not be informed of the outcome and sanction taken against the other individual. Investigative processes do not often deal with the relationships, but only find fact as to what has occurred.

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- ACT Health are exploring alternative dispute mechanisms which aim to intervene early in such disputes to ensure that working relationships are brought back on track as quickly as possible. These processes also aim to provide all parties to the dispute a level of agency in the resolution of the matter, an opportunity that investigations do not often provide.
- Where these processes fail, then there will evidently be the existing processes for raising these matters internally, and potentially escalating to an investigation in accordance with the relevant enterprise agreement.
- The Director-General has been in conversation with the Health Services Commissioner in formulating some views as to an appropriate external and independent avenue for employees to raise complaint. Some work is required in ensuring that these processes work within existing legislative frameworks.
- Further announcements will be made in due course.

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TRIM Ref: GBC18/675

Portfolio/s Mental Health

GBC18/675

**ISSUE: GROWTH IN BUDGET AND INTERNAL EFFICIENCY TARGET**

**Talking points:**

- The references to savings targets made in the Independent External Review of Mental Health Services related to efficiency targets applied to internal budgets in both 2016-17 and 2017-18 as part of reform work.
- There were no service cuts and no staff losses directly attributed to the savings targets.
- The targets were set internally within ACT Health as part of business as usual budget management processes. Internal budget management no longer applies this approach of efficiency targets allocated to Divisions.
- The budget for ACT Health has grown in each of the years from 2015-16 to 2017-18, in response to growth in demand for health services. In 2018-19 the overall ACT Health Budget has seen an increase from 2017-18 of 4.2 per cent.
- Within this overall budget allocation, ACT Health seeks to manage the provision of services in a safe, effective and efficient manner. Internal financial management mechanisms are used to facilitate the considerations of efficient service provision, appropriately balanced with the priority of delivering high quality, safe services.
- In the particular case of mental health:
  - The 2018-19 budget has seen an increase of 8.7 per cent in the Mental Health budget over the previous financial year; and
  - The Mental Health budget has increased successively over the past three years (2015-16 to 2017-18) without any cut to either clinical services or staffing.

**Background Information:**

The MHJHADS Division 2018-19 Budget is currently \$101,823.9K and in 2017-18 was \$93,679.4K. So this is a 8.7 per cent increase.

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TRIM Ref: GBC18/675

GBC18/805

**Portfolio/s:** Chief Minister

**ISSUE: HEALTH SEPARATION**

**Talking points:**

- A significant achievement this year was the transition of ACT Health. In March this year, 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 is 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.
- People visiting our public hospitals, our popular Walk-in Centres or accessing the many community-based health services that we offer have continued to be seen by the same hard working and dedicated people who make up our health system.

Cleared as complete and accurate: 16/11/2018  
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## Key Information

- The ACT Health Directorate Executive Leadership Team, with the support of a dedicated Transition Office, were responsible for overseeing the transition planning.
- The transition was managed within the current funding envelope, with a clear aim to minimise duplication of functions across the organisations, whilst ensuring each organisation had the requisite capability to be effective.
- New capabilities were identified to ensure the success of the two organisations and the fulfilment of their purpose – this includes the strategic commissioning and procurement functions in the ACT Health Directorate. These will be critical to ensuring the directorate is able to hold the territory’s health services accountable for the delivery of high quality, effective health services. These capabilities are currently being recruited to.

## Achievements

- The project successfully achieved the overall aim to split the organisation by 1 October 2018. This is reflected with the following benefits/achievements:
  - Organisational structures for the ACT Health Directorate and Canberra Health Services established. They are publically available on the Health website (<https://health.act.gov.au/about-our-health-system/organisation-structures>)
  - Administrative Arrangements enacted
  - Cost centres, ABNs, bank accounts, Financial Delegations and Instructions for each organisation established and operational
  - HR Delegations Manual, Change Leadership Training, Staff Workshops and Change Management Guide completed
  - Activities planned for Strategic Accommodation, Parking, Switchboard, Procurement, realignment of Contracts and identification of Health Infrastructure assets, risks, systems and processes completed
  - Governance framework developed and endorsed
  - Aligning Government Directory to new organisational structure and mapping systems and administrators to new structure and cost centres are 80-99% complete
  - Extensive consultation with senior leaders, staff and external stakeholders including unions.

## Project governance

- To achieve the successful separation of the organisations from 1 October 2018, a Steering Committee, the Transition Advisory Committee, and six Working Groups were established to oversee and progress required work against the project schedule.

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- The Transition Advisory Committee was comprised of the Director-General, three Deputy-Director Generals, Executive Director People and Culture, Chief Finance Officer, Chief Information Officer and Director Transition Office.
- The Transition Advisory Committee met fortnightly and monitored project risk, timeframes and activities of working groups established to deliver on project elements.
- Working Groups comprised staff working in key functional areas of Finance, HR, IT, Corporate Services, and Shared Services. Their participation was in addition to their regular duties.

### Financial

- There was no additional budget for the ACT Health Transition Project. Staffing was sourced through reallocation of existing staff and through engagement of corporate support functions. Costs were contained through use of internal resources and supports where available.
- Spring Green Consulting were engaged to support the project and provided continuity from the Form and Function review.
- No front-line positions have been identified as being redundant through the restructure of ACT Health.
- As at 14 November 2018, the ACT Health Directorate comprises 560 (head count) staff and Canberra Health Services 7177 (head count). This includes casual and unattached officers.

### Recruitment

- All executive roles have been sized to ensure equity and transparency.
- Recruitment processes to fill changed executive roles are now underway.

### Next Steps

- Governance frameworks are being implemented and refined to ensure accountability and effective collaboration across the organisations.
- Process review, policy updates and settling of team structures will continue throughout the next few months.

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**ISSUE: MINISTER'S FACT SHEET – AS AT 30 JUNE 2018**
**Key Information**

	2016–17	2017-18	% change
<b>Walk-in Centres</b>			
<i>Number of presentations to Walk-in Centres</i>	36,785	41,551	13%
<b>Emergency department</b>			
<i>Number of presentations by hospital</i>			
Canberra Hospital	85,093	88,661	4%
Calvary Public Hospital	58,767	59,117	1%
Total	143,860	147,778	3%
<i>Number of presentations by category</i>			
1—Resuscitation	642	752	17%
2—Emergency	14,694	14,737	0%
3—Urgent	55,380	62,106	12%
4—Semi-urgent	58,524	57,999	-1%
5—Non-urgent	14,620	12,184	-17%
Total	143,860	147,778	3%
<i>Percentage of patients seen on time<sup>1</sup></i>			
1—Resuscitation	99%	100%	1%
2—Emergency	77%	77%	0%
3—Urgent	50%	37%	-13%
4—Semi-urgent	64%	49%	-15%
5—Non-urgent	92%	82%	-10%
Total	63%	50%	-13%
<i>Proportion of presentations with a length of stay of 4 hours or less<sup>2</sup></i>			
Canberra Hospital	71%	59%	-12%
Calvary Public Hospital	76%	72%	-4%
Total	73%	64%	-9%

1. The benchmarks for seen on time are as follows:

- Triage category 1—100%
- Triage category 2—80%
- Triage category 3—75%
- Triage category 4, 5 and overall—70%

2. The performance benchmark for the National Emergency Access Target (NEAT) is 90% of all emergency department presentations with a length of stay of 4 hours or less.

	2016–17	2017-18	% change
<b>Elective surgery waiting lists</b>			
Cleared as complete and accurate:	30/10/2018		
Cleared by:	Deputy Director-General	Ext:52248	
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*Number of patients waiting longer than clinically recommended at end of period*

Urgency 1 (see within 30 days)	8	8	0%
Urgency 2 (see within 90 days)	227	104	-54%
Urgency 3 (see within 365 days)	200	287	43%
Total	435	399	-8%

<i>Number of removals for surgery</i>	12,826	13,340	4%
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*Proportion of removals for surgery that were within clinically recommended timeframes*

Urgency 1 (see within 30 days)	92%	91%	-1%
Urgency 2 (see within 90 days)	81%	70%	-11%
Urgency 3 (see within 365 days)	88%	77%	-11%

**Separations from public hospitals**

*Number of inpatient separations*

Same day	60,487	60,052	-1%
Overnight	54,431	55,369	2%
Total	114,918	115,421	0%

**Breast screens**

<i>Number of breast screens performed</i>	17,176	18,123	6%
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Cleared as complete and accurate: 30/10/2018  
 Cleared by: Deputy Director-General Ext:52248  
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 Lead Directorate: Health

**ISSUE: HEALTH LEADERSHIP EVENTS ON 14 AUGUST 2018 AND  
13 SEPTEMBER 2018****Talking points:**

- As has been well canvassed publicly in recent months, improving the organisational culture of ACT Health is a major priority. This work has also been intrinsically linked with the transition to two new organisations.
- As part of the transition, two Collaborative Leadership Forums were held in August and September. These events were key opportunities to engage senior leaders in the process of creating two organisations – a major reform of the ACT public health system.
- The leadership of ACT Health and Canberra Health Services play a critical role in communicating with staff across the organisations.
- Bringing together the leadership teams was an investment to ensure managers were equipped with the tools and the information needed to successfully lead staff through the transition. It was also a key professional development opportunity focussed on positive workplace culture.
- The events, were all day events and were attended by around 140 staff from ACT Health and Canberra Health Services.
- The lunch did not cost \$80 per person. This charge catered the all-day events with coffee and tea, morning tea, lunch and afternoon tea and is a rate that compares favourably with other conference venues in Canberra.
- Having everyone in the one place was incredibly beneficial, particularly given the process of change the organisations have and are continuing to go through.
- Building an environment where collaboration between leaders across the two organisations thrives is integral to positive workplace culture as we move through the organisational transition.

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TRIM Ref: GBC18/821



- The cost for this event compared favourably, given that attendance at one conference could cost anywhere between \$500-\$1500 per person.
- The smooth transition to two entities on 1 October 2018 reinforces the fact that such events were critical in preparing senior leaders to be included in the design and be equipped to lead this significant change.

## Key Issues:

- 139 leaders from across the organisation attended on 14 August 2018.
- 128 leaders from across the organisation attended on 13 September 2018.
- The Transition Office provided leaders with an update on the organisational transition and sought feedback from attendees about the transition to date.
- On 14 August 2018, futurist guest speaker, Bruce McCabe discussed research, innovation and technology developments that will impact healthcare and the broader community. Attendees were encouraged to consider future innovation and strategic thinking when completing Transition related activities during the event.
- On 13 September 2018, guest speaker, Abby Rees presented a session on Conscious Leadership – the leadership attributes needed to lead and collaborate in times of change. Attendees participated in a number of self reflective activities and table discussions to help embed the learnings of the session.

## Background

- Costing for the leadership workshop held on 14 August 2018:

Venue	\$850
Catering	\$13,600
Speaker	\$9,500 (excl GST)

- Costing for the leadership workshop held on 13 September 2018:

Venue	\$1,873
Catering	\$12,160
Speaker	\$3,300 (excl GST)

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TRIM Ref: GBC18/821

## ISSUE: INDEPENDENT REVIEW INTO ACT HEALTH'S CULTURE

### Talking points:

- Together with the Minister for Mental Health, I have been extremely clear around my expectation for a positive culture in the delivery of public health care in the ACT.
- The Government has a zero tolerance for bullying and harassment.
- Since March 2018, there has been significant work undertaken within our public health system to improve culture and governance, and to build an environment of genuine engagement.
- I have seen significant improvements in workplace culture since this time. These improvements were confirmed by the Australian Council on Healthcare Standards, through their accreditation report handed down in August 2018.
- Building on these achievements, I made the decision to put in place several processes to assist in further improving culture within ACT Health. This included the establishment of an Independent Review of the workplace culture within ACT Public Health Services and the formation of a Clinical Leadership Forum.
- Both of these initiatives complement a broader package of initiatives that are being implemented by the Executive within ACT Health and Canberra Health Services, aimed at further improving workplace culture.
- The Independent Review is about the entire ACT Health workforce, and not just about the doctors.
- All staff across the workforce have a right to feel safe, supported and heard during this Review process, regardless of their position.
- The Terms of Reference for the Independent Review were released on 21 September 2018, together with the details of the Review Panel members appointed to conduct the Review.

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Lead Directorate: Health

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- The Review Panel is made up of three highly experienced individuals – Mr Mick Reid (Chair), Ms Fiona Brew and Professor David Watters who have been working hard since their appointment in September.
- The Review panel has a mandate to undertake extensive engagement and consultation and to seek input from relevant experts where this is required.
- The Panel has been asked to determine how best to undertake this engagement, whilst ensuring the upmost protection and privacy is afforded to all individuals.
- To this end, the Review Panel issued a call for submissions on 15 October 2018. Anyone is able to make a submission to the Review. The call for submissions will be open until 30 November 2018.
- I understand that the Review Panel has also been meeting with staff members across the health system.
- I have stated from the very outset that we will ensure that the processes established to conduct the Review are safe so that people are encouraged and confident to come forward. The Panel has also publicly stated that the protection of people’s confidentiality and privacy is of the utmost importance to the Review.
- A Secretariat for the Review has also been established. The Secretariat is independent of ACT Health, and no permanent Health staff members will be involved with the Secretariat for the Review.
- The Review has been asked to produce an interim report by 17 December 2018, with a final report provided to me by the end of March 2019.
- I will subsequently table and publicly release these reports at the earliest opportunity.

### Clinical Leadership Forum

- I also intend to finalise terms of reference for a Clinical Leadership Forum over the coming weeks.
- This is a high level forum that will report directly to me.
- The Forum will include a range of stakeholders from across Canberra Hospital, Calvary Public Hospital and the broader ACT health services sector.

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- The Forum will provide an important mechanism for clinical leaders to advise on health services planning and infrastructure, clinical culture and training and education.
- Work is well underway to appoint members to the Forum, with an Expression of Interest process soon to be publicly released.

**Background**

- On 10 September 2018 you issued a statement on ACT Health culture. As part of this statement you announced the establishment of an Independent Review into the Workplace Culture within ACT Public Health Services.
- The AMA, ASMOF and the ACT Visiting Medical Officers Association have called for the establishment of a Board of Inquiry.

**Review Panel Profiles**

- Mr Reid has undertaken many roles in the Australian health system, spanning four decades. He has been a bureaucrat, consultant and academic which gives him a breadth of experience and depth of knowledge of the Australian health care system.
- Ms Fiona Brew has a nursing background. She is a senior health executive with more than 10 years experience in managing public health services and aged care in various senior roles. She is a values based leader and an expert in reforming culture in health services.
- Professor Watters was president of the RACS from 2015 to 2016. During this time he established an expert group to combat bullying, harassment and discrimination in the health sector. This included looking at how RACS could lead the elimination of bullying and harassment from hospitals and health departments. He has a strong interest in workplace culture and professionalist issues across the health sector. Professor Watters is Professor of Surgery at Deakin University, working at Barwon Health and the University Hospital Geelong.

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**Portfolio/s:** Minister for Health and Wellbeing**ISSUE: ACT HEALTH ANNUAL REPORT 2017-18****Talking points:**

- ACT Health performed well against a range of Health Directorate and ACT Local Hospital Network strategic objectives and priorities over the reporting period.
- Emergency Departments (ED) in the ACT were impacted by a record number of influenza cases during the winter of 2017.
  - In 2017-18, 100 per cent of Category 1 patients presenting to the ED were seen within clinically recommended timeframes.
  - The number of presentations to ACT Public EDs increased by 6.3 per cent from July to September 2016 to July to September 2017.
  - The number of presentations to the Canberra Hospital ED increased by 4.1 per cent in 2017-18.
  - The number of presentations to ACT public EDs in 2017-18 was 147,778 compared to 143,860 in 2016-17.
- ACT Health exceeded the target for the total number of elective surgeries performed. In 2017-18, 13,340 elective surgical procedures were completed across the ACT, compared to 12,826 in 2016-17.
  - The results for Urgent Category 1 are similar to the previous year, with 91 per cent of urgent patients receiving access within clinically recommended timeframes.
  - There were zero long-waits in paediatric surgery, an important achievement.
  - The Government has committed to providing additional funding to increase elective surgery numbers to around 14,000 per annum from 2018-19.
  - The Government has committed \$64.7 million over the next four years to improve access to surgical care and reduce wait times,

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which will produce better health outcomes for patients in the ACT and surrounding NSW region.

- The target for access to radiotherapy emergency treatment was met with 100 per cent of patients requiring emergency treatment seen within 48 hours.
  - During 2017-18, overall activity and the number of patients treated by radiotherapy services increased by 6.5 per cent. This increased demand created additional challenges in meeting target wait times for palliative and radical treatments.
- The number of breast cancer screens in 2017-18 increased compared to the previous year. The ACT participation rate is three per cent higher than the national average.
- The usage of seclusion in Mental Health episodes increased from four per cent in 2016-17 to seven per cent in 2017-18.
  - The increase is due to the inclusion of the data from the Dhulwa Mental Health Unit (Dhulwa) which opened in November 2016. The target from 2016-17 was maintained in 2017-18 and was not adjusted to account for another inpatient unit.
  - The target has been increased to be less than five per cent for the 2018-19 Financial Year due to the inclusion of the more complex Dhulwa patient cohort.
- The ACT continues to enjoy the highest life expectancy of any jurisdiction in Australia. Life expectancy at birth is:
  - 85.2 years for females in the ACT, against a national average of 84.6 years.
  - 81.3 years for males, against a national average of 80.4 years.
- The estimated hand hygiene rate at Canberra Hospital continues to remain well above target levels. Hand hygiene was a key focus of the Australian Council on Healthcare Standards accreditation process undertaken earlier this year.
- For the two-year Cervical Screening Program participation rate, the ACT achieved a result of 56.2 per cent against a national rate of 56.0 per cent.
- The proportion of the ACT population with cardiovascular disease is 3.9 per cent, which is lower than the national proportion of 4.7 per cent.

- The 2014 dfmt/DMFT index results at six years and 12 years were lower than the national average for the dfmt/DMFT index.
- The 2016–17 ACT rate of admissions in persons aged 75 years and over with a fractured neck of femur was 5.6 per cent. This is above the long-term target of 5.3 per 1,000 persons, but an improvement on the 2015-16 result of 6.6 per cent.

### Key Information

- There is no data to report against maintaining reduced rates of patients returning to an ACT public acute psychiatric inpatient unit.
- Unplanned readmissions could not be separated from planned readmissions for a range of reasons at a time of significant change occurring during the second half of 2017.
- This indicator will be reviewed, with a proposal to align the ACT Health definition with the national definition, for future reporting.

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GBC18/821

**Portfolio/s:** Minister for Health and Wellbeing

**ISSUE: Health Expenditure Australia 2016-17**

**Talking points:**

- ACTs total health expenditure increased by \$498 million (17%) from 2014-15 to 2016-17. This was driven by growth in recurrent expenditure \$435 million coupled with growth in capital expenditure \$63 million.
- ACT Government is spending more on health as detailed in Health Expenditure Australia 2016-17 report published by the Australian Institute of Health and Welfare (AIHW) and discussed in the Canberra Times article on 29 September 2018.
- It should be noted that funding for the increase in recurrent expenditure of \$435 million was split between Commonwealth \$263 million, ACT Government \$136 million and Non-Government Sources \$36 million.
- The increase in recurrent expenditure of \$435 million was substantially driven by increase in funding for expenditure relating to primary healthcare \$191 million, research \$92 million, public hospital services \$86 million and other \$66 million.

**Key Information**

Funding Source	Expenditure Category	2014-15	2015-16	2016-17	Growth 2015 to 2017	
		\$m	\$m	\$m	\$m	%
ACT Funding	Recurrent	986	1,068	1,122	136	14%
	Capital	80	73	157	77	96%
	<b>Total</b>	<b>1,066</b>	<b>1,141</b>	<b>1,279</b>	<b>213</b>	<b>20%</b>
Commonwealth Funding	Recurrent	1,179	1,245	1,442	263	22%
	Capital	5	5	5	-	0%
	<b>Total</b>	<b>1,184</b>	<b>1,250</b>	<b>1,447</b>	<b>263</b>	<b>22%</b>
Non-Government Funding	Recurrent	658	706	694	36	5%
	Capital	56	67	42	-14	-25%
	<b>Total</b>	<b>714</b>	<b>773</b>	<b>736</b>	<b>22</b>	<b>3%</b>
All funding Sources	Recurrent	2,823	3,019	3,258	435	15%
	Capital	141	145	204	63	45%
	<b>Total</b>	<b>2,964</b>	<b>3,164</b>	<b>3,462</b>	<b>498</b>	<b>17%</b>

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GBC18/821

**Portfolio/s:** Health & Wellbeing**ISSUE: UPDATE ON QUARTERLY REPORTING****Talking points:**

- With the System-Wide Data Review now complete, ACT Health is undertaking work to refresh and improve the timeliness and availability of information about our health system.
- As part of this commitment to improve data reporting, the rollout of quarterly performance reports will re-commence with the July- September 2018 quarter being made available at the end of November this year.
- ACT Health is in the process of redeveloping these reports to ensure they contain information that is high-quality and user-friendly.
- Additionally, as the recommendations of the System-Wide Data Review are implemented, the quarterly performance reports will be expanded to ensure we continue to improve access to information about our health system and help Canberrans be more in control of their own health care.

**Background Information**System-Wide Data Review

- On 14 February 2017, you announced a System-Wide Data Review (the Review), after ACT Health was unable to provide data on emergency department performance, elective surgery waiting times and mental health data for the *2017 Report on Government Services*.
- As part of this Review, ACT Health was required to:
  - Provide advice on the publication of data for consumers;
  - Ensure consumers can easily understand the information published by ACT Health; and
  - Develop options for real-time provision of information, for example live Emergency Department waiting times.
- Throughout the Review process, the publication of quarterly performance reports was put on hold. This was done to allow ACT Health time to review and develop new

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reporting processes to ensure that all data released has undergone a robust quality assurance process.

- You tabled the final Outcomes Report, *Leading Data Reform – The Way Forward: Outcomes of the ACT Health System-Wide Data Review*, in the Legislative Assembly on 21 August 2018. It outlined:
  - the key findings and recommendations from the Review;
  - the independent root cause analysis findings; and
  - a three-year roadmap for key future activities.
- To support the Review, you also tabled in the Legislative Assembly a comprehensive Implementation Plan covering the first six months of the three-year program of activities, to December 2018.
- The Implementation Plan will be updated by ACT Health every six months to include updates on projects underway and projects planned to start over the next six months.

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**Portfolio/s:** Health and Wellbeing**ISSUE: PERTUSSIS (WHOOPING COUGH) CLUSTER AT UC HIGH SCHOOL KALEEN****Talking points:**

- A cluster of pertussis (whooping cough) cases has been identified at UC High School Kaleen.
- To date, 27 pertussis cases have been linked to the high school (24 students – mostly Year 7 students; 1 staff member; 1 parent; 1 NSW resident).
- The Communicable Disease Control (CDC) Section, Health Protection Service, Public Health, Protection and Regulation has initiated a public health response, consistent with national guidelines and this is ongoing.
- Each notified case is being followed up to provide disease control advice and information. This includes ensuring appropriate antibiotics have been prescribed and advising cases to stay home while infectious.
- The primary focus of public health follow up is to minimise the risk of transmission to high risk contacts, primarily pregnant women and infants younger than 6 months. No high risk contacts have been associated with this cluster.
- The Schools Team (under the Division of Women, Youth and Children, Canberra Health Services) visited UC Kaleen High School for their Year 7 immunisation program on 31 October 2018. At this visit, Year 7 students were provided with a pertussis-containing booster vaccine (dTpa) as well as a second dose of the HPV vaccine.
- Under the National Immunisation Program (NIP) a booster dose of pertussis-containing vaccines is routinely administered to Year 7 students (approximately 12-13 years of age).

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- Coincidentally, the first few cases in this cluster became unwell in the few days following the vaccination program.
- One teacher at UC High School Kaleen raised concerns that the ‘delay’ in providing the dTpa booster may have caused the cluster of cases and that the vaccine may have made some students unwell.
- HPS public health staff addressed these concerns and they were reassured.
- The vaccine does not contain any live bacteria and cannot cause pertussis illness in individuals who receive the vaccine.
- In previous years, the Schools Team provided the dTpa and first dose of HPV vaccine in the first half of the school year. This scheduling was largely driven by logistical reasons and not due to clinical requirements.
- In 2018, due to the implementation of the meningococcal ACWY program for year 10 students, the dTpa vaccine was scheduled with the second dose of HPV in the second half of the year.
- Occurrences of meningococcal disease are more common in winter and spring, so offering meningococcal vaccinations earlier in Year 10 students is important for protecting this at-risk group against this potentially deadly disease.
- In 2019, the dTpa booster vaccine for year 7 students will return to the first half of the year (with the first dose of HPV vaccine).

### Background Information

- Pertussis, more commonly known as whooping cough, is a highly infectious respiratory illness caused by the bacterium *Bordetella pertussis*.
- Between 1 January and 14 November 2018, there have been 198 cases of pertussis notified to ACT Health. The number of cases in 2018 is below the 5 year mean for the same time period (mean = 296 cases).
- Anyone can get pertussis, with the majority of notified cases occurring among adolescents and adults.
- All cases of pertussis notified to ACT Health are followed up in accordance with the Pertussis National Guidelines for Public Health Units by CDC. Follow up includes Public Health Nurses liaising with the case (or their parent) to ensure they stay home while infectious, as well as their GP to ensure they are prescribed appropriate antibiotics.
- Infants younger than six months of age are at the highest risk of severe illness, and account for the majority of pertussis-related hospitalisations and deaths.

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- Pertussis can affect people of all ages and cases are still reasonably common in the community.
- Vaccination with a pertussis-containing vaccine is the most effective way to avoid pertussis infection.
- Pertussis-containing vaccines are routinely administered under the National Immunisation Schedule and are given to infants at 2, 4 and 6 months of age, with booster doses given at 18 months, 4 years of age, and again in Year 7 (approximately 12-13 years of age).

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**Portfolio/s:** Health and Wellbeing**ISSUE: COSTS OF ACUTE ADMITTED PATIENTS IN PUBLIC HOSPITALS  
FROM 2012–13 TO 2014–15****Talking points:**

- The latest AIHW My Efficient Hospital Report aims to provide comparative costs for acute admitted patients in public hospitals. It provides the opportunity for the ACT's public hospitals to learn from peer group hospitals that provide similar services.
- The data in this latest report is from five years ago (from 2012-13 to 2014-15) and is not reflective of the current cost of acute admitted patients in public hospitals in the ACT.
- Our preliminary figures for 2015-16 and 2016-17 show the average costs have been reducing, and we anticipate future national reports with this more up-to-date information will demonstrate this reduction.
- There are a number of reasons for this:
  1. our public hospitals have improved the average cost for acute admitted patients in recent years;
  2. with the implementation of national Activity Based Funding (ABF), there has been significant changes across all jurisdictions to improve the way we cost our services, and
  3. the figures in this report include costs that do not directly relate to acute admitted patient care. For example, immunisation programs in schools are included and are not an accurate reflection on hospital costs.
- There has been significant work underway in recent years to ensure we are more efficient in the services we provide.

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- The elective surgery blitz of 2016 and our continued focus on performing additional surgeries is an example of the increased activity that is making a difference to patient wait times and patient outcomes.
  - There were 13,340 removals from the waiting list for elective surgery in 2017-18, compared with 12,826 in 2016-17. The Government has also committed to providing additional funding to increase elective surgery numbers to around 14,000 per annum from 2018-19
- It is important to note that there are also a number of national bodies like the AIHW and the Independent Hospital Pricing Authority (IHPA) that look at hospital costs in different ways. This can be confusing when these figures are reported publicly. That is why ACT Health is continuing to work with our national colleagues to encourage consistency in the way information about the cost of health services is reported.
- With the separation to two organisations, Canberra Health Services and ACT Health are continuing to focus on improving the efficiency of our services to gain maximum benefit for our health dollars and for the ACT community and surrounding NSW regions.

**Key Information**

- The report shows ACT's average cost per National Weighted Activity Unit (NWAU) is the highest amongst peer group hospitals nationally over the period 2012-13 to 2014-15.
- This data is from the first rounds of the National Hospital Cost Data Collection (NHCDC) (2012-13) which was used for developing the national efficient price (NEP) for Activity Based Funding, and therefore should be interpreted with caution. For example, the IHPA implemented the inaugural NHCDC national costing standards in the 2012-13 Round which were complex for states and territories to implement.
- The IHPA Cost Report will be available in February 2019 and will demonstrate ACT Health is becoming more efficient in line with other jurisdictions and no-longer the most expensive. The average cost per separation for 2016-17 is \$5,325 and will be published by the IHPA in February 2019. However, all states and territories are not required to submit 2017-18 NHCDC data until February 2019 and therefore 2017-18 average costs are yet to be calculated.

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- ACT Health has been and will continue to make incremental improvements to the NHDC data submission each year to ensure the data is robust and reflective of the costs of care for ACT patients.

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GBC18/821

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

- A significant achievement this year was the transition of ACT Health. In March this year, 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 is 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.

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- People visiting our public hospitals, our popular Walk-in Centres or accessing the many community-based health services that we offer have continued to be seen by the same hard working and dedicated people who make up our health system.

## Key Information

- The ACT Health Directorate Executive Leadership Team, with the support of a dedicated Transition Office, were responsible for overseeing the transition planning.
- The transition was managed within the current funding envelope, with a clear aim to minimise duplication of functions across the organisations, whilst ensuring each organisation had the requisite capability to be effective.
- New capabilities were identified to ensure the success of the two organisations and the fulfilment of their purpose – this includes the strategic commissioning and procurement functions in the ACT Health Directorate. These will be critical to ensuring the directorate is able to hold the territory’s health services accountable for the delivery of high quality, effective health services. These capabilities are currently being recruited to.

## Achievements

- The project successfully achieved the overall aim to split the organisation by 1 October 2018. This is reflected with the following benefits/achievements:
  - Organisational structures for the ACT Health Directorate and Canberra Health Services established. They are publically available on the Health website (<https://health.act.gov.au/about-our-health-system/organisation-structures>)
  - Administrative Arrangements enacted
  - Cost centres, ABNs, bank accounts, Financial Delegations and Instructions for each organisation established and operational
  - HR Delegations Manual, Change Leadership Training, Staff Workshops and Change Management Guide completed
  - Activities planned for Strategic Accommodation, Parking, Switchboard, Procurement, realignment of Contracts and identification of Health Infrastructure assets, risks, systems and processes completed
  - Governance framework developed and endorsed
  - Aligning Government Directory to new organisational structure and mapping systems and administrators to new structure and cost centres are 80-99% complete
  - Extensive consultation with senior leaders, staff and external stakeholders including unions.

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## Project governance

- To achieve the successful separation of the organisations from 1 October 2018, a Steering Committee, the Transition Advisory Committee, and six Working Groups were established to oversee and progress required work against the project schedule.
- The Transition Advisory Committee was comprised of the Director-General, three Deputy-Director Generals, Executive Director People and Culture, Chief Finance Officer, Chief Information Officer and Director Transition Office.
- The Transition Advisory Committee met fortnightly and monitored project risk, timeframes and activities of working groups established to deliver on project elements.
- Working Groups comprised staff working in key functional areas of Finance, HR, IT, Corporate Services, and Shared Services. Their participation was in addition to their regular duties.

## Financial

- There was no additional budget for the ACT Health Transition Project. Staffing was sourced through reallocation of existing staff and through engagement of corporate support functions. Costs were contained through use of internal resources and supports where available.
- Spring Green Consulting were engaged to support the project and provided continuity from the Form and Function review.
- No front-line positions have been identified as being redundant through the restructure of ACT Health.
- As at 14 November 2018, the ACT Health Directorate comprises 560 (head count) staff and Canberra Health Services 7177 (head count). This includes casual and unattached officers.

## Recruitment

- All executive roles have been sized to ensure equity and transparency.
- Recruitment processes to fill changed executive roles are now underway.

## Next Steps

- Governance frameworks are being implemented and refined
- Process review, policy updates and settling of team structures will continue throughout the next few months.

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GBC18/821

**Portfolio/s:** Health and Wellbeing**ISSUE: ACT HEALTH PUBLICATION OF DATA FOR CONSUMERS****Talking points:**

- As a result of the System-Wide Data Review, ACT Health is making more information about our health system available to patients, consumers and the ACT Community in a more timely way.
- One of ACT Health's top priorities is to identify and report relevant health information to improve access to data online and help Canberrans be more in control of their own health care.
- To ensure that we continue to improve the availability and usefulness of information about our health system, ACT Health is undertaking work to refresh the publication of data for consumers.
- This was identified as one of the key activities in the System-Wide Data Review Implementation Plan that I tabled in the Legislative Assembly on 21 August 2018.
- The initial focus is on access to useful and up-to-date information through user friendly web portals, such as emergency department waiting times, the number of patients actually waiting, and the number of patients receiving treatment.
- Further, as part of this commitment to improve data reporting, the rollout of quarterly performance reports has recommenced. The first quarterly performance report has been finalised and will be available by 30 November this year. Moving forward, the next quarterly performance report will be published two months after the end of the quarter.
- To enhance the information about ACT's health services provided in the quarterly report, collaboration has been underway with the Health Care Consumers Association (HCCA) and clinicians to develop a new General External Reporting Framework to better inform the community about the health portfolio.

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- As a result, key reporting objectives, principles and a draft General Framework of best practice indicators have been developed. These indicators do not replace the mandatory set that are regularly reported, but aim to be easier for the public and other audiences to understand.
- Next steps will include further consultation with consumer groups, including HCCA members and broader community consultation to ensure that a full range of views are obtained to inform ACT Health's ongoing public reporting.

### Key Information

#### System-Wide Data Review

- On 14 February 2017, you announced a System-Wide Data Review (the Review), after ACT Health 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 has been completed, and on 21 August 2018 you tabled in the Legislative Assembly the Outcomes Report and the first phase of a three-year Implementation Plan.
- As part of this Review, ACT Health was required to:
  - Provide advice on the publication of data for consumers;
  - Ensure consumers can easily understand the information published by ACT Health; and
  - Develop options for real-time provision of information, for example live Emergency Department waiting times.
- The Review identified that ACT Health provides data for over 130 performance indicators that are publicly reported. This includes in the *Report on Government Services* and on the *MyHospitals* and *MyHealthyCommunities* websites.
  - ACT Health has provided access to all of these publicly reported metrics through its website, where users can access the most up-to-date information at any time.
- Throughout the Review process, the publication of quarterly performance reports was put on hold. This was done to allow ACT Health time to review and develop new reporting processes to ensure that all data released has undergone a robust quality assurance process.

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GBC18/821

**Portfolio/s:** 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 ACT Health System-Wide Data Review is now 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 three-year program of activities that was developed in accordance with best practice data management and performance reporting principles.
- Implementing this program of activities is now a top priority in order to ensure that the outcomes of the Review result in meaningful change for patients, the broader community and the ACT Health workforce.
- To ensure this, on 21 August 2018 I also tabled an Implementation Plan that covers the first six months of the three-year program of activities (to December 2018).
- The Implementation Plan will be updated by ACT Health every six months to include updates on projects underway and projects planned to start over the next six months.
- As part of the Implementation Plan, immediate high-priority work is to identify and report relevant health information to improve access to data online and help Canberrans be more in control of their own health care.
- This will include:
  - quarterly performance updates from 2018-19;
  - developing new public reporting for patients, consumers and the broader ACT community;

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- developing and enhancing dedicated mental health performance metrics;
  - building a new data repository to deliver high quality and timely information; and
  - real time performance metrics, such as emergency department average wait times, patients currently waiting, and patients receiving treatment.
- Overall, these new ways of collecting, reporting and managing health data will inform strategic decision-making and support ACT Health to drive reform and innovation.

## Key Information

### The nine key Review recommendations

1. Build a new data repository, which will collect, store, extract and transform quality data to deliver better insights to the community;
2. Embed new governance structures to delineate roles and responsibilities in relation to data across ACT Health, ensuring accountability and transparency is a priority;
3. Continually improve the accuracy of data through robust data quality assurance activities;
4. Improve the understanding of data to ensure that the data produced and shared amongst all ACT Health stakeholders has embedded and consistent definitions and interpretation;
5. Maintain security and privacy of the data held by ACT Health;
6. Continually improve internal workforce capabilities around data to build a strong data and analytics team, and train the health workforce to leverage the use of data for decision-making;
7. Improve communication about data across ACT Health, mobilising a cultural shift around data management, with the intent of creating a new relationship between data, the community and stakeholders;
8. Improve communication about data across ACT Health, mobilising a cultural shift around data management, with the intent of creating a new relationship between data, the community and stakeholders; and
9. Be transparent within and outside ACT Health, by meeting regulatory requirements as well as deliver insights and intelligence about the healthcare services delivered throughout the ACT.

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## Notable outcomes achieved through the Review process

- Meeting external reporting obligations such as the *2018 Report on Government Services* and the *ACT Health Annual Report 2016-17*;
- Ensuring security and access policies are in place, so that personal information is kept confidential and is stored and released with the appropriate privacy safeguards;
- Embedding strong governance models to ensure decisions regarding our data is made by those with appropriate skill and delegation;
- Building enduring relationships with external data reporting agencies, such as the Australian Institute of Health and Welfare (AIHW);
- Embedding a number of key quality assurance processes to ensure the data is accurate and correct at the time of release;
- Developing an annual audit program across our data collection and reporting systems to ensure that each year a sample of patient journeys will be followed from the initial collection point, to when the record is reported in a dataset. This process demonstrates confidence and transparency across the data and reporting systems;
- Reaching an agreement with the AIHW to accredit ACT Health to use the national health metadata registry 'MeTEOR' as a data repository for all definitions and standards. Although this work is in the initial stages, it is a major improvement and will ensure our existing and new standards and definitions are robust and consistent with national requirements;
- Investing in our staff, and embedding a culture of respect and innovation to ensure we attract and retain a skilled workforce;
- Developing end to end documentation for all national data collections, from collection point right through to reporting, which demonstrates transparency of data management processes and mitigating gaps in collection;
- Identification of over 130 performance indicators that are currently published. The System-Wide Data Review assessed and restructured this information so that it is informative, can easily be found and navigated through ACT Health websites and other media platforms. This will encompass the Quarterly Reporting arrangements and recommendations on format, structure and metric frequency for system performance reporting to consumers; and
- Rolling out a new data repository that is innovative and a first for the ACT Government that has the potential to be expanded and adapt to changing community health needs.

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GBC18/821

**Portfolio/s:** Health and Wellbeing**ISSUE: INFRASTRUCTURE (INCLUDING SPIRE)****Talking points:**

- ACT Health continues to make progress on infrastructure planning for the Canberra Hospital, Calvary Public Hospital Bruce (CPBH) 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;
  - Northside Hospital Scoping Study, in close collaboration with Calvary Healthcare;
  - The Weston Creek Walk-in Centre, which has moved into design and construction; and
  - An Inner North Walk-in Centre.

**Timelines for the Expansion of the CHWC**

- The project is forecasted for completion by end of financial year 2021-22, with elements of the project due for staged completion over this period.
- Construction of the expansion will start in the 2018-19 financial year, with completion of the security enhancement works to support a Custodial Birth Suite completed in October 2018.
- The next phase of this project is to commence design work, in conjunction with ongoing Territory-wide health services planning work.

<b>Key Deliverable</b>	<b>Estimated Completion Date</b>
Custodial Birth Suite (Construction Commencement)	October 2018 (2018-19)
Adolescent Mental Health Unit Completion	2021-22
CHWC Expansion Project Completion	2021-22

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- Since the expansion was announced in last year’s Budget, ACT Health has been working to undertake project due diligence and determine the final staging and scheduling of works, to give greater certainty around timeframes.
- It is important to highlight that the expansion is happening in an existing facility on the Canberra Hospital, which is an operational campus. There are existing health services that will need to be considered carefully and we also need to ensure there is a continuation of care and services for our patients and their families while this major project is underway.
- 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.

### Timelines for the SPIRE

- 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 SPIRE targeted for completion in 2023-24. This 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
Targetted Project Completion Date	During 2023-24

- ACT Health is progressing due diligence for the SPIRE project, including health planning requirements, feasibility studies and early design work. This has included the development of preliminary demand modelling forecasts; scope options analysis and high level engineering studies.

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- ACT Health is currently considering the optimal location for SPIRE on the Canberra Hospital campus, service design options, and opportunities for suitable 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 work currently underway; Territory-wide health services planning and clinical input are a vital part of planning for the construction of SPIRE. A Building Health Services Planning Clinical Information Session is being held on 22 November 2018. Leading the information session will be key senior executives from the AHD, CHS and CPHB. The event will include attendance by other executives of the Directorate and key clinical stakeholders of CHS and CPHB.
- We are 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 with the Woden Town Master Plan and other landmark proposals in the area.

## Key Information

### Funding for the SPIRE

- SPIRE is a commitment of this Government from the 2016 election.
- SPIRE received \$3.0 million in the 2017/18 Budget for feasibility (development of a strategic business case to seek funding for capital investment).
- The 2018-19 Budget has provided \$13.0 million to SPIRE to progress the next phase 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	0	<b>13,000</b>
Feasibility Expenses	3,000	0	0	0	<b>3,000</b>

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## Funding for the Expansion of the CHWC

- Expansion of the CHWC is a commitment of this Government from the 2016 election.
- The 2018-19 Budget provided a capital injection of \$2.5million 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. The final cost estimate is subject to Government's consideration of outcomes of Proof of Concept and a final detailed project proposal.

### **2018-19 Budget**

	<b>2018-19</b>	<b>2019-20</b>	<b>2020-21</b>	<b>2021-22</b>	<b>Total</b>
	\$'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>

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**Portfolio:** Health & Wellbeing

**ISSUE: ABORTION**

**Talking points:**

- The ACT Government is committed to supporting and enabling women to make informed decisions about whether or not to seek an abortion. Removing barriers and ensuring access to services that assist women before, during and after making their decision about abortion, is vital.
- In the ACT, abortion is considered to be a health issue, not a criminal matter, and as such is listed in Part 6 of the *ACT's Health Act 1993* (Health Act).
- Part 6 of the Health Act defines abortion as causing a woman's miscarriage by:
  - a drug;
  - using an instrument; or
  - by any other means.
- Part 6 of the Health Act currently provides that:
  - only a doctor may carry out an abortion;
  - an abortion is to be carried out in an approved medical facility;
  - the Minister may approve a medical facility or an appropriate part of a medical facility as suitable on medical grounds for carrying out abortions; and
  - no-one is under any duty to carry out or assist in carrying out an abortion.
- On 19 September 2018, the Assembly passed Caroline Le Couteur's Health (Improving Abortion Access) Amendment Bill with Government amendments. This Bill removes the requirement for a medical abortion to be carried out in an approved facility therefore allowing appropriately

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trained doctors to prescribe the medication and pharmacists to dispense the medication, which in turn facilitates the woman to take the medication in the privacy of their own home.

- ACT Health will now begin the work to consult with stakeholders on implementation, and develop necessary treatment pathways in readiness for commencement of the new provisions. It is for this reason, a 12 month commencement period was included in the Government's amendments to the Bill.
- One barrier to access the Government has addressed was the introduction of a patient privacy zone around the health facility at 1 Moore Street in Civic in 2016. Women who have made the difficult decision to have an abortion have the right to access the medical services they need without being forced to endure the judgement of others.
- I note that on 15 August 2018, a Notice of Motion by Ms Cody was passed, with amendment. That amended Motion gives this Government a mandate to seek to ensure that people, especially women, can have confidence in seeking the reproductive health services they need. I have asked the ACT Health Directorate to provide me with advice to progress the agreed actions.

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## ISSUE: CANNABIS LEGALISATION

### Talking points:

- Issues relating to cannabis use are the subject of considerable debate.
- Any amendments to legislation regarding cannabis possession and cultivation must be carefully considered, and take into account the best available evidence around the net effect of personal use on public health.
- Consistent with the *National Drug Strategy 2017-2026*, the ACT Government is developing the *ACT Drug Strategy Action Plan 2018-2021*, with finalisation expected by the end of 2018. Both the National Drug Strategy and the Drug Strategy Action Plan are underpinned by the three pillars of harm minimisation: demand reduction, supply reduction and harm reduction.
- There is more work required to assess the impacts of legalisation of cannabis for personal use and I look forward to working with my colleagues in other portfolios, in particular Justice and Community Safety Directorate, on this important issue.
- We will continue to monitor the different legislative and policy approaches to recreational cannabis operating in overseas jurisdictions to assess their health and harm-related impacts.

### Key Issues:

#### Harms of cannabis

- Cannabis use is highly correlated with use of alcohol, tobacco and other illicit drugs, all of which have potential adverse health effects.
- The evidence associating regular cannabis use with specific long-term health conditions and adverse effects is of variable quality. However, the daily use of cannabis over years and decades appears to produce persistent impairments in memory and cognition, especially when cannabis use begins in adolescence (World Health Organization 2016).

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- There is sufficient evidence to indicate that cannabis use is a risk factor for some chronic health effects and conditions such as chronic bronchitis and cardiovascular disease.
- Cannabis, like other drugs of abuse, can result in addiction. During intoxication, cannabis can interfere with cognitive function (e.g. memory and perception of time) and motor function (e.g. coordination), and these effects can have detrimental consequences (e.g. motor-vehicle accidents).
- Notwithstanding the potential harms that can arise from cannabis use, based on current use patterns, alcohol abuse and tobacco still pose much greater harms to individual and public health in Australia than cannabis.
- At present, there are significant justice and policing resources invested in enforcing the law as it stands. Criminal penalties for what may be considered a low-level offence by many community members can have an adverse impact on users with criminal records - potentially impacting employment and economic prospects. A balance is required.
- No other Australian State or Territory has legalised the personal use of cannabis. All jurisdictions allow cautions to be given (subject to differing conditions), at the discretion of police, for minor offences relating to personal possession or use. These programs are similar to the Simple Cannabis Offence Notice program currently operating in the Australian Capital Territory.
- On 9 May 2018, Senator David Leyonhjelm introduced The Criminal Code and Other Legislation Amendment (Removing Commonwealth Restrictions on Cannabis) Bill 2018 (the Bill). The Bill, if passed, would remove Commonwealth barriers to the legalisation, regulation and taxation of cannabis by States and Territories.
- The Bill was referred to the Senate Legal and Constitutional Affairs Committee who recommended against the Bill. The second reading debate held in the Senate on 15 October 2018 was interrupted but there did not appear to be much support.

## International

- The United Nations has launched its first ever review of marijuana's classification under international drug treaties. A report on the review will be issued in December 2018 and members will be asked to vote on the report in March 2019.

## Consultation

- Legalising cannabis for personal use will require cross government consultation and collaboration. ACT Health will continue to work with colleagues in Justice and Community Safety Directorate and ACT Policing, in particular, to develop further advice to Government prior to the Debate of the Drugs of Dependence (Personal Cannabis Use) Amendment Bill 2018.

## Medicinal use

- Since 1 November 2016 some cannabis products have been able to be prescribed by doctors for medicinal use in Australia, including the ACT.

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**Portfolio/s:** Health & Wellbeing

**ISSUE: DRUG STRATEGY ACTION PLAN**

**Talking points:**

- I intend to have the *ACT Drug Strategy Action Plan 2018-2021* finalised and released this year.
- The draft Action Plan 2018-2021 was released for public consultation via the *YourSay* website between 21 June and 3 August 2018.
- ACT Health Directorate received 49 written submissions, including from the ACT alcohol and other drugs sector, peak bodies, Government agencies, non-government organisations, key interest groups, and members of the public.
- The feedback was considered by key Government and community stakeholders, and the Action Plan revised.
- A summary of the feedback received is now available on the *YourSay* website, in the Listening Report, which was released on 22 November 2018.
- An expert Advisory Group, including representation from community and consumer organisations, will be established to provide input and advice on the implementation, monitoring, and evaluation of the Action Plan.
- The Advisory Group will also play an important role in identifying emerging drug use patterns and informing future priorities.

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**ISSUE: INDEPENDENT REVIEW AND SYSTEMS LEVEL RE-DESIGN OF WITHDRAWAL MANAGEMENT SERVICES (INCLUDING CULTURALLY SPECIFIC DRUG AND ALCOHOL REHABILITATION CENTRE)****Talking points:**

- The 2018/19 ACT Budget includes up to \$250,000 one-off funding for ‘early planning to expand alcohol and other drug services’.
- ACT Health has already undertaken some work to identify gaps in alcohol and other drug service delivery. This has included a review of withdrawal services in the ACT conducted by 360Edge and a series of stakeholder workshops regarding the proposed ACT Drug and Alcohol Court.
- The Government will continue to draw on the expertise of the specialist alcohol and other drug sector in the ACT and nationally to develop options for future service models for alcohol and drug withdrawal and early intervention, as well as link to the development of the ACT Drug and Alcohol Court.

**Key Issues:**

- In June 2016, ACT Health commissioned 360Edge, a specialist alcohol and drug clinical consultancy, to conduct a review of withdrawal services in the ACT.
- This review was completed in December 2016 and the ‘ACT Alcohol and Other Drug Withdrawal Services Review and Redesign: Final Report’ (the Review) was provided to me in March 2018.
- The Review identified that the ACT is the only Australian jurisdiction without a formal medically supervised outpatient withdrawal program.
- The Review recommended that ACT Health should develop a formalised alcohol and other drug outpatient withdrawal program in addition to existing bed-based services.
- The Review concluded that alcohol and other drug withdrawal symptoms can in many cases can be managed safely and cost-effectively in the community. Bed-based services are more suitable for complex and severe withdrawal, including stepped-up care if symptoms escalate during outpatient care.

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- The Review was commissioned to inform internal policy and planning, and as such there is currently no plan to publicly release the Review.

## **Background Information:**

- ACT Health hosted two external workshops on 13 June 2018 and 5 July 2018 with ACT Alcohol and Other Drug (AOD) treatment providers and other key stakeholders including representatives from the Justice and Community Safety Directorate. These workshops were facilitated by Professor Steve Allsop from the National Drug Research Institute at Curtin University. They explored the proposed DAC model and potential impacts on the ACT AOD service system and related costs.

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**Portfolio/s:** Health & Wellbeing

**ISSUE: END OF LIFE**

**Talking points:**

- The Commonwealth *Euthanasia Laws Act 1997* discriminates against ACT citizens by restricting the ability to introduce, through elected representatives, legislation to recognise the right to choose the manner and timing of one's death in certain circumstances.
- This is an issue not only for people who support euthanasia – it is a critical debate for all people who value the right of residents of the ACT to engage and participate in democratic processes to determine the laws that apply to them.
- The ACT Government Submission to the Select Committee Inquiry into End of Life Choices argued that the ACT Government should not be prevented from legislating for an assisted dying scheme, should it choose to do so, and that the states and territories should be treated equally in terms of their power to legislate.
- The ACT Government submission did not hypothesise on possible end of life schemes that could be appropriate for the ACT at this point. This would have been a matter for extensive consultation with the ACT community, had the prohibitive Commonwealth laws been repealed.
- There is much sensitivity in the ACT community around voluntary assisted dying, with strong sentiments on both sides of the argument.
- The ACT Government believes all Canberrans are entitled to quality end of life care, which relieves pain and suffering, and provides empowering support to family, friends and carers.
- For most patients at the end of their life, pain and suffering can be alleviated through the provision of good quality end of life care, including palliative care that focuses on symptom relief, the prevention of suffering and improvement of quality of life.

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- However, there are some instances where palliative care is not enough to achieve satisfactory relief of suffering. Even with the best palliative care, patients sometimes ask for alternative approaches to relieve extreme suffering.
- The potential for difficult situations to arise towards the end of life was reinforced by evidence via submissions to the Select Committee.
- End of life choice is an issue that is close to the heart of many in our community. As our city continues to grow and our community continues to age, there is need for a robust discussion on approaches for dealing with situations where palliative care is not enough to relieve extreme suffering.
- The establishment of the Select Committee on End of Life Choices in the ACT provides the ACT community with a valuable opportunity to discuss the important social policy and legal considerations relating to end of life choices in the ACT.
- End of Life choices is an important issue to many in the community. This was made evident by the number of submissions received by the Inquiry, with nearly 500 received. The Select Committee held eight public hearing sessions involving evidence from 80 witnesses.
- A report from the Select Committee to the Legislative Assembly is due by the last sitting day in 2018 (29 November 2018).

### Key Information

- On 30 November 2017, the ACT Legislative Assembly established a Select Committee to conduct an inquiry into End of Life Choices in the ACT (the Inquiry).
- The Inquiry was established following the Victorian Parliament passing the *Voluntary Assisted Dying Act 2017* (Victorian Act) on 29 November 2017, which introduced a voluntary assisted dying scheme for Victorian residents. Victoria is the first Australian state to legalise voluntary assisted dying.
- Currently, the ACT cannot legislate for voluntary assisted dying due to law making restrictions placed on the ACT Legislative Assembly by the Commonwealth Parliament.
- The Commonwealth laws discriminate against Territory citizens by restricting the ability to introduce, through elected representatives, legislation to recognise the right to choose the manner and timing of an individual's death in certain circumstances.

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- Section 122 of the Australian Constitution enables the Commonwealth Parliament to override any Territory law, which it did by enacting the *Commonwealth Euthanasia Laws Act 1997* (also known as the Andrews Bill). This legislation precludes the Legislative Assembly from passing a voluntary assisted dying scheme similar to the Victorian Act.
- For the ACT to be able to legislate in relation to an assisted dying scheme similar to Victoria's, the Commonwealth Parliament must first repeal s23(1A) of the *Australian Capital Territory (Self-Government) Act 1988* and Schedule 2 to the *Euthanasia Laws Act 1997*.
- On 9 February 2018, the ACT and the Northern Territory Chief Ministers signed a Strategic Cooperation Agreement. One area of collaborative interest involved the removal of the *Euthanasia Laws Act 1997*.
- On 27 June 2018 Liberal Democrats Senator David Leyonhjelm moved to force debate in the Australian Parliament on his private bill (Restoring Territory Rights (Assisted Suicide Legislation) Bill 2015) to restore the rights of the ACT and the NT parliaments to legislate on the issue of euthanasia; and repeal the *Euthanasia Laws Act 1997*. The motion was passed 36-27.
- In July 2018, the Chief Minister wrote to federal MPS and senators calling for their support to repeal the Euthanasia Laws Act 1997.
- On 15 August the Australian Senate voted on Senator Leyonhjelm's Bill to restore Territory Rights. The Bill was defeated by two votes.
- On 23 August 2017, the Western Australian Parliament established a Joint Select Committee of the Legislative Assembly and Legislative Council to inquire and report on the need for laws in Western Australia to allow citizens to make informed decisions regarding their own end of life choices. The Joint Select Committee tabled its report, 'My Life, My Choices', in the Legislative Assembly and Legislative Council on 23 August 2018. The report included 53 Findings and 24 Recommendations, Recommendation 24 being:

*'The Western Australian Government develop and introduce legislation for voluntary assisted dying having regard to the recommended framework and following consultation with the Panel established under Recommendation 21.'*

The Premier, Minister for Health and the Attorney General are required to report to the Assembly as to the action, if any, proposed to be taken by the Government with respect to the recommendations. Cabinet ministers are considering the report recommendations.

- On 2 Sept 2018, the Queensland Premier, Annastacia Pallaszczuk, announced Queensland will undertake an inquiry into end-of-life care, including the use of voluntary euthanasia.

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GBC18/821

**Portfolio/s:** Health and Wellbeing**ISSUE:       EPILEPSY****Talking points:**

- Epilepsy ACT provides an important service to the community and people who have been diagnosed with epilepsy.
- A grant of \$100,000 has been provided to Epilepsy ACT (EACT).
- This grant will allow EACT to work with ACT Health Directorate to develop a model to address the needs of people living with epilepsy and any gaps in the ongoing provision of support and information. The model will also be used to capture data on the needs and uses of services for people living with epilepsy.
- Ongoing funding for this model will be subject to future budget considerations.
- ACT Health Directorate already provides services for people with epilepsy in the form of diagnostic services, such as clinical assessment and investigations, using computed tomography (CT) scan, magnetic resonance imaging (MRI) and electroencephalography (EEG), and advice on treatment.
- Treatment includes medical and, if appropriate, referral to centres in Sydney for specialist surgical treatments. The emergency department and intensive care unit, in conjunction with the neurology department, also manage uncontrolled epileptic seizures and status epilepticus.
- On average, the majority of people who have epilepsy will control it well, and a sizeable proportion will have associated abnormalities such as learning difficulties, autism or behavioural disorders, all of which need managing.

**Key Information**

- EACT is a not-for-profit, self-help community service organisation formed in 1982 to provide services for people with epilepsy, their families and the community.

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- EACT provides support, reassurance, advocacy, referral and information to people with epilepsy. They promote an understanding of epilepsy, through education and increased community awareness.
- EACT currently provides a range of services including:
  - Personalised case management;
  - Personalised advocacy-seeking work and education adjustments;
  - Information provision;
  - Individual care planning;
  - Community building;
  - Community advocacy; and
  - Training.
- EACT charges a fee for its training program and provide 25 training sessions per year.
- EACT has not previously advised the ACT Government of their financial difficulties.
- EACT were previously funded \$83,497.
- EACT received \$142,000 transitional funding from the NDIA from July 2016 up until February 2018 from the Information, Linkages and Capacity (ILC) funding program of the NDIA.
- EACT received \$44,000 Business Package from the ACT Government in 2017 following them being unsuccessful in the first grant round of ILC in 2017.

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**Portfolio/s:** Health & Wellbeing**ISSUE: FOOD REGULATION****Talking points:**

- The Health Protection Service (HPS) is responsible for food safety regulation in the ACT. This includes managing the registration of food businesses, providing food safety information to food businesses, managing enforcement activities, and responding to foodborne illness outbreaks. HPS advise that the ACT Health Directorate has adequate tools and resources to address and manage registered food businesses' compliance with food safety requirements.
- Despite media reports to the contrary, ACT Health Directorate has never implemented a scores on doors rating scheme. ACT Health Directorate relies on a range of other tools and actions to increase food business compliance rates.
- An analysis of compliance data over recent years indicates serious food safety breaches have declined. This can be attributed to the effective use of the 'Engage, Educate, Enforce' compliance model. Emphasis is placed on education to encourage compliance.
- Public Health Officers are responsible for inspecting registered food businesses in the ACT, including those operating at markets, declared events such as the National Multicultural Festival, and undeclared events such as Floriade.
- ACT Health Directorate lead the jurisdictional response to the national strawberry incident. Public Health Officers informed food businesses of the strawberry brands implicated and verified that those brands had been removed from the shelves. Action taken by ACT Health Directorate ensured that the public and food businesses were informed and provided with up to date information as the incident unfolded.
- In response to several complaints related to illegal waste water discharge, the HPS and Environment Protection Authority (EPA)

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Contact Officer name: Conrad Ext: 51722  
Lead Directorate: Health

undertook a joint proactive education and compliance operation in May 2018 and October 2018 targeting food business. The operation focussed on kitchen maintenance, cleaning facilities and the rear of the food business, particularly around stormwater drains. The October operation focused on food businesses in the Lake Tuggeranong, Lake Ginninderra and Kingston foreshore area.

- At the end of October 2018, there were 3,183 registered food businesses. Risk classification of a food business is determined by their food preparation activities. Most ACT food businesses are classified as medium risk.
- ACT Health Directorate endeavours to follow-up all medium and high risk food businesses that have had a revoked prohibition order prior to their scheduled reinspection.
- There are number of issues that Public Health Officers take into account on a case by case basis when determining the timing of a follow-up inspection, including:
  - The nature of the non-compliance and other factors that may contribute to non-compliance;
  - The attitude of the proprietor, their willingness to work with ACT Health Directorate and the actions taken to address the non-compliance;
  - The willingness of the proprietor to accept responsibility and their commitment to the maintenance of a food safety culture; and
  - The level of food safety training for all staff.
- All food businesses closed by a prohibition order in 2017 and 2018 that reopened have been reinspected.
- Upon revocation of a prohibition order, businesses with further outstanding issues that do not pose a serious public health are issued an improvement notice. As such, these businesses have ongoing inspections until all items identified on the improvement notice are rectified.

### Key Information:

Cleared as complete and accurate:	16/11/2018	
Cleared by:	Executive Director	Ext:51722
Information Officer name:	Conrad Barr	
Contact Officer name:	Conrad	Ext: 51722
Lead Directorate:	Health	

- In the period 1 July 2017 to 30 June 2018, Public Health Officers:
  - Conducted 2,443 inspections of food businesses, including at Declared Events;
  - Issued 341 Improvement Notices – 14 per cent of inspected businesses; and
  - Issued three Prohibition Orders – 0.12 per cent of inspected businesses.
- In the period 1 July 2016 to 30 June 2017, Public Health Officers:
  - Conducted 2,559 inspections of food businesses, including at Declared Events;
  - Issued 472 Improvement Notices – 18 per cent of inspected businesses; and
  - Issued eight Prohibition Orders – 0.31 per cent of inspected businesses.
- The HPS works closely with registered food businesses and has developed resources to help businesses and their staff comply with food safety laws and standards, and to better understand food safety practices.
- HPS enforcement action is proportionate to the degree of public health risk. This ensures necessary enforcement action is taken to protect the community. All public complaints are taken seriously and investigated as a matter of priority. If a non-compliance that poses a serious public health risk is identified during an inspection, the HPS will issue the proprietor a prohibition order. The safety and wellbeing of the community is ACT Health's first priority.

## Background Information:

- The HPS has always undertaken food business regulation in line with national food standards, such as the Australia New Zealand Food Standards Code. Food business inspections are undertaken by professional Public Health Officers who are trained subject matter experts.
- There has been a noticeable reduction in the number of critical food safety breaches in the ACT over the past few years. This positive change has been aided by an improved working relationship between industry and regulators. It has also been assisted by continuous improvements being implemented by ACT Health with respect to published food safety information, tools for industry and inspectors, and improved internal procedures.
- In recent years, there have been several changes to the *Food Act 2001* aimed at improving food safety and regulation in the ACT. For instance in 2013, changes commenced that required registered food businesses to appoint a trained food

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Cleared by: Executive Director Ext:51722  
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safety supervisor. The HPS has also increased its efforts to engage with industry in a constructive and transparent way. For instance, the food business inspection manual and information on common compliance issues have been published online. Food safety resources have also been published online in the eleven languages most commonly used in food businesses (other than English).

- Since September 2014, a collaborative approach has been fostered through the work of the Food Regulation Reference Group. The group includes representatives from industry, public health and consumer groups, as well as government stakeholders in the ACT hospitality sector. The group meets quarterly to discuss and provide advice to ACT Health on certain aspects of the food regulation system and emerging issues that affect industry.
- The ACT Government's decision not to proceed with a food hygiene grading system in the ACT follows a noticeable reduction in the number of critical food safety breaches observed at ACT food businesses in the past few years.

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Lead Directorate:	Health	

GBC18/821

**Portfolio/s:** Health & Wellbeing**ISSUE: GAY CONVERSION THERAPY****Talking points:**

- I made a commitment on 17 May 2018 to ban gay conversion therapy in the ACT.
- The practice of conversion therapy is inconsistent with the inclusive values of Canberrans.
- The ACT Government is not aware of these practices currently being undertaken in the ACT, and will ensure they cannot be offered in the future.
- I have asked ACT Health to provide the Government with advice about how to ensure that gay conversion therapy does not take place in the ACT.

**Key Information**

- ACT Health Directorate is currently exploring options for banning conversion therapy in the ACT and will prepare legislative options in order to ban conversion therapy.
- The Victorian Health Complaints Commissioner is undertaking an inquiry into the practice of conversion therapy in Victoria. Queensland Health have also been asked to begin considerations of a ban on gay conversion therapy.

**Background Information**

- In February 2017, Victoria implemented the *Health Complaints Act 2016*, which effectively implements the National Code of Conduct for Health Care Workers (National Code) and gives their Health Complaints Commissioner powers to issue prohibition orders on health practitioners deemed to be a threat to public health. The focus of the National Code relates to action against individual practitioners, rather than the banning of an entire practice.
- In November 2018 the Victorian Health Complaints Commissioner completed an investigation into conversion therapy for the Victorian Health Minister. The Commissioner's report is awaiting finalization due to the Victorian Government being in 'care taker'. The Commission advises her recommendations to the Victorian government include: consideration of legislation to ban conversion therapy and consideration of a

Cleared as complete and accurate: 23/11/2018  
Cleared by: Executive Director Ext: 79143  
Information Officer name: Patrick Henry  
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Lead Directorate: Health

redress scheme for victims/survivors to receive counselling. The Commissioner has stated that in her opinion legislation to ban conversion therapy will send a clear message to the community, clearly standing against these damaging and inappropriate practices and showing supporting LGBTIQ individuals.

- In October 2018, the Human Rights Law Centre in conjunction with La Trobe University released their report 'Preventing Harm, Promoting Justice'. The report illuminates the unique experiences and needs of LGBT people of faith who have undergone some form of religion-based conversion therapy; outlines the history, prevalence and changing nature of services provided to LGBT people of faith in Australia; canvases international legal models and conducts a human rights based analysis of the issues as well as surveys the existing legal landscape in Australia.

### **Issues**

- 'Gay conversion therapy' is an umbrella term for a range of practices intended to change or suppress a person's sexual orientation. Many definitions have tended to focus on issues related only to sexual orientation. Over recent years it has emerged that the practice has also affected transgender people who may be seeking to transition, and people with diverse gender identity or gender expression. There is potential impact on intersex people too, if an early decision is made regarding a child's sex or gender, that does not then relate to the child's perception of their sex or gender.
- The broader term 'conversion therapies' (CT) is therefore generally preferred in the recent literature. If a broader definition of CT is adopted (i.e. to include sexual orientation, gender identity and gender expression), it is important to understand particular terminology and to distinguish between the concepts of biological sex characteristics, legal sex and gender identity.
- The *Prohibition of Conversion Therapies Bill 2018*, currently before the Oireachtas Éireann – the parliament of the Republic of Ireland – includes the following definition: 'Conversion therapy means any practice or treatment by any person that seeks to change, suppress and, or eliminate a person's sexual orientation, gender identity and, or gender expression.' In discussing any proposed regulation or prohibition of CT, it should be recognised that those who offer CT generally do not use the term, nor is it promoted or advertised as such. In addition, it is rare for CT 'practitioners' to describe themselves as therapists.
- The majority of CT is offered under the umbrella of spiritual guidance or counselling through religious organisations (Christian, Jewish, Islamic and other). This tends to be offered internally within the organisation, and is generally not advertised specifically as gay CT. In addition, those offering the practice are unlikely to meet the definition of health workers, under the National Code.

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Lead Directorate:	Health	

- There are human rights implications for banning CT, which may only come to light after community consultation. For example, someone experiencing confusion about their sexuality, unwanted same-sex attraction, or internalised homophobia should be able to seek appropriate supportive counselling and support, which may or may not involve seeking to convert away from those feelings.
- There may also be implications for free speech and the rights of individuals to have the freedom to pursue their own goals within a confidential therapeutic environment.
- Care must be taken to ensure religious organisations in Canberra understand that religious freedom is not under attack. Instead, the message to be communicated is that this measure is to ensure harm is not done to people in ACT through the use of CT.
- Protections for practitioners who are providing legitimate support to individuals may also be required, in the event of a complaint made against them without sufficient evidence of conversion being attempted.
- It is therefore difficult to prohibit a practice which is not advertised, nor which may or may not be intended to “convert” an individual away from same-sex attraction.
- 14 jurisdictions in the USA have recently banned CT being offered by licenced mental health practitioners to minors. However, CT in the USA can still take place amongst unregistered practitioners or within religious institutions, and there are no protections in place for adults.

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Lead Directorate: Health

Add reference number

**Portfolio/s:** Health and Wellbeing

Higher Education

**ISSUE: HEALTHY AND ACTIVE LIVING BUDGET**

**Talking points:**

- The ACT Government is providing \$4 million from 2017-18 for four years to develop a comprehensive cross-sector approach to support healthy and active living and prioritise prevention.
- This builds on the foundations created under the Healthy Weight Initiative, with continued centralised coordination based in Chief Minister, Treasury and Economic Development directorate.

**Key Information**

- The Workforce, Governance and Capability division in Chief Minister, Treasury and Economic Development Directorate provided central coordination to support the *Healthy Weight Initiative*, which commenced in 2013.
- The Economic Development division in CMTEDD is the central coordination point for development of the *Healthy and Active Living Strategy*. There is a significant amount of work across government that already contributes to promoting and protecting health and wellbeing. Some examples include: health promotion and prevention in ACT Health; health promotion in Education; planning and sustainability in EPSDD; active travel in TCCS; and early intervention work in CSD. The approach for the Healthy and Active Living Strategy is to align with, and enhance, these activities to maximise impact. Additional activities will not duplicate existing work and programs.
- In addition to providing a coordination role, the Economic Development division has a number of business units whose functions can also contribute to a more comprehensive approach to preventive health.
- The Sport and Recreation and artsACT teams are relevant to individuals and communities embedding healthy and active living as their way of life. The Tertiary Education, Training and Research and Innovation teams align with a greater focus on economic opportunities for Canberra arising from a more comprehensive approach to preventive health. Visit Canberra, Events ACT and Study Canberra provide linkages to promoting Canberra as a destination of choice for the healthy and active lifestyle available here.
- ACT Health and the Chief Health Officer continue to have primary responsibility for preventive health policy and understanding the challenges for the ACT.

Cleared as complete and accurate: 06/11/2018  
Cleared by: Deputy Director-General Ext: x75564  
Information Officer name: Kareena Arthy  
Contact Officer name: Helen Stokes Ext: x50958  
Lead Directorate: Chief Minister, Treasury and Economic Development

TRIM Ref:



- The Healthy and Active Living team in Economic Development, CMTEDD has two FTE funded from the \$1 million annual allocation, one SOG A and one SOG C. ACT Health fund a seconded officer supporting this work, who is based three days a week in CMTEDD and two days a week in ACT Health.

## Background Information

- Healthy and Active Living funding from 2017-18 in the amount of \$274,000 had not been allocated as the transition from the Healthy Weight Initiative is still being finalised. This funding was re-profiled to 2018-19 and will be available to support priorities under the *Healthy and Active Living Strategy* being developed.
- *Healthy Weight Initiative* funding from 2017-18 in the amount of \$280,000 that had not been allocated was re-profiled to 2018-19. This is supporting continued delivery of existing programs such as *It's Your Move*, *Fresh Tastes* and *Ride or Walk to School* that promote healthy eating and physical activity for our school children.

Cleared as complete and accurate: 06/11/2018  
Cleared by: Deputy Director-General Ext: x75564  
Information Officer name: Kareena Arthy  
Contact Officer name: Helen Stokes Ext: x50958  
Lead Directorate: Chief Minister, Treasury and  
Economic Development

TRIM Ref:

GBC18/821

**Portfolio/s:** Health and Wellbeing

**ISSUE: NGUNNAWAL BUSH HEALING FARM**

**Talking points:**

- The Ngunnawal Bush Healing Farm (NBHF) has recently completed its first year of operation.
- The second 14 week day program for the Ngunnawal Bush Healing Farm (NBHF) was completed on 6 September 2018.
- The third program of the NBHF commenced on 25 September 2018 with five clients. It is scheduled to be completed on 14 December 2018. Clients were referred from a range of government and non-government programs within the ACT.
- NBHF staff have provided a number of opportunities to continue to strengthen links and partnerships with organisations and with members of the Aboriginal and Torres Strait Islander community.
- As part of the ongoing development of the NBHF Program, the ACT Health Directorate is conducting a review following the initial 12 months of operations.
- Mr Russell Taylor AM has been contracted to undertake a review of various aspects of the NBHF.
- Mr Taylor AM is an Aboriginal Australian (Kamilaroi) and former long term Senior Executive Service member of the Australian Public Service. In 2016, he stepped down as CEO of the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) in Canberra. Mr Taylor is also a former CEO of the NSW Aboriginal Housing Office (AHO), the Chair of the Burbangana Group and the 2018 NAIDOC Male Elder of the Year
- Mr Taylor will examine and report on:
  - The existing and future governance arrangements for the NBHF;
  - The strengths of current programs and potential future additions or improvements;
  - Operational and service delivery models of the NBHF;

Cleared as complete and accurate: 23/11/2018  
Cleared by: Executive Director Ext: 79143  
Information Officer name: Patrick Henry  
Contact Officer name: Jodie Brooks Ext: 54907  
Lead Directorate: Health

- Operational and governance policies for the NBHF;
- Resourcing, training and supervision procedures to best support staff in their work; and
- Current and future infrastructure needs of the NBHF.

### Key Information

- NBHF programs are targeted at improving social and individual worth and self-esteem, imparting new and useful skills and attributes, and education around social and/or cultural heritage. Specifically the programs provide:
  - focus on life skills or job training;
  - promotion of cultural programs;
  - involved traditional healing practices and/or promoted healing;
  - aimed to reconnect Aboriginal and Torres Strait Islander people to land and culture;
  - provided support and education, and /or contributed to breaking the cycle of drug dependence (to overcome drug and alcohol issues);
  - encouraged physical health and wellbeing;
  - supported people to make ongoing and meaningful changes in their lives;
  - involved activities related to land management and;
  - promotion social and emotional wellbeing (to break the cycle of drug addiction and substance abuse).
- The third program includes services delivered by the following providers:
  - Blacksmithing and toolmaking – Valley Forge Cuppcumbalong;
  - Physical fitness and wellbeing – Thriving Life and Strive Fitness;
  - Music therapy – Johnny Huckle;
  - Cultural walks and talks – ACT Parks and Conservation Aboriginal Rangers ‘Health Country Program’;
  - Horse therapy – Peakgrove Equine Assisted Therapy;
  - Relapse prevention – SMART Recovery; and
  - Cartoon therapy – FunnyOz Works.

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Lead Directorate: Health

GBC18/821

**Portfolio/s:** Health & Wellbeing

**ISSUE:           PALLIATIVE CARE AND CLARE HOLLAND HOUSE CAPACITY**

**Talking points:**

- Treating people with respect and in a manner that protects their dignity is an important role for our health service at all stages of life.
- Palliative care is not just care provided in the final stages of life, but helps people to live well with a terminal illness. Sometimes palliative care can be of benefit for a person at their initial diagnosis of a life-limiting condition, or be useful on and off through various stages of an illness. Many people have long-term interactions with their palliative care team, seeing them during the course of their illness.
- There are many elements to palliative care, including pain and symptom management and advice and support to carers. Palliative care ensures people are kept comfortable and maintain a good quality of life.
- In the ACT, there are a number of palliative care services offered. These primary and specialist palliative care services are of high quality and deliver excellent care to the community. The services are embraced within the ACT Palliative Care Clinical Network.
- The Government spends over \$10 million each year to provide palliative care services in the ACT.
- In recent years, the Government has provided additional investment in palliative care services, with increased support of home based palliative care packages, a new paediatric palliative care service to specifically address the palliative needs of children and adolescents, as well as investment in more staff and education.
- Calvary is funded to provide the majority of specialist palliative care services in the ACT, with Clare Holland House being the largest palliative care inpatient unit in the ACT.

Cleared as complete and accurate:	23/11/2018	
Cleared by:	Executive Director	Ext: 79143
Information Officer name:	Patrick Henry	
Contact Officer name:	Peter Matwijiw	Ext: 78445
Lead Directorate:	Health	

- The Clare Holland House inpatient unit currently has a capacity of 19 beds.
- Other palliative care service models provided from Clare Holland House include:
  - Home based palliative care;
  - specialist outpatient clinics;
  - outreach programs to residential aged care facilities; and
  - a specialist care and support clinic at Winnunga Nimmityjah Aboriginal and Community Health Service.
- Demand for palliative care will continue to increase as our population ages, and people live longer lives. We need to respond to this so that people receive the care and dignity they deserve at the end of their life.
- As part of the Territory-wide Health Services Framework, ACT Health is developing a specialty services plan for palliative care.
- On 25 September 2018, a major expansion of Clare Holland House was announced with a \$6 million commitment from the Australian Government in partnership with The Snow Foundation, which will see an increase in the number of specialist in-patient palliative care beds.

### Key Information

#### *Clare Holland House*

- Clare Holland House consists of a specialist inpatient unit, home based palliative care services and community specialist palliative care services.
- The average length of stay in 2017-18 was 11.7 days, but it can vary widely from hours to months.
- Clare Holland House staffing is 61.53 Full Time Equivalent positions or a headcount of 90 staff across all categories of employees. Staffing levels at Clare Holland House are adjusted to meet patient/staff ratios and to ensure consistently high quality, safe and compassionate care is provided to all admitted patients and their families.
- All staff at Clare Holland House receive education in all clinical aspects of palliative care, from primary care to specialist care, to enable support of other health practitioners, carers and patients.

Cleared as complete and accurate: 23/11/2018  
Cleared by: Executive Director Ext: 79143  
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Lead Directorate: Health

- Clare Holland House staff also provide extensive palliative care education and training programs for primary care providers, other health facilities and Residential Aged Care Facilities staff. This extends to programs such as the Program of Experience in the Palliative Approach which provides education to enhance the capacity of health professionals to deliver a palliative care approach through their participation in either clinical placements in specialist palliative care services or interactive workshops.
- Medical specialists are on duty from Monday to Friday from 8:00am to 5:30pm, and on call after hours.

### *Referrals*

- Palliative care services are available to patients with a life limiting illness whose complexity of symptoms (physical, psychosocial/emotional, and spiritual/existential symptoms) cannot be managed by their primary care provider. Care is provided to patients who need End of Life Care and who chose to die at the inpatient unit at Clare Holland House.
- Care to patients requiring palliative support is provided by their primary treating team such as a General Practitioner, community nurse or the team on an inpatient ward. These treating clinicians are able to access advice and support from the Specialist Palliative Care service without needing to refer their patient for direct services.
- Patients who have more complex needs and require specialist palliative care are referred to the service by their treating specialty team or General Practitioner. Patients can be referred for either inpatient or outpatient treatment at Canberra Hospital. The focus of care is on advanced symptom management and psychosocial support.

### *Calls for palliative care ward at Canberra Hospital*

- Consideration will be given to a specialist palliative care ward at Canberra Hospital as part of future health services planning.

### *Palliative Care in Residential Aged Care Facilities*

- The 2018-19 Federal Budget included a Measure on Comprehensive Palliative Care in Aged Care, which forms part of the Australian Government's *More Choices for a Longer Life – healthy ageing and high quality care* package.
- The Measure will provide \$32.8 million over four years from 2018-19 to support state and territory governments to improve palliative and end-of-life care coordination for older Australians living in residential aged care homes. Funding for individual jurisdictions will be negotiated over coming months.

Cleared as complete and accurate: 23/11/2018  
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Lead Directorate: Health

- The Measure is premised on a cost-shared model with states and territories matching Commonwealth funding. The Commonwealth recently sought the nomination of the appropriate ACT Health representative to receive a draft National Project Agreement and accompanying schedule.

Cleared as complete and accurate: 23/11/2018  
Cleared by: Executive Director Ext: 79143  
Information Officer name: Patrick Henry  
Contact Officer name: Peter Matwijiw Ext: 78445  
Lead Directorate: Health

**Minister:** Chief Minister  
**Date:** 8 October 2018

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**SUBJECT:** PFAS contamination

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**KEY MESSAGES:**

**General points on PFAS**

- Per- and poly-fluoroalkyl substances (PFAS) are man-made chemicals that have been used in industry and consumer products worldwide since the 1950s.
- They have been used in aqueous film-forming foam (AFFF), non-stick cookware, water-repellent clothing, stain-resistant fabrics and carpets, some cosmetics, and products that resist grease, water, and oil.
- Firefighting foam concentrates used to suppress flammable liquid fires previously contained PFAS.
- These phasing out of these concentrate by ACT Fire & Rescue (ACTF&R) commenced in September 2004. It was completely withdrawn from service in April 2005.

**Health and PFAS**

- PFAS are very stable compounds and do not break down in the environment (i.e. they persist in the environment and in human bodies for a long time).
- There is no conclusive proof that PFAS cause any specific illnesses in humans, including cancer.
- There is also no consistent evidence that PFAS causes adverse human health outcomes in pregnant women or their babies.
- Expert advice currently does not advise any specific biochemical or disease screening for groups exposed to PFAS outside of specific research studies.

**PFAS nationally**

- Governments in Australia work to a framework for PFAS management in accordance with the *Intergovernmental Agreement on a National Framework for Responding to PFAS Contamination* (February 2018) and the PFAS National Environment Management Plan (NEMP), adopted by all jurisdictions March 2018.
- The NEMP defines the level of PFAS in soil and water that require further investigation.
- The NEMP also details methods for site assessments, sampling protocols and analytical determinations.
- Commonwealth, state and territory governments are currently working nationally to update the NEMP, which will be considered by Environment Ministers at their meeting in November, to ensure it remains current and scientifically robust.
- Issues with PFAS that have been widely reported in other jurisdictions have involved direct contamination of drinking water and/or food supplies.
- Such issues are improbable in the ACT because of the remote catchments used for town water supply and the insignificant volume of food production in the ACT.



## **The ACT and PFAS**

- There are four known affected sites for PFAS in the ACT:
  - Canberra Airport
  - the former Charnwood Fire Station
  - the former Belconnen Fire Station and Training Centre, and
  - the West Belconnen Resource Management Centre (landfill).
- In recent years the ACT Environment Protection Authority (EPA), in conjunction with the National Capital Authority and Icon Water, undertook sampling across ACT waterways to determine background levels of PFAS. The water sampling results did not detect PFAS in ACT waterways.
- An assessment is being undertaken by the ACT Government to determine what further investigations may be required of ACT sites, in accordance with the NEMP.
- The United Firefighters Union have recently raised concerns around potential health impacts for firefighters who may have come into contact with PFAS. *[Refer to more detail below]*

## **ACT Fire & Rescue/ACT Emergency Services Agency (UFU Concerns)**

- Our firefighters and the community can be assured that the ACT Emergency Services Agency (ESA) and government take this issue very seriously. We did so thirteen years ago (2005) when ACTF&R phased out its use of PFAS, and continue to do so today.
- ESA has been working hard to ensure equipment is replaced and changed over. Ten fire pumps have been replaced and all equipment has either been decontaminated or replaced.
- Australian health authorities, including Canberra Health Services, report that there is no conclusive proof that PFAS cause any specific illnesses in humans, including cancer.
- There is also no consistent evidence that PFAS causes adverse human health outcomes in pregnant women or their babies.
- Expert advice currently does not advise any specific biochemical or disease screening for groups exposed to PFAS outside of specific research studies.
- ESA is working with WorkSafe ACT to ensure work health and safety obligations are being met.
- ESA has undertaken a risk assessment to prioritise the testing of remaining sites and further testing will be done at the higher priority locations in the near future.

## **Jervis Bay and PFAS**

- The Jervis Bay Territory (JBT) is a separate Commonwealth Territory. Under Commonwealth law, ACT legislation is applied in JBT.
- The ACT Government is contracted by the Australian Government to supply certain services to JBT, including education, licences, justice services and environmental water testing.
- The Department of Defence has undertaken a national program of investigation and response to PFAS contamination from Defence sites.
- One such site is the Jervis Bay Range Facility in the JBT.
- Defence is leading the response to PFAS contamination in JBT, including conducting water testing. The ACT Government is a member of Defence's Project Control Group and provides advice and support where required.

- Defence testing regime is still ongoing in JBT and the Department of Infrastructure, Regional Development and Cities (DRDC), and the ACT, are consulted by Defence as results become available.
- A Defence Factsheet as well as a contact for further media enquiries is available on the [Defence website](#).
- At the request of the Department of Infrastructure and Regional Development, the ACT Government undertook tests of both drinking and recreational waters in JBT in 2016 – 17. The results of these tests were:
  - No detectable PFAS has been found in the potable (drinking) water supply.
  - Low levels of PFAS were found in environmental waters, and will be the subject of ongoing monitoring as part of the Defence-led investigation program.
- ACT Health recently assisted DIRDC with the development of Commonwealth precautionary advice relating to waterways and marine life in JBT. DIRDC has now issued [Community Bulletin](#) providing precautionary advice to the JBT community that while Defence's investigation is ongoing consumption of fish and shellfish from a number of marine locations should be avoided.

#### **Jervis Bay School**

- As part of a comprehensive testing program on the presence of PFAS in the Jervis Bay Area, Defence sampled the fruit of several Lilly Pilly trees at Jervis Bay School.
- Low levels of PFAS were found in a small number of samples.
- The only way people can be exposed to PFAS from the trees is to eat the fruit.
- In line with the school's wishes to take a zero-risk approach, the trees were removed from the school grounds in early October 2018.
- The Education Directorate worked with the school to ensure the community were provided accurate and timely information.

#### **Charnwood (former Fire Station) site**

- The former Charnwood Fire Station site has been sold and is now privately owned.
- The development application (DA) for the child care centre on the site of the former Charnwood Fire Station was approved following assessment of the site, on the condition that requirements of the Health Protection Service and the Environment Protection Authority were met.

#### **West Belconnen Resource Management Centre**

- There will be further sampling undertaken at the West Belconnen Resource Management Centre as part of the environmental audit that is being undertaken for its redevelopment, consistent with NEMP.

**Belconnen (former Fire Station and Training Centre)**

- The former Belconnen Fire Station and Training Centre is on the Register of Contaminated Sites as it is subject to a formal environmental audit to enable its redevelopment.
- The EPA must endorse the environmental audit for the site to ensure it is suitable for the proposed development.

**Canberra Airport**

- Canberra Airport is on Commonwealth land and is therefore under the control of the Commonwealth Government and should be managed in accordance with the PFAS National Environment Management Plan.

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Action officer: CMTEDD Communications

Cleared by (Business Unit Head): Various

Date: 9 October 2018

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GBC18/821

**Portfolio/s:** Health & Wellbeing

**ISSUE: PILL TESTING**

**Talking points:**

- Pill testing did not go ahead at Spilt Milk music festival in Canberra on 17 November, as the National Capital Authority had ruled out a pill testing service being offered on its land.
- On 2 October 2018, STA-SAFE submitted a proposal to conduct pill testing on 17 November at a location not controlled by the NCA.
- The working group has considered the new issues raised, but the off-site proposal has very different operational challenges compared to the previous trial. Unfortunately there was not enough time for the Government to examine and work through the logistics of establishing an off-site service in time for Spilt Milk. The ACT Government encouraged the Commonwealth Minister for Health to consider the harm minimisation benefits of a pill testing trial at Spilt Milk.
- Police arrested one individual and confiscated 8 pills at the Spilt Milk festival.
- Media reports indicate support for pill testing among festival patrons remains high.
- The ACT Government has received a proposal from Pill Testing Australia, formerly known as STA-SAFE, to conduct a pill testing service at the Groovin the Moo festival in Canberra in 2019. The Canberra leg of Groovin the Moo will move from the University of Canberra to EPIC next year.
- The ACT Health Directorate will reconvene the cross-government pill testing working group to consider the public health, legal and social issues relating to the proposal and to provide advice to Government about this specific proposal.

Cleared as complete and accurate: 19/11/2018  
Cleared by: Deputy Director-General Ext: 52439  
Information Officer name: Emily Harper  
Contact Officer name: Emily Harper Ext: 52245  
Lead Directorate: Health

- Agreement between all relevant parties, including the festival promoter and Pill Testing Australia will be necessary for a pill testing service to proceed at the festival.
- The ACT Government continues to support an evidence based, harm minimisation approach to drug policy and believes the recent announcement by the NSW government to increase the penalties associated with drug possession is unlikely to prevent further deaths at music festivals.
- The ACT Government would welcome any proposal to conduct pill testing at any music festivals held in the ACT. However, the option to make a pill testing service available is not intended to be an incentive to bring new events to the ACT, but rather to make an event safer.

### **Key Information:**

- Australia's first trial of a pill testing service took place at Groovin the Moo Canberra on 29 April 2018.
- The service was provided by the Safety Testing and Advisory Service at Festivals and Events (STA-SAFE) and was supported by the ACT Government, the festival promoters (Cattleyard Promotions) and the University of Canberra, where the festival was held.
- STA-SAFE has submitted its report on the trial. The report indicates that potentially lethal substances were identified in two of the 85 samples submitted for testing. Following testing, a number of patrons utilised the amnesty bins to discard their pills instead of consuming them.

### **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.

Cleared as complete and accurate: 19/11/2018  
Cleared by: Deputy Director-General Ext: 52439  
Information Officer name: Emily Harper  
Contact Officer name: Emily Harper Ext: 52245  
Lead Directorate: Health

- The public debate around pill testing has been reinvigorated following the tragic deaths of attendees of the Defqon.1 music festival in Penrith on Saturday 15 September 2018.
- On 23 October 2018, the NSW Premier announced harsher penalties for music festival drug dealers and users - \$500 on the spot fines for drug possession and a new offence which holds drug dealers responsible for the deaths caused by the drugs they supply with up to 25 years imprisonment.

Cleared as complete and accurate: 19/11/2018  
Cleared by: Deputy Director-General Ext: 52439  
Information Officer name: Emily Harper  
Contact Officer name: Emily Harper Ext: 52245  
Lead Directorate: Health

GBC18/821

**Portfolio/s:** Health and Wellbeing

**ISSUE: QEII (MOTHERCRAFT MATTER)**

**Talking points:**

- ACT Health is committed to ensuring that Canberra families continue to have access to the services provided at the QEII Family Centre.
- ACT Health has recently concluded negotiations with the Canberra Mothercraft Society (CMS). I look forward to being able to jointly announce the terms of that agreement shortly.

**Key Information**

- ACT Health Directorate has concluded negotiation with CMS, and a new agreement was executed on 11 October 2018. The terms of this agreement are confidential until CMS and ACT Health agreed on a joint communication protocol.
- CMS informed ACT Health Directorate that they have provided staff information on the planned transition on 29 October 2018, 30 October 2018 and 1 November 2018.

Cleared as complete and accurate:	12/11/2018	
Cleared by:	Executive Director	Ext: 79143
Information Officer name:	Patrick Henry	
Contact Officer name:	Marc Emerson	Ext: 50693
Lead Directorate:	Health	

GBC18/821

**Portfolio/s:** Health & Wellbeing

**ISSUE: SUPPORT FOR BULK BILLING GENERAL PRACTITIONERS**

**Talking points:**

- The 2017–18 ACT Budget announced \$1.05 million (GST exclusive) over three years for the ‘Better care when you need it—Support for bulk billing GPs’ initiative as part of the ACT Government election commitment to deliver a grant scheme to support the establishment of bulk billing general practices in the ACT.
- The Bulk Billing General Practices Grant Fund aims to encourage the expansion or establishment of new general practices with a demonstrated commitment to bulk billing in the Tuggeranong and Molonglo Valleys. The aim is to provide residents in those areas with better access to affordable, connected, quality primary health care.
- Grant guidelines were developed in consultation with key stakeholders: Health Care Consumers’ Association (HCCA); Australian Medical Association (AMA) ACT; and Capital Health Network (CHN).
- Applications were assessed by a panel, including the key stakeholders above, and three grant recipients were selected.
- On 19 and 22 October 2018, it was announced that a total of approximately \$1 million in funding would be distributed between the three grant recipients, to establish two new general practices, one in Molonglo, and one in Tuggeranong, and to expand the services of an existing Tuggeranong general practice. Funding agreements are currently being finalised, to allow funds to be provided to the successful applicants.
- All three grant recipients have a demonstrated a commitment to bulk billing, particularly for vulnerable population groups.

Cleared as complete and accurate:	23/11/2018	
Cleared by:	Executive Director	Ext: 79143
Information Officer name:	Patrick Henry	
Contact Officer name:	Catherine Eadie	Ext: 71541
Lead Directorate:	Health	



- Remaining funds will be utilised to support a project to investigate options to:
  - improve the accessibility of primary health care for consumers and
  - encourage bulk billing in the ACT.
- ACT Health has recently received a Freedom of Information (FOI) request for documents related to the Bulk Billing General Practices Grant Fund. This request will be managed in accordance with the FOI Act.

Cleared as complete and accurate: 23/11/2018  
Cleared by: Executive Director Ext: 79143  
Information Officer name: Patrick Henry  
Contact Officer name: Catherine Eadie Ext: 71541  
Lead Directorate: Health

GBC18/821

**Portfolio/s:** Minister for Health and Wellbeing

**ISSUE:        WASTEWATER REPORT (INCLUDING FENTANYL)**

- The Australian Criminal Intelligence Commission (ACIC) has released the fifth National Wastewater Drug Monitoring report.
- The ACT has participated in each release of the Wastewater Drug Monitoring Program Report. With each report we gain a more comprehensive understanding of the usage of both legal and illicit drugs within the ACT.
- Alcohol and nicotine continue to be the most consumed drugs in Australia, but pleasingly the ACT continues to have nicotine and alcohol consumption lower than the national average.
- While methylamphetamine is the most frequently used illicit drug in the report, ACT data shows significantly lower than national average rates of methylamphetamine use.
- ACIC issues a press release for each jurisdiction. The ACT press release highlights that use of the opioid painkiller fentanyl is equal highest in the ACT. However, wastewater testing cannot distinguish between medical and illicit use of fentanyl, the difference from other capitals was small, and ACT consumption was well below the regional site average.
- The most recent data has indicated an increasing trend of use of the opioid pain killer oxycodone in the ACT. Again wastewater testing cannot distinguish medical and non-medical use. However, according to ACT pharmacy supply data, there has not been an increase in the supply of oxycodone in the ACT. In fact, between July 2017 and March 2018, there has been approximately a 10 per cent decrease in the supplies of Oxycodone from ACT pharmacies.
- The ACT has controls in place to limit the prescribing of controlled medicines such as oxycodone and amphetamines, and monitors the supply of controlled medicines from pharmacies under the *Medicines, Poisons and Therapeutic Goods Act 2008*. The Health Protection Service oversees these controls and takes appropriate action in response to concerns of overprescribing for a patient when these situations arise.

Cleared as complete and accurate: 19/11/2018  
Cleared by: Director Ext: 71781  
Contact Officer name: Emily Harper/ Conrad Barr Ext: 71781  
Lead Directorate: Health

- Our message to the community is always ‘don’t use drugs’, however, illicit drug use in our community is a reality, and we are focussed on reducing the associated harm.

### Key Information

- Wastewater data was collected from one waste water treatment plant site in the ACT, during weeks of February and April 2018. This captures wastewater for more than 150,000 people.
- The analysis measures the presence of the following major drugs:
  - methylamphetamine (ACT use has increased since the last report but still remains well below the national average)
  - cocaine (ACT use is lower than Sydney, but higher than other capital cities, and usage has remained the same since the last report)
  - 3,4-methylenedioxymethylamphetamine (MDMA) (ACT use is similar to that in all capital cities across the nation)
  - heroin (ACT use is in line with the capital city average)
  - oxycodone (ACT use is lower than Hobart, but higher than other capital cities)
  - fentanyl (ACT usage is slightly higher than the capital city average)
  - nicotine (ACT usage is consistently in line with or lower than the capital city average and significantly lower than the national average)
  - alcohol (ACT usage is consistently in line with or lower than the national average)
- According to the report “The weighted average consumption of fentanyl in both capital city and regional sites increased from December 2017 to April 2018 and are both currently the highest recorded levels since the program began”.
- The wastewater report does not currently measure cannabis consumption, the most commonly consumed illicit drug according to survey data. The report indicates that cannabis will be tested in future.
- The ACT has a wide range of services available to assist people who are dependent on alcohol and other drugs. This financial year we will invest around \$20 million in specialist alcohol and other drug treatment and support services.

Cleared as complete and accurate: 19/11/2018  
Cleared by: Director Ext: 71781  
Contact Officer name: Emily Harper/ Conrad Barr Ext: 71781  
Lead Directorate: Health

GBC18/821

**Portfolio/s:** Minister for Health and Wellbeing

**ISSUE: HEROIN OVERDOSES**

**Talking points:**

- Reports in October of deaths by suspected overdose are very concerning. Any preventable death is a tragedy.
- There are many drug and alcohol support services available in the community and we would encourage people to seek the support they need.
- Information on support services is available 24-hours, 7 days a week through the Drug and Alcohol Help Line.

**Key Information**

- ACT Health funds the Canberra Alliance for Harm Minimisation and Advocacy (CAHMA), to run a take home naloxone program in Australia. This program provides comprehensive overdose management education to injecting drug users and other clients at high risk of experiencing or witnessing a heroin overdose.
- Increasing access to naloxone is in line with the soon-to-be-released ACT Drug Strategy Action Plan.

**Background Information**

- On 12 October 2018, the Canberra Times reported on three recent deaths from suspected heroin overdoses. This was followed by an editorial on 14 October 2018, calling for increased use of naloxone (a reversal agent used to treat overdose from opioid drugs, including fentanyl, oxycodone and morphine as well as heroin and methadone).
- The Penington Institute released a report in September, *Saving Lives: Australian Naloxone Access Model* which proposes national action to increase the availability of naloxone to all opioid users, including users of both illicit and legal drugs.

Cleared as complete and accurate: 19/11/2018  
Cleared by: Director  
Contact Officer name: Emily Harper  
Lead Directorate: Health

Ext: 78634  
Ext: 78634

GBC18/821

**Portfolio/s:** Health and Wellbeing

**ISSUE: GRATTAN ORANGE REPORT 2018**

**Talking points:**

- The Grattan Orange Report shows that the ACT is leading the nation on a number of key issues in health.
- The ACT has the lowest avoidable mortality rate of any capital city. The avoidable mortality rate in the ACT has declined 13.4% over the past five years.
- While our elective procedure wait times remain comparatively high, the median wait time has decreased 27% over the past four years, while nationally, wait times have risen.
- To improve access to elective surgery in 2017-18, the ACT Government committed to reducing the number of paediatric patients classified as 'long wait' to zero. This target was achieved.
- The ACT Government has also committed to providing additional funding to increase elective surgery numbers to around 14,000 per annum from 2018–19.
- The nature of the ACT means that our health care costs are, on average, higher. However, the ACT gains excellent health outcomes from our investment in health.
- These figures show that ACT Government investment and reforms are taking the ACT health system in the right direction.

**Key Information**

- The Report mentioned several key areas for improvement nationally: regional healthcare, public hospital efficiency, dental and outpatient waiting times, and public mental health services.
- Due to its small size, the ACT does not have a disparity in avoidable mortality due to geography. However, co-design in development of preventive health programs is central to ACT Health Directorate program development methodology.

Cleared as complete and accurate: 29/10/2018  
Cleared by: Executive Director Ext: 79143  
Information Officer name: Patrick Henry  
Contact Officer name: Ashleigh Keeling Ext: 50832  
Lead Directorate: Health

- The Report identified no ACT-specific dental health data, however, the Dental Health Program at Canberra Health Services has maintained the organisational mean waiting time target of six months for adults on the routine dental services waiting list, in the context of rising demand.
- There continues to be no waiting lists for children to receive routine dental care in ACT Community Health Centres.
- There is no detail in the Report specifically referring to mental health matters in the ACT.
- The Report raises concerns about wait times for mental health care nationally. The ACT has implemented the Mental Health Short Stay Unit and the Mental Health Assessment and Consult Liaison in the Emergency Department at the Canberra Hospital to reduce wait times for treatment, as well as a redesigned Adult Community Mental Health Services model of care to further increase access to timely mental health care.
- The Report also raises concerns about the inadequacy of community mental health services being measured only by the use of services. Work has commenced in the ACT to review the mental health indicators and reporting framework and intends to establish a set of broader mental health outcome indicators beyond the use of services.

**Background Information**

- The ACT does not yet collect information on the waiting time between when a patient is referred to the hospital to the time they are seen in an outpatient clinic (referred to in the Grattan Report as the 'hidden waiting list'). ACT Health Directorate is currently participating in national work being undertaken by the Australian Institute of Health and Welfare to develop nationally consistent data on this waiting time.
- The ACT Health Directorate extended operating hours of dental clinics at the Belconnen and Tuggeranong Community from January 2018.
- Additional aged care facilities were included in mobile dental rostering.
- The ACT Health Directorate is committed to delivering two additional mobile dental clinics, which will be in operation by early 2019. ACT Health Directorate is engaging with community stakeholders to develop and fine tune the Models of Care for this program prior to final implementation.
- The ACT has established an Office for Mental Health and Wellbeing to provide jurisdictional leadership for mental health reform in ACT. The Office's oversight will help address some social factors which may lead to inequity (the social determinants of health).

Cleared as complete and accurate: 29/10/2018  
Cleared by: Executive Director Ext: 79143  
Information Officer name: Patrick Henry  
Contact Officer name: Ashleigh Keeling Ext: 50832  
Lead Directorate: Health

- The ACT actively participates in national mental health initiatives regarding access, quality of services, and improved mental health outcomes.
- The ACT Health Directorate also works closely with the ACT's Primary Health Network to strengthen primary care services in regional areas of New South Wales which are closer to Canberra than Sydney or Melbourne.

Cleared as complete and accurate: 29/10/2018  
Cleared by: Executive Director Ext: 79143  
Information Officer name: Patrick Henry  
Contact Officer name: Ashleigh Keeling Ext: 50832  
Lead Directorate: Health

GBC18/821

**Portfolio/s:** Health and Wellbeing

**ISSUE: WARRANT EXECUTION ON ACT PREMISES**

**Talking points:**

- Following receipt of a complaint made to ACT Health, the Health Protection Service (HPS) has executed warrants on 17 premises linked to businesses in the ACT, between 30 August and 24 October 2018.
- These businesses have allegedly been advertising and supplying sport supplements, mainly used for body building. A variety of sports and other supplements were seized during the searches.
- These supplements can pose a significant public health risk when used inappropriately and without the guidance of a registered medical practitioner.
- The items of interest in this investigation have mainly been advertised for body building purposes. Some other items have been marketed as weight loss aids, sleeping aids or sexual enhancers. These items allegedly contain prescription only medicines and prohibited substances.
- ACT Health has published information for consumers and businesses on its website warning about the potential health risks associated with these supplements.

**Key Information**

- A media release was issued by the Chief Health Officer on Wednesday 31 October 2018 to warn the public about the dangers associated with these types of substances.
- The HPS will also release targeted communications through the fitness industry advising of the potential harms of these products and that these products need to be removed from sale.
- The HPS has published information on the ACT Health website to warn the public about the potential health risks associated with these supplements.

Cleared as complete and accurate:	16/11/2018	
Cleared by:	Chief Health Officer	Ext: 71781
Information Officer name:	Dr Paul Kelly	
Contact Officer name:	Conrad Barr	Ext: 54402
Lead Directorate:	Health	



- In late August 2018, ACT Health was notified by NSW of three overdoses in Queanbeyan, including one death, linked to weight-loss products , containing the highly toxic chemical 2,4-dinitrophenol (DNP). This product is marketed to the fitness and bodybuilding communities.
- In order to raise public awareness of the risks associated with products containing DNP, both NSW and ACT Health release of media statements.
- There is currently no evidence that the products involved in the NSW overdose cases have been sold from any of the businesses searched by HPS between August and October.

### Background Information

- The completion of the final set of warrants executed on 24 October 2018 means that all current known suppliers of these substances in the ACT have now been subjected to regulatory action.
- The items seized present a relatively low acute health risk. However several of the substances may be associated with long term health risks. Due to this lack of acute harms, a decision was made to delay public health alerts until the final warrants were served and illegal products were seized. This approach has minimised the ongoing availability of these products to the community, providing the best protection for the community's health.
- The ACT Government Analytical Laboratory (ACTGAL) is undertaking analysis of the seized substances which is likely to take several months to complete. Timeframe for completion of this analysis is dependent on development of analysis methods and complicated by the incompatibility of some of these compounds with standard analytical techniques.

Cleared as complete and accurate:	16/11/2018	
Cleared by:	Chief Health Officer	Ext: 71781
Information Officer name:	Dr Paul Kelly	
Contact Officer name:	Conrad Barr	Ext: 54402
Lead Directorate:	Health	

GBC18/821

**Portfolio/s:** Health and Wellbeing**ISSUE: MANAGEMENT OF HEALTH FRAMEWORKS AND PLANS****Talking points:**ACT Health Workforce Plan 2013-2018

- ACT Health Directorate and Canberra Health Services intend to review the Workforce Plan in the light of the new organisational responsibilities. The Workforce Plan remains current pending review.

Towards Culturally Appropriate and Inclusive Services: A Coordinating Framework for ACT Health 2014-2018

- This Framework remains current. It is now under review and a revised document is programmed for completion in early 2019.

ACT Chronic Conditions Strategy 2013-2018

- This Strategy aligns with the National Strategic Framework for Chronic Conditions. A new National Strategic Framework for Chronic Conditions 2017-18 was developed to help *“all Australians live healthier lives through effective prevention and management of chronic conditions”*. This Framework is a collaborative effort of all state and territory governments, including the ACT, and provides high level guidance so we can all work towards the delivery of a more effective and coordinated national response to chronic conditions. In addition to improving the health and wellbeing of all Australians, the Framework commits to the delivery of a sustainable health system that is responsive to the increasing burden of chronic conditions in Australia. The ACT Strategy remains current and will be reviewed in light of the new National Framework.

ACT Palliative Care Services Plan 2013-2017

- Work is progressing on a Model of Palliative Care 2017-21 for the ACT and region, which will replace the ACT Palliative Care Services Plan 2013-2017. The ACT Palliative Care Services Plan 2013-17 will remain in place pending implementation of the Model of Palliative Care.

Cleared as complete and accurate:	15/11/2018	
Cleared by:	Director-General	Ext: 50823
Information Officer name:	Leonie McGregor	
Contact Officer name:	Geraldine Grayland	Ext: 52976
Lead Directorate:	Health	

## Population Health Division Strategic Framework 2013-2017

- The Population Health Division Strategic Framework 2013-17 will be reviewed in light of the new organisation responsibilities.

Cleared as complete and accurate:	15/11/2018	
Cleared by:	Director-General	Ext: 50823
Information Officer name:	Leonie McGregor	
Contact Officer name:	Geraldine Grayland	Ext: 52976
Lead Directorate:	Health	

GBC18/821

**Portfolio/s:** Health and Wellbeing**ISSUE:** National Code of Conduct for Health Care Workers**Talking points:**

- The National Code of Conduct for health care workers (the Code) will be implemented in the ACT by the Assembly passing the *Human Rights Commission Amendment Act 2018*.
- The Code will protect the public by providing nationally agreed standards of conduct and practice for health care workers, and enables the Health Services Commissioner (the Commissioner) to investigate complaints and impose sanctions on those who breach the Code.
- The Code will cover workers who are not registered under the National Registration and Accreditation Scheme for health practitioners, as well as registered practitioners providing services unrelated to their registration (for example, a nurse practising as a herbalist or homeopath).
- The vast majority of health care workers practise in a safe, competent and ethical manner. However, it is important that there is a robust set of standards and regulations in place to guide practitioners and protect the community.
- Implementation of the Code will enable the Commissioner to investigate complaints and take action in circumstances where the community may be put at risk.
- The Code will be implemented by making amendments to the *Human Rights Commission Act 2005*.

**Key Information**

- In June 2013, the Standing Council on Health, the precursor to the COAG Health Council, agreed in principle to strengthen state and territory health complaints mechanisms, by implementing a single national code of conduct for unregistered health practitioners in each jurisdiction, a nationally accessible register of prohibition orders, and mutual recognition arrangements between states and territories to support national enforcement of the code.

Cleared as complete and accurate:	23/11/2018	
Cleared by:	Executive Director	Ext: 79143
Information Officer name:	Patrick Henry	
Contact Officer name:	Rowan Ford	Ext: 50454
Lead Directorate:	Health	

- National consultations were held in all states and territories the following year, in conjunction with local health departments, to seek public comment on the terms of a draft code. Over 100 submissions were received.
- A final document, the National Code of Conduct for Health Care Workers, was agreed by the COAG Health Council in 2015. The decision required each jurisdiction to enact new, or amend existing, legislation and regulations to implement the Code.
- The ACT has taken a considered and consultative approach to implementing the Code. ACT community consultation was conducted in August 2018, including targeted consultation to over 60 stakeholders outside government. Eight submissions were received. ACT Health, in consultation with the Health Services Commissioner and the Parliamentary Counsel's Office, determined that all issues raised were addressed by existing legislation and by the *Human Rights Commission Amendment Bill 2018*, and that no change to draft legislation was necessary.
- The Code has standards against which to assess a health care worker's conduct and practice in the event of a complaint or serious adverse event, including to:
  - provide health services in a safe and ethical manner;
  - have client consent before providing a health service;
  - not claim that they can cure cancer or other terminal illnesses;
  - not misinform clients about matters such as the efficacy of the service they are providing or their qualifications;
  - provide accurate advice;
  - not exploit their clients, either through financial or sexual misconduct;
  - mitigate harm to the client if an adverse event occurs in connection with the health service they are providing;
  - control infection and taking appropriate action when they have been diagnosed with a transmissible medical condition;
  - not practise while under the influence of intoxicating or unlawful substances;
  - seek advice about how, or whether, they should provide a health service if they have a physical or mental impairment, disability, condition or disorder (including an addiction);
  - comply with privacy laws, keep records and have appropriate insurance;
  - report concerns about the conduct of another health care worker if they believe they have put a client at risk or failed to comply with the Code; and
  - display the code and information about making a complaint on their premises, where clients can easily see it.

Cleared as complete and accurate: 23/11/2018  
Cleared by: Executive Director Ext: 79143  
Information Officer name: Patrick Henry  
Contact Officer name: Rowan Ford Ext: 50454  
Lead Directorate: Health

- The National Code is designed as a ‘light touch’ regulatory system, which does not restrict entry to unregistered health care workers practising their professions or require them to be registered.
- It is a ‘negative licensing’ scheme, which enables action to be taken against an unregistered health care worker who fails to comply with proper standards of conduct or practice and places the community at risk.
- The Commissioner will be able to:
  - receive and investigate complaints about a breach of the Code;
  - issue interim orders prohibiting a health care worker from providing a health service or setting conditions on that service, of up to eight weeks, while they are conducting an investigation;
  - issue public warnings during an investigation to alert the public early in relation to risks of particular health treatments and providers;
  - issue final prohibition and condition orders, and to make public statements about a health care worker who is subject to an order following an investigation; and
  - enforce an order issued in another state or territory where that prohibition order corresponds (or substantially corresponds) to the type of prohibition order that can be made in the ACT.
- Before the Commissioner makes an order, they must find that the health care worker has breached the Code and poses a serious risk to the health and safety of members of the public.
- Any investigation would be conducted under the principle of natural justice, and decisions will be reviewable by the ACT Civil and Administrative Tribunal (ACAT).
- The Bill will also establish offence provisions for any person who does not comply with an order.
- The Commissioner is able to vary or cancel a prohibition or condition order, and must keep a public register.

Cleared as complete and accurate:	23/11/2018	
Cleared by:	Executive Director	Ext: 79143
Information Officer name:	Patrick Henry	
Contact Officer name:	Rowan Ford	Ext: 50454
Lead Directorate:	Health	

GBC18/821

**Portfolio/s:** Health and Wellbeing

**ISSUE: HYDROTHERAPY POOL**

## Talking Points

- The University of Canberra Hospital (UCH) in Bruce features a new, state-of-the-art hydrotherapy pool that will provide enhanced services and convenience for people. The pool opened on 23 July 2018.
- The UCH hydrotherapy pool has had 748 patient occasions of service between 23 July 2018 and 13 November 2018.
- Canberra Health Services' Hydrotherapy Service has been transferred from Canberra Hospital to UCH.
- It has always been the ACT Government's intention to fully transition all rehabilitation services to the new facility in Bruce.
- Bringing all of ACT Health's rehabilitation staff and facilities together in one place will result in better outcomes for patients and the community.
- The Canberra Hospital pool will continue to be available for use through to 30 June 2019, for existing users and the Arthritis Foundation. During this period, I have asked ACT Health to work with Arthritis ACT to look at alternative options to support hydrotherapy in the South of Canberra.
- The Stromlo Leisure Centre, scheduled for completion in early 2020, will have a multi-purpose program pool. This pool is heated to over 31°C and be 20 metres x 10 metres in size. The facility will cater for some types of aquatic based hydrotherapy.
- On 22 October 2018 I wrote to the Speaker to clarify the record regarding evidence to the Select Committee on Estimates on the description of the pool at the Stromlo Leisure Centre being a 'Hydrotherapy Pool'. This letter was subsequently tabled in the Assembly on 23 October 2018 by the Speaker.

Cleared as complete and accurate:	30/10/2018	
Cleared by:	Deputy Director-General	Ext: 52248
Information Officer name:	Karen Doran	
Contact Officer name:	Brad Burch	Ext: 72385
Lead Directorate:	Health	

**Key Information**

- The new hydrotherapy 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.
- Arthritis ACT and the Cerebral Palsy Association are current users of the Canberra Hospital hydrotherapy pool, Arthritis ACT offering their members 11 sessions per week and the Cerebral Palsy Association offering their members two sessions per week.
- ACT Health has agreed to continue to give Arthritis ACT access to the hydrotherapy pool at Canberra Hospital until 30 June 2019. Discussions are ongoing regarding alternative options to support hydrotherapy in the South of Canberra.
- ACT Health is committed to working closely with Arthritis ACT to ensure a transition of services to UCH and alternative options in the South of Canberra, is smooth and as seamless as possible.
- Arthritis ACT have also been offered and have accepted sessions at the UCH hydrotherapy pool from 23 July 2018. A separate Access Agreement has been signed to support this.
- A stand alone Hydrotherapy is heated to 33°C.

**Background Information**

- Furthermore the hydrotherapy pool and associated space at Canberra Hospital is nearing end-of-life, and ideally is not sustainable to keep it open beyond 30 June 2019.
- ACT Health has a Service Funding Agreement with AACT for the period 2016 – 2019, to provide educational programs and information sessions on self-management, as well as supervised hydrotherapy sessions.

Cleared as complete and accurate: 30/10/2018  
Cleared by: Deputy Director-General Ext: 52248  
Information Officer name: Karen Doran  
Contact Officer name: Brad Burch Ext: 72385  
Lead Directorate: Health



- There are a number of private hydrotherapy pools on the south side, but they are costly and/or their pool temperatures are lower than the temperature of the pool at Canberra Hospital. The optimal temperature for hydrotherapy is 33 degrees Celsius or greater. See list below.

Private hydrotherapy pools (heated to 33°C or greater):

South side	North side
Hughes Hydro	Club MMM, CISAC Bruce
Kings Calwell	Private Hydrotherapy Pool, Dickson,
Kings Swim, Deakin	Kings Swim, Majura Park
Calvary John James Pool, Deakin	

ACT Government schools with hydrotherapy facilities (heated to 33°C or greater):

South side	North side
Malkara Special School, Garran	Black Mountain Special School, O'Connor
	Turner School

Cleared as complete and accurate: 30/10/2018  
 Cleared by: Deputy Director-General Ext: 52248  
 Information Officer name: Karen Doran  
 Contact Officer name: Brad Burch Ext: 72385  
 Lead Directorate: Health

GBC18/821

**Portfolio/s:** Health & Wellbeing

**ISSUE: INFLUENZA SEASON**

**Talking points:**

- The influenza season for 2018 has ended, with current influenza activity in the ACT returning to background levels.
- Overall, influenza activity in 2018 has been well below activity in previous years, which is likely due, at least in part, to higher uptake of influenza vaccines.
- Between 1 January and 11 November 2018, there were 438 notifications of influenza reported to ACT Health compared to 3,060 notifications during the same time period in 2017.
- The Immunisation Section at the Health Protection Service (HPS) had delivered more vaccines this year than for the 2017 influenza season. Over 90,000 vaccines have been distributed in 2018, compared with 57,000 for 2017.
- In 2018, two new vaccines specifically for people aged over 65 years of age were funded through the NIP. The new vaccines are expected to illicit a stronger immune response in this age group. ACT Health Directorate has distributed enough of these vaccines for 85 per cent of people aged 65 years and over to be immunised.
- In 2018, the ACT Government funded flu vaccines for all children under five years of age. Based on the Australian Immunisation Register data, vaccination of children under five years is also much higher in 2018 compared to previous years. As of 20 September, 47 per cent of the ACT's children aged 6 months to under 5 years received at least one dose of the flu vaccine this season. This compares to five per cent vaccination coverage for this age group at the end of 2017. Current national data shows that as of 30 June 2018, ACT was leading the nation in influenza vaccine coverage among non-Indigenous children under five years and was above the

Cleared as complete and accurate: 22/11/2018  
Cleared by: Executive Director Ext: 54402  
Information Officer name:  
Contact Officer name: Conrad Barr Ext: 54402  
Lead Directorate: Health

national average for Indigenous children under five years.

- Influenza is highly contagious, so individuals that are unwell should try to avoid spreading the infection to others. If you are unwell you can do this by seeking medical care and taking necessary precautions such as hand and cough hygiene and absenting yourself from public places such as school or work.
- Influenza is generally self-limiting and symptoms will resolve on their own with rest. If concerned, individuals can seek medical advice from their GP, ACT Health Walk-in-Centres or healthdirect Australia on 1800 022 222.

Cleared as complete and accurate: 22/11/2018  
Cleared by: Executive Director Ext: 54402  
Information Officer name:  
Contact Officer name: Conrad Barr Ext: 54402  
Lead Directorate: Health

GBC18/821

**Portfolio/s:** Health & Wellbeing

**ISSUE: TERRITORY WIDE HEALTH STRATEGIES**

**Talking points:**

- ACT Health is developing an overarching Strategic Framework which provides a common vision and direction for the range of strategies and plans that inform the future work program in ACT Health.
- The vision is to provide a high performing, safe health system with the primary focus being person-centred care.
- The system wide strategic goals of access, accountability and sustainability are the pillars that align the strategies and plans to the vision. The intent of each strategy or plan is summarised in the Framework.
- Consultation has occurred with the Executives responsible for each strategy and their feedback has been incorporated into the document.
- The Territory-wide Health Services Advisory Group has also provided input into the development of this document.
- The key strategies and plans that are described in the Strategic Framework include:
  - Territory-wide Health Services Strategy (formerly Framework)
  - Digital Health Strategy
  - Quality Strategy
  - Workforce Strategy
  - ACT Preventive Health and Wellbeing Plan
  - ACT Regional Mental Health and Suicide Prevention Plan
  - Performance, Reporting and Data Management Strategy
  - Research Strategy

Cleared as complete and accurate:	22/10/2018	
Cleared by:	Deputy Director-General	Ext: 52439
Information Officer name:	Leonie McGregor	
Contact Officer name:	Leonie McGregor	Ext: 52439
Lead Directorate:	Health	

- The Strategic Framework has been developed in line with new branding guidelines. This has resulted in the requirement for the strategies and plans underneath it to also be redesigned to conform with the branding guidelines.
- A tentative launch date of February 2019 has been indicated for the finalisation of this work.

Cleared as complete and accurate: 22/10/2018  
Cleared by: Deputy Director-General Ext: 52439  
Information Officer name: Leonie McGregor  
Contact Officer name: Leonie McGregor Ext: 52439  
Lead Directorate: Health

GBC18/821

**Portfolio/s:** Health and Wellbeing

**ISSUE: CHEMOTHERAPY CO-PAYMENTS**

**Talking points:**

- On 4 July 2018, the Chief Minister announced that the ACT Government would meet the costs of co-payments for chemotherapy for cancer, and that patients would no longer be directly charged.
- From 6 August 2018, ACT Health (now 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.
  - There were some initial administrative issues with processing the cost of oral chemotherapy medication in public hospitals between 6 August 2018 and 23 October 2018. These issues are now resolved.
- Public patients, who were treated for cancer and invoiced for chemotherapy medication dispensed in one of the ACT's public hospital pharmacies between 6 August and 23 October 2018, are encouraged to make contact with Canberra Health Services.
- The Government acknowledges there are challenges covering the co-payment for oral chemotherapy medications dispensed through community pharmacies and is continuing to investigate options to cover the cost of co-payments that occur outside the ACT public hospital setting. This includes on-going discussions with the Pharmacy Guild of Australia concerning how to facilitate covering the cost of co-payments for patients receiving oral chemotherapy dispensed in the community pharmacies.

Cleared as complete and accurate:	23/11/2018	
Cleared by:	Deputy Director-General	Ext: 52439
Information Officer name:	Leonie McGregor	
Contact Officer name:	Inez Nimpuno	Ext: 54802
Lead Directorate:	Health	

## Background Information

- The ACT Government's chemotherapy scheme was initially implemented to cover the cost of chemotherapy medication co-payments for infusible and injectable medications only.
- Historically, all oral chemotherapy medication for cancer patients dispensed from ACT public hospitals attracted a co-payment paid by the patient. As a result, patients have been receiving invoices for oral chemotherapy medications.
- Canberra Health Services has indicated it will reimburse patients who have received an invoice from hospital pharmacies for oral chemotherapy. This will apply from 6 August 2018 to align with the commencement of the injectable and infusible medication already covered under the chemotherapy scheme.

Cleared as complete and accurate: 23/11/2018  
Cleared by: Deputy Director-General Ext: 52439  
Information Officer name: Leonie McGregor  
Contact Officer name: Inez Nimpuno Ext: 54802  
Lead Directorate: Health

GBC18/821

**Portfolio/s:** Health and Wellbeing

**ISSUE: INTENSIVE CARE UNIT**

**Talking Points**

- Across Australia, hospitals experience pressures and unexpected demand on intensive care units from time to time.
- Canberra Hospital is not immune to this and also experiences periods of unusually high demand in its Intensive Care Unit (ICU).
- ACT Health Directorate and Canberra Health Services (CHS) have systems that are in place to manage the demand.
- This includes rostering additional staff to ensure clinically safe staff-to-patient ratios.
- Canberrans can be assured that should they or a loved one require urgent treatment they will receive it.
- During periods of unexpected demand, patients presenting to Canberra Hospital's Emergency Department will continue to be assessed and treated as per normal.
- Canberra Hospital has well established systems and processes in place to appropriately manage periods of high demand.
- ACT Health Directorate and Canberra Health Services are jointly examining the source of the demand and will use this information to build a future proofed strategy that encompasses a territory-wide approach to acute care services.

**Background**

- A period of unusually high demand in the ICU at Canberra Hospital was experienced in the week of 22 October 2018.

Cleared as complete and accurate:	15/11/2018	
Cleared by:	Director-General	Ext: 49400
Information Officer name:	Michael De'Ath	
Contact Officer name:		Ext:
Lead Directorate:	Health	



- Actions taken to manage the demand included:
  - Rostering additional staff to ensure clinically safe staff-to-patient ratios
  - One ED patient requiring ICU destination was transferred to Calvary Hospital on 25 October 2018.
  - One elective surgical procedure was postponed on 25 October 2018.
  - Clinically safe Coronary Care Unit (CCU) patients were also transferred to Calvary Hospital.
  - Clinically safe ICU patients were decanted to the CCU.
  - CHS commenced bypass for non-urgent cases.
- Two patients were transferred to Sydney for specialists burns treatment.
- There were no adverse patient outcomes as a result of the high demand.

Cleared as complete and accurate: 15/11/2018  
Cleared by: Director-General Ext: 49400  
Information Officer name: Michael De'Ath  
Contact Officer name: Ext:  
Lead Directorate: Health

GBC18/821

**Portfolio/s:** Health & Wellbeing**ISSUE: ACT HEALTH STAFF CULTURE SURVEY****Talking points:**

- Culture is complex and dynamic, particularly in large health care organisations such as ACT Health. Over many years ACT Health has been closely monitoring its workplace culture and utilising a range of methods drawn from best practice to encourage respectful and supportive environments for staff and patients.
- ACT Health's Quality Strategy 2018-2028 was officially launched in March 2018. The Strategy supports the delivery of person-centred, safe and effective care, through three key enablers – Culture, Leadership and Communication. The inclusion of culture as a key enabler will further strengthen the implementation of the Strategy.
- Given the ACT Government's decision to create two organisations from October 2018, as well as the need to address other key organisational challenges, culture development is a central area of focus. Key actions focusing on leadership, values and engagement are being planned and implemented.
- Building a cohesive senior leadership team is critical to improved workplace culture in both organisations. Since July 2018, the Director-General, Deputy Directors-General and Executive Directors have participated in a number of high level workshops to discuss culture improvement, refreshing organisational vision, values based behaviours and leading staff through the organisational transition.
- The findings and recommendations of the independent review into ACT Health's culture announced on 10 September 2018 will help inform the content of the next Staff Culture Surveys for both organisations.
- The next Staff Culture Survey for each organisation is intended to be held six months after the organisational structures of both organisations are well established.

Cleared as complete and accurate: 15/10/2018

Cleared by: Executive Director

Ext: 70790

Information Officer name: Julie Nolan

Contact Officer name: Jess Palazzo

Ext: 50832

Lead Directorate: Health

GBC18/821

**Portfolio/s:** Health and Wellbeing

**ISSUE: ACT HEALTH ATTRACTION AND RETENTION INCENTIVES (ARIns)  
AND SPECIAL EMPLOYMENT ARRANGEMENTS (SEAs).**

**Talking points:**

- There are currently 321 staff in ACT Health and Canberra Health Services covered by Attraction and Retention Incentives (ARIns) and Special Employment Arrangements (SEAs).
- This represents an increase of 39 from July 2017, primarily as a result of a group ARIn being offered to psychiatrists to address recruitment and retention issues.
- Total expenditure on ARIns/SEAs in 2017-18 was 18.7 million, the vast majority of which went to doctors and other health professionals.
- All ARIns are subject to annual review. That review process is ongoing, with particular emphasis on senior medical staff owing to the complexity and extent of arrangements for this group.

**Key Information**

- The outcomes of the ARIn review as it pertains to senior medical staff is currently being reviewed by the Interim Chief Executive Officer, Canberra Health Services.
- Of the 321 staff on ARIns/SEAs, 311 are in Canberra Health Services, with the remaining 10 in the Health Directorate.

Cleared as complete and accurate:	30/10/2018	
Cleared by:	Executive Director	Ext:51086
Information Officer name:	Janine Hammat	
Contact Officer name:	Steven Linton	Ext:75569
Lead Directorate:	Health	

GBC18/821

**Portfolio/s:** Health & Wellbeing**ISSUE: PUBLIC INTEREST DISCLOSURES AND PRELIMINARY ASSESSMENTS****Talking points:**

- All requests under the *Public Interest Disclosure Act 2012* (PID Act) are coordinated and recorded centrally by the Professional Standards Unit, of the Chief Minister, Treasury, and Economic Development Directorate.
- If either Canberra Health Services or the ACT Health Directorate receive a complaint from an employee, they are obligated to conduct a preliminary assessment as per the relevant Enterprise Agreement.
- A preliminary assessment is not a formal investigation, it is a means of determining if, and how, to proceed with a complaint.
- A preliminary assessment may or may not result in an investigation.
- Complaints regarding individuals are private matters dealt with by either Directorate, and I am unable to disclose any information, as to do so would be in breach of my obligations in the *Information Privacy Act 2014*.

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**[ if asked how many PIDs are currently active in Canberra Health Services ]**

Canberra Health Services is currently dealing with one submission under the PID Act. The delegate for Canberra Health Services is managing this submission to ensure that all the requirements set out in the PID Act are met.

**[ if asked about the PID in Imaging ]**

I am unable to divulge any information about specific PIDs, as to do so would be an offence under section 44 of the PID Act.

Cleared as complete and accurate: 16/10/2018  
Cleared by: Executive Director Ext: 51086  
Information Officer name: Janine Hammat  
Contact Officer name: Janine Hammat Ext: 51086  
Lead Directorate: Health

**[ if asked about Canberra Health Services' handling of the Imaging PID ]**

PIDs are handled by the relevant ACT public sector entity (be that an administrative unit, such as a directorate, or otherwise) under the PID Act with advice from appropriate sources

**[ if asked are there complaints regarding the Director Medical Imaging ]**

Complaints regarding individuals are private matters dealt with by the directorate, and I am unable to disclose any information about any such complaint because of the operation of the *Information Privacy Act 2014*.

**[ if asked questions about the selection process for Director Medical Imaging ]**

I am unable to divulge any information about that issue, as to do so would breach my obligations under the *Information Privacy Act 2014* and may also be an offence under other Territory legislation.

Cleared as complete and accurate:	16/10/2018	
Cleared by:	Executive Director	Ext: 51086
Information Officer name:	Janine Hammat	
Contact Officer name:	Janine Hammat	Ext: 51086
Lead Directorate:	Health	

GBC18/821

**Portfolio/s:** Health and Wellbeing

**ISSUE: NURSES AND MIDWIVES: TOWARDS A SAFER CULTURE**

**Talking points:**

- Consultation on the Nurses and Midwives: Towards a Safer Culture Strategy has occurred to improve the safety of front-line nurses and midwives as they carry out their important health care role with our community and reduce the risks of harm in the workplace. Nurses and midwives and ACT Health employees were consulted and provided opportunities to give feedback.
- Three separate rounds of consultations were undertaken.
- A series of initiatives will be adopted, including:
  - Promoting a workplace culture of respect and empowerment;
  - Developing preventative workplace strategies, which will include adequate staffing levels and support;
  - Strengthening risk assessment practices;
  - Improving incident reporting systems, data collection and feedback;
  - Developing and reviewing dedicated staff education; and
  - Implementing an awareness campaign.
- A further round of staff consultation has occurred to further inform the Strategy.
- The Australian Nursing and Midwifery Federation (ANMF) has been involved in the consultation process.
- The Discussion Paper, Strategy and Implementation Plan have been finalised.
- The documents have been sent to Communication and Marketing for branding.

Cleared as complete and accurate: 06/11/2018  
Cleared by: Deputy Director-General Ext: 42147  
Information Officer name: Dr Marg McLeod  
Contact Officer name: Danielle Rutter Ext: 76772  
Lead Directorate: Health

TRIM Ref: GBC18/821

- They will be presented to both the Minister for Health and Wellbeing and the Minister for Mental Health in November.

### Key Information

- The project to prevent and manage workplace aggression and violence towards nurses and midwives concluded in March 2018, and a Report was forwarded to the Minister for Health and Wellbeing for consideration.
- Detailed feedback from the Minister highlighted a number of deficits in the Report that require further development, including but not limited to the need for further consultation with the ANMF, safety culture considerations, system issues with data reporting and analysis, tools for assessment, mental and physical stress issues, development of an implementation plan, and governance considerations for the Territory.
- A senior project officer was appointed to develop an action plan addressing all elements of the Ministerial feedback and comments from the ANMF.
- Further high level consultation has occurred with the ANMF, Workplace Safety, the Communication and Stakeholder Engagement team and the ACT Chief Nursing and Midwifery Officer to progress issues including the project Implementation Plan.
- A suite of documents have been developed including a Discussion Paper, Strategy and an Implementation Plan.
- The suite of documents will be presented to Minister for Health and Wellbeing and the Minister for Mental Health for consideration and endorsement.

Cleared as complete and accurate: 06/11/2018  
Cleared by: Deputy Director-General Ext: 42147  
Information Officer name: Dr Marg McLeod  
Contact Officer name: Danielle Rutter Ext: 76772  
Lead Directorate: Health

TRIM Ref: GBC18/821

GBC18/821

**Portfolio/s:** Health and Wellbeing

**ISSUE: SENIOR MANAGEMENT CHANGES AT CALVARY**

**Talking points:**

- A new organisational structure for Calvary will see both public and private hospitals on the Bruce site report to a single Chief Executive, rather than separate Executives.
- Ms Barbara Reid commenced as the Chief Executive for the Australian Capital Territory (ACT) on 3 August 2018.
- Robust governance arrangements are in place for funding public health services delivered by Calvary, to ensure accountability and transparency of funding arrangements.

**Key Information**

The Canberra Times published an article on this issue on 22 July 2018 raising these points:

- A new organisational structure will see both the public and private hospitals on the Bruce site report to a single Chief Executive, rather than separate Executives.
- This restructure follows similar changes taking place at other Calvary owned facilities in NSW, Victoria, Tasmania and SA.
- The management changes at Calvary hospital in the ACT came into effect on 3 September 2018, with an eight week transition period taking place.
- The changes to management is not expected to impact upon inpatient services at the hospital.
- Calvary's Deputy Chief Executive Officer, Mr Matt Hanrahan said Calvary funding from the ACT Government will not go towards operations in the private hospital.
- Public health and hospital services at CPHB, including the emergency department, will be unaffected.
- Palliative care services at Clare Holland House will also be unaffected by the management changes.
- Territory funding will only be used for public health and hospital services.

Cleared as complete and accurate:	24/10/2018	
Cleared by:	Deputy Director-General	Ext:52248
Information Officer name:	Karen Doran	
Contact Officer name:	Jacob Fell	Ext:76230
Lead Directorate:	Health	



GBC18/821

**Portfolio/s:** Health and Wellbeing**ISSUE:           AUDITOR-GENERAL REPORT NO. 9/2018 – ACT HEALTH’S  
MANAGEMENT OF ALLEGATIONS OF MISCONDUCT AND  
COMPLAINTS ABOUT INAPPROPRIATE WORKPLACE BEHAVIOUR****Talking points:**

- On 2 August 2018, the ACT Auditor-General released Report No. 9/2018 – ACT Health’s management of allegations of misconduct and complaints about inappropriate workplace behaviour.
- The Minister for Health and Wellbeing, the Director-General of the Health Directorate and I have made numerous public statements since in relation to this matter, reiterating that the ACT Government has zero tolerance for bullying and that there are safe and respectful pathways available to people wishing to raise concerns about bullying within ACT directorates. The Health Directorate and the Canberra Health Service have a range of measures in place to support staff, including:
  - Training programs to educate staff on respectful workplace behaviours, how to raise concerns about inappropriate behaviour and educate managers on how to manage complaints of inappropriate behaviour.
  - Avenues for staff to raise incidents of bullying and harassment, which include raising concerns with their Senior Manager, People and Culture (HR) Employee Services Unit and through the electronic internal incident reporting mechanism.
  - An established network of over 101 Respect Equity and Diversity (RED) Contact Officers for all professions.
  - Rigorous processes for investigating bullying appropriately and independently in line with the requirements of ACT Health Enterprise Agreements and the *Public Sector Management Act 1994*, to which all ACT Health and ACT Government employees are required to adhere.

Cleared as complete and accurate: 31/10/2018  
Cleared by: Executive Director Ext: 51086  
Information Officer name: Janine Hammat  
Contact Officer name: Jim Tosh Ext: 50006  
Lead Directorate: Health

TRIM Ref: GBC18/821

- Ensuring the employee against whom the allegation has been made is afforded their right to natural justice and procedural fairness in the process.
- Existing investigative processes, which still have their place for more serious matters, are often of limited assistance for interpersonal disputes in the workplace.
- Due to privacy obligations and procedural fairness, the complainant will not be informed of the outcome and sanction taken against the other individual. And investigative processes do not often deal with the relationships, but only find fact as to what has occurred.
- Where these processes fail, then there will evidently be existing processes for raising these matters internally, and potentially escalating to an investigation in accordance with the relevant enterprise agreement.
- Canberra Health Service is working on a number of short and medium term strategies and actions to shift the focus from formal investigative processes to early intervention and alternative dispute resolution, with the intention to recast existing frameworks in a way that results in a more connected approach to employee behavior and positive workplace culture, including:
  - The introduction of an Employee Advocate function, reporting directly to the CEO of the Canberra Health Service. This role will assist employees in the resolution of their workplace issues, by assisting with resolution through alternative dispute resolution mechanisms in the first instance. This role will be advertised in December 2018;
  - Modifying existing Preliminary Assessment process for bullying and interpersonal disputes to prioritise early intervention and alternative dispute mechanisms, including mediation and facilitated conversations;
  - Utilising the REDCO network to assist with the introduction of this new approach;
  - An external and trusted avenue for employees of the ACT Health Directorate and the Canberra Health Service on bullying matters.

Cleared as complete and accurate: 31/10/2018  
Cleared by: Executive Director Ext: 51086  
Information Officer name: Janine Hammat  
Contact Officer name: Jim Tosh Ext: 50006  
Lead Directorate: Health

TRIM Ref: GBC18/821

## Key Information

- The report contained three recommendations, two for which ACT Health has responsibility. These recommendations were as follows:
  - Recommendation 1: ACT Health should implement training for executives and managers for the handling of allegations of potential breaches of the ACT Public Sector Code of Conduct. This training should include:
    - Managing and documenting the conduct of preliminary assessments;
    - The need to fully consider options available prior to proceeding with a misconduct investigation (eg. Underperformance management); and
    - Processes for managing and documenting allegations of breaches of the ACT Public Sector Code of Conduct.
  - Recommendation 3: ACT Health should implement awareness training for Executives and Managers to reinforce requirements for receiving, documenting and managing reports of inappropriate workplace behaviours.
- In relation to both Recommendations 1 and 3: ACT Health have trained 206 managers in undertaking Preliminary Assessments, throughout the course of the 2017/18 financial year. ACT Health now reports higher Preliminary Assessment completions than any other Directorate, according to preliminary figures for the State of the Service Report.
- The *'Addressing Workplace Issues – Preliminary Assessment for Managers'* training, has increased our managers' understanding of their legal obligations under the Enterprise Agreements to conduct preliminary assessments to address bullying complaints. The skills based component of the workshop provides managers with the skills for conducting a preliminary assessment, and appropriately documenting and reporting such matters.
- ACT Health is also currently reviewing the Preliminary Assessment training to reflect the new early intervention and Alternative Dispute Resolution mechanisms

Cleared as complete and accurate: 31/10/2018  
Cleared by: Executive Director Ext: 51086  
Information Officer name: Janine Hammat  
Contact Officer name: Jim Tosh Ext: 50006  
Lead Directorate: Health

TRIM Ref: GBC18/821

GBC18/821

**Portfolio/s:** Health and Wellbeing

**ISSUE: CLINICAL LEADERSHIP ROLES AND THE RECRUITMENT OF A CHIEF MEDICAL OFFICER**

**Talking points:**

- The ACT Chief Medical Officer position was advertised as a six month temporary contract on 15 November 2018, with applications closing on 29 November 2018. A long term recruitment process will commence in late 2018, early 2019.
- On 16 July 2018, the Office of Professional Leadership was created within Health Policy and Strategy division of ACT Health, aligning the reporting lines for the professional leadership roles of Chief Medical Officer (CMO), Chief Nursing and Midwifery Officer (CNMO), and Chief Allied Health Officer (CAHO).
- The Office of Professional Leadership has a critical role in fostering a high performance culture through the ACT Health system by creating an environment for consistent, high quality clinical standards and multi-disciplinary collaboration.

The Office plays a key role in:

- Identifying trends in the delivery of health services and workforce across the ACT
- Encouraging leadership and strategic direction for the clinical workforce
- Collaborating with other areas that lead whole of ACT health strategy and planning functions, both within the Health Directorate, Canberra Health Services
- Leading and maintaining high professional standards, recruitment and education required under the National Registration and Accreditation Scheme (NRAS)

Cleared as complete and accurate:	15/11/2018	
Cleared by:	Director-General	Ext: 50823
Information Officer name:	Leonie McGregor	
Contact Officer name:	Geraldine Grayland	Ext: 52976
Lead Directorate:	Health	

- Providing expert, strategic, timely advice on emerging issues at the local, state, national and international levels; and develops policies and initiatives which support the delivery of health priorities and achievement of government health objectives
- Guiding and promoting research and continuous improvement of professional practice
- Representing the Territory on relevant national forums.
- On 1 October 2018, the reporting lines for the CMO, CNMO and CAHO were aligned to the Deputy Director-General, Health Systems Policy and Strategy within the ACT Health Directorate.

### Clinical Leadership Roles – ACT Health Directorate

- The Chief Medical Officer (CMO) is responsible for the provision of professional and strategic leadership for the medical professions within ACT Health, Canberra Health Services and across the Territory, and for collaborating and providing advice to the ACT Government regarding medical matters. The position is responsible for assisting in the delivery of workforce reforms, workforce planning, professional education, and for strengthening and developing medical services through innovative models of care and service delivery. The position represents the ACT Government, and ACT Health system at national forums and is instrumental in ensuring the future capability of the medical profession.
- The Chief Nursing and Midwifery Officer (CNMO) is responsible for the provision of professional and strategic leadership for the nursing and midwifery professions within ACT Health, Canberra Health Services and across the Territory, and for collaborating and providing advice to the ACT Government regarding nursing and midwifery related matters. The position is responsible for assisting in the delivery of workforce reforms, workforce planning, professional education, and for strengthening and developing nursing and midwifery services through innovative models of care and service delivery. The position represents the ACT Government, and ACT Health system at national forums and is instrumental in ensuring the future capability of the nursing and midwifery profession.

Cleared as complete and accurate:	15/11/2018	
Cleared by:	Director-General	Ext: 50823
Information Officer name:	Leonie McGregor	
Contact Officer name:	Geraldine Grayland	Ext: 52976
Lead Directorate:	Health	

- The Chief Allied Health Officer (CAHO) is responsible for the provision of professional and strategic leadership for the allied health professions within ACT Health, Canberra Health Services and across the Territory, and for collaborating and providing advice to the ACT Government regarding allied health matters. The position is responsible for assisting in the delivery of workforce reforms, workforce planning, professional education and for strengthening and developing allied health services through innovative models of care and service delivery.

### Difference Between Roles – ACT Health Directorate and Canberra Health Services

- The CMO previously had hospital based operational responsibilities for supervision and provision of clinical services. These responsibilities are now managed by the Director of Medical Services in addition to other responsibilities such as GP and Primary Health, Health Technology Management, Medical Imaging, Pharmacy and Pathology. This in keeping with operating models in other states and jurisdictions.
- The CMO role is responsible for developing a collaborative and strategic approach to medicine for the ACT and at a national level. The role is responsible for setting the strategic, professional and workforce oriented agenda for medicine in the ACT including the creation and maintenance of effective clinical governance policy in relation to medicine and continuous improvement of medical practice to improve clinical and health system outcomes and drive system wide improvement.
- The CNMO role previously combined the role of Chief Nurse, which is a hospital based, operational role; with that of the CNMO which is a territory wide, professional leadership role. The CNMO role is no longer responsible for the hospital based aspects of the position allowing it to focus on strategic workforce and professional matters across the territory. The two roles will work closely together to ensure consistency of professional practice and standards.

Cleared as complete and accurate:	15/11/2018	
Cleared by:	Director-General	Ext: 50823
Information Officer name:	Leonie McGregor	
Contact Officer name:	Geraldine Grayland	Ext: 52976
Lead Directorate:	Health	

- The Chief Nurse is an operational role providing professional supervision and direction to nursing and midwifery staff. The Chief Nurse will focus on matters such as rostering and resourcing for Canberra Health Services, implementation of quality and safety improvement programs, management of nursing and ward support services.
- Having the CMO, CNMO and CAHO together in one functional area helps to promote multi-disciplinary and integrated health care across the ACT health system.

### Resignation of Dr Fletcher

- Chief Medical Officer (CMO) Dr Jeffery Fletcher, has made the decision to resign from ACT Health and Canberra Health Services.
- I am unable to comment on an employee's personal situation. Dr Fletcher's decision to move on from ACT Health is a matter for him, and I respect his decision.
- The CMO position is an important clinical leadership role across the ACT Health system.
- The recruitment process to appoint a CMO will commence as soon as possible.
- The CMO will be finishing with Health in late November, and arrangements for an interim CMO will be put in place at that time.
- I wish Dr Fletcher the very best in his future endeavours and thank him for the valuable contribution he has made to ACT Health.

Cleared as complete and accurate:	15/11/2018	
Cleared by:	Director-General	Ext: 50823
Information Officer name:	Leonie McGregor	
Contact Officer name:	Geraldine Grayland	Ext: 52976
Lead Directorate:	Health	

GBC18/821

**Portfolio/s:** Health and Wellbeing

Health and Wellbeing

**ISSUE: ACT HEALTH SUMMIT: RESEARCH, TEACHING AND TRAINING**

**Talking points:**

- Leaders from the ACT Health Directorate and Canberra Health Services met on 13 November 2018 with leaders from Canberra's tertiary education and research sectors for the ACT Health Summit: Research, Teaching and Training.
- The Summit was hosted by the ACT Health Directorate in partnership with the Australian National University (ANU) and the University of Canberra (UC).
- The purpose of the Summit was to bring together leaders and decision makers to agree on a clear path for working together on shared priorities that will improve the health and wellbeing of the Canberra community.
- The Summit was successful in developing a stronger and more collaborative relationship between research, tertiary education and health service sectors in the ACT, with attendees from the local health and education sectors and consumer representatives setting a new direction for the ACT health system.
- Participants endorsed a vision for a renewed collaboration that will focus on:
  - collaboration, complementary strengths, interdependency and synergy
  - in research, education and through joint action to improve community health
  - the opportunity for improvement in patient care, innovation and excellence
  - attraction and retention of the workforce we want
  - all to become leaders in the Australian health and healthcare landscape.

Cleared as complete and accurate:	18/01/2018	
Cleared by:	Deputy Director-General	Ext: 49180
Information Officer name:	Leonie McGregor	
Contact Officer name:	Geraldine Grayland	Ext: 52976
Lead Directorate:	Health	



- The Summit demonstrated that the ACT is well positioned to draw upon the extensive local expertise and knowledge that is already at our doorstep in the local medical, health, research and education and training sectors. As the stewards of the ACT public health system, the ACT Health Directorate will lead the outcomes of the Summit and drive them forward in close collaboration with the ANU and UC.

### Key Information

The following outcomes were agreed at the Summit:

- All parties share the intention to work together in health research, education and on joint priority endeavours that will improve the health of both Canberrans and people in the surrounding regions of NSW.
- A new governance structure (or structures) to oversee the design and implementation of all of these initiatives.

Cleared as complete and accurate:	18/01/2018	
Cleared by:	Deputy Director-General	Ext: 49180
Information Officer name:	Leonie McGregor	
Contact Officer name:	Geraldine Grayland	Ext: 52976
Lead Directorate:	Health	

GBC18/821

Portfolio/s Health & Wellbeing

**ISSUE: CONSULTANCY CONTRACTS LED BY ACT HEALTH**

**Talking points:**

- ACT Health Directorate engages consultants to undertake work and provide expert advice in all areas of health care delivery and planning, including health infrastructure planning and design to meet the health care needs of our growing city.
- It is not unusual for Government Departments, both Federal and State, to engage consultants for this type of work.
- There are a number of different types of consultants that ACT Health Directorate engages for specialist technical advice on projects such as these. They include:
  - Cost consultants including commercial and economic advisers;
  - Architects;
  - Master planners;
  - Health facility planners; and
  - Engineers including traffic and parking; structural; aeronautical (Surgical Procedures, Interventional Radiology and Emergency Centre), civil, geotechnical, façade and mechanical, electrical or hydraulic.
- The Contracts register is a publically available website and can be found at <https://tenders.act.gov.au>

**Key Information**

- For the financial period 2017-18, ACT Health Directorate entered into contracts to the value of \$95,071,964.29. This is inclusive of consultants to the value of \$16,063,137.00, contractors to the value of \$35,538,877.88, and community-based services, Goods and Works to the value of \$43,469,949.41.

Cleared as complete and accurate: 30/10/2018  
Cleared by: Deputy Director-General Ext: 52248  
Information Officer name:  
Contact Officer name: Tim Roach Ext: 79063  
Lead Directorate: Health

TRIM Ref: GBC18/821

GBC18/821

**Portfolio/s:** Health and Wellbeing

**ISSUE: NGO FUNDING**

### Talking points:

- We know that community organisations do a lot of good work that complements the public health system to better support people in managing their health.
- We will be contacting current service providers in the coming weeks in relation to the process and timing for future funding arrangements.

### Key Information

- ACT Health Directorate funds services that improve health outcomes and complement and support services delivered directly by the public health system.
- Funding decisions in relation to many of the services delivered by NGOs are subject to the Government Procurement Act because the Territory is purchasing the delivery of services.
- The majority of 2016-19 service funding agreements expire on 30 June 2019. To provide continuity of access to services for consumers and provide greater certainty to current service providers, ACT Health is working towards a proposal to extend current contracts where possible, taking into consideration broader government objectives in relation to expenditure of public funds.
- It is intended that the sector will be informed of the funding process and timing following consultation with the Government Procurement Board.

Cleared as complete and accurate:	23/11/2018	
Cleared by:	Executive Director	Ext: 79143
Information Officer name:	Patrick Henry	
Contact Officer name:	Yu-Lan Chan	Ext: 76869
Lead Directorate:	Health	

GBC18/821

**Portfolio/s:** Health and Wellbeing

**ISSUE: PROCUREMENT OF SERVICES FROM THE COMMUNITY SECTOR**

**Talking points:**

- We know that community organisations do a lot of good work that complements the public health system to support people in better managing their health.
- We will be contacting current service providers in the coming weeks in relation to the process and timing for future funding arrangements.

**Key Information**

- ACT Health funds services that improve health outcomes and complement and support services delivered directly by the public health system.
- Funding decisions in relation to many of the services delivered by NGOs are subject to the Government Procurement Act.
- The majority of 2016-19 service funding agreements expire on 30 June 2019. To provide continuity of access to services for consumers and provide greater certainty to current service providers and enable their participation in a procurement process, it is proposed that existing contracts be extended.
- Rather than conducting all procurement processes simultaneously, a staged approach is proposed.
- The staged approach allows for flexibility and responsiveness as improvements can be implemented when they are identified, rather than needing to wait for the following funding cycle. This includes the ability to implement improvements identified through the work of the Human Services Cluster and coordination with the Community Services Directorate.
- Services have been grouped into tranches based on degree of alignment with policy objectives as well as consideration of internal resourcing and capacity.
- It is intended that the sector will be informed of the funding process, timing and any extensions by late December.

Cleared as complete and accurate: 29/10/2018  
Cleared by: Executive Director Ext: 79143  
Information Officer name: Patrick Henry  
Contact Officer name: Yu-Lan Chan Ext: 76869  
Lead Directorate: Health

GBC18/821

**Portfolio/s:** Health and Wellbeing

**ISSUE:** FOI18/111 – Request from Mrs Vicki Dunne MLA - SPIRE

**Talking points:**

- SPIRE is a significant and inter-generational investment, and is linked to an election commitment to deliver a key health infrastructure investment to address challenges faced by the ACT health system and future-proof our public health services.
- The Government has committed to investing approximately \$500 million in SPIRE, to deliver a purpose built facility that provides increased capacity through new theatres, a new expanded emergency department, and state-of-the-art surgical, procedural and imaging facilities.
- 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.
- ACT Health is currently considering the optimal location for SPIRE on the Canberra Hospital campus, service design options, and opportunities for suitable 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.
- After conducting a search of all relevant records, ACT Health has identified 24 documents in its possession that meet the scope of Mrs Dunne’s request.
- All of the identified documents contain information that is due to be under Cabinet consideration and therefore contrary to the public interest under schedule 1 of the *Freedom of Information Act*, specially Schedule 1, 1.6(a); Cabinet information that has been submitted, or that a Minister proposes to submit to Cabinet for its consideration and that was brought into existence for that purpose.

Cleared as complete and accurate:	28/11/2018	
Cleared by:	Deputy Director-General	Ext: 52248
Information Officer name:	Karen Doran	
Contact Officer name:	Brad Burch	Ext: 72385
Lead Directorate:	Health	

GBC18/805

**Portfolio/s:** Chief Minister

**ISSUE: HEALTH SEPARATION**

**Talking points:**

- A significant achievement this year was the transition of ACT Health. In March this year, 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 is 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.
- People visiting our public hospitals, our popular Walk-in Centres or accessing the many community-based health services that we offer have continued to be seen by the same hard working and dedicated people who make up our health system.

Cleared as complete and accurate: 16/11/2018  
Cleared by: Director Ext: 75391  
Information Officer name: Catherina O’Leary  
Contact Officer name: Jessica Palazzo Ext: 52061  
Lead Directorate: Health

TRIM Ref: GBC18/805

## Key Information

- The ACT Health Directorate Executive Leadership Team, with the support of a dedicated Transition Office, were responsible for overseeing the transition planning.
- The transition was managed within the current funding envelope, with a clear aim to minimise duplication of functions across the organisations, whilst ensuring each organisation had the requisite capability to be effective.
- New capabilities were identified to ensure the success of the two organisations and the fulfilment of their purpose – this includes the strategic commissioning and procurement functions in the ACT Health Directorate. These will be critical to ensuring the directorate is able to hold the territory’s health services accountable for the delivery of high quality, effective health services. These capabilities are currently being recruited to.

## Achievements

- The project successfully achieved the overall aim to split the organisation by 1 October 2018. This is reflected with the following benefits/achievements:
  - Organisational structures for the ACT Health Directorate and Canberra Health Services established. They are publically available on the Health website (<https://health.act.gov.au/about-our-health-system/organisation-structures>)
  - Administrative Arrangements enacted
  - Cost centres, ABNs, bank accounts, Financial Delegations and Instructions for each organisation established and operational
  - HR Delegations Manual, Change Leadership Training, Staff Workshops and Change Management Guide completed
  - Activities planned for Strategic Accommodation, Parking, Switchboard, Procurement, realignment of Contracts and identification of Health Infrastructure assets, risks, systems and processes completed
  - Governance framework developed and endorsed
  - Aligning Government Directory to new organisational structure and mapping systems and administrators to new structure and cost centres are 80-99% complete
  - Extensive consultation with senior leaders, staff and external stakeholders including unions.

## Project governance

- To achieve the successful separation of the organisations from 1 October 2018, a Steering Committee, the Transition Advisory Committee, and six Working Groups were established to oversee and progress required work against the project schedule.

Cleared as complete and accurate: 16/11/2018  
Cleared by: Director Ext: 75391  
Information Officer name: Catherina O’Leary  
Contact Officer name: Jessica Palazzo Ext: 52061  
Lead Directorate: Health

TRIM Ref: GBC18/805

- The Transition Advisory Committee was comprised of the Director-General, three Deputy-Director Generals, Executive Director People and Culture, Chief Finance Officer, Chief Information Officer and Director Transition Office.
- The Transition Advisory Committee met fortnightly and monitored project risk, timeframes and activities of working groups established to deliver on project elements.
- Working Groups comprised staff working in key functional areas of Finance, HR, IT, Corporate Services, and Shared Services. Their participation was in addition to their regular duties.

### Financial

- There was no additional budget for the ACT Health Transition Project. Staffing was sourced through reallocation of existing staff and through engagement of corporate support functions. Costs were contained through use of internal resources and supports where available.
- Spring Green Consulting were engaged to support the project and provided continuity from the Form and Function review.
- No front-line positions have been identified as being redundant through the restructure of ACT Health.
- As at 14 November 2018, the ACT Health Directorate comprises 560 (head count) staff and Canberra Health Services 7177 (head count). This includes casual and unattached officers.

### Recruitment

- All executive roles have been sized to ensure equity and transparency.
- Recruitment processes to fill changed executive roles are now underway.

### Next Steps

- Governance frameworks are being implemented and refined to ensure accountability and effective collaboration across the organisations.
- Process review, policy updates and settling of team structures will continue throughout the next few months.

Cleared as complete and accurate: 16/11/2018  
Cleared by: Director Ext: 75391  
Information Officer name: Catherina O'Leary  
Contact Officer name: Jessica Palazzo Ext: 52061  
Lead Directorate: Health

TRIM Ref: GBC18/805



GBC18/823

**Portfolio/s:** Minister for Mental Health

**ISSUE: ACT HEALTH ANNUAL REPORT 2017-18**

**Talking points:**

- ACT Health performed well against a range of Health Directorate and ACT Local Hospital Network strategic objectives and priorities over the reporting period.
- Emergency Departments (ED) in the ACT were impacted by a record number of influenza cases during the winter of 2017.
  - In 2017-18, 100 per cent of Category 1 patients presenting to the ED were seen within clinically recommended timeframes.
  - The number of presentations to ACT Public EDs increased by 6.3 per cent from July to September 2016 to July to September 2017.
  - The number of presentations to the Canberra Hospital ED increased by 4.1 per cent in 2017-18.
  - The number of presentations to ACT public EDs in 2017-18 was 147,778 compared to 143,860 in 2016-17.
- ACT Health exceeded the target for the total number of elective surgeries performed. In 2017-18, 13,340 elective surgical procedures were completed across the ACT, compared to 12,826 in 2016-17.
  - The results for Urgent Category 1 are similar to the previous year, with 91 per cent of urgent patients receiving access within clinically recommended timeframes.
  - There were zero long-waits in paediatric surgery, an important achievement.
  - The Government has committed to providing additional funding to increase elective surgery numbers to around 14,000 per annum from 2018-19.
  - The Government has committed \$64.7 million over the next four years to improve access to surgical care and reduce wait times,

Cleared as complete and accurate:	18/10/2018	
Cleared by:	Director-General	Ext: 50823
Information Officer name:		
Contact Officer name:	Geraldine Grayland	Ext: 52976
Lead Directorate:	Health	

which will produce better health outcomes for patients in the ACT and surrounding NSW region.

- The target for access to radiotherapy emergency treatment was met with 100 per cent of patients requiring emergency treatment seen within 48 hours.
  - During 2017-18, overall activity and the number of patients treated by radiotherapy services increased by 6.5 per cent. This increased demand created additional challenges in meeting target wait times for palliative and radical treatments.
- The number of breast cancer screens in 2017-18 increased compared to the previous year. The ACT participation rate is three per cent higher than the national average.
- The usage of seclusion in Mental Health episodes increased from four per cent in 2016-17 to seven per cent in 2017-18.
  - The increase is due to the inclusion of the data from the Dhulwa Mental Health Unit (Dhulwa) which opened in November 2016. The target from 2016-17 was maintained in 2017-18 and was not adjusted to account for another inpatient unit.
  - The target has been increased to be less than five per cent for the 2018-19 Financial Year due to the inclusion of the more complex Dhulwa patient cohort.
- The ACT continues to enjoy the highest life expectancy of any jurisdiction in Australia. Life expectancy at birth is:
  - 85.2 years for females in the ACT, against a national average of 84.6 years.
  - 81.3 years for males, against a national average of 80.4 years.
- The estimated hand hygiene rate at Canberra Hospital continues to remain well above target levels. Hand hygiene was a key focus of the Australian Council on Healthcare Standards accreditation process undertaken earlier this year.
- For the two-year Cervical Screening Program participation rate, the ACT achieved a result of 56.2 per cent against a national rate of 56.0 per cent.
- The proportion of the ACT population with cardiovascular disease is 3.9 per cent, which is lower than the national proportion of 4.7 per cent.

- The 2014 dfmt/DMFT index results at six years and 12 years were lower than the national average for the dfmt/DMFT index.
- The 2016–17 ACT rate of admissions in persons aged 75 years and over with a fractured neck of femur was 5.6 per cent. This is above the long-term target of 5.3 per 1,000 persons, but an improvement on the 2015-16 result of 6.6 per cent.

### Key Information

- There is no data to report against maintaining reduced rates of patients returning to an ACT public acute psychiatric inpatient unit.
- Unplanned readmissions could not be separated from planned readmissions for a range of reasons at a time of significant change occurring during the second half of 2017.
- This indicator will be reviewed, with a proposal to align the ACT Health definition with the national definition, for future reporting.

Cleared as complete and accurate: 18/10/2018  
Cleared by: Director-General Ext: 50823  
Information Officer name:  
Contact Officer name: Geraldine Grayland Ext: 52976  
Lead Directorate: Health

**ISSUE: HEALTH EXPENDITURE AUSTRALIA 2016-17**
**Talking points:**

- ACT Government is spending more on health as detailed in Health Expenditure Australia 2016-17 report published by the Australian Institute of Health and Welfare (AIHW) and discussed in the Canberra Times article on 29 September 2018.
- ACTs total health expenditure increased by \$498 million (17%) from 2014-15 to 2016-17. This was driven by growth in recurrent expenditure \$435 million coupled with growth in capital expenditure \$63 million.
- It should be noted that funding for the increase in recurrent expenditure of \$435 million was split between Commonwealth \$263 million, ACT Government \$136 million and Non-Government Sources \$36 million.
- The increase in recurrent expenditure of \$435 million was substantially driven by increase in funding for expenditure relating to primary healthcare \$191 million, research \$92 million, public hospital services \$86 million and other \$66 million.

**Key Information**

Funding Source	Expenditure Category	2014-15	2015-16	2016-17	Growth 2015 to 2017	
		\$m	\$m	\$m	\$m	%
ACT Funding	Recurrent	986	1,068	1,122	136	14%
	Capital	80	73	157	77	96%
	<b>Total</b>	<b>1,066</b>	<b>1,141</b>	<b>1,279</b>	<b>213</b>	<b>20%</b>
Commonwealth Funding	Recurrent	1,179	1,245	1,442	263	22%
	Capital	5	5	5	-	0%
	<b>Total</b>	<b>1,184</b>	<b>1,250</b>	<b>1,447</b>	<b>263</b>	<b>22%</b>
Non-Government Funding	Recurrent	658	706	694	36	5%
	Capital	56	67	42	-14	-25%
	<b>Total</b>	<b>714</b>	<b>773</b>	<b>736</b>	<b>22</b>	<b>3%</b>
All funding Sources	Recurrent	2,823	3,019	3,258	435	15%
	Capital	141	145	204	63	45%
	<b>Total</b>	<b>2,964</b>	<b>3,164</b>	<b>3,462</b>	<b>498</b>	<b>17%</b>

**Background Information**

- Health Expenditure Australia report produced annually by the AIHW.

Cleared as complete and accurate: 21/11/2018  
 Cleared by: Chief Finance Officer Ext: 78441  
 Information Officer name: Trevor Vivian  
 Contact Officer name: Sasith Wickramasinghe Ext: 76184  
 Lead Directorate: Health

**ISSUE: INDEPENDENT REVIEW INTO ACT HEALTH'S CULTURE****Talking points:**

- Together with the Minister for Health and Wellbeing, I have been extremely clear around my expectation for a positive culture in the delivery of public health care in the ACT.
- The Government has a zero tolerance for bullying and harassment.
- Since March 2018, there has been significant work undertaken within our public health system to improve culture and governance, and to build an environment of genuine engagement.
- I have seen significant improvements in workplace culture since this time. These improvements were confirmed by the Australian Council on Healthcare Standards, through their accreditation report handed down in August 2018.
- Indeed an independent external review into Mental Health Services, commissioned in response to the March 2018 accreditation process, made some very complementary remarks about ACT Health staff. There was strong praise for many aspects of our mental health inpatient services and facilities.
- Building on these achievements, on 10 September 2018, the Minister for Health and Wellbeing announced her decision to put in place several processes to assist in further improving culture within ACT Health. This has included the establishment of an Independent Review of the Workplace Culture within ACT Public Health Services and the formation of a Clinical Leadership Forum.
- Both of these initiatives complement a broader package of initiatives that are being implemented by the Executive within ACT Health and Canberra Health Services, aimed at further improving workplace culture.

Cleared as complete and accurate: 26/11/2018  
Cleared by: Director-General Ext: 50823  
Information Officer name:  
Contact Officer name: Vanessa Dal Molin Ext: 79532  
Lead Directorate: Health

TRIM Ref: GBC18/823

- The Independent Review is about the entire workforce, and not just about the doctors.
- All staff across the workforce have a right to feel safe, supported and heard during this Review process, regardless of their position.
- The Minister announced the terms of reference for the Review on 21 September 2018, together with the details of the Review Panel members who had been appointed to conduct the review.
- The Review Panel is made up of three highly experienced individuals – Mr Mick Reid (Chair), Ms Fiona Brew and Professor David Watters, who have been working hard since their appointment in September.
- I had an introductory meeting with two members of the Review Panel in October 2018.
- The Review panel have a mandate to undertake extensive engagement and consultation, whilst ensuring that the privacy of individuals coming forward is maintained. To this end, the Review Panel issued a call for submissions on 15 October 2018.
- Anyone is able to make a submission to the Review. The call for submissions will be open until 30 November 2018.
- The Panel has publicly stated that the protection of people's confidentiality and privacy is of the utmost importance to the Review Panel.
- I will continue to work closely with the Minister for Health and Wellbeing to ensure that the Review is appropriate and effective.

Cleared as complete and accurate: 26/11/2018  
Cleared by: Director-General Ext: 50823  
Information Officer name:  
Contact Officer name: Vanessa Dal Molin Ext: 79532  
Lead Directorate: Health

TRIM Ref: GBC18/823

### Key Issues:

- On 10 September 2018 the Minister for Health and Wellbeing issued a statement on ACT Health culture.
- As part of this statement the Minister announced the establishment of an Independent Review into the Workplace Culture within ACT Public Health Services.
- The AMA, ASMOF and ACT Visiting Medical Officers Association (VMOA) have called for the establishment of a Board of Inquiry.

Cleared as complete and accurate: 26/11/2018  
Cleared by: Director-General Ext: 50823  
Information Officer name:  
Contact Officer name: Vanessa Dal Molin Ext: 79532  
Lead Directorate: Health

TRIM Ref: GBC18/823

GBC18/823

**Portfolios:** Mental Health

**ISSUE: ACT HEALTH ORGANISATIONAL REFORM**

**Talking points:**

- A significant achievement this year was the transition of ACT Health. In March this year, 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.
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Cleared as complete and accurate: 07/11/2018  
Cleared by: Executive Director Ext:  
Information Officer name:  
Contact Officer name: Catherina O’Leary Ext:  
Lead Directorate: Health



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## Key Information

- The ACT Health Directorate Executive Leadership Team, with the support of a dedicated Transition Office, were responsible for overseeing the transition planning.
- The transition was managed within the current funding envelope, with a clear aim to minimise duplication of functions across the organisations, whilst ensuring each organisation had the requisite capability to be effective.
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Cleared as complete and accurate: 07/11/2018  
Cleared by: Executive Director Ext:  
Information Officer name:  
Contact Officer name: Catherina O’Leary Ext:  
Lead Directorate: Health

## Project governance

- To achieve the successful separation of the organisations from 1 October 2018, a Steering Committee, the Transition Advisory Committee, and six Working Groups were established to oversee and progress required work against the project schedule.
- The Transition Advisory Committee was comprised of the Director-General, three Deputy-Director Generals, Executive Director People and Culture, Chief Finance Officer, Chief Information Officer and Director Transition Office.
- The Transition Advisory Committee met fortnightly and monitored project risk, timeframes and activities of working groups established to deliver on project elements.
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## Next Steps

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- Process review, policy updates and settling of team structures will continue throughout the next few months.

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Cleared by: Executive Director Ext:  
Information Officer name:  
Contact Officer name: Catherina O'Leary Ext:  
Lead Directorate: Health

GBC18/823

**Portfolio/s:** Mental Health

**ISSUE: ACT HEALTH TERRITORY-WIDE HEALTH SERVICES STRATEGY**

**Talking points:**

- Work on the Territory-wide Health Services Strategy (the Strategy) is progressing and the Territory-wide Health Services Advisory Group has provided feedback resulting in a revised draft of the Strategy.
- The revised Strategy will be considered by the Advisory Group out of session in November 2018, and then will be put to Minister/s for final endorsement.
- Implementation of the Strategy will be phased in from late 2018 to take full advantage of the development of the two new organisations and the recruitment of a new leadership team.
- Feedback to date from ACT Health staff and the Advisory Group indicates a high level of support for the refreshed Strategy.
- The development of the Specialty Services Plans (SSPs) is also progressing well. There are 46 SSPs in total in development. This includes 40 specialty services and six core services e.g pathology and pharmacy.
- The progress of the development of all SSPs, including the Mental Health SSP, is below:
  - **Phase 1** has involved profiling the current services. Work to date has included stakeholder engagement with these service providers:
    - CHHS service providers;
    - Calvary;
    - ACT Health GPs;
    - Other GPs; and
    - NGOs.
  - **Phase 2** analysis is also underway and data that identifies current demand for inpatient and outpatient services is being collated.

Cleared as complete and accurate:	05/11/2018	
Cleared by:	Deputy Director-General	Ext: 59010
Information Officer name:	Leonie McGregor	
Contact Officer name:	Leonie McGregor	Ext: 59010
Lead Directorate:	Health	

GBC18/823

**Portfolio/s:** Mental Health

**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 ACT Health System-Wide Data Review is now complete, with the Minister for Health and Wellbeing tabling of the Outcomes Report in the Legislative Assembly on 21 August 2018.
- The Outcomes Report made nine key recommendations, and set out a three-year program of activities that was developed in accordance with best practice data management and performance reporting principles.
- Implementing this program of activities is now a top priority in order to ensure that the outcomes of the Review result in meaningful change for patients, the broader community and the ACT Health workforce.
- To ensure this, on 21 August 2018 Minister Fitzharris also tabled an Implementation Plan that covers the first six months of the three-year program of activities (to December 2018).
- The Implementation Plan will be updated by ACT Health every six months to include updates on projects underway and projects planned to start over the next six months.
- One of the immediate activities already underway by ACT Health is to develop and enhance dedicated mental health performance metrics.  
This work will:
  - consolidate existing information and reporting;
  - make information more relevant to stakeholder and community requirements;
  - to develop metrics that will support mental health reforms at the local and national level; and

Cleared as complete and accurate:	21/11/2018	
Cleared by:	Deputy Director-General	Ext:52248
Information Officer name:	Karen Doran	
Contact Officer name:	Karen Chudleigh	Ext: 72324
Lead Directorate:	Health	

- address the information management recommendations from the Auditor-General's 2017 report *Mental Health Services – Transition from Acute Care*.
- More broadly, this project will support high-priority work to identify and report relevant health information to improve access to data online and help Canberrans be more in control of their own health care.
- This will include:
  - enhanced quarterly performance updates from 2018-19;
  - developing new public reporting for patients, consumers and the broader ACT community;
  - developing and enhancing dedicated mental health performance metrics;
  - building a new data repository to deliver high quality and timely information; and
  - real time performance metrics, such as emergency department average wait times, patients currently waiting, and patients receiving treatment.
- Overall, these new ways of collecting, reporting and managing health data will inform strategic decision-making and support ACT Health to drive reform and innovation.

### **Key Information**

#### The nine key Review recommendations

1. Build a new data repository, which will collect, store, extract and transform quality data to deliver better insights to the community;
2. Embed new governance structures to delineate roles and responsibilities in relation to data across ACT Health, ensuring accountability and transparency is a priority;
3. Continually improve the accuracy of data through robust data quality assurance activities;
4. Improve the understanding of data to ensure that the data produced and shared amongst all ACT Health stakeholders has embedded and consistent definitions and interpretation;
5. Maintain security and privacy of the data held by ACT Health;

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Information Officer name:	Karen Doran	
Contact Officer name:	Karen Chudleigh	Ext: 72324
Lead Directorate:	Health	

6. Continually improve internal workforce capabilities around data to build a strong data and analytics team, and train the health workforce to leverage the use of data for decision-making;
7. Improve communication about data across ACT Health, mobilising a cultural shift around data management, with the intent of creating a new relationship between data, the community and stakeholders;
8. Improve communication about data across ACT Health, mobilising a cultural shift around data management, with the intent of creating a new relationship between data, the community and stakeholders; and
9. Be transparent within and outside ACT Health, by meeting regulatory requirements as well as deliver insights and intelligence about the healthcare services delivered throughout the ACT.

### Notable outcomes achieved through the Review process

- Meeting external reporting obligations such as the *2018 Report on Government Services* and the *ACT Health Annual Report 2016-17*;
- Ensuring security and access policies are in place, so that personal information is kept confidential and is stored and released with the appropriate privacy safeguards;
- Embedding strong governance models to ensure decisions regarding our data is made by those with appropriate skill and delegation;
- Building enduring relationships with external data reporting agencies, such as the Australian Institute of Health and Welfare (AIHW);
- Embedding a number of key quality assurance processes to ensure the data is accurate and correct at the time of release;
- Developing an annual audit program across our data collection and reporting systems to ensure that each year a sample of patient journeys will be followed from the initial collection point, to when the record is reported in a dataset. This process demonstrates confidence and transparency across the data and reporting systems;
- Reaching an agreement with the AIHW to accredit ACT Health to use the national health metadata registry 'MeTEOR' as a data repository for all definitions and standards. Although this work is in the initial stages, it is a major improvement and will ensure our existing and new standards and definitions are robust and consistent with national requirements;
- Investing in our staff, and embedding a culture of respect and innovation to ensure we attract and retain a skilled workforce;
- Developing end to end documentation for all national data collections, from collection point right through to reporting, which demonstrates transparency of data management processes and mitigating gaps in collection;

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- Identification of over 130 performance indicators that are currently published. The System-Wide Data Review assessed and restructured this information so that it is informative, can easily be found and navigated through ACT Health websites and other media platforms. This will encompass the Quarterly Reporting arrangements and recommendations on format, structure and metric frequency for system performance reporting to consumers; and
- Rolling out a new data repository that is innovative and a first for the ACT Government that has the potential to be expanded and adapt to changing community health needs.

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**Portfolios:** Mental Health

**ISSUE: OFFICE FOR MENTAL HEALTH AND WELLBEING**

**Talking points:**

- Since the launch of the Office on 14 June 2018, the Office for Mental Health and Wellbeing staff have undertaken a broad range of stakeholder engagement across Government and the community to build relationships and to identify priorities for the initial work plan.
- The Office will develop a cohesive vision for mental health in the ACT. This will be led by a Coordinator-General and will involve representatives from across the ACT Government and community.
- Dr Elizabeth Moore has been appointed as the Coordinator-General and will commence in this position on Monday 3<sup>rd</sup> of December 2018. Dr Moore brings great experience to the ACT and will provide important strategic leadership and direction to the Office.
- Nominations for the Agency Stewardship Group have been received from all directorates. The Office will lead a process of co-design through this Agency Stewardship Group to develop a Territory-wide vision for mental health in the ACT. This new vision will reflect how Canberra wishes to foster the mental health and wellbeing of its people into the 21st century. The vision will be developed with the Agency Stewardship Group and co-designed with stakeholders alongside the development of the initial work plan, which will be the first priority of the Office.

**Key Information**

- The Office will maintain a level of independence and has a mandate to work across all Government agencies. In order to ensure the Office retains a level of independence from the day-to-day running of ACT Health, it will have the authority to conduct reviews and produce reports as the Coordinator-General deems necessary or at the request of the Minister for Mental Health.

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- While the Office was formally launched on 14 June 2018, the commitment of action within 100 days will be taken to start with the commencement of the Coordinator-General.
- The allocated budget for the Office will be solely to fund the staff for the Office for Mental Health and Wellbeing, this includes all on costs. The existing ACT Health infrastructure will provide in kind support for all associated corporate functions.
- There is currently no additional budget allocated for the program of work. The agreed workplan will be subject to considerations regarding whether there are coordination activities that require new funds allocation.

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GBC18/823

Portfolio: Mental Health

**ISSUE:           IMPACT OF THE NATIONAL DISABILITY INSURANCE SCHEME  
(NDIS) IN THE MENTAL HEALTH COMMUNITY**

**Talking points:**

NDIS and Mental Health Interface work:

- At the Disability Reform Council meeting in March 2018, the ACT Government elected to take the national lead on mainstream interface work related to the interface between the NDIS and mental health services.
- This includes developing a clearer and shared understanding of decision-making, and the interpretation and application of the Applied Principles and Tables of Support to determine system responsibilities.
- According to the *Council Of Australian Governments Disability Reform Council, Quarterly Report (30 June 2018)*, 13% of ACT participants have a psychosocial disability which represents 798 participants.
- On 10 October 2018 the Federal Minister for Families and Social Services, the Hon Paul Fletcher MP, and the Assistant Minister for Social Services, Housing and Disability Services, the Hon Sarah Henderson MP, jointly announced that people with severe and persistent mental health issues will have improved access and support in the NDIS.
- According to the announcement, the new stream will be implemented progressively and includes:
  - the employment of specialised planners and Local Area Coordinators;
  - better linkages between mental health services and National Disability Insurance Agency (NDIA) staff, partners and;
  - a focus on recovery-based planning and episodic needs.
- This reform follows recommendations by the national peak organisation, Mental Health Australia, in its *National Disability Insurance Scheme Psychosocial Disability Stream Report*.

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- Then, on the 26 October 2018, the National Disability Insurance Agency (NDIA) hosted an *NDIA Pathways Planning deep dive session* in the ACT with representatives from peak mental health community organisations, Mental Health Policy, the Office for Mental Health and Wellbeing and the Office for Disability. The meeting provided an opportunity for the NDIA to brief attendee's on the Complex Support Needs Pathway; and the Psychosocial disability stream.

**Key information**National Psychosocial Support Measure

- On 23 June 2018, the Federal Minister for Health the Hon Greg Hunt announced that the Bilateral Agreements between the Australian Government and all eight jurisdictions, including the ACT, regarding the new national psychosocial support measure have been finalised.
- The Bilateral Agreement between the ACT and Australian Government's will enhance funding for psychosocial support measures for people with functional impairment, resulting from severe mental illness, who are not found eligible for the NDIS, or who are otherwise not engaged with the NDIS.
- Total funding from ACT Health is \$2 million over four financial years, with the Commonwealth funding \$1.3 million over the same period.
- Australian Government funding will be administered by the Capital Health Network (ACT PHN). Target areas will be informed by the Fifth Plan and priorities identified in the joint integrated regional planning process.

**Background Information**

- The activities outlined above are part of the response to concerns raised about the rollout of the NDIS and challenges in delivering psychosocial support in the ACT.
- The concerns raised are similar to those being experienced nationally and include:
  - Access to the NDIS – challenges for the NDIS to engage with people in need of supports, difficulties faced with planning and reviews, process related delays and processes that create barriers to engagement.
  - Lack of skilled staff at the NDIA – the importance for staff to have adequate understanding of psychosocial disability, including how to collaborate with the

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person and their key supports. The impact on the adequacy of plans and agreed funding is significant.

- Pricing structure – the impact of the NDIS price points on the sustainability, quality and effectiveness of providers of psychosocial supports.
- Tensions between the language of permanent disability and mental health recovery, and translating the NDIS in practice to promote recovery.
- The importance of accommodation in the psychosocial support landscape and how the NDIS interfaces with meeting accommodation needs.
- Need to build in support coordination including funding for services to assist people in the period leading up to engagement with the NDIS.
- Concern regarding psychosocial support services and programs for people who are not eligible for the NDIS, including information linkages and capacity building and the psychosocial support measure. Loss of social support programs, especially group programs, with open access since the rollout of the NDIS.

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**Portfolio:** Mental Health

**ISSUE: EATING DISORDER SERVICES IN THE ACT**

**Talking points:**

- On 25 October 2018, I presented the ACT Government's Eating Disorders Position Statement to the Legislative Assembly. This document forms the basis of the ACT Government's response to community calls, which included a petition presented to the Legislative Assembly of the ACT, for improved eating disorder services in the ACT.
- The Position Statement was developed through a series of stakeholder workshops that examined the current status of eating disorder services in the ACT, the gaps in those services and how best to move forward with evidence-based treatment programs.
- The key focus of the Position Statement is to achieve better health outcomes for people with eating disorders by focusing on early and community-based interventions, in order to ultimately keep people well and out of hospital. This focus will help to reduce much of the severity, duration and impact of eating disorders that are felt in the community.
- A range of short and long term options for the development of eating disorder services in the ACT are described in the Position Statement. These include a range of system-wide options that will provide opportunities to increase the integration between primary care, community care and hospital settings so that people can receive the right care, at the right time.
- The ACT Health Directorate and Canberra Health Service Directorate are currently working with key local and national stakeholders in the development and implementation of a number of these short and longer term initiatives to further support and develop the ACT eating disorders service system.
- The ACT Government is committed to improving eating disorder services in the ACT across the full spectrum of care, so that we can provide the best treatment and care for people with eating disorders when they need it, where they need it.

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## Key Information

- Eating disorders are serious illnesses that are often poorly understood, and their impacts underestimated. These diseases cause high levels of psychological distress, carry risk of long term mental and physical illness, an increased risk of premature death due to medical complications and an increased risk of suicide. Eating disorders can occur at any stage in life, although the incidence peaks nationally between the ages of 12-25.
- The most effective eating disorder service system enables seamless treatment and transitions across the continuum of health services. This is presented in the Position Statement as a Stepped Care model, which emphasises four key pillars that should work together to allow for patients to flexibly step-up and step-down into appropriate services according to their needs. These four key pillars are:
  - a. generalist mental health services, including primary care and community programs;
  - b. specialist eating disorders interventions, including day programs and outpatient clinics;
  - c. local hospital interventions, including management of cases in general medicine and paediatric wards; and
  - d. intensive tertiary supports, including multidisciplinary teams and models of care to support evidence-based treatment an emergency department and hospital wards.
- The Eating Disorder Position Statement describes a number of immediate actions that ACT Health can pursue within existing resources, in addition to identifying future options for development that will require Budget consideration.
- The ACT Government will investigate a number of short term actions to strengthen the eating disorders service system including:
  - e. Increasing knowledge of eating disorders amongst GPs by promoting access to General Practitioner Training and Resources, in partnership with the Capital Health Network;
  - f. Establishing a Specialty Network listing of health professionals with an interest and passion in eating disorders, which can be shared between community organisations;
  - g. Exploring interstate clinical specialist partnerships;
  - h. Increasing community access to existing specialist e-Therapy programs and services;
  - i. Inpatient mapping, modelling, data analysis and coding for future health services planning;
  - j. Incorporating eating disorders literacy training for general mental health workforce;

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- k.** Working with our established health and mental health service providers to raise awareness and service offerings for eating disorders;
  - l.** Community health promotion campaigns; and
  - m.** Ensuring better linkage of services across private services, Calvary, ACT Health and primary care.
- The Position Statement also identifies possible future options, ensuring that services are system-wide, rather than focused on acute services and these include:
  - a.** Developing local coordination capacity and leadership through the establishment of clinical excellence hubs;
  - b.** Specialist eating disorder consult liaison;
  - c.** Opportunities for partnership with NGOs and community organisations. This can include step-up step-down transition support, community based counselling, advocacy, education, and case management;
  - d.** Further development and implementation of contemporary Clinical Guidelines and Referral Pathways;
  - e.** Promoting and enabling better discharge planning and transition;
  - f.** Additional support for families and carers.

### Specialist in-patient treatment

- The petition, developed by Ms Molly Saunders and sponsored by Michael Petersson MLA, requests the establishment of a specialist in-patient treatment centre for eating disorder in the ACT or, in the absence of such a unit, the provision of 10 long-stay hospital beds for intensive and specialised treatment of eating disorders.
- Analysis of current national and ACT data by the Eating Disorder Working Group suggests that there is not enough demand for inpatient services to operate such a unit safely, as a constant throughput of cases is necessary to ensure the development and maintenance of staff skills.
- Where possible, treatment for eating disorders should be offered in the settings that are the least restrictive. As a result, admission to a specialised eating disorder in-patient unit should be rarely required. In cases where admission to a specialised eating disorder in-patient unit is required, ACT Health will aim to develop relationships with specialised interstate services to arrange appropriate treatment and ensure continuity of care.

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GBC18/823

**Portfolio:** Mental Health

## ISSUE: SUICIDE PREVENTION

### Talking points:

- Suicide Prevention remains a priority of the ACT Government.

### Lifespan Suicide Prevention Framework

- The ACT Government has committed \$1.545 million from 2018-19 to establish a pilot version of the Black Dog Institute's LifeSpan Integrated Suicide Prevention Framework in the ACT over the next three years.
- This initiative is in addition to the existing ongoing suicide prevention, intervention and management through contemporary models of care of Mental Health, Justice Health and Alcohol and Drug Services in Canberra Health Services Directorate.
- LifeSpan is an evidence-based approach to integrated suicide prevention. LifeSpan combines nine strategies that have strong evidence for suicide prevention into one community-led approach incorporating health, education, frontline services, business and the community.
- ACT Health has executed a contract with the Black Dog Institute to work in partnership to establish and implement LifeSpan in the ACT.
- A LifeSpan Steering Committee, composed of key local agencies and stakeholders to guide this work in the ACT, meets monthly to support the implementation, with good attendance and engagement from the government and community sector.
- The first ACT Suicide Prevention Collaborative meeting, bringing together community members and organisations with an interest in suicide prevention to provide information, education, and networking opportunities, was held at Canberra Hospital on Thursday 29 November 2018. Collaborative meetings will continue on a quarterly basis under LifeSpan.
- ACT Health also provided an additional \$60,000 for suicide prevention through Let's Talk Funding Grants during August 2018. This funding will

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support the Territory's mental health sector by helping community organisations to deliver better suicide prevention services to Canberrans, in alignment with LifeSpan. Grants were provided to the AIDS Action Council of the ACT, in partnership with A Gender Agenda (\$20,000), Lifeline Canberra (\$9,520), Mind Blank Ltd, in collaboration with PCYC Canberra (\$20,000), and Youth Coalition of the ACT (\$10,000).

- ACT Health also provided additional funding of \$350,000 to the Way Back Service, which is part of the LifeSpan suicide prevention pillar on suicide aftercare.

### Way Back Support Service

- The Way Back Support Service is a pilot program in the ACT, providing a non-clinical suicide prevention service developed to support people for up to three months, after they have attempted suicide. Client intake in the ACT commenced in October 2016.
- Way Back was designed by beyondblue and is funded in the ACT by the ACT Government. The local service provider, Woden Community Service, is engaged by beyondblue to deliver Way Back in the ACT.
- Way Back has been designed to provide follow-up support for people who have attempted suicide. However, subject to service demands, the future funding may extend services to people who have experienced a suicidal crisis.
- Way Back has a high level of service demand. As of 13 September 2018, a total of 300 referrals have been received since the programme commenced.
- In recognition of the high level of demand, ACT Health has provided additional funding to beyondblue to extend the pilot and fund an additional support co-ordinator.
- The 2018-19 ACT Budget provided an additional \$350,000 for Way Back, which will further support the service to continue until June 2019.
- The Federal Government 2018/19 budget included a commitment of \$37.6 million over four years to expand the Way Back program across Australia.

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This funding will match the funding allocated by States and Territories to their local Way Back services. ACT Health is currently in discussion with the Capital Health Network and beyondblue to determine what this investment means for the delivery of the ACT program.

- An evaluation of the ACT trial is currently being finalised and this report will be used to inform future funding of this service.

### **Key Information**

- According to 2018 ABS data, there were 3,128 deaths from suicide across Australia, which was the highest suicide rate in the past 10 years.
- Of these, 58 were recorded in the ACT, which represents an increase of 30 people from 2016 and the highest percentage increase among all jurisdictions.
- While this is a sobering statistic, it should be noted that the number of suicide deaths can fluctuate within a range from year to year in small jurisdictions such as ours. For example, in 2015 the number of suicide deaths was 45. However, between 2013-2017, the ACT recorded the second lowest rate of suicide deaths in the country.

### LifeSpan Suicide Prevention Framework

- The LifeSpan Integrated Suicide Prevention Framework has been developed by Black Dog Institute and the National Health and Medical Research Council Centre for Research Excellence in Suicide Prevention.
- There are four high-fidelity LifeSpan trials currently being implemented in New South Wales. These trials are being led by the Primary Health Networks with support of the NSW Ministry of Health and other partner organisations. ACT LifeSpan will be the fifth high-fidelity trial site.
- The LifeSpan trial in the ACT will involve the simultaneous implementation of nine evidence based strategies:
  1. improving emergency and follow-up care for suicidal crisis;
  2. using evidence-based treatment for suicidality;
  3. equipping primary care to identify and support people in distress;
  4. improving the competency and confidence of frontline workers to deal with suicidal crisis;
  5. training the community to recognise and respond to suicidality;
  6. promoting help-seeking, mental health, and resilience in schools;

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7. engaging the community and providing opportunities to be part of the change;
8. encouraging safe and purposeful media reporting; and
9. improving safety and reducing access to means of suicide.

### Way Back Support Service

- ACT Health's funding commitments for Way Back has been:
  - 2015-2018, trial project funds - \$446,000; and
  - 2016-17, research and development funding - \$250,000.
- In the 2017-18 Budget, \$250,000 was committed to additional suicide prevention/aftercare services in the ACT. This funding was partitioned into two parts for Way Back. The first part involved \$65,000 to provide extra FTE resourcing for the remainder of the life of the trial. The remaining \$185,000 was allocated to extend service provision to the end of the 2018 calendar year.
- In the 2018-19 Budget an additional one-off payment of \$350,000 was provided to prolong the service until June 2019.
- Way Back aligns with Priority Area Two of the Fifth National Mental Health and Suicide Prevention Plan, which commits all governments to a systems based approach to suicide prevention including the elements of:
  - access to services (Priority 4) – promote increased access to services for those vulnerable to suicidal behaviours and remove barriers to care; and
  - treatment (Priority 6) – improve the quality of clinical care and evidence-based clinical interventions, especially for individuals who present to hospital following a suicide attempt.
- The provision of suicide attempt aftercare is a key recommendation under the 9 evidence-based strategies of LifeSpan, with research compiled by Black Dog Institute indicating that this is one of the most effective strategies to prevent further suicide attempts.

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**Portfolio:** Mental Health

**ISSUE: ACT REGIONAL MENTAL HEALTH AND SUICIDE PREVENTION PLAN**

**Talking points:**

- Better integration and coordination of mental health and suicide prevention services is fundamental to the ACT Government's vision for services.
- A key priority area of the Fifth National Mental Health and Suicide Prevention Plan (the 5<sup>th</sup> Plan) is achieving effective integration of mental health services. A key action identified to achieve this priority is the development of a regional ACT Mental Health and Suicide Prevention Plan (ACT Plan), to account for local contexts.
- ACT Health in partnership with the Capital Health Network and Canberra Health Services are developing the joint ACT Regional Mental Health and Suicide Prevention Plan.
- The tools used to assist this planning process are helping to form a clearer picture of the ACT service system and highlight gaps and other issues that can be addressed through the Regional Plan.
- On the 28 August 2018, I attended a Consultation Forum for the ACT Plan hosted by the CHN. This was a significant milestone in the planning process and brought together a diverse range of stakeholders to identify priorities and practical strategies that will form the basis of the ACT Plan.
- Further public consultation and input occurred through October, with the aim of producing a first draft of the ACT Plan by the end of 2018. This has the ACT ahead of schedule to finalise the plan within the timeframes set out under the 5<sup>th</sup> Plan.
- The Office for Mental Health and Wellbeing are well placed to oversee the implementation of the plan and facilitate effective cross-sectoral collaboration that will be critical for the success of the ACT Plan.

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## Key Information

### The 5<sup>th</sup> Plan

- Achieving integrated regional planning and service delivery is Priority Area 1 of the 5<sup>th</sup> Plan and the concepts of better coordination and integration of services is a common theme throughout the document.
- ACT Health participated in the National Integrated Regional Planning Working Group to prepare guidance for Primary Health Networks and Local Health Networks in developing joint integrated regional plans. The first edition of the *Joint Regional Planning for Integrated Mental Health and Suicide Prevention Services – A Guide for Local Health Networks and Primary Health Networks and the associated compendium of resource* was released to PHNs and LHNs in October 2018.

### The Regional Plan

- The planning process incorporates service mapping and data analysis as well as drawing on evidence and best practice in developing the Regional Plan. For example:
  - the CHN, ACT Health Directorate and Australian National University have drafted the first edition of the Integrated Mental Health Atlas of the Australian Capital Territory Primary Health Network Region;
  - CHN, ACT Health Directorate and Canberra Health Services staff have been trained in the use of the National Mental Health Services Planning Framework tool to assist and inform service planning and demand analysis;
  - the CHN has conducted baseline and follow up Needs Assessment for the Primary Health Network region;
  - analysis of data on community and service profiles, prevalence of mental health issues, service use and outcomes.; and
  - The Office for Mental Health and Wellbeing have established a detailed Matrix of Services, mapping available services across age groups and level of need.

These tools will help to identify service strengths and gaps and understand future needs to inform the Regional Plan.

- Collaboration and co-design are fundamental to the process of joint planning. The ACT Regional Planning Working Group has representation from key stakeholder groups in the ACT. A consultation forum was held on 28 August 2018, with broad representation from the health and human services sectors, inclusive of people with lived experience. Opportunity to input into this consultation was also made available through an online survey until the end of October 2018. Over 30 online submissions were received from the ACT community.

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- The work of identifying priorities and potential projects is underway and further co-design work will be done around the agreed priorities.

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GBC18/823

**Portfolio/s:** Health and Wellbeing

**ISSUE:           AUDITOR-GENERAL REPORT NO. 9/2018 – ACT HEALTH’S  
MANAGEMENT OF ALLEGATIONS OF MISCONDUCT AND  
COMPLAINTS ABOUT INAPPROPRIATE WORKPLACE BEHAVIOUR**

**Talking points:**

- On 2 August 2018, the ACT Auditor-General released Report No. 9/2018 – ACT Health’s management of allegations of misconduct and complaints about inappropriate workplace behaviour.
- The Minister for Health and Wellbeing, the Director-General of the Health Directorate and I have made numerous public statements since in relation to this matter, reiterating that the ACT Government has zero tolerance for bullying and that there are safe and respectful pathways available to people wishing to raise concerns about bullying within ACT directorates. The Health Directorate and the Canberra Health Service have a range of measures in place to support staff, including:
  - Training programs to educate staff on respectful workplace behaviours, how to raise concerns about inappropriate behaviour and educate managers on how to manage complaints of inappropriate behaviour.
  - Avenues for staff to raise incidents of bullying and harassment, which include raising concerns with their Senior Manager, People and Culture (HR) Employee Services Unit and through the electronic internal incident reporting mechanism.
  - An established network of over 101 Respect Equity and Diversity (RED) Contact Officers for all professions.
  - Rigorous processes for investigating bullying appropriately and independently in line with the requirements of ACT Health Enterprise Agreements and the *Public Sector Management Act 1994*, to which all ACT Health and ACT Government employees are required to adhere.

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- Ensuring the employee against whom the allegation has been made is afforded their right to natural justice and procedural fairness in the process.
- Existing investigative processes, which still have their place for more serious matters, are often of limited assistance for interpersonal disputes in the workplace.
- Due to privacy obligations and procedural fairness, the complainant will not be informed of the outcome and sanction taken against the other individual. And investigative processes do not often deal with the relationships, but only find fact as to what has occurred.
- Where these processes fail, then there will evidently be existing processes for raising these matters internally, and potentially escalating to an investigation in accordance with the relevant enterprise agreement.
- Canberra Health Service is working on a number of short and medium term strategies and actions to shift the focus from formal investigative processes to early intervention and alternative dispute resolution, with the intention to recast existing frameworks in a way that results in a more connected approach to employee behavior and positive workplace culture, including:
  - The introduction of an Employee Advocate function, reporting directly to the CEO of the Canberra Health Service. This role will assist employees in the resolution of their workplace issues, by assisting with resolution through alternative dispute resolution mechanisms in the first instance. This role will be advertised in December 2018;
  - Modifying existing Preliminary Assessment process for bullying and interpersonal disputes to prioritise early intervention and alternative dispute mechanisms, including mediation and facilitated conversations;
  - Utilising the REDCO network to assist with the introduction of this new approach;
  - An external and trusted avenue for employees of the ACT Health Directorate and the Canberra Health Service on bullying matters.

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## Key Information

- The report contained three recommendations, two for which ACT Health has responsibility. These recommendations were as follows:
  - Recommendation 1: ACT Health should implement training for executives and managers for the handling of allegations of potential breaches of the ACT Public Sector Code of Conduct. This training should include:
    - Managing and documenting the conduct of preliminary assessments;
    - The need to fully consider options available prior to proceeding with a misconduct investigation (eg. Underperformance management); and
    - Processes for managing and documenting allegations of breaches of the ACT Public Sector Code of Conduct.
  - Recommendation 3: ACT Health should implement awareness training for Executives and Managers to reinforce requirements for receiving, documenting and managing reports of inappropriate workplace behaviours.
- In relation to both Recommendations 1 and 3: ACT Health have trained 206 managers in undertaking Preliminary Assessments, throughout the course of the 2017/18 financial year. ACT Health now reports higher Preliminary Assessment completions than any other Directorate, according to preliminary figures for the State of the Service Report.
- The *'Addressing Workplace Issues – Preliminary Assessment for Managers'* training, has increased our managers' understanding of their legal obligations under the Enterprise Agreements to conduct preliminary assessments to address bullying complaints. The skills based component of the workshop provides managers with the skills for conducting a preliminary assessment, and appropriately documenting and reporting such matters.
- ACT Health is also currently reviewing the Preliminary Assessment training to reflect the new early intervention and Alternative Dispute Resolution mechanisms

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**ISSUE: STRATEGIC OBJECTIVE 1 - REDUCING THE WAITING LIST FOR ELECTIVE SURGERY**

(Page 49)

Detail	Period	Value	Target
The number of patients waiting longer than clinically recommended timeframes for elective surgery	2017–18	399	144

### Talking Points

- In 2017-18 the target for the number of patients waiting longer than clinically recommended on the waitlist for elective surgery was not achieved.
- The 399 patients waiting times longer than clinically recommended was an improvement on the previous years figure of 424 patients.
- Reasons for not meeting the target include a significant increase in 2017 of additions to the waitlist beyond normal trends. This created a ‘surge’ in operations needing to be done against available capacity.
- Although the Government committed extra funding to meet this surge in demand, due to time constraints the accumulated longwaits, although being able to be brought down, could not meet the target set at the start of the financial year.

Additions to the waitlist at 30 June 2017 were 15571 as compared to 15324 till 30 June 2018. Category 2 and 3 waitlisted patients additions will flow into 2017-18 to need to be completed.

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- Long wait patients: time course 2017-18

Census Date Longwait patients on that date

30/06/2017	424
30/09/2017	506
31/12/2017	587
31/03/2018	596
30/09/2018	399

In addition, admissions for procedures for elective surgery needing to be done was above expectations at 3.2 per cent per annum as against a norm of less than three per cent per annum.

This was nearly twice the national average for 2017-18 of 1.7 per cent per annum growth in admissions for procedures for elective surgery.

- Available theatre and anaesthetic workforce became a major constraint to bring the number of long wait patients down further than 399 in the time available; despite moneys made available by the Government.
- Improving access to elective surgery in 2017-18 for paediatric patients was achieved with zero long waits being recorded at the end of 2017-18 financial year.
- The demand from emergency surgery has impacted on the ability to maintain a reduction in incidences waiting longer than clinically recommended. This is because they compete for similar resources of beds, theatre time, and workforce.
- Emergency surgery has grown at a rate of six percent which has meant that capacity within the Canberra Hospital theatre complex is close to full.
- The Government is committed to providing additional funding to increase elective surgery number to around 14,000 per annum from 2018-19.
- Modelling has indicated that ACT Health will need to perform in the order of 14,000 surgical procedures in the 2018-19 financial year in order to reduce the percent of the patients waiting longer than clinically indicated towards five percent of the number of waitlisted patients. This calculation is subject to actual additions to the waitlist that occur through the course of this year; which may impact actual procedures needing to be completed.

Cleared as complete and accurate: 12/11/2018  
Cleared by: Deputy Director-General Ext: 42728  
Information Officer name: Chris Bone  
Contact Officer name: Mark Dykgraaf Ext: 43125  
Lead Directorate: Health

TRIM Ref: GBC18/688

## Key Information

- In 2017-18, 13,340 elective surgical procedures were completed across the ACT. This was achieved through collaborative partnerships across the public and private sectors and was an increase from 2016-17.
- The results achieved in the urgent category for the 2017-18 year are similar to the previous year, with 91 per cent of urgent patients receiving access to their surgery within clinically recommended timeframes.
- Performance decreased across the other two categories, with 70 per cent of patients in the semi-urgent category and 77 per cent of patients in the non-urgent category having surgery on time. This is compared to 81 per cent and 88 per cent respectively in the previous year. This is because the percentage of long wait patient done brings down the percentage on time mathematically.

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Cleared by: Deputy Director-General Ext: 42728  
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Lead Directorate: Health

TRIM Ref: GBC18/688

**ISSUE: STRATEGIC OBJECTIVES 2 - NO WAITING FOR ACCESS TO  
EMERGENCY DENTAL HEALTH SERVICES**

(Page 49)

Detail	Period	Value	Target
Percentage of assessed emergency clients seen within 24 hours	2017-18	100%	100%

**Talking Points**

- During 2017-18 the Dental Health Program (DHP) achieved 100 per cent compliance against the strategic objective of assessed emergency clients to be seen within 24 hours

**Key Information**

- Health Directorate strategic objective 2 focused on ensuring there was no wait for access to emergency dental health services.
- To achieve this, the DHP were required to assess 100 per cent of emergency dental clients offered an appointment within 24 hours.
- The DHP achieved full compliance with the target of assessing 100 per cent of emergency dental clients offered an appointment within 24 hours throughout the 2017-18 financial year.

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Lead Directorate: Health

TRIM Ref: GBC16/688

**ISSUE: STRATEGIC OBJECTIVE 3 – IMPROVING TIMELINESS OF ACCESS TO RADIOTHERAPY SERVICES**

(Page 49)

	2017-18 target	2017-18 result
Emergency – treatment starts within 48 hours	100%	100%
Palliative – treatment starts within 2 weeks	90%	58%
Radical – treatment starts within 4 weeks	90%	53%

**Talking Points**

- 100 per cent of patients requiring emergency treatment continue to be seen within the target of 48 hours.
- During 2017-18 overall activity and the number of patients treated by radiotherapy services increased. The service did not meet the target wait times for palliative and radical treatments.
- The performance in radiotherapy wait times is impacted by the increase in number of referrals, increasingly complex treatment techniques and treatment delivery time, and workforce shortages.
- Two machines are end of life and not suitable for some of the new techniques. This leads to further delays for some patients. Replacement of these machines is on track for 2019.
- The service continues to identify and implement improvements in service efficiency to reduce wait times and this has seen considerable reduction in wait times over the last three months.
- The opening of a private radiation therapy service in Canberra in late 2018 is expected to achieve further reductions in wait times for first treatments.

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Lead Directorate: Health

TRIM Ref: GBC18/688

## Key Information

- Waiting time is defined as the time elapsed between the radiation oncologists decision that treatment should commence (ready for care) to the first treatment being delivered.
- Triage categories are defined as:
  - Radical – when treatment is given for control of the disease with curative intent.
  - Palliative – when treatment is given primarily for the purpose of symptom relief in patients with incurable cancer.
  - Emergency – used for acute, potentially morbid or life-threatening events related to a patients cancer.

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Cleared by: Deputy Director-General Ext: 42728  
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Lead Directorate: Health

TRIM Ref: GBC18/688

**ISSUE: STRATEGIC OBJECTIVE 4 – IMPROVING BREASTSCREEN PARTICIPATION RATE FOR WOMEN AGED 50 TO 69 YEARS**

(Page 50)

	2017-18 target	2017-18 result
Proportion of women aged 50 to 69 years who have a breast screen	60%	55%

### Talking Points

- Overall number of screens completed in 2017-18 increased compared to 2016-17 and ACT is three per cent above the national average. The total number of screens for 2017-18 was 18,123.
- The population of women aged 50 to 69 years in the ACT has increased resulting in an overall reduction in the participation rate in this age group.
- The total number of breast screens performed are impacted by mamographer staffing. National recruitment campaigns have continued, however, there remains a national shortage of mamographers.
- BreastScreen ACT continues to implement initiatives to improve participation rates in women aged 50 to 69 years including making phone calls to lapsed attendees, calling women who do not attend their appointment and inviting women who are in the target age group but have not attended BreastScreen previously.
- BreastScreen also continues to actively promote the program through General Practitioner surgeries, at community events and through media opportunities.

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 Lead Directorate: Health

TRIM Ref: GBC16/688



**ISSUE: STRATEGIC OBJECTIVE 7 - REACHING THE MAXIMUM OCCUPANCY RATE FOR ALL OVERNIGHT HOSPITAL BEDS**

(Page 51)

Detail	Period	Value	Target
ACT	2017–18	86%	90%
Canberra Hospital	2017–18	94%	90%
Calvary Hospital	2017–18	69%	90%

### Talking Points

- Bed occupancy is a measure of the efficient use of resources available for hospital services. It is calculated on the availability of beds at Canberra’s public hospitals to receive admissions, in total minutes per day.
- Bed occupancy figures fluctuate hourly, daily and monthly, and also vary substantially with the level of demand experienced across each hospital campus.
- Separation is the term used to refer to the episode of admitted patient care, which can be a total hospital stay (from admission to discharge, transfer or death) or a portion of a hospital stay beginning or ending in a change of type of care (for example, from acute to rehabilitation care). ‘Separation’ also means the process by which an admitted patient completes an episode of care by being discharged, dying, transferring to another hospital or changing type of care.
- A same-day separation occurs when a patient is admitted to and separated from the hospital on the same date. An overnight separation occurs when a patient is admitted to and separated from the hospital on different dates.
- ACT public hospitals achieved a bed occupancy rate of 86 per cent for the 2017-18 financial year. This is comparable to previous years.

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 Cleared by: Deputy Director-General Ext: 42728  
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- During 2017-18, the aim was to maintain bed occupancy levels at 90 per cent, which is considered the best level to achieve maximum efficiency.
- 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 Canberra Hospital was 5.6 days, and Calvary Hospital 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.
- The territory wide health services strategy will contribute to balancing out availability across the ACT which would more efficiently use all Health resources.

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Lead Directorate: Health

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**ISSUE: STRATEGIC OBJECTIVE 8 – MANAGEMENT OF CHRONIC DISEASE: MAINTENANCE OF THE HIGHEST LIFE EXPECTANCY AT BIRTH IN AUSTRALIA (PAGE 51)**

**Strategic Indicator 8:** Life Expectancy at Birth in the ACT and Australia, by Sex, 2014–2016

Strategic indicator	ACT (years)	National (years)
Females	85.2	84.6
Males	81.3	80.4

**Talking points:**

- Life expectancy at birth provides an indication of the general health of the population and reflects on a range of issues other than the provision of health services such as economic and environmental factors. The ACT continues to enjoy the highest life expectancy of any jurisdiction in Australia and the Government aims to maintain this result.
- Between 2000 and 2014–2016, life expectancy in the ACT increased by 3 years for males and 2.9 years for females.

**Key Information**

- Australians are living longer and gains in life expectancy are continuing. It is not just life expectancy that is important, health-adjusted life expectancy is a measure of the years that a population, on average, can expect to live in good health. According to the Australian Burden of Disease Study, in 2001 ACT males could expect to live 72.3 years in good health, while ACT females could expect to live 74.6 years in good health. The percentage of life lived in full health in the ACT is similar to that of the rest of Australia. Population health initiatives aim to ensure that the period lived in good health is as long as possible.

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**ISSUE: STRATEGIC OBJECTIVE 9 – LOWER PREVALENCE OF CIRCULATORY DISEASE THAN THE NATIONAL AVERAGE (PAGE 52)**

**Strategic Indicator 9:** Proportion of the ACT Population with Heart or Vascular Disease, Including stroke

Strategic indicator	ACT rate	National rate
Proportion of the population diagnosed with heart, or vascular disease, including stroke <sup>1</sup>	3.9%	4.7%

*Source: Australian Bureau of Statistics 2015 National Health Survey: First Results, 2014–15. Cat no. 4364.0.55.001. ABS, Canberra.*

**Talking points:**

- The proportion of the ACT population with some form of cardiovascular disease is 3.9 per cent, lower than the national proportion of 4.7 per cent.
- While people of all ages can present with a chronic disease, the ageing of the population and longer life spans mean that chronic diseases will place major demands on the health system for workforce and financial resources.
- Risk factors for circulatory disease include high blood pressure, overweight and obesity, high cholesterol, poor diet, insufficient physical activity and smoking. With increasing prevalence of some of these risk factors in younger cohorts, such as high obesity rates, it is likely that chronic diseases will occur at younger ages.
- As overweight and obesity is a major, modifiable risk factor for a variety of chronic conditions such as heart, stroke or vascular disease, the ACT government established the Healthy Weight Initiative (HWI). The HWI aimed to halt the rise in overweight and obesity across the ACT by making systemic improvements to the food and active living environments to support Canberrans to engage in healthier behaviour. Evidence suggests that this that will have positive effects on,

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productivity, and in the long-term reduce the burden of chronic disease and demand on health services.

- In a continuation of these efforts, the ACT government is committed to developing a preventive health strategy that will address a number of risk factors for chronic conditions.

## Key Information

- The prevalence of cardiovascular disease is an important indicator of general population health as it is a major cause of mortality and morbidity.

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Lead Directorate:	Health	

**ISSUE: STRATEGIC OBJECTIVE 10 – LOWER PREVALENCE OF OVERWEIGHT AND OBESE PEOPLE (PAGE 52)**

**Strategic Indicator 10:** Proportion of the ACT Population that are Overweight and Obese

Strategic indicator	Rate	2017–18 target
ACT	63.5%	≤63.0%
National	62.8%	N/A

*Source: Australian Bureau of Statistics 2015 National Health Survey: First Results, 2014–15. Cat no. 4364.0.55.001. ABS, Canberra.*

**Talking points:**

- Based on data from the National Health Survey, overweight and obesity rates among adults in the ACT and nationally have stabilised. However, these figures may be masking more subtle changes as people move from being classified as overweight to obese.
- In 2013, the ACT Government established the Healthy Weight Initiative (HWI). The HWI aimed to halt the rise in overweight and obesity across the ACT by making systemic improvements to the food and active living environments to support Canberrans to engage in healthier behaviour. Evidence suggests that this that will have positive effects on waistlines, productivity, and in the long-term reduce the burden of chronic disease and demand on health services.
- In a continuation of these efforts, the ACT government is committed to developing a preventive health strategy that will address a number of risk factors for chronic conditions, including overweight and obesity.

**Key Information**

- Excess weight, especially obesity, is a major risk factor for many chronic conditions, including cardiovascular disease, type 2 diabetes, some musculoskeletal conditions and some cancers. As the level of excess weight increases, so does the risk of developing these conditions.

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**Portfolio/s:** Health and WellbeingHealth and Wellbeing

**ISSUE: STRATEGIC OBJECTIVE 11 – ADDRESSING GAPS IN ABORIGINAL AND TORRES STRAIT ISLANDER IMMUNISATION STATUS (PAGE 52)**

**Strategic Indicator 11: Immunisation Rates—ACT Aboriginal and Torres Strait Islander Population**

Strategic indicator	2017–18 target	2017–18
Immunisation rates for vaccines in the national schedule for the ACT		
Indigenous population:		
12 to 15 months	≥95%	92.99%
24 to 27 months	≥95%	94.12%
60 to 63 months	≥95%	97.16%
All	≥95%	94.70%

**Note:**

1. The very low numbers of Aboriginal and Torres Strait Islander children in the ACT means that the ACT Aboriginal and Torres Strait Islander coverage data should be read with caution. This small population can cause rate fluctuations.

**Talking points:**

- The very low numbers of children identified as Aboriginal and Torres Strait Islander in the ACT means that immunisation coverage rates should be read with caution. This small population means immunisation coverage data for Aboriginal and Torres Strait Islander children in the ACT consistently fluctuates between quarters. One child missing one vaccine can make a difference of up to six percent in terms of overall coverage for the cohort.
- The 2017-18 rates are the average coverage rates for the September 2017, December 2017, March 2018 and June 2018 quarters. These are taken from the quarterly assessment reports from the [Australian Immunisation Register \(AIR\)](#).
- The 2017-18 coverage rates show that immunisation coverage rate for Aboriginal and Torres Strait Islander children in the ACT are maintained or increasing in all cohorts, despite some fluctuation in the quarterly rates.

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- For the June 2018 quarter, the ACT achieved excellent coverage rates in all three cohorts for Aboriginal and Torres Strait Islander children. The results were well above the Australian rates as shown in the table:

June 2018	Coverage rates for Aboriginal and Torres Strait Islander children	
	ACT	Australia
<b>Cohort one</b> (12-15 months of age)	97.70%	92.00%
<b>Cohort two</b> (24-27 months of age)	100.00%	88.00%
<b>Cohort three</b> (60-63 months of age)	100.00%	96.80%

- Immunisation coverage data is reliant on immunisation providers entering data on vaccines administered to a patient onto the AIR. Inconsistencies or lack of data entry can therefore skew results.
- The Health Protection Service (HPS) actively pursues strategies to increase immunisation rates for Aboriginal and Torres Strait Islander children. Promotional campaigns were introduced during 2015/16 as a strategy to increase immunisation numbers. This includes reminder postcards sent to Aboriginal and Torres Strait Islander families prior to a child's vaccinations being due and indigenous specific promotional campaigns.

## Key Information

- Immunisation coverage rates are measured at three milestones, cohort one (12 to 15 months of age), cohort two (24 to 27 months of age) and cohort three (60 to 63 months). Reports of immunisation rates on the above three cohorts are released by the AIR quarterly. These reports show coverage rates for all Australian children and for children who have a Medicare Aboriginal or Torres Strait Islander identifier.

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**ISSUE: STRATEGIC OBJECTIVE 12 - HIGHER PARTICIPATION RATE IN THE CERVICAL SCREENING PROGRAM THAN THE NATIONAL AVERAGE (PAGE 53)**

**Strategic Indicator 12:** Two-year Participation Rate in the Cervical Screening Program

Strategic indicator	ACT rate	National rate
Two-year participation rate <sup>1</sup>	56.2%	56.0%

*Source: Cervical Screening in Australia 2015–16, Cat No. CAN 111 (Published: Australian Institute of Health and Welfare, 2018).*

**Note:**

1. This is the age standardised participation rate for women aged between 20 and 69 years.

**Talking points:**

- The ACT's two-year participation rate in the Cervical Screening Program is 56.2 per cent, slightly higher than the national rate.

**Key Information**

- On 1 December 2017, the renewal of the National Cervical Screening Program (NCSP) commenced. The two yearly pap test for people aged 18 to 69 has been replaced by a five yearly Human Papilloma Virus (HPV) test for people aged 25 to 74.
- Following the transition of the ACT Cervical Cytology Register to the National Cancer Screening Register (NCSR) on 1 July 2018, participation data is now captured by the NCSR.
- The NCSR will create a single national record for participants of the new NCSP rather than the old State/Territory-based registers.
- ACT Health continues to promote screening in the community and to vulnerable groups through community radio stations and translating the screening message to 21 different languages.

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**ISSUE: STRATEGIC OBJECTIVE 13 - ACHIEVE LOWER THAN THE AUSTRALIAN AVERAGE IN THE DECAYED, MISSING OR FILLED TEETH (DMFT) INDEX**

(Page 53)

Strategic indicator	ACT rate <sup>1</sup>	National rate
dmft index at 6 years (indicates deciduous teeth)	0.90	1.30
DMFT index at 12 years	0.30	0.90

### Talking Points

- In 2017-18, the Dental Health Program achieved lower than the Australian Average in the Decayed, Missing or Filled Teeth (dmft/DMFT) Index, indicative of the effectiveness of dental prevention, early intervention and treatment services in the ACT.

### Key Information

- Based on the last nationally published data from the National Child Oral Health Study, the index at six years for decayed, missing or filled deciduous teeth (dmft) in the ACT was 0.90 compared with the national average for the same period being 1.30.
- Based on the last nationally published data from the National Child Oral Health Study, the index at 12 years for decayed, missing or filled teeth (DMFT) in the ACT was 0.30 compared with the national average for the same period being 0.90. The ACT rate is the lowest nationally.

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 Lead Directorate: Health

TRIM Ref: GBC16/688

**ISSUE: STRATEGIC OBJECTIVE 14 – REDUCING THE RISK OF FRACTURED FEMURS IN ACT RESIDENTS AGED OVER 75 YEARS (54)**

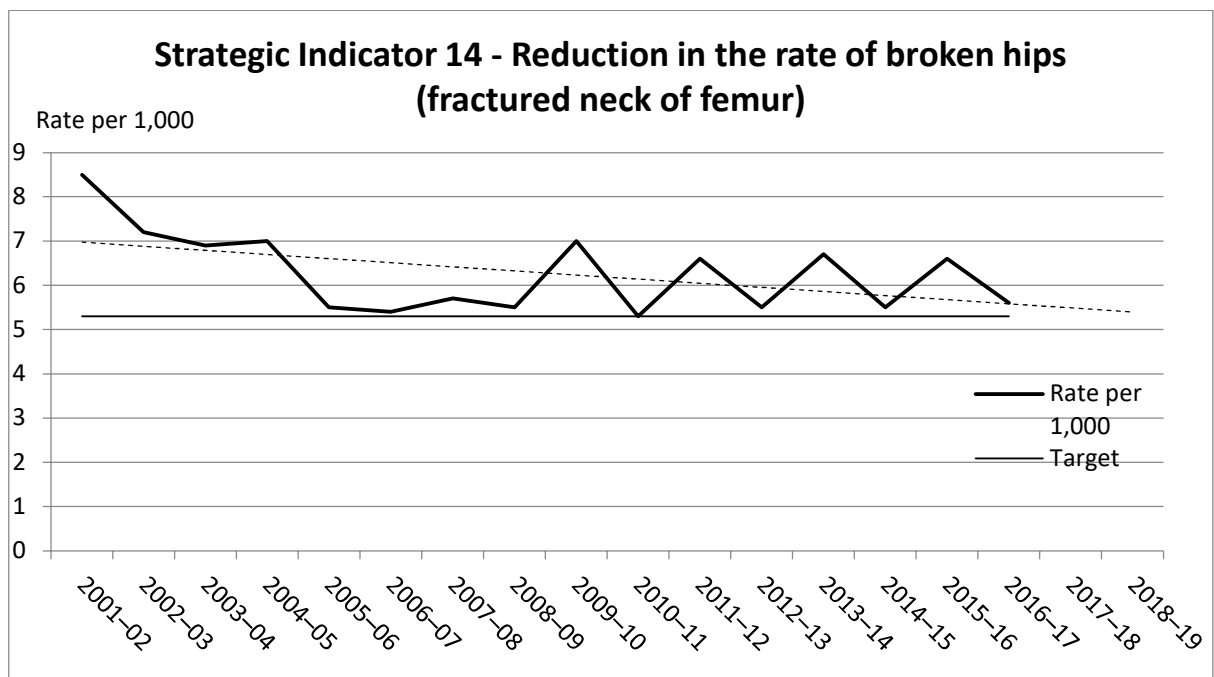
**Strategic Indicator 14: Reduction in the Rate of Broken Hips (Fractured Neck of Femur)**

Strategic indicator	2016–17 ACT rate	Long-term target
Rate per 1,000 people	5.6	5.3

*Source: ACT Admitted Patient Care data.*

**Talking points:**

- This indicator provides an indication of the success of public and community health initiatives to prevent hip fractures. In 2016–17, the ACT rate of admissions in persons aged 75 years and over with a fractured neck of femur was 5.6 per 1,000 persons in the ACT population. This is slightly above the long term target and follows a generally decreasing trend over a ten year period.



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## Key Information

- Hip fractures are a serious injury and typically a consequence of falls and osteoporosis in older adults. Despite an overall downward trend, it remains a significant health burden that is expected to increase as our population ages. Fractures and their associated disabilities often result in premature death and are a significant cause of rising health costs, hence the need for policies to address their causes and outcomes.
- Preventing falls and other fracture risk factors, may reduce the prevalence of fractures among the elderly.

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**ISSUE: STRATEGIC OBJECTIVES 15 – REDUCTION IN THE YOUTH SMOKING RATE (PAGE 54)**

**Strategic Indicator 15: Percentage of Persons Aged 12 to 17 Years Who Smoke Regularly**

Strategic indicator	2014 ACT rate	2014 National rate	Long-term target
Percentage of persons aged 12 to 17 who are current smokers	5.2%	5.1%	≤5%

*Sources: Australian Secondary Students' Alcohol and Drug (ASSAD) Survey confidentialised unit record files 2014, ACT Health: Australian secondary school students' use of tobacco, alcohol, and over-the-counter and illicit substances in 2014 report, Centre for Behavioural Research in Cancer, Cancer Council Victoria, October 2016.*

**Talking points:**

- Smoking rates among youth in the ACT have fallen significantly over the past two decades and continue to fall.
- Results from the 2014 Australian Secondary School Alcohol and Drug (ASSAD) Survey show that 5.2 per cent of students in the ACT were current smokers in that year. This demonstrates a continued decline in current smoking from 15.3 per cent in 2002, 6.7 per cent in 2008 and 5.8 per cent in 2011.
- The national rate for current smoking in youths in 2014 was 5.1 per cent.

**Key Information**

- While it is good news that smoking rates among ACT youths has fallen, we can't be complacent. There are still sections of the community with high smoking rates, while electronic cigarettes (e-cigarettes or personal vaporisers) are an emerging public health challenge. Currently, e-cigarettes are being marketed as a method to assist smokers to quit, or as a safer alternative to conventional cigarettes. However there is currently insufficient evidence to support these claims and growing concern about potential toxic effects and long-term health impacts.
- Results from the 2017 Australian Secondary School Alcohol and Drug (ASSAD) will be available in November 2018.

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 Lead Directorate: Health

**ISSUE:           OUTPUT 1.1 ACUTE SERVICES - EMERGENCY DEPARTMENT  
PERFORMANCE**

(Page 64)

**Talking points:**

- ACT Health has a focus on delivering emergency services within clinically recommended timeframes.
- The challenges in managing the demand for emergency services in the last 12 months, include an increase in Emergency Department presentations from 85,093 in 2016-17 to 88,661 in 2017-18, representing a 4.1 per cent increase in the total number of presentations to the Emergency Department year on year.
- ACT Emergency Departments achieved the 'seen on time' target for category one and five patients during 2017-18.
- The key target area for improvement in the ED over the past 12 months was reducing the time to be seen for emergency triage categories two to four. This target was not achieved due to the increase in demand for emergency department services and unprecedented seasonal demand, the higher number of more clinically urgent and complex patient presentations, and workforce issues. This will continue to be a focus going forward.

**Key Information**

- Funding announced in the 2018-19 budget has 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 Emergency Department and the alternative services available if clinically appropriate.

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TRIM Ref: GBC16/688

- This will assist ACT Health to improve access to emergency services and care, reduce the waiting times experienced by patients, and assist to 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.

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TRIM Ref: GBC16/688

**ISSUE:        OUTPUT 1.1 ACUTE SERVICES – DENTAL HEALTH**

(Page 64)

**Talking points:**

- ACT Health has been working to deliver initiatives to increase access to clients eligible to access the Dental Health Program (DHP).

**Key Information**

- The DHP has maintained the organisational mean waiting time target of six months for adults on the routine dental services waiting list, in the context of rising demand. There continues to be no waiting lists for children to receive routine dental care in Community Health Centres.
- The DHP will deliver additional mobile dental clinics to increase access to dental care for schools and low-income or disadvantaged Canberrans, which will include further development in the Models of Care for this program to ensure that it is effective in reaching susceptible clients with a low Index of Community and Socio-economic Advantage.
- The DHP implemented increased operating hours of dental clinics at two of the five community centres (Belconnen and Tuggeranong Community Health Centres), in response to feedback from staff and clients that better before and after school access to appointments was needed.

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TRIM Ref: GBC16/688



**ISSUE:        OUTPUT 1.1 ACUTE SERVICES OBESITY MANAGEMENT SERVICE**

(Page 65)

**Talking points:**

- Canberra Hospital began delivering public bariatric surgery in late 2017.
- Clinical eligibility for this surgery is currently focussing on patients with Class 3 Obesity (BMI more than 40). These patients will also be required to meet the eligibility assessments made by doctors in the Obesity Management Services (OMS) and a further assessment by a general surgeon.
- The OMS Model of Care was revised in 2017 to strengthen the criteria and clinical pathway for patients who may benefit from bariatric surgery, including post-operative review and management.
- Dedicated theatre sessions are being made available at Calvary Health Care Bruce to allow bariatric surgeries to be completed.

**Key Information**

- To achieve a sustainable public service, a general surgeon employed by Canberra Health Services is undertaking additional training in the specialist field of bariatric surgery.

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TRIM Ref: GBC16/688

**ISSUE:        OUTPUT 1.1 ACUTE SERVICES - PATIENT FLOW**

(Page 64)

**Talking points:**

- The focus on patient flow at Canberra Hospital is a whole of organisation effort led by the Chief of Clinical Operations and the Patient Flow Unit.
- The Chief of Clinical Operations has increased communications across Canberra Health Services to broaden visibility and share the responsibility of bed demand.
- This includes daily messaging to inform key staff of certain critical performance metrics at the commencement of each day.
- This information is used to inform daily operations, including the safe and timely discharge of patients.

**Key Information**

- Relative Stay Index (RSI) is an indicator of a hospital's length of stay (LOS) compared to other hospitals, after adjustment for patient case mix and age. Numbers over 100 per cent indicate a LOS higher than average, while a number lower than 100 per cent means the LOS is lower than average. Canberra Hospital RSI remained relatively stable at 98 per cent for the most recent report, in April 2018. In conjunction with a low unplanned readmission rate, this outcome signals efficient and effective patient flow.
- Pressure from admission streams outside of the Emergency Department played a significant role in overall demand on inpatient beds. Other sources of unplanned admissions include:
  - the Intensive Care Unit
  - non-tertiary facilities in the ACT and surrounding NSW
  - outpatient clinics.

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TRIM Ref: GBC18/688

- The Electronic Patient Journey Board (EPJB) project continued throughout the 2017–18 financial year. The EPJB supports digital bed management and patient flow across ACT Health by providing clinicians with real-time information and displaying data from multiple clinical systems on one screen. When fully implemented, the EPJB will feature a tasking tool allowing clinical and non-clinical tasks to be requested and actioned from admission to discharge, from any location.
- To help interstate patient flow, Key Performance Indicators (KPIs) have been developed to measure patient movement between the ACT and neighbouring hospitals in the surrounding NSW region, in towns such as Young, Orange and Boorowa. This is being done to substantiate actual activity, identify areas of congestion that contribute to capacity issues, and allow potential solutions to be identified.
- In 2018-19, CHS is progressing a series of projects to improve performance against the National Emergency Access Targets (NEAT). These include:
  - communications strategies to the public, to increase awareness of appropriate ED use and the suitable alternatives in the community;
  - implementation of a High Demand Procedure, to guide action at times of peak demand;
  - enhanced seasonal planning, staff engagement projects and logistical improvements around weekend bed management and bed-cleaning turnaround.

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**Portfolio/s:** Health and Wellbeing

**ISSUE:           OUTPUT 1.1 ACUTE SERVICES – ELECTIVE AND EMERGENCY  
SURGERY MANAGEMENT**

(Page 66)

**Talking points:**

- ACT Health and Canberra Health Services have a sustained focus on delivering elective surgery within the recommended timeframes to as many people as possible, while also reducing the number of elective surgery patients waiting longer than clinically recommended.
- Overall, there have been challenges in managing demand for elective surgery in the last 12 months, with more people being added to the waiting list than removed from it.
- The system has been under significant pressure from an increase in emergency surgery activity, which is competing for the same resources as elective surgery.
- The increased demand for both elective and emergency surgery time has limited the capacity to reduce the number of people waiting longer than clinically recommended for elective surgery.
- Workforce issues in the attraction and retention of surgeons and anaesthetists in the public sector are a key challenge, most notably in the specialties where waiting times are longer.
- Canberra Hospital is the major territory referral hospital for the Southern NSW region.

**Key Information**

- To build on the good work that has been done in recent years, the Government announced it would fund more elective and emergency surgery in 2017–18. As a result, ACT Health delivered over 18,500 surgeries in the period, including both elective and emergency procedures, which is an increase of approximately four per cent in the number of procedures performed, compared to the previous financial year.

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- This will help ACT Health to improve access to surgical care and reduce waiting times, which means better health outcomes for patients in the ACT and surrounding NSW region.
- With the certainty of additional funding in 2018-19, ACT Health can increase the number of elective surgeries it can deliver to around 14,000 per year, growing elective surgeries by about 4,000 over the next four years.
- This will help ACT Health to improve access to surgical care and reduce waiting times, which means better health outcomes for patients in the ACT and surrounding NSW region.

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**ISSUE:        OUTPUT 1.1 ACUTE SERVICES – INCREASING ACCESS TO ELECTIVE SURGERY**

(Page 67)

**Talking points:**

- The Territory Wide Surgical Management Committee (TWSMC) has developed an elective surgery plan to manage the increasing demand for elective surgery in the ACT.
- Updated modelling is being used to set targets for elective surgery in upcoming years, with the delivery of approximately 14,000 elective surgery procedures anticipated for the 2018-19 financial year.
- This will be the highest number of elective surgery cases ever completed in the ACT in one financial year.

**Key Information**

- A current lack of workforce in some critical areas is impacting on the capacity to reduce the number of people waiting longer than the clinically recommended. Anaesthesia, ENT, Vascular and Plastic Surgery are the most critical specialties, as well as surgically trained nurses and other support staff.
- Health is progressing a workforce strategy to attempt recruitment in these areas.
- The TWSMC plans and monitors elective surgery waiting list performance across the Territory.
- The TWSMC has adopted strategies to manage this increasing demand, including conducting additional surgeries, partnerships with the private hospital sector and reviewing current infrastructure.

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GBC18/688 - 20

**Portfolio/s:** Health and Wellbeing

**ISSUE:           OUTPUT 1.1 ACUTE SERVICES – HIP FRACTURE CLINICAL  
FRAMEWORK**

(Page 67)

**Talking Points:**

- Following the implementation of the Fractured Hip Clinical Pathway in 2017, the median acute length of stay for fractured hip patients decreased from 10.1 days to below the median baseline of 9.19 days.
- Acute readmissions reduced from an average of 8.57 per cent 12 months prior to implementation, to seven per cent for the nine months post implementation.

**Key Information**

- The shared care model for elderly patients admitted with hip fractures focuses on delivering collaborative Orthopaedic and Geriatric care.
- In addition, the hip fracture clinical pathway for the management of patients with hip fracture has also been implemented.
- This enables a standardised coordinated approach to care, resulting in reduced length of stay and a decrease in readmissions for hip fracture patients.

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**ISSUE:        OUTPUT 1.1 ACUTE SERVICES - PUBLICLY FUNDED  
                   HOMEBIRTH PROGRAM**

(Page 67)

**Talking Points**

- A trial of the publicly funded homebirth program commenced in early 2017 for women at low risk of obstetric complications.
- The three-year trial is being delivered through the Canberra Midwifery Program (CMP) and is available to eligible women who reside within a 30 minute roundtrip to the Centenary Hospital for Women and Children (CHWC), as defined by the ACT Ambulance service.
- The eligibility criteria for the trial are based on general and clinical guidelines with continuous risk assessments conducted throughout the pregnancy and labour.
- As of 24 October 2018, Canberra Health Service has seen 17 homebirths for our publicly funded homebirth trial since commencement.
- The trial will provide one or two homebirths a month over the three-year period, up to 24 births per year however the eligibility criteria may impact on achieving these numbers.
- An interim report will be produced at 20 births with a final evaluation planned for late 2019.

Cleared as complete and accurate: 25/10/2018  
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GBC18/688 - 22

**Portfolio/s:** Health and Wellbeing

**ISSUE:        OUTPUT 1.1 ACUTE SERVICES - ENDOSCOPY WAITING TIMES**

(Page 67)

**Talking points:**

- The Gastroenterology and Hepatology Unit (GEHU) at Canberra Hospital continues to experience high demand.
- There has been a significant increase in referrals from the National Bowel Cancer Screen Program over the last two years.
- Canberra Health Services continues to work to improve access to and management of endoscopy services provided by GEHU. Some of the work being completed includes; increasing utilisation of available endoscopy sessions; actively contacting each patient three days prior to the procedure to ensure they are attending. If patients advise they need to cancel the appointment, last minute appointments can be filled, and the transfer of suitable patients to Southern NSW Local Health District where appropriate for their procedure.
- This work has seen a steady decline in Endoscopy Waitlist entries from January 2018, specifically for Category 1 patients.

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TRIM Ref: GBC16/688

**ISSUE:           OUTPUT 1.1 – ACUTE SERVICES – OUTPATIENT SERVICES**

(Page 68)

**Talking points:**

- Demand for outpatient services continues to be greater than the capacity to deliver services in a number of specialities.
- There have been reductions in patients waiting outside clinically recommended timeframes for outpatient appointments; 90 per cent reduction for gynaecology, 50 per cent reduction for neurosurgery and 30 per cent for vascular surgery.
- The three key priorities for improvement include; reducing did not attends, reducing review appointments and reducing inappropriate referrals.

**Key information**

- Work is underway with Canberra Health Services Walk-in Centres to manage some conditions to reduce demand on outpatients.
- Planning is underway to develop a fracture clinic at University of Canberra Hospital by the end of 2018. A second paediatric fracture clinic will commence at the Centenary hospital for Women and Children at Canberra Hospital in 2018.
- Additional resources to clear the backlog of Category 1 and 2 patients waiting outside clinically recommended timeframes will be considered in 2019-20 budget allocation.
- Individual specialties are working to increase the number of appointments available through restructuring clinics and adding additional sessions where possible.

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**ISSUE: OUTPUT 1.1 – ACUTE SERVICES – WALK-IN CENTRES –**

(Page 68)

**Talking points:**

- Presentations to the Walk-in Centres (WiCs) continue to increase annually.
- Presentations to the Belconnen and Tuggeranong WiCs are as follows:

Financial Year	Total Presentations	Comment
16/17	36,767	Average of 100 presentations per day
17/18	41,544	Average of 114 presentations per day.

Source: Distinct appointments from data repository

- The number of clients who did not wait remains very low at 1.3 per cent.
- The median waiting time for clients at Belconnen and Tuggeranong WiCs for the 2017-18 financial year was 15 minutes.
- The top presentations for the Belconnen and Tuggeranong WiCs were:
  - Upper Respiratory Tract Infections (URTI) – common colds
  - Wound dressing
  - Musculoskeletal conditions
  - Gastroenteritis diarrhoea
  - Ear nose and throat conditions
- Consumer feedback remained positive with 84 per cent of feedback received being compliments.

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## Key Information

- Since receiving consumers from 4 September 2018 the Gungahlin WiC has averaged 314 presentations per week with 28 per cent of those presentations being children between two to 15 years of age as at 21 October 2018.
- Since the opening of the Gungahlin WiC, presentations to the Belconnen WiC have remained steady.

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**ISSUE:           OUTPUT CLASS 1.1A ADMITTED SERVICES – NATIONAL WEIGHTED ACTIVITY UNITS (Page 279)**

	Original Target 2017-18	Actual Result 2017-18
Admitted NWAU{17}	82,273	78,482

**Talking Points:**

- The performance outcome for 2017-18 is 78,482 National Weighted Activity Units (NWAUs).
- This performance is approximately five per cent below the target of 82,273 NWAUs set for the year.
- Acute admitted activity is below the target due to lower activity reported for public hospital elective surgery contracted patients treated in the ACT private hospital sector.

**Key Information**

- This accountability indicator relates to Canberra Health Services only. Total ACT Health performance, including Calvary Public Hospital, is reported under ACT Local Hospital Network outputs.
- The NWAU is the unit of measure of the national activity based funding system which informs the payments of Commonwealth national health reform funding to states and territories. The NWAU allows activity across a range of settings to be compared – for example, inpatients, outpatients and emergency patients. It provides a scale that identifies the relative complexity and measure of resource use for each public hospital service.
- The NWAU target for this accountability indicator applies to acute admitted patients (excludes acute mental health and sub-acute patients). These patients undergo a formal hospital admission and discharge process.
- Note: Actual NWAUs are based on the most up to date data available at the time of reporting and are subject to revision. Final actual NWAU data submitted to the national bodies will reflect more up to date data and will be subject to a full reconciliation process.

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**ISSUE:           OUTPUT CLASS 1.1B NON-ADMITTED SERVICES – NATIONAL  
WEIGHTED ACTIVITY UNITS (Page 279)**

	Original Target 2017-18	Actual Result 2017-18
Non-Admitted NWAU{17}	24,110	23,978

**Talking points:**

- The performance outcome for 2017-18 is 23,978 National Weighted Activity Units (NWAUs).
- This performance is approximately one per cent below the target of 24,110 NWAUs set for the year.

**Key Information**

- This accountability indicator relates to Canberra Health Services only. Total ACT Health performance, including Calvary Public Hospital, is reported under ACT Local Hospital Network outputs.
- The NWAU is the unit of measure of the national activity based funding system which informs the payments of Commonwealth national health reform funding to states and territories. The NWAU allows activity across a range of settings to be compared – for example, inpatients, outpatients and emergency patients. It provides a scale that identifies the relative complexity and measure of resource use for each public hospital service.
- The NWAU target for this accountability indicator applies to non-admitted patients. These patients are treated in outpatient clinics or in a community setting (excludes Community mental health services).
- Note: Actual NWAUs are based on the most up to date data available at the time of reporting and are subject to revision. Final actual NWAU data submitted to the national bodies will reflect more up to date data and will be subject to a full reconciliation process.

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**ISSUE:           OUTPUT CLASS 1.1C EMERGENCY SERVICES – NATIONAL WEIGHTED  
ACTIVITY UNITS (Page 279)**

	Original Target 2017-18	Actual Result 2017-18
Emergency Services NWAU{17}	11,634	11,664

**Talking points:**

- The performance outcome for 2017-18 is 11,664 National Weighted Activity Units (NWAUs).
- This performance is less than one per cent above the target of 11,634 NWAUs set for the year.

**Key Information**

- This accountability indicator relates to Canberra Health Services only. Total ACT Health performance, including Calvary Public Hospital, is reported under ACT Local Hospital Network outputs.
- The NWAU is the unit of measure of the national activity based funding system which informs the payments of Commonwealth national health reform funding to states and territories. The NWAU allows activity across a range of settings to be compared – for example, inpatients, outpatients and emergency patients. It provides a scale that identifies the relative complexity and measure of resource use for each public hospital service.
- The NWAU target for this accountability indicator applies to Emergency Department patients belonging to Canberra Health Services.
- Note: Actual NWAUs are based on the most up to date data available at the time of reporting and are subject to revision. Final actual NWAU data submitted to the national bodies will reflect more up to date data and will be subject to a full reconciliation process.

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**ISSUE:           OUTPUT CLASS 1.1D ACUTE ADMITTED MENTAL HEALTH SERVICES – NATIONAL WEIGHTED ACTIVITY UNITS (Page 280)**

	Original Target 2017-18	Actual Result 2017-18
Acute Admitted Mental Health NWAU{17}	5,148	5,678

**Talking points:**

- The performance outcome for 2017-18 is 5,678 National Weighted Activity Units (NWAUs).
- This performance is approximately 10 per cent above the target of 5,148 NWAUs set for the year.
- This result is higher than target mainly due to a 14 per cent increase in average complexity per separation. Services that observed the largest increase in complexity included alcohol use and dependence, opioid use and dependence, and childhood mental disorders.

**Key Information**

- This accountability indicator relates to Canberra Health Services only. Total ACT Health performance, including Calvary Public Hospital, is reported under ACT Local Hospital Network outputs.
- The NWAU is the unit of measure of the national activity based funding system which informs the payments of Commonwealth national health reform funding to states and territories. The NWAU allows activity across a range of settings to be compared – for example, inpatients, outpatients and emergency patients. It provides a scale that identifies the relative complexity and measure of resource use for each public hospital service.
- The NWAU target for this accountability indicator applies to acute admitted mental health patients belonging to Canberra Health Services. These patients undergo a formal hospital admission and discharge process.
- Note: Actual NWAUs are based on the most up to date data available at the time of reporting and are subject to revision. Final actual NWAU data submitted to the national bodies will reflect more up to date data and will be subject to a full reconciliation process.

Cleared as complete and accurate: 26/10/2018  
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**ISSUE:           OUTPUT CLASS 1.1E SUB ACUTE SERVICES – NATIONAL WEIGHTED  
ACTIVITY UNITS (PAGE 280)**

	Original Target 2017-18	Actual Result 2017-18
Sub-Acute NWAU{17}	6,417	7,141

**Talking points:**

- The performance outcome for 2017-18 is 7,141 National Weighted Activity Units (NWAUs).
- This performance is approximately 11 per cent above the target of 6,417 NWAUs set for the year.
- This result is higher than targeted mainly due to a 12 per cent increase in patient volume in rehabilitation and palliative care.

**Key Information**

- This accountability indicator relates to Canberra Health Services only. Total ACT Health performance, including Calvary Public Hospital, is reported under ACT Local Hospital Network outputs.
- The NWAU is the unit of measure of the national activity based funding system which informs the payments of Commonwealth national health reform funding to states and territories. The NWAU allows activity across a range of settings to be compared – for example, inpatients, outpatients and emergency patients. It provides a scale that identifies the relative complexity and measure of resource use for each public hospital service.
- The NWAU target for this accountability indicator applies to sub-acute admitted patients belonging to Canberra Health Services. These patients undergo a formal hospital admission and discharge process.
- Note: Actual NWAUs are based on the most up to date data available at the time of reporting and are subject to revision. Final actual NWAU data submitted to the national bodies will reflect more up to date data and will be subject to a full reconciliation process.

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**ISSUE:           OUTPUT CLASS 1.1F CALVARY SERVICES – NATIONAL WEIGHTED  
ACTIVITY UNITS (PAGE 280)**

	Original Target 2017-18	Actual Result 2017-18
Calvary Services NWAU{17}	1,427	1,379

**Talking points:**

- The performance outcome for 2017-18 is 1,379 National Weighted Activity Units (NWAUs).
- This performance is approximately three per cent below the target of 1,427 NWAUs set for the year.

**Key Information**

- This accountability indicator relates to Calvary Public Hospital out-of-scope services. These services are provided to, for example, compensable (Compulsory Third Party or worker compensation insurance claims in most cases) and DVA patients, and are therefore outside of the national activity based funding system.
- The NWAU is the unit of measure of the national activity based funding system which informs the payments of Commonwealth national health reform funding to states and territories. The NWAU allows activity across a range of settings to be compared – for example, inpatients, outpatients and emergency patients. It provides a scale that identifies the relative complexity and measure of resource use for each public hospital service.
- The NWAU target for this accountability indicator applies to all admitted, non-admitted and emergency department out-of-scope patients.
- Note: Actual NWAUs are based on the most up to date data available at the time of reporting and are subject to revision. Final actual NWAU data submitted to the national bodies will reflect more up to date data and will be subject to a full reconciliation process.

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**ISSUE: STRATEGIC OBJECTIVE 1: PERCENTAGE OF ELECTIVE SURGERY CASES ADMITTED ON TIME BY CLINICAL URGENCY**

Strategic Indicator 1: Percentage of Elective Surgery Cases Admitted on Time by Clinical Urgency

Detail	Period	Value	Target
Urgent Category 1	2017-18	91%	100%
Semi-urgent Category 2	2017-18	70%	78%
Non-urgent Category 3	2017-18	77%	91%

**Talking points:**

- In 2017–18, 13,340 elective surgical procedures were completed across the ACT. This was achieved through collaborative partnerships across the public and private sectors and was an increase from 2016–17.
- The results achieved in the urgent category for the 2017–18 year are similar to the previous year, with 91 per cent of urgent patients receiving access to their surgery within clinically recommended timeframes.
- Performance decreased across the other two categories, with 70 per cent of patients in the semiurgent category, and 77 per cent of patients in the non-urgent category having surgery on time, compared to 81 per cent and 88 per cent respectively, in the previous year.

**Key Information**

- The increased demand for both elective and emergency surgery has limited the capacity to reduce the number of people waiting longer than clinically recommended for elective surgery.
- Workforce issues in the attraction and retention of surgeons and anaesthetists in the public sector are a key challenge, most notably in the specialties where waiting times are longer.
- With the certainty of additional funding in 2018-19, ACT Health can increase the number of elective surgeries it can deliver to around 14,000 per year, growing elective surgeries by about 4,000 over the next four years.

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- This will help ACT Health to improve access to surgical care and reduce waiting times, which means better health outcomes for patients in the ACT and surrounding NSW region.

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**ISSUE: STRATEGIC OBJECTIVE 2: IMPROVED EMERGENCY DEPARTMENT TIMELINESS**

Emergency Department (ED) timeliness measures how long patients wait until they are first seen by a doctor in the ED.

**Strategic Indicator 2.1** The Proportion of Emergency Department Presentations that are Treated within Clinically Appropriate Timeframes

Detail	Period	Value	Target
Triage Category 1	2017-18	100%	100%
Triage Category 2	2017-18	77%	80%
Triage Category 3	2017-18	37%	75%
Triage Category 4	2017-18	49%	70%
Triage Category 5	2017-18	82%	70%
All Triage categories	2017-18	50%	70%

**Talking points:**

- ACT EDs achieved the target for ‘seen on time’ in category one and category five patients during the 2017 –18 year.
- ACT EDs did not meet the target for categories two, three and four, due to growth in the number of hospital admissions and unprecedented seasonal demand with the severe influenza incidence in winter 2017.
- These impacts were compounded by an increase in the complexity of patient presentations, as demonstrated by higher numbers of categories one, two and three presentations and lower numbers of category four and five presentations.

**Key Information**

- Pressure from admission streams outside of the Emergency Department played a significant role in overall demand on inpatient beds. Other sources of unplanned admissions include the Intensive Care Unit, non-tertiary facilities in the ACT and surrounding NSW, and Canberra Hospital outpatient clinics.

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**ISSUE: STRATEGIC OBJECTIVE 2.2: IMPROVED EMERGENCY  
DEPARTMENT TIMELINESS**

Emergency Department (ED) timeliness measures how long patients wait until they are first seen by a doctor in the ED.

**Strategic Indicator 2.2:** The proportion of Emergency Department presentations whose length of stay in the Emergency Department is four hours or less

Detail	Period	Value	Target
ACT	2017-18	64%	90%
Canberra Hospital	2017-18	59%	90%
Calvary Hospital	2017-18	72%	90%

**Talking points:**

- The four-hour rule target was not met, due to the factors reflected in Strategic Indicator 2.1.
- An additional factor was the cumulative effect of increasing numbers of ED presentations, and increasing admissions from sources other than the ED, such as the rapid assessment clinics, outpatient clinics, subacute (referrals from other hospitals including regional hospitals) and elective surgery, which also increased, placing increasing demand on hospital overnight beds.

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**ISSUE: LOCAL HOSPITAL NETWORK**
**STRATEGIC OBJECTIVE 3 – MAXIMISING THE QUALITY OF HOSPITAL SERVICES (Page 58)**

**Strategic Objective 3.1** - The Proportion of people who undergo a surgical operation requiring an unplanned return to the operating theatre within a single episode of care due to complications of their primary condition.

	<b>2017-18 target</b>	<b>2017-18 result</b>
Canberra Hospital	<1.0%	0.5%
Calvary Public Hospital	<0.5%	0.3%

**Talking points:**

- This strategic indicator represents the quality of theatre and post-operative care for patients at both public hospitals.
- The unplanned return to theatre within care episode indicator, for both Canberra and Calvary Public Hospitals continued to perform better than the target rate.
- Canberra Hospital reported a 2017-18 result of 0.5 per cent against its target of 1.0 per cent or less.
- Calvary Public Hospital Bruce reported a result of 0.3 per cent against its target of 0.5 per cent or less.
- Minor changes between years can be expected, as small changes to numbers can skew results and therefore trends over time are more meaningful. Canberra Hospital reported a downward trajectory over the last few years (2015-16, 0.67 per cent and 2016-17, 0.63 per cent).
- The targets for each hospital are different due to Canberra Hospital being a major trauma and teaching hospital for the region treating higher levels of complexity than Calvary Public Hospital Bruce.
- Therefore, it is more likely for patients who have treatment at Canberra Hospital to return for surgery rather than Calvary Hospital.

Cleared as complete and accurate: 30/10/2018  
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## Key Information

Canberra Health Services continually strives to provide a safe and high quality health care system, and is continually implementing service improvement to increase quality and safety for all patients.

Cleared as complete and accurate: 30/10/2018  
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TRIM Ref: COR18/23526



**ISSUE: LOCAL HOSPITAL NETWORK**
**STRATEGIC OBJECTIVE 3 – MAXIMISING THE QUALITY OF HOSPITAL SERVICES (Page 58)**

**Strategic Indicator 3.2** - The proportion of people separated from ACT public hospitals who are re-admitted to hospital within 28 days of their separation due to complications of their condition (where the re-admission was unforeseen at the time of separation).

	<b>2017-18 target</b>	<b>2017-18 result</b>
Canberra Hospital	<2.0%	1.3%
Calvary Public Hospital	<1.0%	0.5%

**Talking Points**

- Both public hospitals achieved their targets for unplanned re-admissions to hospital for 2017-18.
- Canberra Hospital reported a full year 2017-18 result of 1.3 per cent against its target of 2.0 per cent or less.
- Calvary Public Hospital Bruce reported result of 0.5 per cent against its target of 1.0 per cent or less.
- The targets for each hospital are different due to Canberra Hospital being a major trauma and teaching hospital for the region treating higher levels of complexity than Calvary Public Hospital Bruce.

**Key Information**

- Canberra Health Services continually strives to provide a safe and high quality health care system, and is continually implementing service improvement to increase quality and safety of care for all patients.
- All patients re-admitted within 28 days of discharge are screened by Quality, Safety and Governance to determine if the re-admission is linked to a previous admission to hospital.

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TRIM Ref:

**ISSUE: STRATEGIC OBJECTIVE 3.3: MAXIMISING THE QUALITY OF HOSPITAL SERVICES**

**Strategic Indicator 3.3:** The number of people admitted to hospitals per 10,000 occupied bed days who acquire a Staphylococcus Aureus Bacteraemia infection (SAB infection) during their stay

Detail	Period	Value	Target
Canberra Hospital	2017-18	1.0 per 10,000	<2 per 10,000 bed days
Calvary	2017-18	0.3 per 10,000	<2 per 10,000 bed days

**Talking points:**

- This provides an indication of the safety of hospital-based services. This indicator measures the number of people admitted to hospitals who acquire a SAB infection during their hospital stay per 10,000 occupied bed days.
- As shown in the table above, both Canberra and Calvary Public Hospitals recorded rates well below the 2017–18 targets. ACT Health infection control officers continue to develop and implement programs to limit the transfer of infections within public hospitals.
- This includes education programs for clinicians, patients, general staff and visitors.

Cleared as complete and accurate: 30/10/2018  
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Lead Directorate: Health

**ISSUE: STRATEGIC OBJECTIVE 3.4: MAXIMISING THE QUALITY OF HOSPITAL SERVICES****Strategic Indicator 3.4:** The Estimated Hand Hygiene Rate

Detail	Period	Value	Target
Canberra Hospital	2017-18	81%	75%
Calvary	2017-18	73%	75%

**Talking points:**

- The estimated hand hygiene rate for a hospital is a measure of how often (as a percentage) hand hygiene is correctly performed.
- It is calculated by dividing the number of observed hand hygiene 'moments' where proper hand hygiene was practiced during an audit period, by the total number of observed hand hygiene 'moments' (where hand hygiene should be practiced) in the same audit period.

**Key Information**

- Canberra Hospital exceeded the target for this measure in the reporting period.

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Lead Directorate: Health

**ISSUE: OUTPUT CLASS 1.A ADMITTED SERVICES (PAGE 349)**

	Original Target 2017-18	Actual Result 2017-18
Admitted NWAU{17}	99,535	96,200

**Talking points:**

- The performance outcome for 2017-18 is 96,200 National Weighted Activity Units (NWAUs).
- This performance is approximately three per cent below the target of 99,535 NWAUs set for the year.
- This variance is partly attributable to lower activity reported for public hospital elective surgery contracted patients treated in the ACT private hospital sector.

**Key Information**

- This accountability indicator relates to the ACT Local Hospital Network and covers Canberra Health Services and Calvary Public Hospital.
- The NWAU is the unit of measure of the national activity based funding system which informs the payments of Commonwealth national health reform funding to states and territories. The NWAU allows activity across a range of settings to be compared – for example, inpatients, outpatients and emergency patients. It provides a scale that identifies the relative complexity and measure of resource use for each public hospital service.
- The NWAU target for this accountability indicator applies to acute admitted patients (excludes acute mental health and sub-acute patients). These patients undergo a formal hospital admission and discharge process.
- Note: Actual NWAUs are based on the most up to date data available at the time of reporting and are subject to revision. Final actual NWAU data submitted to the national bodies will reflect more up to date data and will be subject to a full reconciliation process.

Cleared as complete and accurate: 26/10/2018  
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**ISSUE: OUTPUT CLASS 1.B NON-ADMITTED SERVICES (PAGE 349)**

	Original Target 2017-18	Actual Result 2017-18
NWAU{17}	18,411	16,570

**Talking points:**

- The performance outcome for 2017-18 is 16,570 National Weighted Activity Units (NWAUs).
- This performance is approximately 10 per cent below the target of 18,411 NWAUs set for the year.
- This result was lower than target due to lower activity in Cancer, Sexual Health and Palliative Care services.

**Key Information**

- This accountability indicator relates to the ACT Local Hospital Network and covers Canberra Health Services and Calvary Public Hospital.
- The NWAU is the unit of measure of the national activity based funding system which informs the payments of Commonwealth national health reform funding to states and territories. The NWAU allows activity across a range of settings to be compared – for example, inpatients, outpatients and emergency patients. It provides a scale that identifies the relative complexity and measure of resource use for each public hospital service.
- The NWAU target for this accountability indicator applies to non-admitted patients. These patients are treated in outpatient clinics or in a community setting (excludes Community mental health services).
- Note: Actual NWAUs are based on the most up to date data available at the time of reporting and are subject to revision. Final actual NWAU data submitted to the national bodies will reflect more up to date data and will be subject to a full reconciliation process.

Cleared as complete and accurate: 26/10/2018  
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Lead Directorate: Health

**ISSUE: OUTPUT CLASS 1.C EMERGENCY SERVICES (PAGE 349)**

	Original Target 2017-18	Actual Result 2017-18
NWAU{17}	18,456	18,415

**Talking points:**

- The performance outcome for 2017-18 is 18,415 National Weighted Activity Units (NWAUs).
- This performance is less than one per cent below the target of 18,456 NWAUs set for the year.

**Key Information**

- This accountability indicator relates to the ACT Local Hospital Network and covers Canberra Health Services and Calvary Public Hospital.
- The NWAU is the unit of measure of the national activity based funding system which informs the payments of Commonwealth national health reform funding to states and territories. The NWAU allows activity across a range of settings to be compared – for example, inpatients, outpatients and emergency patients. It provides a scale that identifies the relative complexity and measure of resource use for each public hospital service.
- The NWAU target for this accountability indicator applies to Emergency Department patients.
- Note: Actual NWAUs are based on the most up to date data available at the time of reporting and are subject to revision. Final actual NWAU data submitted to the national bodies will reflect more up to date data and will be subject to a full reconciliation process.

Cleared as complete and accurate: 26/10/2018  
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**ISSUE:           OUTPUT CLASS 1.D ACUTE ADMITTED MENTAL HEALTH SERVICES  
(PAGE 349)**

	Original Target 2017-18	Actual Result 2017-18
NWAU{17}	7,956	8,427

**Talking points:**

- The performance outcome for 2017-18 is 8,427 National Weighted Activity Units (NWAUs).
- This performance is approximately six per cent above the target of 7,956 NWAUs set for the year.
- This result is higher than target mainly due to a nine per cent increase in average complexity per separation. Services that observed the largest increase in complexity included alcohol use and dependence, opioid use and dependence and childhood mental disorders.

**Key Information**

- This accountability indicator relates to the ACT Local Hospital Network and covers Canberra Health Services and Calvary Public Hospital.
- The NWAU is the unit of measure of the national activity based funding system which informs the payments of Commonwealth national health reform funding to states and territories. The NWAU allows activity across a range of settings to be compared – for example, inpatients, outpatients and emergency patients. It provides a scale that identifies the relative complexity and measure of resource use for each public hospital service.
- The NWAU target for this accountability indicator applies to acute admitted mental health patients. These patients undergo a formal hospital admission and discharge process.
- Note: Actual NWAUs are based on the most up to date data available at the time of reporting and are subject to revision. Final actual NWAU data submitted to the national bodies will reflect more up to date data and will be subject to a full reconciliation process.

Cleared as complete and accurate: 26/10/2018  
 Cleared by: Deputy Director-General           Ext: 52248  
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 Lead Directorate: Health

**ISSUE: OUTPUT CLASS 1.E SUB ACUTE SERVICES (PAGE 349)**

	Original Target 2017-18	Actual Result 2017-18
NWAU{17}	9,291	9,446

**Talking points:**

- The performance outcome for 2017-18 is 9,446 National Weighted Activity Units (NWAUs).
- This performance is approximately two per cent above the target of 9,291 NWAUs set for the year.

**Key Information**

- This accountability indicator relates to the ACT Local Hospital Network and covers Canberra Health Services and Calvary Public Hospital.
- The NWAU is the unit of measure of the national activity based funding system which informs the payments of Commonwealth national health reform funding to states and territories. The NWAU allows activity across a range of settings to be compared – for example, inpatients, outpatients and emergency patients. It provides a scale that identifies the relative complexity and measure of resource use for each public hospital service.
- The NWAU target for this accountability indicator applies to sub-acute admitted patients. These patients undergo a formal hospital admission and discharge process.
- Note: Actual NWAUs are based on the most up to date data available at the time of reporting and are subject to revision. Final actual NWAU data submitted to the national bodies will reflect more up to date data and will be subject to a full reconciliation process.

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**ISSUE: OUTPUT CLASS 1.F TOTAL IN SCOPE SERVICES (PAGE 350)**

	Original Target 2017-18	Actual Result 2017-18
NWAU{17}	153,649	149,058

**Talking points:**

- The total in-scope performance outcome for 2017-18 is 149,058 National Weighted Activity Units (NWAUs).
- This performance is approximately three per cent below the target of 153,649 NWAUs set for the year.

**Key Information**

- This accountability indicator relates to the ACT Local Hospital Network Directory and covers Canberra Health Services and Calvary Public Hospital.
- The NWAU is the unit of measure of the national activity based funding system which informs the payments of Commonwealth national health reform funding to states and territories. The NWAU allows activity across a range of settings to be compared – for example, inpatients, outpatients and emergency patients. It provides a scale that identifies the relative complexity and measure of resource use for each public hospital service.
- The NWAU target for this accountability indicator applies to all in-scope admitted, non-admitted and emergency department patients.
- Note: Actual NWAUs are based on the most up to date data available at the time of reporting and are subject to revision. Final actual NWAU data submitted to the national bodies will reflect more up to date data and will be subject to a full reconciliation process.

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Lead Directorate: Health

**ISSUE:           OUTPUT 1.G PERCENTAGE OF MENTAL HEALTH CLIENTS WITH  
OUTCOME MEASURES COMPLETED (PAGE 350)**

This accountability indicator is an ACT Local Hospital Network indicator from the 2017-18 Budget Papers. It reports the proportion of eligible mental health registered clients receiving ongoing mental health care having clinical outcome measures completed. It includes mental health care delivered in admitted patient, community and residential care settings.

**Talking points:**

- The percentage of mental health clients with clinical outcomes measures completed in 2017-18 is 73 per cent.
- This is a 12 per cent increase on the 2017-18 target of 65 per cent, as published in the 2017-18 Budget Papers.
- The increase is due to service managers having a focus on monitoring completion rates with front line staff.
- This year's result is also represents a 3 per cent improvement on the 2016-17 financial year, where 70 per cent of mental health clients had clinical outcomes measures completed.

**Key Information**

- This accountability indicator is reported for all age groups.
- Eligible clients are people receiving public mental health services on an ongoing basis, have a case manager assigned, and are in contact with public mental health services in the reference period (i.e. 2017-18).
- Outcome measures are completed three-monthly and provide a clinical picture of the client's mental health functioning at key points during the delivery of care over time.
- They provide useful clinical information information about the impact of mental ill health and consumers' responses to treatment.
- The information collected is also incorporated into a consumer's ongoing treatment plan.

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**ISSUE: ACCOUNTABILITY INDICATOR 1.H - PROPORTION OF MENTAL HEALTH CLIENTS CONTACTED BY COMMUNITY MENTAL HEALTH FACILITY WITHIN SEVEN DAYS POST DISCHARGE FROM ACUTE MENTAL HEALTH INPATIENT SERVICES (PAGE 350)**

**Talking points:**

- This indicator is included in the ACT Annual Report as a measure of the follow-up contact by community mental health services within the first seven days post discharge from an overnight acute inpatient admission in the reference year, 2017-18.
- The percentage of overnight acute mental health inpatient admissions that receive a community follow-up contact within seven days of discharge in 2017-18 is 77 per cent.
- This is a 2.7 per cent increase on the base target of 75 per cent set in the 2017-18 budget paper.
- This is also an improvement on the 2016-17 result of 74 per cent.
- Follow-up contact of consumers discharged from an acute inpatient admission continues to improve.
- This is an important aspect of clinical care provision during a person's higher acuity of mental ill health and transition back to their home.

**Key Information**

- Follow-up contact in the community within the first seven days of an acute inpatient admission has demonstrated to be a key factor in supporting a person's recovery and the prevention of relapse.
- This measure only includes follow-up by ACT Health public mental health services. Consumers may seek alternative supports privately or by community sector organisations or from primary health services such their General Practitioner.

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**ISSUE: CALVARY HEALTH CARE ACT PERFORMANCE STATEMENT 2017-18****Talking points:**

- Calvary Health Care ACT Limited (Calvary) delivers public health and hospital services from its Bruce campus and from Clare Holland House in Barton.
- Each year Calvary submits its statement of performance for inclusion in the ACT Health Directorate Annual Report.
- Calvary key activity achievements during 2017-18 include:
  - Calvary Public Hospital Bruce inpatient admissions: 29,935
  - Clare Holland admissions: 417
  - Emergency Department presentations: 59,573
  - Elective surgery procedures: 5,446
  - Non-elective surgery procedures: 2,091
  - Babies born: 1,570
- Other achievements include:
  - In September 2017, the stand-alone Calvary Bruce Private Hospital opened, with the hospital leaving its former location on Level 6 of the Xavier Building.
  - In February 2018, I announced \$2.6m funding for the expansion and refurbishment of the Calvary Public Hospital Maternity Unit. The project commenced in March 2018 and building works were completed at the end of June 2018. The first patients were admitted to the unit in July 2018. The project expanded capacity from 15 beds to 18 beds, and included cosmetic upgrades to birth suites and patient rooms. The project was an important first initiative in enhancing maternity services for women in North Canberra.

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- Also nearing completion in June 2018 were major enhancements to the:
  - Calvary Public Hospital Operating Theatre Suite; and
  - Medical Imaging Unit.
- Towards the end of 2017-18, work had commenced on planning and designing the refurbishment and expansion of the Calvary Emergency Department. The redesign will:
  - Create additional treatment spaces;
  - Improve triage and waiting areas; and
  - Enable the introduction of new models of care to improve patient flow.
- Through the reporting period, the arrangements for the transfer of Calvary's Public Aged Care and Rehabilitation Services (ACRS) Unit to the University of Canberra Hospital were finalised.
- The area formerly used for the 24 bed ACRS Unit will be recommissioned as the Calvary Public Hospital Mental Health Inpatient Unit. This unit is currently located on Level 2 of the Marian Building and is known as ward 2N – Acute Adult Mental Health. In its new location it will offer significantly improved amenity for patients.
- In May 2018, along with the Chair of LCM, Mr John Watkins, I announced a new agreement would be negotiated to ensure that the partnership of ACT Health and Calvary Public Hospital continues into the future. The focus of a new agreement with Calvary Public Hospital will be more modern health services on the northside of Canberra to:
  - Improve access for our growing community; and
  - Ensure a truly Territory-wide health system.

## Key Information

- ACT Health and Calvary agreed the 2017-18 Performance Plan in February 2018, which is on a block funding basis.

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**ISSUE: MINISTER'S FACT SHEET – AS AT 30 JUNE 2018**
**Key Information**

	2016-17	2017-18	% change
<b>Walk-in Centres</b>			
<i>Number of presentations to Walk-in Centres</i>	36,785	41,551	13%
<b>Emergency department</b>			
<i>Number of presentations by hospital</i>			
Canberra Hospital	85,093	88,661	4%
Calvary Public Hospital	58,767	59,117	1%
Total	143,860	147,778	3%
<i>Number of presentations by category</i>			
1—Resuscitation	642	752	17%
2—Emergency	14,694	14,737	0%
3—Urgent	55,380	62,106	12%
4—Semi-urgent	58,524	57,999	-1%
5—Non-urgent	14,620	12,184	-17%
Total	143,860	147,778	3%
<i>Percentage of patients seen on time<sup>1</sup></i>			
1—Resuscitation	99%	100%	1%
2—Emergency	77%	77%	0%
3—Urgent	50%	37%	-13%
4—Semi-urgent	64%	49%	-15%
5—Non-urgent	92%	82%	-10%
Total	63%	50%	-13%
<i>Proportion of presentations with a length of stay of 4 hours or less<sup>2</sup></i>			
Canberra Hospital	71%	59%	-12%
Calvary Public Hospital	76%	72%	-4%
Total	73%	64%	-9%

1. The benchmarks for seen on time are as follows:

- Triage category 1—100%
- Triage category 2—80%
- Triage category 3—75%
- Triage category 4, 5 and overall—70%

2. The performance benchmark for the National Emergency Access Target (NEAT) is 90% of all emergency department presentations with a length of stay of 4 hours or less.

	2016-17	2017-18	% change
<b>Elective surgery waiting lists</b>			
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*Number of patients waiting longer than clinically recommended at end of period*

Urgency 1 (see within 30 days)	8	8	0%
Urgency 2 (see within 90 days)	227	104	-54%
Urgency 3 (see within 365 days)	200	287	43%
Total	435	399	-8%

<i>Number of removals for surgery</i>	12,826	13,340	4%
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*Proportion of removals for surgery that were within clinically recommended timeframes*

Urgency 1 (see within 30 days)	92%	91%	-1%
Urgency 2 (see within 90 days)	81%	70%	-11%
Urgency 3 (see within 365 days)	88%	77%	-11%

**Separations from public hospitals**

*Number of inpatient separations*

Same day	60,487	60,052	-1%
Overnight	54,431	55,369	2%
Total	114,918	115,421	0%

**Breast screens**

<i>Number of breast screens performed</i>	17,176	18,123	6%
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**ISSUE: INDEPENDENT REVIEW INTO ACT HEALTH'S CULTURE****Talking points:**

- Together with the Minister for Mental Health, I have been extremely clear around my expectation for a positive culture in the delivery of public health care in the ACT.
- The Government has a zero tolerance for bullying and harassment.
- Since March 2018, there has been significant work undertaken within our public health system to improve culture and governance, and to build an environment of genuine engagement.
- I have seen significant improvements in workplace culture since this time. These improvements were confirmed by the Australian Council on Healthcare Standards, through their accreditation report handed down in August 2018.
- Building on these achievements, I have made the decision to put in place several processes to assist in further improving culture within ACT Health. This has included the establishment of an Independent Review of the workplace culture within ACT Public Health Services and the formation of a Clinical Leadership Forum.
- Both of these initiatives complement a broader package of initiatives that are being implemented by the Executive within ACT Health, aimed at further improving the workplace culture within ACT Health and Canberra Health Services.
- I am aware of the calls by Australian Salaried Medical Officers (ASMOF) and Australian Medical Association (AMA) to establish a formal Board of Inquiry. These views were carefully considered by me prior to announcing the Review, and I do not believe that a Board of Inquiry is the right mechanism to be used.

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- The Independent Review will be about the entire ACT Health workforce, and not just about the doctors.
- All staff across the workforce have a right to feel safe, supported and heard during this Review process, regardless of their position.
- The Terms of Reference for the Independent Review were released on 21 September 2018, together with the details of the Review Panel members appointed to conduct the Review.
- The Review Panel is made up of three highly experienced individuals – Mr Mick Reid (Chair), Ms Fiona Brew and Professor David Watters.
  - Mr Reid has undertaken many roles in the Australian health system, spanning four decades. He has been a bureaucrat, consultant and academic which gives him a breadth of experience and depth of knowledge of the Australian health care system.
  - Ms Fiona Brew has a nursing background. She is a senior health executive with more than 10 years experience in managing public health services and aged care in various senior roles. She is a values based leader and an expert in reforming culture in health services.
  - Professor Watters was president of the RACS from 2015 to 2016. During this time he established an expert group to combat bullying, harassment and discrimination in the health sector. This included looking at how RACS could lead the elimination of bullying and harassment from hospitals and health departments. He has a strong interest in workplace culture and professional issues across the health sector. Professor Watters is Professor of Surgery at Deakin University, working at Barwon Health and the University Hospital Geelong.
- The Review panel has a mandate to undertake extensive engagement and consultation and to seek input from relevant experts where this is required.
- The Panel has been asked to determine how best to undertake this engagement, whilst ensuring the upmost protection and privacy is afforded to all individuals.
- To this end, the Review Panel issued a call for submissions on 15 October 2018. Anyone is able to make a submission to the Review. The call for submissions will be open until 30 November 2018.

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- I have stated from the very outset that we will ensure that the processes established to conduct the Review are safe so that people are encouraged and confident to come forward. The Panel has also publicly stated that the protection of people's confidentiality and privacy is of the utmost importance to the Review.
- A Secretariat for the Review has also been established. The Secretariat is independent of ACT Health, and no permanent Health staff members will be involved with the Secretariat for the Review.
- The Review has been asked to produce an interim report by 17 December 2018, with a final report provided to me by the end of March 2019.
- I will subsequently table and publicly release these reports at the earliest opportunity.

*[If questioned about the need for a Board of Inquiry]*

- In my view, holding an expensive Board of Inquiry has the potential to be incredibly divisive for the workforce. It could be an extended and protracted process, distracting our health professionals from the very important work they do to deliver quality and safe healthcare to our community.
- A Board of Inquiry would see witnesses being cross examined by the independent legal teams of staff. This could have a significant personal impact on staff who need to be focused on providing care to patients.
- I do not believe that an Inquiry will be beneficial for our health system at this critical point in time. The significant funds that would be required to support a Board of Inquiry would be better spent on providing critical health services to our community.
- The Independent Review will be one of learning and healing, and looking at how we can address any systemic issues in a meaningful way. This should not be a witchhunt or a mechanism for publicly scrutinising a small portion of the workforce within the Directorate, as the AMA and ASMOF suggest.
- Can I also say that I have received representations from a variety of important professional associations and prominent individuals from within our healthcare system who have told me that they are highly opposed to a Board of Inquiry approach.

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- I have received strong support for the independent review process I have announced.

## Clinical Leadership Forum

- I also intend to finalise terms of reference for a Clinical Leadership Forum over the coming weeks.
- This is a high level forum that will report directly to me.
- The Forum will include a range of stakeholders from across Canberra Hospital, Calvary Public Hospital and the broader ACT health services sector.
- The Forum will provide an important mechanism for clinical leaders to advise on health services planning and infrastructure, clinical culture and training and education.
- I expect that the Forum will be in place before the end of this year.

## **Key Issues:**

- On 10 September 2018 you issued a statement on ACT Health culture. As part of this statement you announced the establishment of an Independent Review into the Workplace Culture within ACT Public Health Services.
- The AMA, ASMOF and the ACT Visiting Medical Officers Association have called for the establishment of a Board of Inquiry.

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**ISSUE: HEALTH LEADERSHIP EVENTS ON 14 AUGUST 2018 AND  
13 SEPTEMBER 2018****Talking points:**

- Given the ACT Government's decision to create two organisations from October 2018, as well as the need to address other key organisational challenges, leadership engagement and collaboration is critical.
- Building an environment where collaboration between leaders across the two organisations thrives is integral to positive workplace culture as we move through the organisational transition.
- The Collaborative Leadership Events held on 14 August 2018 and 13 September 2018 provided ACT Health senior leaders with an opportunity to engage directly with the Director-General and Senior Executives and consider key issues relating to leadership, transition and managing change.
- The Interim Director-General officially opened both events. On 14 August 2018, the Interim Director-General emphasised the priorities of organisational values and their importance in guiding behaviours, decision making and leadership more generally.
- On 13 September 2018, the Interim Director-General's opening remarks focussed on acknowledging ACT Health's numerous successes since March 2018. The hard work undertaken by staff to accomplish these and his faith in ACT Health to continue to provide high quality health services in Canberra and surrounding region.
- The media attended the event on 13 September 2018, filming the Interim Director-General's opening remarks.
- Attendees contributed to the future state of the two organisations through a number of activities focussing on breaking down silos and consultation on

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TRIM Ref: GBC18/688

a number of key issues specifically related to the organisational transition, including governance, functional alignment and collaboration.

## Key Issues:

- 139 leaders from across the organisation attended on 14 August 2018.
- 128 leaders from across the organisation attended on 13 September 2018.
- The Transition Office provided leaders with an update on the organisational transition and sought feedback from attendees about the transition to date.
- On 14 August 2018, futurist guest speaker, Bruce McCabe discussed research, innovation and technology developments that will impact healthcare and the broader community. Attendees were encouraged to consider future innovation and strategic thinking when completing Transition related activities during the event.
- On 13 September 2018, guest speaker, Abby Rees presented a session on Conscious Leadership – the leadership attributes needed to lead and collaborate in times of change. Attendees participated in a number of self reflective activities and table discussions to help embed the learnings of the session.

## Background

- Costing for the leadership workshop held on 14 August 2018:

Venue	\$850
Catering	\$13,600
Speaker	\$11,500

- Costing for the leadership workshop held on 13 September 2018:

Venue	\$1,873
Catering	\$12,160
Speaker	\$3,630

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TRIM Ref: GBC18/688

**ISSUE: ACT HEALTH ORGANISATIONAL REFORM**

**Talking points:**

- A significant achievement this year was the transition of ACT Health. In March this year, the decision to create two health organisations with clear scope and accountabilities was announced. 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 is 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.
- People visiting our public hospitals, our popular Walk-in Centres or accessing the many community-based health services that we offer have continued to be seen by the same hard working and dedicated people who make up our health system.

**Key Information**

Cleared as complete and accurate:	07/11/2018	
Cleared by:	Executive Director	Ext:
Information Officer name:		
Contact Officer name:	Catherina O’Leary	Ext:
Lead Directorate:	Health	

- The ACT Health Directorate Executive Leadership Team, with the support of a dedicated Transition Office, were responsible for overseeing the transition planning.
- The transition was managed within the current funding envelope, with a clear aim to minimise duplication of functions across the organisations, whilst ensuring each organisation had the requisite capability to be effective.
- New capabilities were identified to ensure the success of the two organisations and the fulfilment of their purpose – this includes the strategic commissioning and procurement functions in the ACT Health Directorate. These will be critical to ensuring the directorate is able to hold the territory’s health services accountable for the delivery of high quality, effective health services. These capabilities are currently being recruited to.

## Achievements

- The project successfully achieved the overall aim to split the organisation by 1 October 2018. This is reflected with the following benefits/achievements:
  - Organisational structures for the ACT Health Directorate and Canberra Health Services established
  - Administrative Arrangements enacted
  - Cost centres, ABNs, bank accounts, Financial Delegations and Instructions for each organisation established and operational
  - HR Delegations Manual, Change Leadership Training, Staff Workshops and Change Management Guide completed
  - Activities planned for Strategic Accommodation, Parking, Switchboard, Procurement, realignment of Contracts and identification of Health Infrastructure assets, risks, systems and processes completed
  - Governance framework developed and endorsed
  - Aligning Government Directory to new organisational structure and mapping systems and administrators to new structure and cost centres are 80-99% complete
  - Extensive consultation with senior leaders, staff and external stakeholders including unions.

## Project governance

- To achieve the successful separation of the organisations from 1 October 2018, a Steering Committee, the Transition Advisory Committee, and six Working Groups were established to oversee and progress required work against the project schedule.

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Lead Directorate: Health

- The Transition Advisory Committee was comprised of the Director-General, three Deputy-Director Generals, Executive Director People and Culture, Chief Finance Officer, Chief Information Officer and Director Transition Office.
- The Transition Advisory Committee met fortnightly and monitored project risk, timeframes and activities of working groups established to deliver on project elements.
- Working Groups comprised staff working in key functional areas of Finance, HR, IT, Corporate Services, and Shared Services. Their participation was in addition to their regular duties.

## Financial

- There was no allocated budget for the ACT Health Transition Project. Staffing was sourced through reallocation of existing staff and through engagement of corporate support functions. Costs were contained through use of internal resources and supports where available.
- Spring Green Consulting were engaged to support the project and provided continuity from the Form and Function review.

## Recruitment

- All executive roles have been sized to ensure equity and transparency.
- Recruitment processes to fill changed executive roles are now underway.

## Next Steps

- Governance frameworks are being implemented and refined
- Process review, policy updates and settling of team structures will continue throughout the next few months.

Cleared as complete and accurate: 07/11/2018  
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**ISSUE: STAFFING PROFILE – MEDICAL, NURSING AND MIDWIFERY, STAFF SPECIALISTS AND ADMINISTRATIVE**

	2016-17	2017-18	2018-19 FYTD
Administrative Officers Headcount	1,008	1,067	1,065
Administrative Officers FTE	922.6	977.6	970.6
Medical Officers Headcount (includes Staff Specialists)	914	932	941
Medical Officers FTE (includes Staff Specialists)	819.8	838.2	842
Nursing and Midwifery Headcount	3,108	3,159	3,270
Nursing and Midwifery FTE	2,627.7	2,675.4	2,795.1

	2016-17	2017-18	2018-19 FYTD
Visiting Medical Officers (VMO) Cost	31,991,322.76	35,875,383.46	8,461,122.77

**Note:** Data for the 2018-19 FY to date is provided as of 26 October 2018, excluding VMO costs which are as at 30 September 2018.

## Talking Points

- Visiting Medical Officers (VMOs) are not included in staffing profiles for the annual report as they are not staff they are contractors therefore only the expenditure is reported.
- Workforce data is provided in headcount and Full Time Equivalent (FTE) on this brief. A comparison of employees by FTE accurately reflects employee costs for the ACT Health Directorate.

Cleared as complete and accurate: 30/10/2018  
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 Lead Directorate: Health

- Administrative Officers had a 55 FTE increase between the 2016-17 Financial Year (FY) and the 2017-18 FY. In the 2018-19 FY to date Administrative Officers are reporting a 7 FTE decrease.
- Medical Officers had a 18.4 FTE increase between the 2016-17 FY and the 2017-18 FY. In the 2018-19 FY to date Medical Officers are reporting an additional 3.8 FTE increase.
- Nursing and Midwifery Officers had a 47.7 FTE increase between the 2016-17 FY and the 2017-18 FY. In the 2018-19 FY to date Nursing and Midwifery Officers are reporting an additional 119.7 FTE increase.
- The increase in nursing numbers for the 2018-19 FYTD, can be attributed to increased services within Canberra Health Services, including the opening of the new walk in centre and the University of Canberra Hospital.
- This is in response to the undertaking in the 2017-2018 budget for the delivery of the ACT Government's 10 year health plan for better health care in our community.

Cleared as complete and accurate: 30/10/2018  
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**ISSUE: RADIOLOGY ACCREDITATION****Talking Points**

- The training program in the Radiology Department at Canberra Health Services (CHS) is accredited by the Royal Australian and New Zealand College of Radiologists (RANZCR). Following a RANZCR site visit on 19 March 2018, the CHS radiology training program received a level D accreditation, meaning that significant issues of serious impact to the quality of training required immediate action.
- Since that time, CHS has been working to address all of the College's concerns. Arrangements are now in place to meet all sixteen recommendations with the final aim of achieving Level A RANZCR accreditation. RANZCR and CHS are confident that with a collaborative approach, all the recommendations will be met over a 12 month timeline.
- A progress report addressing substantial progress on all the recommendations was provided to RANZCR on 22 October 2018. Recent feedback from radiology registrars and other staff indicates that they are very positive about the changes made so far, and reporting greater confidence in the training program.
- Patients are not at risk. RANZCR accreditation relates specifically to teaching and training. Fundamentally, RANZCR found that a breakdown in communication between two previous Directors of Training had unfortunately affected the management of trainees.

**Key Information**

- A new Interim Clinical Director of Radiology has been appointed and commenced on 4 October 2018.
- The Directors of Training in radiology have worked collaboratively with the unit leadership to implement improvements in line with all of RANZCR's recommendations, including:
  - Integrating a formal teaching program which aligns with the curriculum.

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- Working with the College's 'Trainee in difficulty pathway and remediation plans' for trainees who need additional assistance with their training.
  - A protected registrar training schedule.
  - Recruitment of three additional consultants and additional national and local advertising for more radiologists.
  - A comprehensive and user friendly departmental orientation program.
  - Contracts for junior doctors aligning with their training schedule.
  - Rural radiology registrar rotation to Orange Base Hospital.
- At the time of the RANZCR site visit, the Clinical Director was required to oversee all rostering. The newly appointed Clinical Director is overseeing the rostering and the Directors of Training oversee the rostering of trainees, to ensure training requirements are being met.
  - RANZCR incorrectly noted some issues with the department's equipment. CHS has confirmed that all medical imaging equipment is compliant with national standards, meets Medicare requirements and has full and appropriate National Association of Testing Authorities (NATA) accreditation to June 2020.
  - Suggestions that patient deaths can be linked to poor performance of the Medical Imaging Department at CHS are unfounded. Isolated cases of patient mortality at Canberra Hospital have been appropriately investigated by the Canberra Hospital Clinical Review committee, a Quality Assurance Committee under the *ACT Health Act 1993*.

Cleared as complete and accurate: 30/10/2018  
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Lead Directorate: Health

TRIM Ref: GBC18/688

**ISSUE: ACT HEALTH ACCREDITATION****Talking points:**

- The Australian Commission on Safety and Quality in Health Care (The Commission) introduced the National Safety and Quality Health Service Standards (National Standards) framework as part of the Australian Health Service Safety and Quality Accreditation Scheme in 2013.
- The National Standards are designed to assist health service organisations to deliver safe and high quality care. They aim to:
  - reduce patient harm
  - provide a nationally consistent set of quality and safety measures, and
  - ensure a minimum standard of patient care delivered by health services across Australia.
- The Australian Council on Healthcare Standards (ACHS) conducted an organisation wide re-accreditation survey (OWS) of ACT Health against the ten National Standards on 19-23 March 2018.
- ACT Health received the formal Not Met Core Action Report from ACHS on 4 April 2018. This report identified that whilst 176 of the 209 core actions within the National Standards were assessed as 'Met', 33 core actions were assessed as 'Not Met'.
- The 33 Not Met Core Actions were identified within the following National Standards:
  - Standard 1, Governance for Safety and Quality in Health Services in relation to organisational governance.
  - Standard 3, Health Care Associated Infection Prevention and Management.
  - Standard 4, Medication Safety. Areas identified relate to the storage and management of certain high risk medications, and medication monitoring systems.

Cleared as complete and accurate: 30/10/2018  
Cleared by: Executive Director Ext:  
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Director, Quality, Safety and  
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Lead Directorate: Health

- Standard 5, Patient Identification.
- Standard 6, Clinical Handover
- ACHS provided ACT Health a remediation period of 90 days to address the Not Met Core Actions with reassessment to occur 3 -5 July 2018.
- Led by the Interim Director General, ACT Health formed a Leadership Committee to provide governance to oversee the activity ACT Health was required to implement to address the Not Met Core Actions.
- Two surveyors from ACHS attended ACT Health to conduct the reassessment survey on 3-5 July of activity ACT Health had undertaken to address the 33 Not Met Core Actions.
- At completion of the re-assessment survey, surveyors advised ACT Health that the intent of the 33 Not Met Core Actions had been addressed and confirmed ACT Health had met National Standards accreditation requirements.
- Surveyors observed ACT Health was implementing sustainable systems and processes providing direction and strong governance from both a corporate and clinical governance perspective.
- Surveyors acknowledged the demonstrated commitment and focus of staff and Executive to drive sustainable positive change in the culture of the organisation. They observed ACT Health as an organisation of cohesion, teamwork, focused on what's best for the patient, achieving great outcomes for Canberra's.
- The final report of the ACHS National Standards Survey for ACT Health was received on 1 August 2018.
- ACT Health has been awarded three years accreditation by ACHS until July 2021. Accreditation against the National Standards applies to all ACT Health facilities including Canberra Hospital Campus, Mental Health Facilities, UCH, Community Health Centres and Walk in Clinics.
- ACT Health is committed to continuous improvements in the delivery of safe quality care to the Canberra Community.
- The Commission have released the Second Edition of the National Standards with implementation from January 2019.

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- ACT Health is not required to be formally assessed to the second edition of the National Standards until 2021, which is when the organisations current accreditation status ends.
- ACT Health is currently transitioning to the Second Edition of the National Standards. This includes refreshing and aligning committee structures with the new standards, identifying and implementing activity to ensure the new content within the Standards are implemented across ACT Health over 2019.

## **Mental Health commissioning an independent review into the safety of patients in inpatient units (including Advisory Body)**

- Based on assessment findings during OWS and in accordance with Advisory no. 13/01, ACHS and the Commission contacted ACT Health on 26 March 2018 to report an identified significant patient safety risk.
- Surveyors identified concern with the response to a number of suicides that had occurred in inpatient facilities, with delays and inadequate processes in the identification of patients at increased risk of harm and implementation of early action to reduce the risk of harm.
- The Chief Health Officer (CHO) as ACT Health's delegated Regulator received notification of this risk and monitored ACT Health's response to address the risk.
- To address the risk, ACT Health developed a comprehensive Action Plan including action to:
  - remove ligature points and develop a prototype replacement to ensure adequate and safe personal privacy in the Adult Mental Health Inpatient Unit (AHMU) at Canberra Hospital
  - conduct an independent external review of 'Mental Health Inpatient Services within ACT Health
  - establish a Mental Health Advisory Body.
- Following an inspection of AHMU and review of evidence, on 14 June 2018, the CHO confirmed the significant patient safety risks identified by the surveyors had been appropriately mitigated.

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Lead Directorate: Health

**ISSUE: ACT HEALTH PUBLICATION OF DATA FOR CONSUMERS****Talking points:**

- As a result of the System-Wide Data Review, ACT Health is making more information about our health system available to patients, consumers and the ACT Community in a more timely way.
- One of ACT Health's top priorities is to identify and report relevant health information to improve access to data online and help Canberrans be more in control of their own health care.
- To ensure that we continue to improve the availability and usefulness of information about our health system, ACT Health is undertaking work to refresh the publication of data for consumers.
- This was identified as one of the key activities in the System-Wide Data Review Implementation Plan that I tabled in the Legislative Assembly on 21 August 2018.
- The initial focus is on access to useful and up-to-date information through user friendly web portals, such as emergency department waiting times, the number of patients actually waiting, and the number of patients receiving treatment.
- Further, as part of this commitment to improve data reporting, the rollout of quarterly performance reports has recommenced. The first quarterly performance report has been finalised and will be available by 30 November this year. Moving forward, the next quarterly performance report will be published two months after the end of the quarter.
- To enhance the information about ACT's health services provided in the quarterly report, collaboration has been underway with the Health Care Consumers Association (HCCA) and clinicians to develop a new General External Reporting Framework to better inform the community about the health portfolio.

Cleared as complete and accurate: 25/10/2018  
Cleared by: Director-General Ext: 52248  
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Lead Directorate: Health



- As a result, key reporting objectives, principles and a draft General Framework of best practice indicators have been developed. These indicators do not replace the mandatory set that are regularly reported, but aim to be easier for the public and other audiences to understand.
- Next steps will include further consultation with consumer groups, including HCCA members and broader community consultation to ensure that a full range of views are obtained to inform ACT Health's ongoing public reporting.

## Key Information

### System-Wide Data Review

- On 14 February 2017, you announced a System-Wide Data Review (the Review), after ACT Health 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 has been completed, and on 21 August 2018 you tabled in the Legislative Assembly the Outcomes Report and the first phase of a three-year Implementation Plan.
- As part of this Review, ACT Health was required to:
  - Provide advice on the publication of data for consumers;
  - Ensure consumers can easily understand the information published by ACT Health; and
  - Develop options for real-time provision of information, for example live Emergency Department waiting times.
- The Review identified that ACT Health provides data for over 130 performance indicators that are publicly reported. This includes in the *Report on Government Services* and on the *MyHospitals* and *MyHealthyCommunities* websites.
  - ACT Health has provided access to all of these publicly reported metrics through its website, where users can access the most up-to-date information at any time.
- Throughout the Review process, the publication of quarterly performance reports was put on hold. This was done to allow ACT Health time to review and develop new reporting processes to ensure that all data released has undergone a robust quality assurance process.

Cleared as complete and accurate:	25/10/2018	
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**ISSUE: UPDATE ON QUARTERLY REPORTING****Talking points:**

- With the System-Wide Data Review (SWDR) now complete, ACT Health is undertaking work to refresh and improve the timeliness and availability of information about our health system.
- As part of this commitment to improve data reporting, the rollout of quarterly performance reports will re-commence from 1 July 2018. The report for the first quarter - July to September 2018 – will be available by the end of November this year. Moving forward, quarterly performance reports will be published two months after the end of the quarter.
- It was previously indicated that the first quarterly performance report would be released by the end of October 2018. However, to ensure the quality of the report, and establish a robust process for its development in accordance with the recommendations of the SWDR, a longer release time has been determined as more appropriate. In particular while the new data repository is being established and data progressively transferred to this warehouse. This also allows sufficient time for data maturity as all admitted patients data requires clinical coding which is a complex and timely process.
- ACT Health is in the process of redeveloping these reports to ensure they contain information that is high-quality and user-friendly.
- Additionally, as the recommendations of the System-Wide Data Review are implemented, the quarterly performance reports will be expanded to ensure we continue to improve access to information about our health system and help Canberrans be more in control of their own health care.

Cleared as complete and accurate:	30/10/2018	
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Information Officer name:	Tom Nguyen	Ext: 78105
Contact Officer name:	Jacob Fell	Ext: 76230
Lead Directorate:	Health	

## Key Information

### System-Wide Data Review

- On 14 February 2017, you announced a System-Wide Data Review (the Review), after ACT Health was unable to provide data on emergency department performance, elective surgery waiting times and mental health data for the *2017 Report on Government Services*.
- As part of this Review, ACT Health was required to:
  - Provide advice on the publication of data for consumers;
  - Ensure consumers can easily understand the information published by ACT Health; and
  - Develop options for real-time provision of information, for example live Emergency Department waiting times.
- Throughout the Review process, the publication of quarterly performance reports was put on hold. This was done to allow ACT Health time to review and develop new reporting processes to ensure that all data released has undergone a robust quality assurance process.
- You tabled the final Outcomes Report, *Leading Data Reform – The Way Forward: Outcomes of the ACT Health System-Wide Data Review*, in the Legislative Assembly on 21 August 2018. It outlined:
  - the key findings and recommendations from the Review;
  - the independent root cause analysis findings; and
  - a three-year roadmap for key future activities.
- To support the Review, you also tabled in the Legislative Assembly a comprehensive Implementation Plan covering the first six months of the three-year program of activities, to December 2018.
- The Implementation Plan will be updated by ACT Health every six months to include updates on projects underway and projects planned to start over the next six months.

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Lead Directorate:	Health	

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**Portfolio/s:** 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 ACT Health System-Wide Data Review is now 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 three-year program of activities that was developed in accordance with best practice data management and performance reporting principles.
- Implementing this program of activities is now a top priority in order to ensure that the outcomes of the Review result in meaningful change for patients, the broader community and the ACT Health workforce.
- To ensure this, on 21 August 2018 I also tabled an Implementation Plan that covers the first six months of the three-year program of activities (to December 2018).
- The Implementation Plan will be updated by ACT Health every six months to include updates on projects underway and projects planned to start over the next six months.
- As part of the Implementation Plan, immediate high-priority work is to identify and report relevant health information to improve access to data online and help Canberrans be more in control of their own health care.
- This will include:
  - quarterly performance updates from 2018-19;
  - developing new public reporting for patients, consumers and the broader ACT community;

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- developing and enhancing dedicated mental health performance metrics;
  - building a new data repository to deliver high quality and timely information; and
  - real time performance metrics, such as emergency department average wait times, patients currently waiting, and patients receiving treatment.
- Overall, these new ways of collecting, reporting and managing health data will inform strategic decision-making and support ACT Health to drive reform and innovation.

## Key Information

### The nine key Review recommendations

1. Build a new data repository, which will collect, store, extract and transform quality data to deliver better insights to the community;
2. Embed new governance structures to delineate roles and responsibilities in relation to data across ACT Health, ensuring accountability and transparency is a priority;
3. Continually improve the accuracy of data through robust data quality assurance activities;
4. Improve the understanding of data to ensure that the data produced and shared amongst all ACT Health stakeholders has embedded and consistent definitions and interpretation;
5. Maintain security and privacy of the data held by ACT Health;
6. Continually improve internal workforce capabilities around data to build a strong data and analytics team, and train the health workforce to leverage the use of data for decision-making;
7. Improve communication about data across ACT Health, mobilising a cultural shift around data management, with the intent of creating a new relationship between data, the community and stakeholders;
8. Improve communication about data across ACT Health, mobilising a cultural shift around data management, with the intent of creating a new relationship between data, the community and stakeholders; and
9. Be transparent within and outside ACT Health, by meeting regulatory requirements as well as deliver insights and intelligence about the healthcare services delivered throughout the ACT.

Cleared as complete and accurate:	26/10/2018	
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## Notable outcomes achieved through the Review process

- Meeting external reporting obligations such as the *2018 Report on Government Services* and the *ACT Health Annual Report 2016-17*;
- Ensuring security and access policies are in place, so that personal information is kept confidential and is stored and released with the appropriate privacy safeguards;
- Embedding strong governance models to ensure decisions regarding our data is made by those with appropriate skill and delegation;
- Building enduring relationships with external data reporting agencies, such as the Australian Institute of Health and Welfare (AIHW);
- Embedding a number of key quality assurance processes to ensure the data is accurate and correct at the time of release;
- Developing an annual audit program across our data collection and reporting systems to ensure that each year a sample of patient journeys will be followed from the initial collection point, to when the record is reported in a dataset. This process demonstrates confidence and transparency across the data and reporting systems;
- Reaching an agreement with the AIHW to accredit ACT Health to use the national health metadata registry 'MeTEOR' as a data repository for all definitions and standards. Although this work is in the initial stages, it is a major improvement and will ensure our existing and new standards and definitions are robust and consistent with national requirements;
- Investing in our staff, and embedding a culture of respect and innovation to ensure we attract and retain a skilled workforce;
- Developing end to end documentation for all national data collections, from collection point right through to reporting, which demonstrates transparency of data management processes and mitigating gaps in collection;
- Identification of over 130 performance indicators that are currently published. The System-Wide Data Review assessed and restructured this information so that it is informative, can easily be found and navigated through ACT Health websites and other media platforms. This will encompass the Quarterly Reporting arrangements and recommendations on format, structure and metric frequency for system performance reporting to consumers; and
- Rolling out a new data repository that is innovative and a first for the ACT Government that has the potential to be expanded and adapt to changing community health needs.

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

- Bed occupancy is a measure of the efficient use of resources available for hospital services. It is calculated on the availability of beds at Canberra's public hospitals to receive admissions, in total minutes per day.
- 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.
- During 2017-18, the aim was to maintain bed occupancy levels at 90 per cent, which is considered the best level to achieve maximum efficiency.
- 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 Canberra Hospital was 5.6 days, and Calvary Hospital, 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: 29/10/2018  
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TRIM Ref: GBC18/688

**ISSUE: HOSPITAL PERFORMANCE AND DATA – EMERGENCY  
DEPARTMENT DEMAND****Talking points:**

- ACT Health has a focus on delivering emergency services within clinically recommended timeframes.
- Overall, there have been challenges in managing the demand for emergency services in the last 12 months, with an increase in Emergency Department presentations from 85,093 in 2016-17 to 88,661 in 2017-18, representing a 4.1 percent increase in the total number of presentations to the Emergency Department year on year.
- ACT Emergency Departments achieved the ‘seen on time’ target for category one and five patients during 2017-18.
- The key target area for improvement in the ED over the past 12 months was reducing the time to be seen for emergency triage categories two to four. This target was not achieved due to the increase in demand for emergency department services, the unprecedented winter season demand, the higher number of more clinically urgent and complex patient presentations, and workforce issues. Improvements in these areas will continue to be a focus going forward.

**Key Information**

- The 2018-19 budget has 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 Emergency Department and the alternative services available to the community.

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- This will assist ACT Health to improve access to emergency services and care, reduce the waiting times experienced by patients, and assist to 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.

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TRIM Ref: GBC18/688

**ISSUE: MATERNITY SERVICES AT CENTENARY HOSPITAL AT CAPACITY****Talking Points**

- The demand on Maternity Services at Centenary Hospital for Women and Children (CHWC) has increased since CHWC opened in August 2012.
- There were 3,594 babies born in 2017-18 at CHWC, compared to 2,743 in 2010-11. This is an annual growth rate of 3.3 per cent.
- CHWC has devised strategies to address the escalating demands for maternity services at the Centenary Hospital including:
  - Development of a Maternity Escalation Policy to manage demand including utilisation of Birth Centre for overflow and bypass for the referral of women to other hospitals;
  - Extension of the hours of the Maternity Assessment Unit (MAU), an assessment service for pregnant women with concerns or requiring assessment of early labour;
  - Additional medical and midwifery staff rostered and the introduction of Assistants in Midwifery to maternity services;
  - Active encouragement by Calvary Public Hospital Bruce (CPHB) and CHWC for the community and General Practitioners to use services on offer at CPHB and Queanbeyan Hospital where appropriate; and
  - A midwifery attraction and retention strategy.
- In addition, CHWC and CPHB are working together to develop and implement strategies to better manage demand and ensure maternity services across the region are utilised effectively and efficiently the ACT Public Maternity Access Strategy.
- The newly refurbished CPHB Maternity Service will support the implementation of the ACT Maternity Access Strategy.

Cleared as complete and accurate: 26/10/2018  
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Lead Directorate: Health

TRIM Ref: GBC18/688

## Key Information

- Canberra Hospital, as the only level three tertiary hospital for the ACT and surrounding regions, accepts patients that cannot be accepted by non-tertiary facilities. Continued and increased occupancy, acuity and demand pressures impact on Canberra Hospital's capacity to provide tertiary level maternity care.

Cleared as complete and accurate: 26/10/2018  
Cleared by: Executive Director Ext: 47389  
Information Officer name: Elizabeth Chatham  
Contact Officer name: Ext:  
Lead Directorate: Health  
TRIM Ref: GBC18/688

**ISSUE: CLINICAL CULTURE COMMITTEE****Talking points:**

- The Clinical Culture Committee (CCC) was established by the previous Minister for Health, Mr Simon Corbell, as a Governance body in response to the findings of the 2015 KPMG Review (the Review) of the Clinical Training Culture at Canberra Hospital and Health Services and the findings of the Royal Australasian College of Surgeons (RACS) report on discrimination, bullying and sexual harassment.
- The CCC met regularly from 27 October 2015. The Committee was chaired by Ms Nicole Feely, previous Director-General, ACT Health. Membership included senior executives, senior medical staff and two junior medical staff (13 members in total).
- The Review of the Clinical Training Culture made seven key recommendations which were addressed through the Medical Culture Action Plan, endorsed in May 2016 by the CCC.
- The initiatives progressed and completed from the Medical Culture Action Plan are as follows:
  - Development and delivery of Respect at Work courses to 135 Executive and Senior Medical Staff.
  - The Senior Doctor Leadership Program for Clinical and Unit Directors commenced delivery in August 2016 and concluded in June 2017.
  - Establishing a collaborative partnership with RACS.
  - Extensive review of our current complaints management processes and related policies.
  - Establishing a database to improve tracking and reporting of complaints and trends.
  - ACT Health's Respect at Work policy was updated to reflect this review.
  - Development of a new Respect at Work e-learning program and face-to-face training program.

Cleared as complete and accurate: 26/10/2018  
Cleared by: Executive Director Ext: 51086  
Information Officer name: Janine Hammat  
Contact Officer name: Flavia D'Ambrosio Ext: 74835  
Lead Directorate: Health

- Development and delivery of the Addressing Workplace Issues training program for all staff in a managerial position. The program educates our managers on how to conduct a preliminary assessment to effectively resolve workplace issues (such as bullying).

## Key Information

- The CCC has not met in its current form since May 2017. The Interim Chief Executive Officer will hold a meeting over the coming weeks to:
  - acknowledge the achievements of the committee;
  - inform members about key elements of the refocused culture development work; and
  - to discuss the governance required for Canberra Health Services, over workplace/clinical culture.
- The Interim Chief Executive Officer is implementing a number of initiatives to address culture in Canberra Health Services. These initiatives are currently being considered and an overall approach is being developed.

Cleared as complete and accurate: 26/10/2018  
Cleared by: Executive Director Ext: 51086  
Information Officer name: Janine Hammat  
Contact Officer name: Flavia D'Ambrosio Ext: 74835  
Lead Directorate: Health

**ISSUE: INFRASTRUCTURE (INCLUDING SPIRE)**
**Talking points:**

- ACT Health continues to make progress on infrastructure planning for the Canberra Hospital, Calvary Public Hospital Bruce (CPBH) 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;
  - Northside Hospital Scoping Study, in close collaboration with Calvary Healthcare;
  - The Weston Creek Walk-in Centre, which has moved into design and construction; and
  - An Inner North Walk-in Centre.

Timelines for the Expansion of the CHWC

- The project is forecasted for completion by end of financial year 2021-22, with elements of the project due for staged completion over this period.
- Construction of the expansion will start in the 2018-19 financial year, with completion of the security enhancement works to support a Custodial Birth Suite completed in October 2018.
- The next phase of this project is to commence design work, in conjunction with ongoing Territory-wide health services planning work.

Key Deliverable	Estimated Completion Date
Custodial Birth Suite (Construction Commencement)	October 2018 (2018-19)
Adolescent Mental Health Unit Completion	2021-22
CHWC Expansion Project Completion	2021-22

Cleared as complete and accurate: 30/10/2018  
 Cleared by: Deputy Director-General Ext: 52248  
 Information Officer name: Karen Doran  
 Contact Officer name: Brad Burch Ext: 72385  
 Lead Directorate: Health

- Since the expansion was announced in last year's Budget, ACT Health has been working to undertake project due diligence and determine the final staging and scheduling of works, to give greater certainty around timeframes.
- It is important to highlight that the expansion is happening in an existing facility on the Canberra Hospital, which is an operational campus. There are existing health services that will need to be considered carefully and we also need to ensure there is a continuation of care and services for our patients and their families while this major project is underway.
- 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.

## Timelines for the SPIRE

- 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 SPIRE targeted for completion in 2023-24. This 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
Targetted Project Completion Date	During 2023-24

- ACT Health is progressing due diligence for the SPIRE project, including health planning requirements, feasibility studies and early design work. This has included the development of preliminary demand modelling forecasts; scope options analysis and high level engineering studies.

Cleared as complete and accurate: 30/10/2018  
 Cleared by: Deputy Director-General Ext: 52248  
 Information Officer name: Karen Doran  
 Contact Officer name: Brad Burch Ext: 72385  
 Lead Directorate: Health

- ACT Health is currently considering the optimal location for SPIRE on the Canberra Hospital campus, service design options, and opportunities for suitable 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 work currently underway; Territory-wide health services planning and clinical input are a vital part of planning for the construction of SPIRE. A Building Health Services Planning Clinical Information Session is being held on 22 November 2018. Leading the information session will be key senior executives from the AHD, CHS and CPHB. The event will include attendance by other executives of the Directorate and key clinical stakeholders of CHS and CPHB.
- We are 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 with the Woden Town Master Plan and other landmark proposals in the area.

## Key Information

### Funding for the SPIRE

- SPIRE is a commitment of this Government from the 2016 election.
- SPIRE received \$3.0 million in the 2017/18 Budget for feasibility (development of a strategic business case to seek funding for capital investment).
- The 2018-19 Budget has provided \$13.0 million to SPIRE to progress the next phase of design.

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

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

Cleared as complete and accurate: 30/10/2018  
 Cleared by: Deputy Director-General Ext: 52248  
 Information Officer name: Karen Doran  
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 Lead Directorate: Health



## Funding for the Expansion of the CHWC

- Expansion of the CHWC is a commitment of this Government from the 2016 election.
- The 2018-19 Budget provided a capital injection of \$2.5million 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. The final cost estimate is subject to Government's consideration of outcomes of Proof of Concept and a final detailed project proposal.

### **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	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>

Cleared as complete and accurate: 30/10/2018  
Cleared by: Deputy Director-General Ext: 52248  
Information Officer name: Karen Doran  
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Lead Directorate: Health

**ISSUE: HYDROTHERAPY POOL****Talking Points**

- The University of Canberra Hospital (UCH) in Bruce features a new, state-of-the-art hydrotherapy pool that will provide enhanced services and convenience for people. The pool opened on 23 July 2018.
- The UCH hydrotherapy pool has had 748 patient occasions of service between 23 July 2018 and 13 November 2018.
- Canberra Health Services' Hydrotherapy Service has been transferred from Canberra Hospital to UCH.
- It has always been the ACT Government's intention to fully transition all rehabilitation services to the new facility in Bruce.
- Bringing all of ACT Health's rehabilitation staff and facilities together in one place will result in better outcomes for patients and the community.
- The Canberra Hospital pool will continue to be available for use through to 30 June 2019, for existing users and the Arthritis Foundation. During this period, I have asked ACT Health to work with Arthritis ACT to look at alternative options to support hydrotherapy in the South of Canberra.
- The Stromlo Leisure Centre, scheduled for completion in early 2020, will have a multi-purpose program pool. This pool is heated to over 31°C and be 20 metres x 10 metres in size. The facility will cater for some types of aquatic based hydrotherapy.
- On 22 October 2018 I wrote to the Speaker to clarify the record regarding evidence to the Select Committee on Estimates on the description of the pool at the Stromlo Leisure Centre being a 'Hydrotherapy Pool'. This letter was subsequently tabled in the Assembly on 23 October 2018 by the Speaker.

Cleared as complete and accurate: 30/10/2018  
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Lead Directorate: Health

## Key Information

- The new hydrotherapy 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.
- Arthritis ACT and the Cerebral Palsy Association are current users of the Canberra Hospital hydrotherapy pool, Arthritis ACT offering their members 11 sessions per week and the Cerebral Palsy Association offering their members two sessions per week.
- ACT Health has agreed to continue to give Arthritis ACT access to the hydrotherapy pool at Canberra Hospital until 30 June 2019. Discussions are ongoing regarding alternative options to support hydrotherapy in the South of Canberra.
- ACT Health is committed to working closely with Arthritis ACT to ensure a transition of services to UCH and alternative options in the South of Canberra, is smooth and as seamless as possible.
- Arthritis ACT have also been offered and have accepted sessions at the UCH hydrotherapy pool from 23 July 2018. A separate Access Agreement has been signed to support this.
- A stand alone Hydrothreapy is heated to 33°C.

## Background Information

- Furthermore the hydrotherapy pool and associated space at Canberra Hospital is nearing end-of-life, and ideally is not sustainable to keep it open beyond 30 June 2019.
- ACT Health has a Service Funding Agreement with AACT for the period 2016 – 2019, to provide educational programs and information sessions on self-management, as well as supervised hydrotherapy sessions.

Cleared as complete and accurate: 30/10/2018  
Cleared by: Deputy Director-General Ext: 52248  
Information Officer name: Karen Doran  
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Lead Directorate: Health

- There are a number of private hydrotherapy pools on the south side, but they are costly and/or their pool temperatures are lower than the temperature of the pool at Canberra Hospital. The optimal temperature for hydrotherapy is 33 degrees Celsius or greater. See list below.

Private hydrotherapy pools (heated to 33°C or greater):

South side	North side
Hughes Hydro	Club MMM, CISAC Bruce
Kings Calwell	Private Hydrotherapy Pool, Dickson,
Kings Swim, Deakin	Kings Swim, Majura Park
Calvary John James Pool, Deakin	

ACT Government schools with hydrotherapy facilities (heated to 33°C or greater):

South side	North side
Malkara Special School, Garran	Black Mountain Special School, O'Connor
	Turner School

Cleared as complete and accurate: 30/10/2018  
 Cleared by: Deputy Director-General Ext: 52248  
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 Lead Directorate: Health

**ISSUE:      **Canberra Hospital Continuity of Services  
Essential Infrastructure******Talking points:**

- Continuity of Services – Essential Infrastructure (COS-EI) includes the significant upgrade to services which are near capacity and end of life and will provide future proofing for future developments at Canberra Hospital.
- Water, storm water, sewer and high voltage power upgrade works along Hospital Road were completed in mid 2016.
- Communications upgrades include the installation of fibre and conduits in the western precinct and installation of conduits to allow ring main security and future expansion along Hospital Road. Upgrades to communications are underway on Bateson Road to the west of the main hospital.
- COS-EI works include extending the covered walkway along Hospital Road connecting to the new Building 15 through to the multi-storey car park. The majority of this work was completed in late 2016 with the final car park linkage contract awarded in October 2018.

**Key Information**

Funding for the works of \$16,517 million was provided in the 2013-14 Budget.

Works completed to date include:

- Fire and water works were completed in June 2014. These works included new fire hydrant booster sets, and the replacement of the 40 year old 100mm pipe ring main with a 150mm pipe. The work was required by ACT Fire and Rescue to meet compliance requirements.
- ICT ring main works to the western precinct around the Emergency Department and west of the Centenary Hospital for Women and Children.
- Service upgrades along Hospital Road (South) including gas, water, fire services, ICT, electrical conduit installation and replacement of street lights with low maintenance energy efficient LED lighting.

Cleared as complete and accurate:   30/10/2018  
Cleared by:                                    Chief Executive Officer                    Ext: 79186  
Information Officer name:  
Contact Officer name:                    Colm Mooney                                Ext: 79186  
Lead Directorate:                         Health

TRIM Ref:

- The pneumatic tube works were required to decrease congestion on the existing system and providing a connection from the Adult Mental Health Unit through the Canberra Region Cancer Centre to Pathology, bypassing Building 3. Work on the new 160mm tube connection was completed and the 160 mm system became operational in late 2016. Works on the new 110mm system were completed in February 2017.
- Internal and external signage and wayfinding includes a significant upgrade to campus signage and wayfinding. The external signage works with the exception of Hospital Road was completed in April 2015. The Hospital Road signage was installed in 2016 after all of the Hospital Road works were completed.
- Internal signage works have been completed in the Centenary Hospital for Women and Children, Buildings 1, 3, 10 and 12 and the Southern Car Park.
- External Carparking and pedestrian path and handrail improvements were completed in February 2018.
- Pedestrian arrival point in the main southern carpark was awarded in October 2018

Cleared as complete and accurate: 30/10/2018  
Cleared by: Chief Executive Officer Ext: 79186  
Information Officer name:  
Contact Officer name: Colm Mooney Ext: 79186  
Lead Directorate: Health

TRIM Ref:

**ISSUE: CANBERRA HOSPITAL – ESSENTIAL WORKS – INFRASTRUCTURE AND ENGINEERING**

**Talking Points:**

- The original scope for the project commenced in September 2014 and was completed by June 2017.
- Arup was engaged in October 2014 to provide the performance specifications for the project. This informed the tender process for the Head Contractor. Shaw Building Group was appointed as the Head Contractor for this project in July 2015.
- Works completed include:
  - Fan coil replacement works in Building 1 Level 1, 2, 8, 9 and 10.
  - Replacement of fire detection system in Building 10.
  - Upgrade of fire detection system in Building 1
  - Modernisation of the public lifts in Building 1 (Lift no. 4, 5 and 6).
  - Lift replacement in Building 5 (Lift no. 13A).
  - Lift upgrades to address compliance issues in Building 7 (Lift no.17) and Building 5 (Lift no.12)
- In March 2018, surplus funds of \$1.644 million remaining from this project were repurposed for further lift upgrade works through a project variation authority approved by ACT Treasury.
- The additional lift upgrade works form part of a prioritised work package to commence in 2019.

**Key Information**

- A capital appropriation was provided in 2014-15 for Canberra Hospital Essential Works – Infrastructure and Engineering project. This provided for identified projects to replace or prepare essential engineering infrastructure to support future health infrastructure works, and allowed for the replacement of Major Plant and Equipment at Canberra Hospital that had reached the end of its reliable life span.

Cleared as complete and accurate: 30/10/2018  
Cleared by: Chief Executive Officer Ext:  
Information Officer name: Bernadette McDonald  
Contact Officer name: Colm Mooney Ext:  
Lead Directorate: Health

## ANNUAL REPORT HEARING BRIEF

- The works addressed compliance issues, replaced unreliable plant and equipment which was passed their reliable life period in buildings that will be refurbished for future use (such as the Tower Block, Building 1) or continue to operate with minor capital upgrades (such as Alcohol and Drug Services from Building 7).
- The works included the replacement or upgrade of a number of patient and staff lifts, and the upgrade of fire and mechanical services in several buildings on Canberra Hospital campus.

Cleared as complete and accurate: 30/10/2018  
Cleared by: Chief Executive Officer Ext:  
Information Officer name: Bernadette McDonald  
Contact Officer name: Colm Mooney Ext:  
Lead Directorate: Health

TRIM Ref:



GBC18/688 - 61.

**Portfolio/s:** Health and Wellbeing

**ISSUE: STAGING AND DECANTING BUNDLE PACKAGE AT  
CANBERRA HOSPITAL**

**Talking points:**

- \$19.43 million was provided in the 2011-12 Budget for Staging and Decanting – Continuity of Services and \$22.30 million was provided in the 2012-13 Budget for Staging and Decanting – Moving to our Future.
- In 2016-17, the following projects were completed under Staging and Decanting:
  - Building 15 - replacement of the old Psychiatric Service Unit (Building 15) with a new demountable building for outpatient services – completed October 2015.
  - Building 1, Level 4 refurbishment – completed January 2016.
  - 100 per cent Preliminary Sketch Plan for Building 1 Level 8 refurbishment – completed May 2016.
  - Fit out of Building 23 Level 2, Building 20 office pod and Building 6 Level 2 – completed October 2015.

**Key Information**

- The continuity of services is a core requirement of Health Infrastructure Services (HIS). To ensure this occurs, a Staging and Decanting Strategy has been implemented. Objectives of this strategy include:
  - Minimising the impact of decanting on the continuity of patient services.
  - Maintenance and, wherever possible, enhancement of the operational efficiency of facilities during the decanting process.
  - Minimising any reduction in the performance of clinical systems that are critical to patient care, for example, medical gases, information technology and communications.

Cleared as complete and accurate: 30/10/2018  
Cleared by: Chief Executive Officer Ext:  
Information Officer name:  
Contact Officer name: Colm Mooney Ext:  
Lead Directorate: Health

TRIM Ref:

- Implementing strategies to ensure health service operations are not adversely affected during the demolition, rebuilding and refurbishment work on facilities.
- The funding for staging and decanting is inclusive of lease costs, project design, refurbishment, fit-out works and relocations to accommodate staging and decanting.
- The schedule and activity of Staging and Decanting is contingent on and linked to the bed demand projections over the coming years. The Staging and Decanting strategy is updated to ensure alignment with major decisions regarding major infrastructure on and off Canberra Hospital campus and decisions regarding operational bed allocation within the hospital.

Cleared as complete and accurate: 30/10/2018  
Cleared by: Chief Executive Officer Ext:  
Information Officer name:  
Contact Officer name: Colm Mooney Ext:  
Lead Directorate: Health

TRIM Ref:

GBC18/688 - 62

**Portfolio/s:** Health and Wellbeing

**ISSUE: CLADDING – CENTENARY HOSPITAL FOR WOMEN AND CHILDREN**

**Talking points:**

- Following a desktop audit and the subsequent assessment by independent fire safety consultants, Defire in July 2017, it was recommended to replace a portion of Aluminium Composite Panels (ACP) on the Centenary Hospital for Women and Children (CHWC) with an alternative suitable material.
- On 15 September 2017 a façade consultant, was appointed to prepare a scoping document/Statement of Requirements (SOR) for the replacement of ACP attached to specified areas of the CHWC building with Manteena appointed on 12 December 2017 to undertake the works.
- The Arcadis SOR was developed in consultation with key members of the Whole of Government (WHoG) ACP Review Group. Key members involved were:
  - ACT Fire and Rescue;
  - Environmental Planning and Sustainable Development Directorate;
  - Infrastructure Finance and Capital Works; and
  - ACT Health Directorate.
- Physical ACP panel replacement works commenced in late February 2018 following final material selection in early February 2018.
- On 8 March 2018 an issue was raised by fire consultant Defire about possible future updates of the National Construction Code (NCC) - Building Code of Australia (BCA). A meeting with key project stakeholders was convened on 15 March 2018, following which, confirmation of the acceptability of the chosen replacement material, Vitracore G2, was received from:
  - The Building Certifier, CBS;
  - ACT Fire and Rescue; and
  - Defire, (Manteena’s fire consultant).

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Cleared by: Chief Executive Officer Ext:  
Information Officer name:  
Contact Officer name: Colm Mooney Ext:  
Lead Directorate: Health

TRIM Ref:

- Works to replace the identified panels were completed on 11 July 2018 with Certificate of Occupancy and Use issued on 18 July 2018.
- The current value of all committed works and consultancies for the project is \$1,261,415 (GST Excl).
- ACT Health is working with the WHoG ACP Review Group to prepare for a detailed risk assessment of other ACT Health buildings identified to contain ACP façade materials.
- ACT Health and IFCW representatives attended a meeting of the Cladding Review Group on 7 June 2018 to discuss the latest status of the ACT detailed building assessment process.
- The Review Group has previously undertaken an audit of government buildings and identified a number of buildings that would benefit from further assessment. The Victorian Government has shared (in confidence and is not available for ACT to share) a draft risk assessment tool that the Review Group has been working with in order to develop a process and eventual tool that could be used for the ACT. The Victorian tool requires a range of inputs and decisions that influence the risk outcome. The Review Group has used this tool to develop a risk and building assessment process and consider it may be appropriate to trial this with one or two buildings that were identified in the initial audit.
- ACT Health has provided information to EPSDD to commence assessment of two health buildings: Building 12 at Canberra Hospital and Belconnen Community Health Centre.
- A timetable for completion of the Health buildings will be considered based on the findings of the initial assessment trial and a better understanding of the process (inputs, outputs, resourcing).

Cleared as complete and accurate: 18/01/2018  
Cleared by: Chief Executive Officer Ext:  
Information Officer name:  
Contact Officer name: Colm Mooney Ext:  
Lead Directorate: Health

TRIM Ref:

**ISSUE: WATER LEAKS IN CENTENARY HOSPITAL FOR WOMEN AND CHILDREN**

**Talking points:**

- Water leaks have been identified in three areas of the Centenary Hospital for Women and Children (CHWC) – Birthing Suites, Post Natal and Paediatric Wards.

*Birthing Suites*

- In February 2016, water leaks were identified in the Birthing Suites.
- Remediation activities commenced in October 2017. To date the remediation of five ensuite has been completed, with works in two ensuite underway and due for completion in late December 2018. The remaining nine ensuite will be completed in a staged strategy over the next 18 months.

*Post Natal Ward*

- In May 2018, water leaks were identified in the Post Natal Ward affecting two ensuite.
- Remediation works commenced in May 2018 and were completed in August 2018.

*Paediatric Medical Ward*

- In August 2018, water leaks were identified in the Paediatric Medical Ward (Block B, Level 1) affecting two rooms (three beds).
- The Paediatric Medical Ward was relocated to the Paediatric Surge Ward to avoid any disruption to clinical services. This meant that the surge capacity reduced from 12 beds to nine beds.

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Cleared by: Chief Executive Officer Ext:  
Information Officer name:  
Contact Officer name: Colm Mooney Ext:  
Lead Directorate: Health

- A remediation plan was implemented in consultation with the impacted clinical areas using existing contractor resources to expedite the required remediation works.
- The source of the leak was identified to be a pinhole in the hydraulic pipe work, and is not linked to other hydraulic fitting failures within CHWC. Remediation in the Paediatric Medical Ward is ongoing and expected to be completed by late December 2018.

## Key Information

- Following the identification of a water leak in the wall cavity of an ensuite shower within the Birthing Suites, Canberra Health Services undertook immediate investigation into the source of the leak and rectification works.
- In parallel with the remediation works, a consultant was engaged to confirm the root cause of the leak which was identified as a leaking spindle (used to operate an in wall tap) extension.
- An inspection of shower units in the other Birthing Suites ensuites was undertaken, with all fittings tightened as a control measure to reduce the risk of water leaks.
- A staged remediation strategy was developed with Canberra Health Services and Women Youth and Children (WYC) team to undertake the remediation of the affected Birthing Suites ensuites which commenced in October 2017.
- Specialist consultants are engaged to perform ongoing testing to ensure patient safety is not compromised as a result of water leaks and any resulting mould contamination.
- Legal advice is being sought on a potential Industrial Special Risks insurance claim or third party recovery associated with the leaking spindle extension issue.
- Health Infrastructure Services are working closely with the Insurance Liaison Unit to progress a building claim relating to the identified issue in the Paediatrics Medical Ward.
- Whilst the remediation works in the Birthing Suites and Paediatrics Medical Ward are continuing, Canberra Health Services and WYC are discussing the coordination and construction approach for future works.

Cleared as complete and accurate: 30/10/2018  
Cleared by: Chief Executive Officer Ext:  
Information Officer name:  
Contact Officer name: Colm Mooney Ext:  
Lead Directorate: Health

TRIM Ref:

GBC18/688 - 64

**Portfolio/s:** Health and Wellbeing

**ISSUE: THEATRE 14 HIGH EFFICIENCY PARTICULATE AIR AIR FILTER**

**Talking points:**

- As part of planned annual maintenance checks on 13 June 2018 involving High Efficiency Particulate Air (HEPA) filters in Building 12 at Canberra Hospital a mould like substance was detected on a filter servicing Theatre 14 (Neuro Suite Operating Theatre).
- As a precaution Facilities Management (FM), in conjunction with Clinical Operations, closed Theatre 14 on 14 June 2018 to facilitate room testing and to allow room cleaning, air handling unit cleaning and HEPA filter replacement.
- No patient treatments were postponed or interrupted during required remediation works as planned procedures were able to be relocated.
- To prevent reoccurrence of the mould generating conditions Infrastructure Management and Maintenance (IMM) are developing a revised Heating Ventilation Air Conditioning (HVAC) design for Theatre 14 with a view to implementing a new HVAC solution in 2019.
- In the interim, FM are working closely with Clinical Areas to ensure that Theatre 14 is available for appropriate clinical use as required.

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Cleared by: Chief Executive Officer Ext:  
Information Officer name:  
Contact Officer name: Colm Mooney Ext:  
Lead Directorate: Health

TRIM Ref:

GBC18/688 - 65

**Portfolio/s:** Health and Wellbeing

**ISSUE: WALK-IN CENTRE**

**(Gungahlin WiC Opening and plans for Weston Creek WiC)**

**Talking points:**

Gungahlin

- The Gungahlin Walk-in Centre officially opened on 3 September 2018 with the centre receiving consumers from 4 September 2018.
- In the first week of operation the Gungahlin Walk-in Centre averaged 30 patients a day. Attendance at the other two centres remained constant.
- Practical completion was achieved on time by 15 August 2018 and within budget.
- The delivery of a nurse led Walk-in Centre in Gungahlin was a Government priority which has been fully funded from the 2017-18 Budget.

Weston Creek

- The ACT Government will invest around \$4.945 million to refurbish the Weston Creek Health Centre by adding a new Walk-in Centre at 24 Parkinson Street in Weston Creek. Refurbishment is planned to commence in early 2019.
- The Weston Creek Walk-in Centre will be the fourth centre to be developed across Canberra which is due to for completion in late 2019.

**Key Information**

- The existing Weston Creek building currently accommodates:
  - the Independent Living Centre which has been superseded by an extensive on-line program;
  - a 'self-service' renal dialysis facility which will remain as is;

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Cleared by: Chief Executive Officer Ext:  
Information Officer name:  
Contact Officer name: Colm Mooney Ext:  
Lead Directorate: Choose directorate:

TRIM Ref:



- a Maternal and Child Health facility;
  - A Digital Hub servicing various other Territory facilities around the ACT which will remain as is; and
  - A private dental clinic that is leasing space – ACT Health is currently reviewing lease arrangements.
- \$0.5 million funding is currently appropriated in 2018-19 to progress the Weston Creek Walk-in Centre project, with a \$2.0 million provision. It is anticipated that the project cost will be in the order of \$4.945 million to be fully funded in the 2019/20 Budget process.
  - The Walk-in Centre offers the community another option to access quality health care services.
  - The Walk-in Centres offer fast, free and efficient access to treatment for one-off, episodic care for minor injury and illnesses as well as health advice and information. Services are free and provided on a walk-in, no appointments basis.
  - The Weston Creek Walk-in Centre will be designed as an integrated centre to allow for better utilisation of staffing and treatment rooms for the provision of both a Walk-in Centre and any future Community Health Services.

Cleared as complete and accurate: 30/10/2018  
Cleared by: Chief Executive Officer Ext:  
Information Officer name:  
Contact Officer name: Colm Mooney Ext:  
Lead Directorate: Choose directorate:

TRIM Ref:

**ISSUE: BETTER INFRASTRUCTURE FUND**

**Talking points:**

- Capital works upgrades are undertaken to support the effective delivery of health services, changing service needs and to ensure existing and new standards are met through extending the effective 'life' of a facility.
- To assist the effective management of all Canberra Health Services (CHS) properties building condition assessments, hazardous materials audits and other infrastructure service reports are undertaken. These assessments and audits, along with infrastructure request submissions from ACT Health Executives, are used to inform the CHS ongoing capital works program.
- The capital works program is funded annually from the Better Infrastructure Fund appropriation, with prioritisation of work being determined by CHS Executives through the relevant Health Infrastructure governance committees.
- Works completed across ACT Health sites utilising the 17-18 Financial Year (FY) budget appropriation include:
  - Installation of a new cool room to store pharmaceutical drugs in the Canberra Region Cancer Centre at Canberra Hospital
  - Upgrade of the waste treatment system for pathology services at Canberra Hospital
  - Installation of a dedicated medication room in the Coronary Care Unit at the Canberra Hospital
  - Upgrades to the kitchen and linen facilities at Canberra Hospital
  - Installation of secure medication cabinets for pharmaceutical drugs in the Theatre area at Canberra Hospital
  - Fire Door Upgrades at Canberra Hospital
  - Security upgrades at Canberra Hospital
  - Essential power upgrades in the Canberra Region Cancer Centre at Canberra Hospital
  - Emergency lighting upgrades at Canberra Hospital
  - Upgrade of essential power and data requirements for clinical nurse stations at Canberra Hospital
  - Security and electrical upgrades at Clare Holland House
  - Roofing and electrical upgrades at Phillip Health Centre
  - Upgrade of the Heating, Ventilation and Air Conditioning (HVAC) system at the Independent Living Centre in Weston Creek
  - Security upgrades at the Health Protection Service in Holder
  - Design of a new HVAC system for the Health Protection Service in Holder

Cleared as complete and accurate: 18/01/2018  
Cleared by: Chief Executive Officer Ext:  
Information Officer name:  
Contact Officer name: Colm Mooney Ext:  
Lead Directorate: Health

TRIM Ref:

# ANNUAL REPORT HEARING BRIEF

- Upgrade of the reverse osmosis filtration system for the Renal Unit at Canberra Hospital
- Storm water upgrades at the Karralika Isabella Plains facility
- HVAC upgrades in the Centenary Hospital for Women and Children

Cleared as complete and accurate: 18/01/2018  
Cleared by: Chief Executive Officer Ext:  
Information Officer name:  
Contact Officer name: Colm Mooney Ext:  
Lead Directorate: Health

TRIM Ref:

GBC18/688 - 67

**Portfolio/s:** Health and Wellbeing

**ISSUE: UPGRADING AND MAINTAINING**

**Talking Points:**

- Upgrading and Maintaining ACT Health Assets (UMAHA) is a program of works valued at \$84.043 million.
- The UMAHA program of works is intended to minimise risks to interruption of the delivery of health services and to deliver remedial works efficiently on a planned basis. These objectives closely align with ACT Government policies around sustainable delivery of health services.
- Implementation of UMAHA scope will:
  - minimise the risk of asset failure that would close Canberra Hospital or force decanting of patients;
  - minimise risks to safety of patients, staff and visitors to ACT Health assets;
  - ensure cost effective delivery of essential remedial actions; and
  - minimise the risk of reputational damage.
- Specific areas of focus for UMAHA program of works include the following areas:
  - Building electrical systems;
  - Building hydraulic systems;
  - Building heating ventilation and air conditioning systems;
  - Building façade;
  - Lifts;
  - Building fire protection;
  - ICT infrastructure; and
  - Building and infrastructure upgrade works.

Cleared as complete and accurate:	25/10/2018	
Cleared by:	Chief Executive Officer	Ext:
Information Officer name:	Bernadette McDonald	
Contact Officer name:	Colm Mooney	Ext: 79186
Lead Directorate:	Health	

TRIM Ref:

- Projects associated with the UMAHA program are being undertaken using a number of delivery models, including Project Management Agreement, Construct only, and Design and Construct contract arrangements.
- The UMAHA program of works covers prioritised risk items across all ACT Health sites including Canberra Hospital and Calvary Public Hospital. This includes replacement of ageing electrical main switchboards, building lifts and chiller units

## Key Information

- The AECOM Report identified 583 issues associated with ACT Health infrastructure with risk ratings assigned to each issue in accordance with ACT Government risk rating guidelines.
- All extreme and high risks were included for action within the scope of the UMAHA appropriation.
- The extreme risk issues identified in the AECOM report are:
  - Electrical Main Switch Board (EMSB) replacements in Building 2 and Building 12;
  - Building 12 gas meter relocation;
  - Helipad structural upgrades; and
  - Building 1 windows.
- Of the four extreme risks, two were funded outside or partly outside of the UMAHA appropriation – Helipad (ACT Health Clinical Services Development) and Gas Meter (Continuity of Health Services Plan – Essential Infrastructure).
- UMAHA program of works scope includes the development of a strategic asset framework and strategic asset management plans for built assets, ICT assets, medical and non medical equipment assets.
- UMAHA program of works is a vehicle to consolidate all infrastructure activities under one organisation i.e. Health Infrastructure Services (HIS) to ensure alignment of planned/reactive maintenance, capital project delivery and strategic asset management.
- The scope of the UMAHA Business Case and expenditure of remaining funds except for the EMSB, B10 Electrical, Chiller upgrades works and Lift package is on track for delivery by June 2019.
- Critical elements of the Lift package to replace lifts in Building 3 and the Phillip Community Health Centre, and install a new lift in Building 3 have commenced, and are due for completion in February 2019. Replacement of a number of additional lifts have been prioritised with works to commence in 2019.

Cleared as complete and accurate: 25/10/2018  
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Lead Directorate: Health

TRIM Ref:

- Current EMSB works are due to be completed in mid 2019 (Building 2) and late 2019 (Building 12) subject to clinical demand and further shutdown planning which is underway.
- A two stage approach is being adopted to complete the EMSB project. All Building 2 scope and partial Building 12 scope will be delivered as Stage 1 works within the current allocated budget of \$42.4 million.
- Budget provisioning and timing for Stage 2 works (Building 12 scope) is being reviewed in the context of the Canberra Hospital Strategic Asset Management Plan, Infrastructure Risk Register and campus master planning implications and their associated operation constraints.

Cleared as complete and accurate: 25/10/2018  
Cleared by: Chief Executive Officer Ext:  
Information Officer name: Bernadette McDonald  
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Lead Directorate: Health

TRIM Ref:

**ISSUE: UNIVERSITY OF CANBERRA HOSPITAL: SPECIALIST CENTRE FOR REHABILITATION, RECOVERY AND RESEARCH****Talking Points**

- The University of Canberra Hospital: Specialist Centre for Rehabilitation, Recovery and Research (UCH) officially opened in July 2018 taking its first patients on 10 July 2018.
- Between 10 July 2018 and 13 November 2018 there have been 312 same day admitted patient episodes of care completed and 328 multi-day admitted patient episodes of care completed at UCH.
- On an adjacent site to UCH a multi storey car park was constructed with 400 parking spaces dedicated to UCH. Construction of the car park was completed and handed over to ACT Health on 6 July 2018. Additionally, there is underground and on-grade parking.
- During this reporting year ACT Health was in contract with Multiplex for the design and construction of UCH and with Brookfield Global Integrated Solutions for the Facilities Management of UCH.
- The UCH construction works were completed in two stages:
  - Milestone 1 was completed in November 2017; and
  - Milestone 2 (final) completion occurred on 14 February 2018.
- The facility was formally handed over from Multiplex to ACT Health at an event on 14 February 2018.
- Operational commissioning activities commenced 15 February 2018.

Cleared as complete and accurate: 30/10/2018  
Cleared by: Executive Director Ext: 79186  
Information Officer name: Colm Mooney  
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Lead Directorate: Health

## Key Information

- In 2011-2012 a budget appropriation of \$4 million was allocated to Northside Hospital Specification and Documentation. In the 2013-2014 budget, a total of \$8.252 million was appropriated for design, bringing the total appropriation to date to \$12.252 million.
- A further \$200 million has been provided for total project funding. This has been re-purposed through Cabinet to \$192.270 million. Two Section 14A adjustments and a Project Variation Authority subsequently reduced this appropriation.

Cleared as complete and accurate: 30/10/2018  
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Information Officer name: Colm Mooney  
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Lead Directorate: Health

TRIM Ref:



**ISSUE: ABORTION****Talking points:**

- In March 2018 the ACT Government made a commitment to review the barriers women may face when wanting to access abortion services in Canberra.
- On 19 September 2018 the ACT Legislative Assembly passed the *Health (Improving Abortion Access) Amendment Act 2018* (the Act). The new provisions in the Act will come into effect on or before 18 September 2019 and will improve access to medical abortion services for ACT residents, whilst continuing to prioritise health and safety.
- Specifically the new provisions removed the requirement for a medical abortion to be carried out in an approved facility and allows appropriately trained doctors to prescribe and pharmacists to dispense medications used in medical abortions.
- The delayed date of effect will enable appropriate support mechanisms to be in place prior to commencement.
- The ACT Government is committed to supporting and enabling women to make informed decisions about whether or not to end a pregnancy. Ensuring access to services that assist women before, during and after making their decision about abortion is vital.

**Key Information**

- In considering the new provisions, ACT Health consulted with stakeholders about access and availability of abortion services.
- The new provisions include:
  - Separate definitions for medical and surgical abortions which removes the requirement for a medical abortion to be carried out in an approved facility;
  - Updated conscientious objection provisions which reflects the codes of conduct for medical practitioners and pharmacists; and
  - New opt-in exclusion zone provisions for medical practices and pharmacies.

Cleared as complete and accurate: 24/10/2018  
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Information Officer name: Patrick Henry  
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Lead Directorate: Health

- The ACT Health Directorate will work with relevant stakeholders on implementation of the new provisions for access to medical abortions. For example, additional training will be required for some medical practitioners who wish to prescribe MS-2 Step (mifepristone and misoprostol).
- For women in the ACT, pregnancy termination services are available through the Marie Stopes Clinic located in Civic and Gynaecology Centres Australia (GCA) in Queanbeyan.
- Online services available through the Tabbot Foundation are currently accessed by ACT residents through a pharmacy in Queanbeyan.
- On 15 August 2018, a Notice of Motion by Ms Cody was passed, with amendment. That amended Motion gives this Government a mandate to seek to ensure that people, especially women, can have confidence in seeking the reproductive health services they need. ACT Health are preparing advice to Government on this issue.

### Exclusion zones in the ACT

- Women who have made the decision to end a pregnancy have the right to access the medical services they need without enduring the judgement of others.
- To minimise barriers to access, the government introduced a patient privacy zone around approved facilities, which at the time applied only to the health facility at 1 Moore Street in Civic in 2016. That location is then publicly listed as an exclusion zone location.
- The requirement to have a business's name and address publicly listed could be a barrier to general practitioner's providing medical abortion services. In order to increase access to medical abortions and provide continuity of care, there will no need to have a facility approved and listed publicly in order to prescribe or dispense MS-2 Step.
- Medical practices and pharmacies may request that an exclusion zone be implemented around their premises. Should they do so, the business name and address will be publicly listed as a provider of medical abortion services.
- The exclusion zone at the Marie Stopes clinic in Civic remains unchanged.

Cleared as complete and accurate: 24/10/2018  
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**ISSUE: END OF LIFE****Talking points:**

- The Commonwealth *Euthanasia Laws Act 1997* discriminates against ACT citizens by restricting the ability to introduce, through elected representatives, legislation to recognise the right to choose the manner and timing of one's death in certain circumstances.
- This is an issue not only for people who support euthanasia – it is a critical debate for all people who value the right of residents of the ACT to engage and participate in democratic processes to determine the laws that apply to them.
- The ACT Government Submission to the Select Committee Inquiry into End of Life Choices argued that the ACT Government should not be prevented from legislating for an assisted dying scheme, should it choose to do so, and that the states and territories should be treated equally in terms of their power to legislate.
- The ACT Government submission did not hypothesise on possible end of life schemes that could be appropriate for the ACT at this point. This would have been a matter for extensive consultation with the ACT community, had the prohibitive Commonwealth laws been repealed.
- There is much sensitivity in the ACT community around voluntary assisted dying, with strong sentiments on both sides of the argument.
- The ACT Government believes all Canberrans are entitled to quality end of life care, which relieves pain and suffering, and provides empowering support to family, friends and carers.
- For most patients at the end of their life, pain and suffering can be alleviated through the provision of good quality end of life care, including palliative care that focuses on symptom relief, the prevention of suffering and improvement of quality of life.

Cleared as complete and accurate: 24/10/2018  
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Lead Directorate: Health

- However, there are some instances where palliative care is not enough to achieve satisfactory relief of suffering. Even with the best palliative care, patients sometimes ask for alternative approaches to relieve extreme suffering.
- The potential for difficult situations to arise towards the end of life was reinforced by evidence via submissions to the Select Committee.
- End of life choice is an issue that is close to the heart of many in our community. As our city continues to grow and our community continues to age, there is need for a robust discussion on approaches for dealing with situations where palliative care is not enough to relieve extreme suffering.
- The establishment of the Select Committee on End of Life Choices in the ACT provides the ACT community with a valuable opportunity to discuss the important social policy and legal considerations relating to end of life choices in the ACT.
- End of Life choices is an important issue to many in the community. This was made evident by the number of submissions received by the Inquiry, with nearly 500 received. The Select Committee held eight public hearing sessions involving evidence from 80 witnesses.
- A report from the Select Committee to the Legislative Assembly is due by the last sitting day in 2018 (29 November 2018).

## Key Information

- On 30 November 2017, the ACT Legislative Assembly established a Select Committee to conduct an inquiry into End of Life Choices in the ACT (the Inquiry).
- The Inquiry was established following the Victorian Parliament passing the *Voluntary Assisted Dying Act 2017* (Victorian Act) on 29 November 2017, which introduced a voluntary assisted dying scheme for Victorian residents. Victoria is the first Australian state to legalise voluntary assisted dying.
- Currently, the ACT cannot legislate for voluntary assisted dying due to law making restrictions placed on the ACT Legislative Assembly by the Commonwealth Parliament.
- The Commonwealth laws discriminate against Territory citizens by restricting the ability to introduce, through elected representatives, legislation to recognise the right to choose the manner and timing of an individual's death in certain circumstances.

Cleared as complete and accurate: 24/10/2018  
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- Section 122 of the Australian Constitution enables the Commonwealth Parliament to override any Territory law, which it did by enacting the *Commonwealth Euthanasia Laws Act 1997* (also known as the Andrews Bill). This legislation precludes the Legislative Assembly from passing a voluntary assisted dying scheme similar to the Victorian Act.
- For the ACT to be able to legislate in relation to an assisted dying scheme similar to Victoria's, the Commonwealth Parliament must first repeal s23(1A) of the *Australian Capital Territory (Self-Government) Act 1988* and Schedule 2 to the *Euthanasia Laws Act 1997*.
- On 9 February 2018, the ACT and the Northern Territory Chief Ministers signed a Strategic Cooperation Agreement. One area of collaborative interest involved the removal of the *Euthanasia Laws Act 1997*.
- On 27 June 2018 Liberal Democrats Senator David Leyonhjelm moved to force debate in the Australian Parliament on his private bill (Restoring Territory Rights (Assisted Suicide Legislation) Bill 2015) to restore the rights of the ACT and the NT parliaments to legislate on the issue of euthanasia; and repeal the *Euthanasia Laws Act 1997*. The motion was passed 36-27.
- In July 2018, the Chief Minister wrote to federal MPs and senators calling for their support to repeal the *Euthanasia Laws Act 1997*.
- On 15 August the Australian Senate voted on Senaor Leyonjhelm's Bill to restore Territory Rights. The Bill was defeated by two votes.
- On 23 August 2017, the Western Australian Parliament established a Joint Select Committee of the Legislative Assembly and Legislative Council to inquire and report on the need for laws in Western Australia to allow citizens to make informed decisions regarding their own end of life choices. The Joint Select Committee tabled its report, 'My Life, My Choices', in the Legislative Assembly and Legislative Council on 23 August 2018. The report included 53 Findings and 24 Recommendations, Recommendation 24 being:

*'The Western Australian Government develop and introduce legislation for voluntary assisted dying having regard to the recommended framework and following consultation with the Panel established under Recommendation 21.'*

The Premier, Minister for Health and the Attorney General are required to report to the Assembly as to the action, if any, proposed to be taken by the Government with respect to the recommendations. Cabinet ministers are considering the report recommendations.

- On 2 September 2018, the Queensland Premier, Annastacia Pallaszczuk, announced Queensland will undertake an inquiry into end-of-life care, including the use of voluntary euthanasia.

Cleared as complete and accurate: 24/10/2018  
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GBC18/688 - 71

**Portfolio/s:** Health and Wellbeing

**ISSUE:       EPILEPSY**

**Talking points:**

- ACT Health Directorate acknowledges the valuable work Epilepsy ACT provides the community and people who have been diagnosed with epilepsy.
- ACT Health Directorate has agreed to provide a grant of \$100,000 to Epilepsy ACT (EACT).
- This grant will allow EACT to work with ACT Health Directorate to develop a model to address the needs of people living with epilepsy and any gaps in the ongoing provision of support and information. The model will also be used to capture data on the needs and uses of services for people living with epilepsy.
- Ongoing funding for this model will be subject to future budget considerations.
- ACT Health Directorate already provides services for people with epilepsy in the form of diagnostic services, such as clinical assessment and investigations, using computed tomography (CT) scan, magnetic resonance imaging (MRI) and electroencephalography (EEG), and advice on treatment.
- Treatment includes medical and, if appropriate, referral to centres in Sydney for specialist surgical treatments. The emergency department and intensive care unit, in conjunction with the neurology department, also manage uncontrolled epileptic seizures and status epilepticus.
- On average, the majority of people who have epilepsy will control it well, and a sizeable proportion will have associated abnormalities such as learning difficulties, autism or behavioural disorders, all of which need managing.

**Key Information**

- EACT is a not-for-profit, self-help community service organisation formed in 1982 to provide services for people with epilepsy, their families and the community.

Cleared as complete and accurate:	24/10/2018	
Cleared by:	Executive Director	Ext: 79143
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Lead Directorate:	Health	

- EACT provides support, reassurance, advocacy, referral and information to people with epilepsy. They promote an understanding of epilepsy, through education and increased community awareness.
- EACT currently provides a range of services including:
  - Personalised case management;
  - Personalised advocacy-seeking work and education adjustments;
  - Information provision;
  - Individual care planning;
  - Community building;
  - Community advocacy; and
  - Training.
- EACT charges a fee for its training program and provide 25 training sessions per year.
- EACT has not previously advised the ACT Government of their financial difficulties.
- EACT were previously funded \$83,497.
- EACT received \$142,000 transitional funding from the NDIA from July 2016 up until February 2018 from the Information, Linkages and Capacity (ILC) funding program of the NDIA.
- EACT received \$44,000 Business Package from the ACT Government in 2017 following them being unsuccessful in the first grant round of ILC in 2017.

Cleared as complete and accurate:	24/10/2018	
Cleared by:	Executive Director	Ext: 79143
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Lead Directorate:	Health	

## ISSUE: CANNABIS LEGALISATION

### Talking points:

- Issues relating to cannabis diversion are the subject of considerable ongoing debate.
- Any amendments to legislation regarding cannabis possession and cultivation, must be carefully considered, and take into account the best available evidence around implications related to adverse health effects
- Consistent with the National Drug Strategy 2017-2026, the ACT Government is developing the ACT Drug Strategy Action Plan 2018-2021. Both the National Drug Strategy and the Drug Strategy Action Plan are underpinned by the three pillars of harm minimisation: demand reduction, supply reduction and harm reduction.
- The Drug Strategy Action Plan is due to be finalised by the end of 2018.

### Key Issues:

#### Harms of cannabis

- Cannabis use has been associated with substantial adverse health effects, some of which have been determined with a high level of confidence.
- Most studies report adverse effects from:
  - Short-term cannabis use, for example, impaired short-term memory and motor coordination, altered judgment and, in high doses, paranoia and psychosis.
  - Long-term or heavy cannabis use, for example, addiction, altered brain development, symptoms of chronic bronchitis and increased risk of chronic psychosis disorders, including schizophrenia, in persons with a predisposition to such disorders.
- Cannabis, like other drugs of abuse, can result in addiction. During intoxication, cannabis can interfere with cognitive function (e.g. memory and perception of time) and motor function (e.g. coordination), and these effects can have detrimental consequences (e.g. motor-vehicle accidents).

Cleared as complete and accurate: 17/10/2018  
Cleared by: Deputy Director-General Ext: 52439  
Information Officer name:  
Contact Officer name: Emily Harper Ext: 52245  
Lead Directorate: Health

TRIM Ref: GBC18/688



- Repeated cannabis use during adolescence may result in long-lasting changes in brain function that can jeopardise educational, professional, and social achievements.

## Medicinal use

- Since 1 November 2016 some cannabis products have been able to be prescribed by doctors for medicinal use in Australia, including the ACT.
- In order to prescribe cannabis as a controlled medicine, doctors should obtain authority from the ACT Chief Health Officer under the same process which currently applies for other controlled medicines such as opiates and amphetamines.
- Only registered medical practitioners can apply for an authority to prescribe a controlled medicine for one of their patients.

Cleared as complete and accurate: 17/10/2018  
Cleared by: Deputy Director-General Ext: 52439  
Information Officer name:  
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TRIM Ref: GBC18/688

Cleared as complete and accurate: 17/10/2018  
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Information Officer name:  
Contact Officer name: Emily Harper Ext: 52245  
Lead Directorate: Health  
  
TRIM Ref: GBC18/688

GBC18/688 -73

**Portfolio/s:** Health and Wellbeing

**ISSUE:** GAY CONVERSION THERAPY

**Talking points:**

- ‘Gay conversion therapy’ or ‘conversion therapy’ are umbrella terms for a range of practices intended to change or suppress a person’s sexual orientation or gender identity.
- The practice of conversion therapy is inconsistent with the inclusive values of Canberrans.
- The ACT Health Directorate is not aware of these practices currently being undertaken in the ACT, and will work to ensure they cannot be offered in the future.
- The ACT Health Directorate is investigating legislative amendments to ban conversion therapy.

**Key Information**

- ACT Health Directorate is working with Justice and Community Safety (JACS) to consider legislative options for effecting a ban on conversion therapy in the ACT.
- The Victorian Health Complaints Commissioner is undertaking an inquiry into the practice of conversion therapy in Victoria.
- The Queensland Health Minister has also asked her Department for advice on banning conversion therapy.

**Background Information**

- Following the Minister’s announcement to ban conversion therapy earlier in the year, ACT Health Directorate developed an issues paper including a brief jurisdictional review and examination of options for the prohibition of the practice in the ACT.
- The Minister has requested that the ACT Health Directorate work with JACS to ban conversion therapy in the ACT through legislative means.
- Most gay conversion therapy is offered under the umbrella of spiritual guidance or counselling through religious organisations. This is usually offered within the church and is generally not advertised as gay conversion therapy. It is therefore difficult to prohibit a practice which is not advertised, nor which may or may not be intended to “convert” an individual away from same-sex attraction.

Cleared as complete and accurate:	24/10/2018	
Cleared by:	Executive Director	Ext: 79143
Information Officer name:	Patrick Henry	
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Lead Directorate:	Health	

- There are human rights implications for banning gay conversion therapy which may become apparent through community consultation. For example, someone experiencing confusion about their sexuality, unwanted same-sex attraction, or internalised homophobia, should be able to seek appropriate supportive counselling and support, which may or may not involve seeking to convert away from those feelings.
- There may also be implications for free speech and the rights of individuals to pursue their own goals within a confidential therapeutic environment.
- Care must be taken to ensure religious organisations in Canberra understand they are not under attack, rather, it must be communicated to them that conversion therapy practices are unacceptable and there is extensive evidence that they cause significant psychological harm.
- Protections for practitioners who are providing legitimate support to individuals may also be required in the event of a complaint made against them without sufficient evidence of conversion being attempted.
- Several states in the USA have recently banned gay conversion therapy being offered by licenced mental health practitioners to minors. However, conversion therapy could still take place amongst unregistered practitioners or within religious institutions.
- The Republic of Ireland has recently passed 'stand alone' legislation which bans conversion therapies.
- A legislative response should be considered in the context that conversion therapy should not pathologise individuals and should not be considered an issue of medical malpractice.

Cleared as complete and accurate: 24/10/2018  
Cleared by: Executive Director Ext: 79143  
Information Officer name: Patrick Henry  
Contact Officer name: Paul Wyles Ext: 79262  
Lead Directorate: Health

Add reference number

**Portfolio/s:** Health and Wellbeing  
Higher Education

**ISSUE: HEALTHY AND ACTIVE LIVING BUDGET**

**Talking points:**

- The ACT Government is providing \$4 million from 2017-18 for four years to develop a comprehensive cross-sector approach to support healthy and active living and prioritise prevention.
- This builds on the foundations created under the Healthy Weight Initiative, with continued centralised coordination based in Chief Minister, Treasury and Economic Development directorate.

**Key Information**

- The Workforce, Governance and Capability division in Chief Minister, Treasury and Economic Development Directorate provided central coordination to support the *Healthy Weight Initiative*, which commenced in 2013.
- The Economic Development division in CMTEDD is the central coordination point for development of the *Healthy and Active Living Strategy*. There is a significant amount of work across government that already contributes to promoting and protecting health and wellbeing. Some examples include: health promotion and prevention in ACT Health; health promotion in Education; planning and sustainability in EPSDD; active travel in TCCS; and early intervention work in CSD. The approach for the Healthy and Active Living Strategy is to align with, and enhance, these activities to maximise impact. Additional activities will not duplicate existing work and programs.
- In addition to providing a coordination role, the Economic Development division has a number of business units whose functions can also contribute to a more comprehensive approach to preventive health.
- The Sport and Recreation and artsACT teams are relevant to individuals and communities embedding healthy and active living as their way of life. The Tertiary Education, Training and Research and Innovation teams align with a greater focus on economic opportunities for Canberra arising from a more comprehensive approach to preventive health. Visit Canberra, Events ACT and Study Canberra provide linkages to promoting Canberra as a destination of choice for the healthy and active lifestyle available here.
- ACT Health and the Chief Health Officer continue to have primary responsibility for preventive health policy and understanding the challenges for the ACT.

Cleared as complete and accurate: 06/11/2018  
Cleared by: Deputy Director-General Ext: x75564  
Information Officer name: Kareena Arthy  
Contact Officer name: Helen Stokes Ext: x50958  
Lead Directorate: Chief Minister, Treasury and Economic Development

TRIM Ref:

- The Healthy and Active Living team in Economic Development, CMTEDD has two FTE funded from the \$1 million annual allocation, one SOG A and one SOG C. ACT Health fund a seconded officer supporting this work, who is based three days a week in CMTEDD and two days a week in ACT Health.

## Background Information

- Healthy and Active Living funding from 2017-18 in the amount of \$274,000 had not been allocated as the transition from the Healthy Weight Initiative is still being finalised. This funding was re-profiled to 2018-19 and will be available to support priorities under the *Healthy and Active Living Strategy* being developed.
- *Healthy Weight Initiative* funding from 2017-18 in the amount of \$280,000 that had not been allocated was re-profiled to 2018-19. This is supporting continued delivery of existing programs such as *It's Your Move*, *Fresh Tastes* and *Ride or Walk to School* that promote healthy eating and physical activity for our school children.

Cleared as complete and accurate: 06/11/2018  
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Information Officer name: Kareena Arthy  
Contact Officer name: Helen Stokes Ext: x50958  
Lead Directorate: Chief Minister, Treasury and  
Economic Development

TRIM Ref:

GBC18/688 - 75

**Portfolio/s:** Health & Wellbeing

**ISSUE: DRUG STRATEGY ACTION PLAN**

**Talking points:**

- The draft Drug Strategy Action Plan 2018-2021 (the Action Plan) was released for public consultation via the Your Say website on 21 June 2018. Submissions closed on 3 August 2018.
- 49 written submissions were received, including submissions from the ACT alcohol and other drugs sector, peak bodies, Government agencies, non-government organisations, key interest groups and individual members of the public.
- The feedback has been considered by a group of key Government and community stakeholders and the Action Plan is now being revised.
- I intend to have the Action Plan finalised and released this year.
- An expert Advisory Group, including representation from community and consumer organisations, will be established to provide input and advice on implementation of the Action Plan.
- The Advisory Group will also play an important role in identifying emerging drug use patterns and informing future priorities.

Cleared as complete and accurate:	11/10/2018	
Cleared by:	Deputy Director-General	Ext: 52439
Information Officer name:	Leonie McGregor	
Contact Officer name:	Emily Harper	Ext: 52245
Lead Directorate:	Health	

**ISSUE: MY HEALTH RECORD UPDATE****Talking points:**

- The opt-out period has officially been extended by the Australian Government to end on 15 November 2018, instead of the previously planned 15 October 2018.
- Members of the public are able to cancel their My Health Record after this date if they wish.
- It is reported that 1.1 million people have opted out during the current opt out period and 6.2 million people have opted into a My Health Record nationally.
- Amendments have been made to the *My Health Record Act 2012* to strengthen privacy provisions, ensuring that health information cannot be disclosed to law enforcement agencies and other government bodies without a court order or the consumer's express consent.
- The Senate Community Affairs References Committee released their report on the My Health Record on 19 October 2018 with 13 recommendations.
- Commonwealth Minister for Health Greg Hunt announced on 7 November 2018 that in addition to the amendments made in July 2018, the Government will act on multiple recommendations from the Senate enquiry including increasing the criminal penalty for unauthorised access from two to five years in jail and the maximum fine from \$126,000 to \$315,000; strengthened provisions to safeguard those who suffer domestic abuse; and restrictions from employers getting access to data.
- Minister Hunt also announced a review into whether it is appropriate that parents have default access to the records of their 14 to 17 year old children. Currently, the parents of 14 to 17 year olds do have automated

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access to their child’s My Health Record, however that access can be removed or privacy controls can be put in place by the child to ensure that their parents can’t access their record or see particular documents in their record. Parents with children under 14 have automatic access to their child’s My Health Record. Once a child turns 18, their parents automatically lose access.

- A national television campaign launched on 14 October 2018, airing on metro and regional channels and will run over four weeks.
- 28 per cent of the ACT population have opted in to having a My Health Record, up 1 per cent since July 2018.
- The ACT continues to have the second highest percentage of population that have a My Health Record in Australia as outlined in the statistics below from 21 October 2018.

State	QLD	<b>ACT</b>	NSW	NT	TAS	SA	WA	VIC
% of population	32%	<b>28%</b>	26%	25%	25%	23%	22%	20%

## Key Information

- For all the public hospitals in the ACT the following documents have been uploaded and viewed:
  - 38,858 pathology reports have been uploaded; and
  - 3509 diagnostic imaging reports have been uploaded.
- For all the community sector health facilities within the ACT such as General Practitioners and Pharmacies the following documents have been viewed:
  - 33 Pathology Reports have been viewed; and
  - One Diagnostic Imaging Report has been viewed.
- In the ACT 27,844 out of the 117,990 consumers who have opted in to have a My Health Record have logged in and accessed their My Health Record.
- The ACT Government supported the one month extension of the opt-out period and the strengthening of the *My Health Records Act 2012*.
- The August 2018 COAG Health Council in Alice Springs reached a consensus to extend the opt-out period for the additional month.
- There are 116,889 consumers and 160 healthcare providers registered to the My Health Record system in the ACT as of 23 September 2018.

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- Close to 21,000 clinical documents have been uploaded to the My Health Record in the ACT in August 2018 and a cumulative total of over 7,000 documents have been uploaded by consumers.

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**ISSUE: NATIONAL PARTNERSHIP AGREEMENTS**

**Talking points:**

Heads of Agreement

- The Heads of Agreement between the Commonwealth and the States and Territories on public hospital funding and health reform (Heads of Agreement) outlines the strategic priorities for health reform to be included in a new five year National Health Agreement (NHA).
- The ACT Chief Minister signed the Heads of Agreement between the Commonwealth and the States and Territories on public hospital funding and health reform on 27 April 2018.
- By signing the Heads of Agreement the ACT now has funding certainty for its public hospitals for 2020-2025.
- The ACT will receive approximately \$2.5 billion in funding from the Commonwealth for its public hospitals over five years. This amount of funding is subject to change depending the hospital activity level.

National Health Reform Agreement

- Under the current National Health Reform Agreement, the ACT has received the following:
  - \$310,957,961 in 2014-15
  - \$324,704,198 in 2015-16
  - \$344,495,915 in 2016-17

National Partnership Agreements

- National Partnership Agreements and Project Agreements with the Commonwealth are made under the Intergovernmental Agreement on Federal Financial Relations.
- Funding streams to the States and Territories are facilitated by the following types of agreements:

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- National Partnership Agreements which provide time limited funding for specific projects and service delivery reforms;
- Implementation Plans which are required if there are jurisdictional differences in context or approach under the National Partnership Agreements; and
- Project Agreements which are a simpler form of National Partnership Agreements, for low value and/or low risk projects.
- The ACT has agreements with the Commonwealth for activities including breast screening, dental services for adults, vaccines, encouraging clinical trials and surveillance of foodborne disease and vaccine preventable diseases.
- Finalisation of the National Partnership Agreements or Project Agreements can take time as funding levels and achievable outcomes are negotiated, however the ACT has continued to provide the required services and has met agreed targets.
- Currently, the ACT and Commonwealth are at the stage of negotiating two new agreements: the National Partnership Agreement on Electronic Recording and Reporting of Controlled Drugs and the Project Agreement for Comprehensive Palliative Care in Aged Care.
- The complexities of the range of differing funding mechanisms for public health services underscores the commitment of ACT Health to advocate for longer term national health reform.

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**ISSUE: NGUNNAWAL BUSH HEALING FARM**

**Talking points:**

- The Ngunnawal Bush Healing Farm (NBHF) has recently completed its first year of operation.
- The second 14 week day program for the Ngunnawal Bush Healing Farm (NBHF) was completed on 6 September 2018.
- The third program of the NBHF commenced on 25 September 2018 with five clients. It is scheduled to be completed on 14 December 2018. Clients were referred from a range of government and non-government programs within the ACT.
- NBHF staff have provided a number of opportunities to continue to strengthen links and partnerships with organisations and with members of the Aboriginal and Torres Strait Islander community.
- As part of the ongoing development of the NBHF Program, the ACT Health Directorate is conducting a review following the initial 12 months of operations.
- Mr Russell Taylor AM has been contracted to undertake a 12 month review of various aspects of the NBHF.
- Mr Taylor AM is an Aboriginal Australian (Kamilaroi) and former long term Senior Executive Service member of the Australian Public Service. In 2016, he stepped down as CEO of the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) in Canberra. Mr Taylor is also a former CEO of the NSW Aboriginal Housing Office (AHO), the Chair of the Burbangana Group and the 2018 NAIDOC Male Elder of the Year
- Mr Taylor will examine and report on:
  - The existing and future governance arrangements for the NBHF;
  - The strengths of current programs and potential future additions or improvements;
  - Operational and service delivery models of the NBHF;

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- Operational and governance policies for the NBHF;
- Resourcing, training and supervision procedures to best support staff in their work; and
- Current and future infrastructure needs of the NBHF.

## Key Information

- NBHF programs are targeted at improving social and individual worth and self-esteem, imparting new and useful skills and attributes, and education around social and/or cultural heritage. Specifically the programs provide:
  - focus on life skills or job training;
  - promotion of cultural programs;
  - involved traditional healing practices and/or promoted healing;
  - aimed to reconnect Aboriginal and Torres Strait Islander people to land and culture;
  - provided support and education, and /or contributed to breaking the cycle of drug dependence (to overcome drug and alcohol issues);
  - encouraged physical health and wellbeing;
  - supported people to make ongoing and meaningful changes in their lives;
  - involved activities related to land management and;
  - promotion social and emotional wellbeing (to break the cycle of drug addiction and substance abuse).
- The third program includes services delivered by the following providers:
  - Blacksmithing and toolmaking – Valley Forge Cuppcumbalong;
  - Physical fitness and wellbeing – Thriving Life and Strive Fitness;
  - Music therapy – Johnny Huckle;
  - Cultural walks and talks – ACT Parks and Conservation Aboriginal Rangers ‘Health Country Program’;
  - Horse therapy – Peakgrove Equine Assisted Therapy;
  - Relapse prevention – SMART Recovery; and
  - Cartoon therapy – FunnyOz Works.

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**ISSUE: PALLIATIVE CARE AND CLARE HOLLAND HOUSE CAPACITY**

**Talking points:**

- Treating people with respect and in a manner that protects their dignity is an important role for our health service at all stages of life.
- Palliative care is not just care provided in the final stages of life, but helps people to live well with a terminal illness. Sometimes palliative care can be of benefit for a person at their initial diagnosis of a life-limiting condition, or be useful on and off through various stages of an illness. Many people have long-term interactions with their palliative care team, seeing them during the course of their illness.
- There are many elements to palliative care, including pain and symptom management and advice and support to carers. Palliative care ensures people are kept comfortable and maintain a good quality of life.
- In the ACT, there are a number of palliative care services offered. These primary and specialist palliative care services are of high quality and deliver excellent care to the community.
- The ACT Government spends over \$10 million each year to provide palliative care services in the ACT.
- In recent years, the Government has provided additional investment in palliative care services, with increased support of home based palliative care packages, a new paediatric palliative care service to specifically address the palliative needs of children and adolescents, as well as investment in more staff and education.
- Calvary is funded to provide the majority of specialist palliative care services in the ACT, with Clare Holland House being the largest palliative care inpatient unit in the ACT.

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- The Clare Holland House inpatient unit currently has a capacity of 19 beds.
- Other palliative care service models provided from Clare Holland House include:
  - Home based palliative care;
  - specialist outpatient clinics;
  - outreach programs to residential aged care facilities; and
  - a specialist care and support clinic at Winnunga Nimmityjah Aboriginal and Community Health Service.
- Demand for palliative care will continue to increase as our population ages, and people live longer lives. We need to respond to this so that people receive the care and dignity they deserve at the end of their life.
- As part of the Territory-wide Health Services Framework, ACT Health is developing a specialty services plan for palliative care.
- On 25 September 2018, a major expansion of Clare Holland House was announced with a \$6 million commitment from the Australian Government in partnership with The Snow Foundation, which will see an increase in the number of specialist in-patient palliative care beds.

## Key Information

### Clare Holland House

- Clare Holland House consists of a specialist inpatient unit, home based palliative care services and community specialist palliative care services.
- The average length of stay in 2017-18 was 11.7 days, but it can vary widely from hours to months.
- Clare Holland House staffing is 61.53 Full Time Equivalent positions or a headcount of 90 staff across all categories of employees. Staffing levels at Clare Holland House are adjusted to meet patient/staff ratios and to ensure consistently high quality, safe and compassionate care is provided to all admitted patients and their families.

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- All staff at Clare Holland House receive education in all clinical aspects of palliative care, from primary care to specialist care, to enable support of other health practitioners, carers and patients.
- Clare Holland House staff also provide extensive palliative care education and training programs for primary care providers, other health facilities and residential aged care facilities staff. This extends to programs such as the Program of Experience in the Palliative Approach which provides education to enhance the capacity of health professionals to deliver a palliative care approach through their participation in either clinical placements in specialist palliative care services or interactive workshops.
- Medical specialists are on duty from Monday to Friday from 8:00am to 5:30pm, and on call after hours.

## Referrals

- Palliative care services are available to patients with a life limiting illness whose complexity of symptoms (physical, psychosocial/emotional, and spiritual/existential symptoms) cannot be managed by their primary care provider. Care is provided to patients who need end of life care and who choose to die at the inpatient unit at Clare Holland House.
- Care to patients requiring palliative support is provided by their primary treating team such as a general practitioner, community nurse or the team on an inpatient ward. These treating clinicians are able to access advice and support from the specialist palliative care service without needing to refer their patient for direct services.
- Patients who have more complex needs and require specialist palliative care are referred to the service by their treating specialty team or general practitioner. Patients can be referred for either inpatient or outpatient treatment at Canberra Hospital. The focus of care is on advanced symptom management and psychosocial support.

## Calls for palliative care ward at Canberra Hospital

- Consideration may be given to a specialist palliative care ward at Canberra Hospital as part of future health services planning.

## Palliative Care in Residential Aged Care Facilities

- The 2018-19 Federal Budget included a measure on Comprehensive palliative care in aged care, which forms part of the Australian Government's *More Choices for a Longer Life – healthy ageing and high quality care* package.

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- The Measure will provide \$32.8 million over four years from 2018-19 to support state and territory governments to improve palliative and end-of-life care coordination for older Australians living in residential aged care homes. Funding for individual jurisdictions will be negotiated over coming months.
- The Measure is premised on a cost-shared model with states and territories matching Commonwealth funding. The Commonwealth recently sought the nomination of the appropriate ACT Health representative to receive a draft National Project Agreement and accompanying schedule.

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**ISSUE: FOOD REGULATION****Talking points:**

- The Health Protection Service (HPS) is responsible for food safety regulation in the ACT. This includes managing the registration of food businesses, providing food safety information to food businesses, managing enforcement activities, and responding to foodborne illness outbreaks. HPS advise that the ACT Health Directorate has adequate tools and resources to address and manage registered food businesses' compliance with food safety requirements.
- Despite media reports to the contrary, ACT Health Directorate has never implemented a scores on doors rating scheme. ACT Health Directorate relies on a range of other tools and actions to increase food business compliance rates.
- An analysis of compliance data over recent years indicates food safety breaches have declined. This can be attributed to the effective use of the 'Engage, Educate, Enforce' compliance model. Emphasis is placed on education to encourage compliance.
- Public Health Officers are responsible for inspecting registered food businesses in the ACT, including those operating at markets, declared events such as the National Multicultural Festival, and undeclared events such as Floriade.
- ACT Health Directorate lead the jurisdictional response to the national strawberry incident. Public Health Officers informed food businesses of the strawberry brands implicated and verified that those brands had been removed from the shelves. Action taken by ACT Health Directorate ensured that the public and food businesses were informed and provided with up to date information as the incident unfolded.
- In response to several complaints related to illegal waste water discharge, the HPS and Environment Protection Authority (EPA)

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undertook a joint proactive education and compliance operation in May 2018 targeting food business. The operation focussed on kitchen maintenance, cleaning facilities and the rear of the food business, particularly around stormwater drains. Stage 2 of the operation is scheduled to commence late October 2018 focussing on the Woden, Weston and Tuggeranong areas.

- At the end of September 2018, there were 3,169 registered food businesses. Risk classification of a food business is determined by their food preparation activities. Most ACT food businesses are classified as medium risk.
- ACT Health Directorate endeavours to follow-up all medium and high risk food businesses that have had a revoked prohibition order prior to their scheduled reinspection.
- There are number of issues that Public Health Officers take into account on a case by case basis when determining the timing of a follow-up inspection, including:
  - The nature of the non-compliance and other factors that may contribute to non-compliance;
  - The attitude of the proprietor, their willingness to work with ACT Health Directorate and the actions taken to address the non-compliance;
  - The willingness of the proprietor to accept responsibility and their commitment to the maintenance of a food safety culture; and
  - The level of food safety training for all staff.
- All food businesses closed by a prohibition order in 2017 and 2018 that reopened have been reinspected.
- Upon revocation of a prohibition order, businesses with further outstanding issues that do not pose a serious public health are issued an improvement notice. As such, these businesses have ongoing inspections until all items identified on the improvement notice are rectified.

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## Key Information:

- In the period 1 July 2017 to 30 June 2018, Public Health Officers:
  - Conducted 2,429 inspections of food businesses, including at Declared Events;
  - Issued 341 Improvement Notices – 14 per cent of inspected businesses; and
  - Issued three Prohibition Orders – 0.12 per cent of inspected businesses.
- In the period 1 July 2016 to 30 June 2017, Public Health Officers:
  - Conducted 2,559 inspections of food businesses, including at Declared Events;
  - Issued 472 Improvement Notices – 18 per cent of inspected businesses; and
  - Issued eight Prohibition Orders – 0.31 per cent of inspected businesses.
- The HPS works closely with registered food businesses and has developed resources to help businesses and their staff comply with food safety laws and standards, and to better understand food safety practices.
- HPS enforcement action is proportionate to the degree of public health risk. This ensures necessary enforcement action is taken to protect the community. All public complaints are taken seriously and investigated as a matter of priority. If a non-compliance that poses a serious public health risk is identified during an inspection, the HPS will issue the proprietor a prohibition order. The safety and wellbeing of the community is ACT Health's first priority.

## Background Information:

- The HPS has always undertaken food business regulation in line with national food standards, such as the Australia New Zealand Food Standards Code. Food business inspections are undertaken by professional Public Health Officers who are trained subject matter experts.
- There has been a noticeable reduction in the number of critical food safety breaches in the ACT over the past few years. This positive change has been aided by an improved working relationship between industry and regulators. It has also been assisted by continuous improvements being implemented by ACT Health with respect to published food safety information, tools for industry and inspectors, and improved internal procedures.
- In recent years, there have been several changes to the *Food Act 2001* aimed at improving food safety and regulation in the ACT. For instance in 2013, changes

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commenced that required registered food businesses to appoint a trained food safety supervisor. The HPS has also increased its efforts to engage with industry in a constructive and transparent way. For instance, the food business inspection manual and information on common compliance issues have been published online. Food safety resources have also been published online in the eleven languages most commonly used in food businesses (other than English).

- Since September 2014, a collaborative approach has been fostered through the work of the Food Regulation Reference Group. The group includes representatives from industry, public health and consumer groups, as well as government stakeholders in the ACT hospitality sector. The group meets quarterly to discuss and provide advice to ACT Health on certain aspects of the food regulation system and emerging issues that affect industry.
- The ACT Government's decision not to proceed with a food hygiene grading system in the ACT follows a noticeable reduction in the number of critical food safety breaches observed at ACT food businesses in the past few years.

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**ISSUE: PILL TESTING****Talking points:**

- The ACT Government received a proposal from STA-SAFE to conduct a pill testing service at the Spilt Milk festival in Commonwealth Park on 17 November 2018.
- I asked the ACT Health Directorate to reconvene the cross-government pill testing working group to consider the public health, legal and social issues relating to the proposal and to provide advice to Government about this specific proposal.
- Agreement between all relevant parties, the festival promoter, STA-SAFE and the land owner, the National Capital Authority (NCA), is necessary for a pill testing service to proceed at the Spilt Milk music festival.
- Whilst the ACT Government has encouraged the Commonwealth to consider the harm minimisation benefits of pill testing, the NCA has made clear that it will not allow a pill testing service to be offered at the upcoming Spilt Milk festival.
- On 2 October 2018, STA-SAFE submitted a proposal to conduct pill testing on 17 November at a location not controlled by the NCA.
- The working group has considered the new issues raised, but the off-site proposal has very different operational challenges compared to the previous trial. Unfortunately there is not enough time for the government to examine and work through the logistics of establishing an off-site service in time for Spilt Milk.
- The ACT Government continues to support an evidence based, harm minimisation approach to drug policy and believes the recent announcement by the NSW Government to increase the penalties

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associated with drug possession is unlikely to prevent further deaths at music festivals.

- The ACT Government would welcome any proposal to conduct pill testing at any music festivals held in the ACT. However, the option to make a pill testing service available is not intended to be an incentive to bring new events to the ACT, but rather to make an event safer.
- STA-SAFE have recently changed their name to Pill Testing Australia. Pill Testing Australia have submitted a proposal to conduct a pill testing service at the 2019 Canberra Groovin' the Moo festival.
- This proposal will be considered by the cross-government pill testing working group, who will provide advice to the Government.
- The success of a pill testing proposal requires support from the festival promoter and the land owner. On 13 November 2018, it was announced that the 2019 Groovin the Moo will be held at EPIC.

## Key Information:

- Australia's first trial of a pill testing service took place at Groovin the Moo Canberra on 29 April 2018.
- The service was provided by the Safety Testing and Advisory Service at Festivals and Events (STA-SAFE) and was supported by the ACT Government, the festival promoters (Cattleyard Promotions) and the University of Canberra, where the festival was held.
- STA-SAFE has submitted its report on the trial. The report indicates that potentially lethal substances were identified in two of the 85 samples submitted for testing. Following testing, a number of patrons utilised the amnesty bins to discard their pills instead of consuming them.

## 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

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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 has been reinvigorated following the tragic deaths of attendees of the Defqon.1 music festival in Penrith on Saturday 15 September 2018.
- On 23 October 2018, the NSW Premier announced harsher penalties for music festival drug dealers and users - \$500 on the spot fines for drug possession and a new offence which holds drug dealers responsible for the deaths caused by the drugs they supply with up to 25 years imprisonment.

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**Portfolio/s:** Health and Wellbeing

**ISSUE: QEII (MOTHERCRAFT MATTER)**

**Talking points:**

- ACT Health is committed to ensuring that Canberra families continue to have access to the services provided at the QEII Family Centre.
- ACT Health has recently concluded negotiations with the Canberra Mothercraft Society (CMS). I look forward to being able to jointly announce the terms of that agreement shortly.

**Key Information**

- ACT Health Directorate has concluded negotiation with CMS, and a new agreement was executed on 11 October 2018. The terms of this agreement are confidential until CMS and ACT Health agreed on a joint communication protocol.
- CMS informed ACT Health Directorate that they have provided staff information on the planned transition on 29 October 2018, 30 October 2018 and 1 November 2018.

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**Minister:** Chief Minister  
**Date:** 8 October 2018

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**SUBJECT:** PFAS contamination

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**KEY MESSAGES:**

**General points on PFAS**

- Per- and poly-fluoroalkyl substances (PFAS) are man-made chemicals that have been used in industry and consumer products worldwide since the 1950s.
- They have been used in aqueous film-forming foam (AFFF), non-stick cookware, water-repellent clothing, stain-resistant fabrics and carpets, some cosmetics, and products that resist grease, water, and oil.
- Firefighting foam concentrates used to suppress flammable liquid fires previously contained PFAS.
- These phasing out of these concentrate by ACT Fire & Rescue (ACTF&R) commenced in September 2004. It was completely withdrawn from service in April 2005.

**Health and PFAS**

- PFAS are very stable compounds and do not break down in the environment (i.e. they persist in the environment and in human bodies for a long time).
- There is no conclusive proof that PFAS cause any specific illnesses in humans, including cancer.
- There is also no consistent evidence that PFAS causes adverse human health outcomes in pregnant women or their babies.
- Expert advice currently does not advise any specific biochemical or disease screening for groups exposed to PFAS outside of specific research studies.

**PFAS nationally**

- Governments in Australia work to a framework for PFAS management in accordance with the *Intergovernmental Agreement on a National Framework for Responding to PFAS Contamination* (February 2018) and the PFAS National Environment Management Plan (NEMP), adopted by all jurisdictions March 2018.
- The NEMP defines the level of PFAS in soil and water that require further investigation.
- The NEMP also details methods for site assessments, sampling protocols and analytical determinations.
- Commonwealth, state and territory governments are currently working nationally to update the NEMP, which will be considered by Environment Ministers at their meeting in November, to ensure it remains current and scientifically robust.
- Issues with PFAS that have been widely reported in other jurisdictions have involved direct contamination of drinking water and/or food supplies.
- Such issues are improbable in the ACT because of the remote catchments used for town water supply and the insignificant volume of food production in the ACT.

## **The ACT and PFAS**

- There are four known affected sites for PFAS in the ACT:
  - Canberra Airport
  - the former Charnwood Fire Station
  - the former Belconnen Fire Station and Training Centre, and
  - the West Belconnen Resource Management Centre (landfill).
- In recent years the ACT Environment Protection Authority (EPA), in conjunction with the National Capital Authority and Icon Water, undertook sampling across ACT waterways to determine background levels of PFAS. The water sampling results did not detect PFAS in ACT waterways.
- An assessment is being undertaken by the ACT Government to determine what further investigations may be required of ACT sites, in accordance with the NEMP.
- The United Firefighters Union have recently raised concerns around potential health impacts for firefighters who may have come into contact with PFAS. *[Refer to more detail below]*

## **ACT Fire & Rescue/ACT Emergency Services Agency (UFU Concerns)**

- Our firefighters and the community can be assured that the ACT Emergency Services Agency (ESA) and government take this issue very seriously. We did so thirteen years ago (2005) when ACTF&R phased out its use of PFAS, and continue to do so today.
- ESA has been working hard to ensure equipment is replaced and changed over. Ten fire pumps have been replaced and all equipment has either been decontaminated or replaced.
- Australian health authorities, including Canberra Health Services, report that there is no conclusive proof that PFAS cause any specific illnesses in humans, including cancer.
- There is also no consistent evidence that PFAS causes adverse human health outcomes in pregnant women or their babies.
- Expert advice currently does not advise any specific biochemical or disease screening for groups exposed to PFAS outside of specific research studies.
- ESA is working with WorkSafe ACT to ensure work health and safety obligations are being met.
- ESA has undertaken a risk assessment to prioritise the testing of remaining sites and further testing will be done at the higher priority locations in the near future.

## **Jervis Bay and PFAS**

- The Jervis Bay Territory (JBT) is a separate Commonwealth Territory. Under Commonwealth law, ACT legislation is applied in JBT.
- The ACT Government is contracted by the Australian Government to supply certain services to JBT, including education, licences, justice services and environmental water testing.
- The Department of Defence has undertaken a national program of investigation and response to PFAS contamination from Defence sites.
- One such site is the Jervis Bay Range Facility in the JBT.
- Defence is leading the response to PFAS contamination in JBT, including conducting water testing. The ACT Government is a member of Defence's Project Control Group and provides advice and support where required.

- Defence testing regime is still ongoing in JBT and the Department of Infrastructure, Regional Development and Cities (DRDC), and the ACT, are consulted by Defence as results become available.
- A Defence Factsheet as well as a contact for further media enquiries is available on the [Defence website](#).
- At the request of the Department of Infrastructure and Regional Development, the ACT Government undertook tests of both drinking and recreational waters in JBT in 2016 – 17. The results of these tests were:
  - No detectable PFAS has been found in the potable (drinking) water supply.
  - Low levels of PFAS were found in environmental waters, and will be the subject of ongoing monitoring as part of the Defence-led investigation program.
- ACT Health recently assisted DIRDC with the development of Commonwealth precautionary advice relating to waterways and marine life in JBT. DIRDC has now issued [Community Bulletin](#) providing precautionary advice to the JBT community that while Defence's investigation is ongoing consumption of fish and shellfish from a number of marine locations should be avoided.

#### **Jervis Bay School**

- As part of a comprehensive testing program on the presence of PFAS in the Jervis Bay Area, Defence sampled the fruit of several Lilly Pilly trees at Jervis Bay School.
- Low levels of PFAS were found in a small number of samples.
- The only way people can be exposed to PFAS from the trees is to eat the fruit.
- In line with the school's wishes to take a zero-risk approach, the trees were removed from the school grounds in early October 2018.
- The Education Directorate worked with the school to ensure the community were provided accurate and timely information.

#### **Charnwood (former Fire Station) site**

- The former Charnwood Fire Station site has been sold and is now privately owned.
- The development application (DA) for the child care centre on the site of the former Charnwood Fire Station was approved following assessment of the site, on the condition that requirements of the Health Protection Service and the Environment Protection Authority were met.

#### **West Belconnen Resource Management Centre**

- There will be further sampling undertaken at the West Belconnen Resource Management Centre as part of the environmental audit that is being undertaken for its redevelopment, consistent with NEMP.

### **Belconnen (former Fire Station and Training Centre)**

- The former Belconnen Fire Station and Training Centre is on the Register of Contaminated Sites as it is subject to a formal environmental audit to enable its redevelopment.
- The EPA must endorse the environmental audit for the site to ensure it is suitable for the proposed development.

### **Canberra Airport**

- Canberra Airport is on Commonwealth land and is therefore under the control of the Commonwealth Government and should be managed in accordance with the PFAS National Environment Management Plan.

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Action officer: CMTEDD Communications

Cleared by (Business Unit Head): Various

Date: 9 October 2018

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**ISSUE: SUPPORT FOR BULK BILLING GPs****Talking points:**

On 19 and 22 October 2018, three successful winners were announced for the Bulk Billing General Practices Grant Fund:

- Interchange General Practice—\$500,000 excluding GST to establish a new practice in Tuggeranong. Funding will cover the complete fit-out for the proposed new seven to eight room general practice. The practice will have a focus on medical services for people with drug and alcohol dependency, issues of sexuality and gender diversity, chronic conditions and mental health conditions.
- National Health Co-op—\$350,000 excluding GST to establish a new practice in Coombs. Funding will cover part of the establishment and fit-out costs for a new eleven room general practice. The multidisciplinary practice will incorporate GPs, Nursing and a range of Allied Health services.
- Isabella Plains Medical Centre—\$111,244 excluding GST to extend the existing practice in Tuggeranong. Funding will cover renovations and fitout to improve access for vulnerable and less able groups to two practice rooms; medical equipment; upgraded IT systems; and IT equipment to support outreach, home visits and visits to residential aged care facilities.
- Remaining funds (\$88,756 excluding GST) will be utilised to support a project to investigate options to improve the accessibility of primary health care for consumers and encourage bulk billing in the ACT.

**Key Information**Grant Fund

- In 2016, the ACT Government made an election commitment to deliver a grant scheme to support the establishment of bulk billing general practices in the ACT. The 2017–18 ACT Budget announced \$1.05 million (GST exclusive) over three years for the ‘Better care when you need it—Support for bulk billing GPs’ initiative.
- The Bulk Billing General Practices Grant Fund is to encourage the expansion or establishment of new general practices with a demonstrated commitment to bulk

Cleared as complete and accurate: 24/10/2018  
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Information Officer name: Patrick Henry  
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Lead Directorate: Health

billing in the Tuggeranong and Molonglo areas. The aim is to provide residents in those suburbs and surrounding areas with better access to affordable, connected, quality primary health care.

- Grant guidelines were developed in consultation with key stakeholders: Health Care Consumers' Association (HCCA); Australian Medical Association (AMA ACT); and Capital Health Network (CHN).
- The grant round opened on 12 February 2018, and closed on 6 April 2018, with 13 applications received, requesting a total of \$4,215,717.
- Applications were assessed by a panel including ACT Health, HCCA, AMA ACT, CHN. This included a process for declaration of potential conflict of interest.
- Grant winners were announced in October 2018.

### Other activities to improve access to primary health care in the ACT

Since 2009, the ACT Government has invested over \$12 million in incentives to support and grow the GP workforce of the ACT, including infrastructure funding, an intern placement program, scholarships, and services to assist GPs to attend housebound and aged care patients.

Additionally, the ACT government has boosted the provision of primary health care in the community by:

- Providing financial support to two general practices that target vulnerable and hard-to-reach populations (Aboriginal and Torres Strait Islanders, and refugees). The GP services at these organisations are free at the point of delivery and they also provide some allied health services and social services.
- Providing funding to support the provision of primary health care once a week to vulnerable and homeless clients of the Early Morning Centre at UnitingCare in the city.
- Establishing three nurse led Walk-in Centres, in Tuggeranong, Gungahlin and Belconnen, which provide free one-off advice and treatment for people with minor illness and injury, from 7.30am to 10.00pm every day of the year.
- A fourth Walk-in Centre is anticipated to open in Weston Creek in late 2019, and a fifth is planned for the Inner North.

### Bulk billing rates in the ACT

- The ACT has the lowest rate of bulk billing for general practice in the country, with rates historically hovering around the 50 per cent mark. In the last few years, bulk billing rates in the ACT have slowly climbed. According to the latest Medicare statistics, in the June quarter of 2018, the ACT rate was 62.8 per cent (although this is still the lowest rate in Australia). The next lowest was in Tasmania, with a rate of 76.3 per cent, and the national average was 85.6 per cent.

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- Although the provision of general practice care is a Commonwealth Government rather than an ACT Government responsibility, population groups that are unable to access primary health care due to cost ultimately have an impact on the ACT-funded hospital system.
- All general practices in the ACT are private businesses. There are many general practices in the ACT that will bulk bill patients who have a particular need (for example those with limited incomes). However, as private businesses, the decision on whether to bulk bill or not is up to each general practice. Neither the ACT nor the Commonwealth Governments can compel general practices to bulk bill.
- The ACT's comparatively low rates of bulk billing are, at least in part, due to our low GP-to-population ratio, which results in a lack of competition for clients amongst general practices in Canberra. In essence, GPs in the ACT can charge more for their services because they are not competing with other GPs on price.

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**ISSUE: TERRITORY-WIDE HEALTH SERVICES FRAMEWORK**

**Talking points:**

- ACT Health is developing an overarching Strategic Framework which provides a common vision and direction for the range of strategies and plans that inform the future work program in ACT Health.
- The vision is to provide a high performing, safe health system with the primary focus being person-centred care.
- The system wide strategic goals of access, accountability and sustainability are the pillars that align the strategies and plans to the vision. The intent of each strategy or plan is summarised in the Framework.
- Consultation has occurred with the Executives responsible for each strategy and their feedback has been incorporated into the document.
- The Territory-wide Health Services Advisory Group has also provided input into the development of this document.
- The key strategies and plans that are described in the Strategic Framework include:
  - Territory-wide Health Services Strategy (formerly Framework)
  - Digital Health Strategy
  - Quality Strategy
  - Workforce Strategy
  - ACT Preventive Health and Wellbeing Plan
  - ACT Regional Mental Health and Suicide Prevention Plan
  - Performance, Reporting and Data Management Strategy
  - Research Strategy

Cleared as complete and accurate:	05/11/2018	
Cleared by:	Deputy Director-General	Ext: 52439
Information Officer name:	Leonie McGregor	
Contact Officer name:	Leonie McGregor	Ext: 52439
Lead Directorate:	Health	

- The Strategic Framework has been developed in line with new branding guidelines. This has resulted in the requirement for the strategies and plans underneath it to also be redesigned to conform with the branding guidelines.
- A tentative launch date of February 2019 has been indicated for the finalisation of this work.

Cleared as complete and accurate: 05/11/2018  
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Information Officer name: Leonie McGregor  
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Lead Directorate: Health

**Portfolio/s:** Health and Wellbeing**ISSUE: National Code of Conduct for Health Care Workers**

The National Code of Conduct for health care workers (the Code) will be implemented in the ACT by the Assembly passing the *Human Rights Commission Amendment Act*.

The Code will protect the public by providing nationally agreed standards of conduct and practice for health care workers, and enables the Health Services Commissioner (the Commissioner) to investigate complaints and impose sanctions on those who breach the Code.

**Talking points:**

- The Code will cover workers who are not registered under the National Registration and Accreditation Scheme for health practitioners, as well as registered practitioners providing services unrelated to their registration (for example, a nurse practising as a herbalist or homeopath).
- The vast majority of health care workers practise in a safe, competent and ethical manner. However, it is important that there is a robust set of standards and regulations in place to guide practitioners and protect the community.
- Implementation of the Code will enable the Commissioner to investigate complaints and take action in circumstances where the community may be put at risk.
- The Code will be implemented by making amendments to the *Human Rights Commission Act 2005*.

**Key Information**

- In June 2013, the Standing Council on Health, the precursor to the COAG Health Council, agreed in principle to strengthen state and territory health complaints mechanisms, by implementing a single national code of conduct for unregistered health practitioners in each jurisdiction, a nationally accessible register of prohibition orders, and mutual recognition arrangements between states and territories to support national enforcement of the code.
- National consultations were held in all states and territories the following year, in conjunction with local health departments, to seek public comment on the terms of a draft code. Over 100 submissions were received.

Cleared as complete and accurate:	23/10/2018	
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- A final document, the National Code of Conduct for Health Care Workers, was agreed by the COAG Health Council in 2015. The decision required each jurisdiction to enact new, or amend existing, legislation and regulations to implement the Code.
- The ACT has taken a considered and consultative approach to implementing the Code, and expects to finalise legislation this year.
- ACT community consultation was conducted in August 2018, including targeted consultation to over 60 stakeholders outside government. Eight submissions were received. ACT Health, in consultation with the Health Services Commissioner and the Parliamentary Counsel's Office, determined that all issues raised were addressed by existing legislation and by the *Human Rights Commission Amendment Bill 2018*, and that no change to draft legislation is necessary.
- The Code has standards against which to assess a health care worker's conduct and practice in the event of a complaint or serious adverse event, including to:
  - provide health services in a safe and ethical manner;
  - have client consent before providing a health service;
  - not claim that they can cure cancer or other terminal illnesses;
  - not misinform clients about matters such as the efficacy of the service they are providing or their qualifications;
  - provide accurate advice;
  - not exploit their clients, either through financial or sexual misconduct;
  - mitigate harm to the client if an adverse event occurs in connection with the health service they are providing;
  - control infection and taking appropriate action when they have been diagnosed with a transmissible medical condition;
  - not practise while under the influence of intoxicating or unlawful substances;
  - seek advice about how, or whether, they should provide a health service if they have a physical or mental impairment, disability, condition or disorder (including an addiction);
  - comply with privacy laws, keep records and have appropriate insurance;
  - report concerns about the conduct of another health care worker if they believe they have put a client at risk or failed to comply with the Code; and
  - display the code and information about making a complaint on their premises, where clients can easily see it.

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- The Code also provides for a ‘negative licensing’ regulatory regime that does not restrict entry to practice, but allows effective action to be taken by the Commissioner against an unregistered health care worker who fails to comply with proper standards of conduct or practice.
- The Commissioner will be able to:
  - receive and investigate complaints about a breach of the Code;
  - issue interim orders prohibiting a health care worker from providing a health service or setting conditions on that service, of up to eight weeks, while they are conducting an investigation;
  - issue public warnings during an investigation to alert the public early in relation to risks of particular health treatments and providers; and
  - issue final prohibition and condition orders, and to make public statements about a health care worker who is subject to an order following an investigation.
- Before the Commissioner makes an order, they must find that the health care worker has breached the Code and poses a serious risk to the health and safety of members of the public.
- The Commissioner is bound by the rules of natural justice and must give a health care worker the opportunity to be heard before making a decision.
- The Bill will also establish offence provisions for any person who does not comply with an order.
- The Commissioner is able to vary or cancel a prohibition or condition order, and must keep a public register.
- The Commissioner is also able to enforce an order issued in another state or territory where that prohibition order corresponds (or substantially corresponds) to the type of prohibition order that can be made in the ACT.

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Lead Directorate: Health

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**Portfolio/s:** Health and Wellbeing

**ISSUE: PROCUREMENT OF SERVICES FROM THE COMMUNITY SECTOR**

**Talking points:**

- We know that community organisations do a lot of good work that complements the public health system to support people in better managing their health.
- We will be contacting current service providers in the coming weeks in relation to the process and timing for future funding arrangements.

**Key Information**

- ACT Health funds services that improve health outcomes and complement and support services delivered directly by the public health system.
- Funding decisions in relation to many of the services delivered by NGOs are subject to the Government Procurement Act.
- The majority of 2016-19 service funding agreements expire on 30 June 2019. To provide continuity of access to services for consumers and provide greater certainty to current service providers and enable their participation in a procurement process, it is proposed that existing contracts be extended.
- Rather than conducting all procurement processes simultaneously, a staged approach is proposed.
- The staged approach allows for flexibility and responsiveness as improvements can be implemented when they are identified, rather than needing to wait for the following funding cycle. This includes the ability to implement improvements identified through the work of the Human Services Cluster and coordination with the Community Services Directorate.
- Services have been grouped into tranches based on degree of alignment with policy objectives as well as consideration of internal resourcing and capacity.
- It is intended that the sector will be informed of the funding process, timing and any extensions by late December.

Cleared as complete and accurate:	29/10/2018	
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**ISSUE: CANBERRA REGION MEDICAL EDUCATION COUNCIL – ANNUAL REPORT 2018**

**Talking points:**

- In October 2018 the CRMEC submitted its application to the Australian Medical Council for reaccreditation as the intern training body in the ACT and linked regional network.
- The Canberra Region Medical Education Council (CRMEC) undertook accreditation of South East Region Hospital (SERH) in July 2018, and approved a final report in September 2018 recommending accreditation with five provisos. The CRMEC undertook accreditation of Calvary Public Hospital Bruce (CPHB) in October 2018, for which the final report is pending. The outcome of the CPHB accreditation process will be available after the 30-day response period is completed and the outcome has been reported to the Medical Board of Australia.
- The CRMEC and its Accreditation Committee continue to monitor the accreditation status and ongoing reports for Canberra Hospital and Health Services (last accredited in 2017), Goulburn Base Hospital (last accredited in 2016), SERH (last accredited in 2018) and CPHB (accreditation in progress).
- The CRMEC negotiated with the Health and Education Training Institute (HETI) to undertake joint accreditation of Moruya Hospital, which is seeking accreditation of a new junior doctor training program. A provisional site visit will be conducted in December 2018.
- The CRMEC delivered the Teaching for Clinicians course five times in 2018, with over 50 junior doctor and supervisor attendees. This program provides opportunity for training in supervision, education and leadership for the medical workforce in ACT Health and linked regional network, with opportunity for Fellowship with the Higher Education Academy (UK) for those completing assessment.

Cleared as complete and accurate: 07/11/2018

Cleared by:

Choose an item. **Must be an** Ext:  
**Information Officer**  
**(Executive)**

Information Officer name:

Contact Officer name:

Lead Directorate:

Assoc. Prof. Emily Haesler  
Health

Ext: 51259582

TRIM Ref:

GBC18/688



- The CRMEC partnered with ACT Health to deliver a leadership course for registrars. This two day course provides advanced training options for registrars and senior registrars employed in ACT Health.
- The CRMEC has developed numerous resources for junior doctors this year, including a pamphlet offering guidance for junior doctors experiencing or witnessing bullying or harassment. Following review from People and Culture, this resource is in final stages of stakeholder review with Directors of Medical Services and planned for distribution in 2019 orientation. Additional resources included guidance developed by junior doctors and registrars on promoting constructive workplace cultures.
- In September 2018 the CRMEC ran an Expression of Interest for the position for Chair of the Council (due to vacate on January 2019). The CRMEC received one application are awaiting Cabinet appointment of the selected applicant.
- The CRMEC Chair, Associate Professor Katrina Anderson, was the recipient of a 2018 Australian Award for University Teaching, as well as the Royal Australian College of General Practitioners (RACGP) general practitioner of the year award for the ACT and NSW/
- ACT Health has committed to partnering with the CRMEC to host the annual national Australian and New Zealand Prevocational Medical Education Forum in Canberra in 2019.

## Background

- The CRMEC was established in 2014 by the Minister for Health. The CRMEC is accredited by the Australian Medical Council as an intern training accreditation authority until March 2018.
- The CRMEC performs accreditation functions for the intern training and education program in the ACT and surrounding region for CHHS, Calvary Hospital Bruce, Goulburn Base Hospital and South East Regional Hospital in Bega. Additionally, the CRMEC oversees the development of medical education standards, policies, processes and functions of the prevocational network in the ACT and surrounding region.
- The CRMEC has representation from medical educators, supervisors, registrars and junior medical doctors. The CRMEC also has strong consumer engagement and representation. The Secretariat is supported by ACT Health.

Cleared as complete and accurate: 07/11/2018

Cleared by: Choose an item. **Must be an** Ext:  
**Information Officer**  
**(Executive)**

Information Officer name:

Contact Officer name: Assoc. Prof. Emily Haesler Ext: 51259582

Lead Directorate: Health

TRIM Ref: GBC18/688

## ANNUAL REPORT HEARING BRIEF

- The CRMEC is committed to identifying, evaluating, monitoring and promoting medical education and training programs for JMOs and their educators, in conjunction with key stakeholders. The Council's goal is to continue to develop partnerships nationally and locally with other Postgraduate Medical Councils and professional networks to ensure familiarity with the work of other jurisdictions.

Cleared as complete and accurate: 07/11/2018  
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TRIM Ref: GBC18/688

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**Portfolio/s:** Health and Wellbeing

**ISSUE:           WORKFORCE STRATEGIES  
                      (ATSI/DISABILITY/APPRENTICESHIPS/TRAINEESHIPS)**

**Talking points:**

- In 2017-18, ACT Health employed a number of strategies to encourage employee attraction, retention and support, including for Aboriginal and Torres Islander staff, and People with Disability.
- ACT Health has significant clinical graduate recruitment and development programs operating annually, with a 2017 Graduate intake of 49 Allied Health graduates, 100 Medical (Interns), 103 Registered Nurses and 44 Enrolled Nurses. The 2018 Graduate intake was 31 Allied Health graduates, 100 Medical (Interns), 103 Registered Nurses and 31 Enrolled Nurse Graduates.
- In addition, ACT Health supports the annual ACT Public Service Graduate Program coordinated by CMTEDD, with an intake of seven Graduates during 2017 and seven during 2018.
- In the 2017-18 financial year, the number of Aboriginal and Torres Strait Islander people employed by ACT Health rose from 77 in June 2017 to 83 in June 2018, a 9.1 per cent rise compared with the previous year. 83 positions equates to 1.1% per cent of total ACT Health staff, and of the 83 positions, 29 were designated Aboriginal and Torres Strait Islander positions and four were Aboriginal and Torres Strait Islander traineeships.
- ACT Health employed 138 People with Disability in the 2017-18 financial year, or 1.8 per cent of total ACT Health staff. Of these 138 positions, three were designated positions and one was a work experience staff member.
- ACT Health also had three positions occupied by Inclusion (Disability) participants, as part of the ACT Public Service Graduate Program.
- In 2017-18, ACT Health participated in the Whole of Government Vocational Employment Program (VEP).

Cleared as complete and accurate:   08/11/2018  
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Lead Directorate:                         Health

- ACT Health had a number of strategies in 2017-18 to improve the cultural awareness of staff. All employees commencing with ACT Health were required to complete a mandatory induction online module entitled 'Working with Aboriginal and Torres Strait Islander patients and clients'.

## Key Information

### Diversity Employment Targets

- ACT Health had a target of 94 Aboriginal and Torres Strait Islander staff, and 188 People with Disability, to be employed by June 2018. The Directorate achieved a headcount of 83 (11 below target) Aboriginal and Torres Strait Islander staff, and 138 (50 below target) People with Disability, by June 2018.
- ACT Health failed to meet its Diversity Employment Targets because the restructure in September 2018 and the transition to two directorates in 2018 meant that a number of business areas were not in a position to commit to additional staffing due to budget constraints. Some clinical areas provided feedback that certain positions might not be suitable for people with particular physical disabilities (depending on the nature of the disability), as it could put patient safety at risk.

### Measures to support employment diversity

- Measures used by ACT Health in 2017-18 to support employees from diversity target groups included the Reconciliation Action Plan 2015-2018 (RAP), the Disability Employment Plan 2015-2018, and other initiatives.
- Actions under the RAP included the promotion of culturally significant days and events, including Reconciliation Week, Sorry Day and NAIDOC week.
- A number of other initiatives in 2017-18 were aimed at supporting employees from diverse target groups, including the promotion of culturally significant days and events. These included Director General Messages and ACT Health Staff Bulletin articles, distributed to all ACT Health staff. These messages and articles included the following topics related to workplace diversity.
  - DG Messages: National Multicultural Festival, International Women's Day, Reconciliation Week, ACT Health Aboriginal and Torres Strait Islander Awards 2017, NAIDOC Week 2017;
  - Staff Bulletin: NAIDOC Award Winners, Aboriginal and Torres Strait Islander leave provisions, Refugee Week Staff Profile, Men's Health Week, National Reconciliation Week, Have your say – ACTPS Gender Inclusion Survey, Reconciliation in the Park, ACTPS Survey – let us know how LGBTIQ staff can be better supported, Harmony Day – everyone belongs.

Cleared as complete and accurate: 08/11/2018  
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- The Workforce Strategy Development Project (the Workforce Strategy) is in progress, and will shape the future direction of the ACT Health workforce. The Workforce Strategy will support the delivery of a sustainable workforce, able to deliver person- and family-centred, safe and high quality care into the future. The Workforce Strategy will also enable the delivery of ACT Government commitments, implementation of the Territory Wide Health Services Framework and the ACT Health Quality Strategy.

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Information Officer name: Patrick Henry  
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Lead Directorate: Health

**ISSUE: FRAUD PREVENTION MATTERS AND PUBLIC INTEREST DISCLOSURES****Talking Points**

- All requests under the *Public Interest Disclosure Act 2012* are coordinated and recorded centrally by the Professional Standards Unit, of the Chief Minister, Treasury, and Economic Development Directorate.
- Canberra Health Services is unable to divulge any information about a public interest disclosure, including whether a public interest disclosure has been made, as to do so would be an offence under the *Public Interest Disclosure Act 2012*.
- There were four fraud matters reported in the 2017–18 Annual Report, one of which has proceeded to investigation by Professional Standards Unit.
- Fraud risk assessment are undertaken by divisions within ACT Health by the Director General, Deputy Directors-General or Executive Directors, in-line with the ACT Health Risk Management Protocols.
- ACT Health is currently in the process of reviewing and revising the organisation's 'Fraud and Corruption Control Plan' (previously known as Fraud and Corruption Policy and Plan).

**Key Information**

- The ACT Health Senior Executive responsible for Business Integrity Risk (SERBIR):
  - analyses trends and risk assessments for fraud and other integrity breaches; and
  - provides biannual reports to the Audit and Risk Management Committee.
- Under the provisions of section 13 of the *Public Sector Management Act 2006* the Director-General of each agency is required to ensure that threats to the integrity of the agency are addressed in a detailed fraud and prevention plan.
- To address this obligation ACT Health has:
  - Fraud and Corruption Policy; and
  - Fraud and Corruption Plan.

Cleared as complete and accurate: 30/10/2018  
Cleared by: Executive Director Ext: 51086  
Information Officer name: Janine Hammat  
Contact Officer name: Jim Tosh Ext: 50006  
Lead Directorate: Health

TRIM Ref: GBC18/688

- In ACT Health, the Director-General, Deputy Directors-General and Executive Directors are responsible for:
  - managing fraud and corruption; and
  - ensuring compliance with the policy and plan at all levels within their areas.
- Staff receive fraud control and prevention training during orientation and through an e-learning program titled Ethics, Integrity and Fraud Prevention.
- Managers are provided with further fraud control and prevention information and training during managers' orientation programs.
- Staff and manager training is supported by targeted information that alerts staff to the responsibilities and protocols intended to improve systems or mitigate identified fraud threats and risks.

Cleared as complete and accurate: 30/10/2018  
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TRIM Ref: GBC18/688

**ISSUE:       WORKPLACE BULLYING AND HARASSMENT**

**Talking points:**

- The Canberra Health Service (CHS) and the ACT Health Directorate (ACTHD) have embedded the principles of the ACT Public Service’s Respect, Equity and Diversity (RED) Framework and developed training programs to educate staff on respectful workplace behaviours and educate managers on how to manage complaints of inappropriate behaviour.
- The existing avenues for staff to raise incidents of bullying and harassment in the workplace include:
  - Raising issues with People and Culture (HR);
  - Discussing the alleged bullying with their Senior Manager;
  - Raising incidents via ACT Health’s electronic incident reporting system 'Riskman'. This system is also monitored by People and Culture (HR), Employee Relations Unit to ensure all matters related to bullying and harassment are managed in accordance with the relevant Enterprise Agreements;
  - Via the established network of 101 RED Contact Officers across all professions; and
  - Via the Fair Work Commission’s Bullying jurisdiction.
- Since the events explored by the ACT Auditor-General, the Australian Council on Healthcare Standards Accreditation Report of July 2018 commented on ACT Health's "commitment and hard work has resulted in a significant shift and improvement in work place culture. With staff now openly taking pride in their work place environment..."
- We agree with the Accreditor’s view that “It will be crucial that this leadership and level of commitment is maintained to ensure all improvements are sustained and further developed across the health service.”

Cleared as complete and accurate: 01/11/2018  
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Lead Directorate: Health



- CHS are working on a number of short and medium term strategies and actions to shift the focus from formal investigative processes to early intervention and alternative dispute resolution, with the intention to recast existing frameworks in a way that results in a more connected approach to employee behavior and positive workplace culture, including:
  - The introduction of an Employee Advocate function which will report directly to the Chief Executive Officer, CHS. This role will assist employees in the resolution of their workplace issues, by providing support and advice wherever possible encouraging resolution through alternative dispute resolution mechanisms;
  - Modifying existing Preliminary Assessment (PA) processes for bullying and interpersonal disputes to prioritise early intervention and alternative dispute resolutions, including mediation and facilitated conversations;
  - Utilising the RED Contact Officers network to assist with the introduction of this new approach; and
  - An external and trusted avenue for employees of both the ACT Health Directorate and Canberra Health Services on bullying or harassment matters is currently being considered.
- This approach recognises that formal processes often result in both complainants and respondents losing agency over the process. Alternative dispute mechanisms provide all parties with a level of involvement throughout.
- The independent review into ACT Health's culture will provide further insight into this process and any further considerations that ACT Health may need to take into account.

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## Key Information

### *Complaints, Preliminary Assessments and Investigations data*

- As at 25 October 2018, CHS and ACTHD currently have 37 bullying reports open, including three bullying related investigations.
- Over the course of the 2017-2018 Annual Report period, there were 160 reports of bullying, and two investigations with the PSU.
- People and Culture have improved data collection over the last quarter, which will provide greater detail for the coming Annual Report period.

### *Staff Development*

- In late 2017 to early 2018, the Respect at Work program was extensively revised resulting in the program having two components – an e-learning module and a two hour face-to-face program. The e-learning program was developed in-house by the one FTE staff member responsible for developing many of ACT Health's e-learning modules.
- In 2017-18, the new University of Canberra Hospital was being commissioned, with significant interactive workshops focussing on building positive culture and values based behaviours being undertaken with the staff at the new hospital. As part of these activities, themes of the Respect at Work program around appropriate and inappropriate behaviour in the workplace were included. Over 300 staff participated in these workshops.
- Further development programs will be developed to support the new Alternate Dispute Resolution approach to bullying matters.

Cleared as complete and accurate: 01/11/2018  
Cleared by: Executive Director Ext: 51086  
Information Officer name: Janine Hammat  
Contact Officer name: Jim Tosh Ext: 50006  
Lead Directorate: Health

TRIM Ref: GBC18/688



- Workplace Safety progressed several WHS improvement activities in 2017–18, including the drafting the *ACT Health Work Health Safety Strategic Plan 2018–2022*.
- A key project under the plan is to gain a collective understanding of occupational violence exposures across the organisation and to identify systemic risk control opportunities to reduce harm to staff. Work has already commenced to support this project.
- **Target 1 – Reduce the incidence rate of claims resulting in one or more weeks off work by at least 30 per cent**
  - Since 2012, ACT Health has consistently reduced the number of new Comcare claims resulting in one or more weeks off work per 1000 employees.
  - ACT Health’s Target 1 result for 2017-18 of 7.06 has also exceeded ACT Health’s 2017-18 target of 8.20 claims per 1000 employees.
  - Key reasons for this continued improvement include proactive work health safety prevention strategies, the Early Intervention Physiotherapy Service, training in manual handling techniques, the early identification of suitable duties for injured employees and proactive return to work case management practices.
  - Performance against this target is based on accepted Comcare claims.
- **Target 2 – a reduction of at least 30 per cent in the in the incident rate of claims for musculoskeletal disorders resulting in one or more weeks off work**
  - ACT Health has continued to reduce the incident rate of claims for musculoskeletal disorders (MSD) resulting in one or more weeks off work.
  - ACT Health’s Target 2 result for 2017-18 of 4.95 has exceeded ACT Health’s 2017-18 target of 6.03 claims per 1000 employees.
  - Key reasons for this continued improvement include proactive work health safety prevention strategies, the Early Intervention Physiotherapy Service, training in manual handling techniques, the early identification of suitable duties for injured employees and proactive return to work case management practices.
  - Performance against this target is based on accepted Comcare claims.

Cleared as complete and accurate: 01/11/2018  
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Lead Directorate: Health

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**Portfolio/s:** Health and Wellbeing

**ISSUE:           AUDITOR-GENERAL REPORT NO. 9/2018 – ACT HEALTH’S  
MANAGEMENT OF ALLEGATIONS OF MISCONDUCT AND  
COMPLAINTS ABOUT INAPPROPRIATE WORKPLACE BEHAVIOUR**

**Talking points:**

- On 2 August 2018, the ACT Auditor-General released Report No. 9/2018 – ACT Health’s management of allegations of misconduct and complaints about inappropriate workplace behaviour.
- The Minister for Mental Health, the Director-General of the Health Directorate and I have made numerous public statements since in relation to this matter, reiterating that the ACT Government has zero tolerance for bullying and that there are safe and respectful pathways available to people wishing to raise concerns about bullying within ACT directorates. The Health Directorate and the Canberra Health Service have a range of measures in place to support staff, including:
  - Training programs to educate staff on respectful workplace behaviours, how to raise concerns about inappropriate behaviour and educate managers on how to manage complaints of inappropriate behaviour.
  - Avenues for staff to raise incidents of bullying and harassment, which include raising concerns with their Senior Manager, People and Culture (HR) Employee Services Unit and through the electronic internal incident reporting mechanism.
  - An established network of over 101 Respect Equity and Diversity (RED) Contact Officers for all professions.
  - Rigorous processes for investigating bullying appropriately and independently in line with the requirements of ACT Health Enterprise Agreements and the *Public Sector Management Act 1994*, to which all ACT Health and ACT Government employees are required to adhere.

Cleared as complete and accurate: 31/10/2018  
Cleared by: Executive Director Ext: 51086  
Information Officer name: Janine Hammat  
Contact Officer name: Jim Tosh Ext: 50006  
Lead Directorate: Health

TRIM Ref: GBC18/688

- Ensuring the employee against whom the allegation has been made is afforded their right to natural justice and procedural fairness in the process.
- Existing investigative processes, which still have their place for more serious matters, are often of limited assistance for interpersonal disputes in the workplace.
- Due to privacy obligations and procedural fairness, the complainant will not be informed of the outcome and sanction taken against the other individual. And investigative processes do not often deal with the relationships, but only find fact as to what has occurred.
- Where these processes fail, then there will evidently be existing processes for raising these matters internally, and potentially escalating to an investigation in accordance with the relevant enterprise agreement.
- Canberra Health Service is working on a number of short and medium term strategies and actions to shift the focus from formal investigative processes to early intervention and alternative dispute resolution, with the intention to recast existing frameworks in a way that results in a more connected approach to employee behavior and positive workplace culture, including:
  - The introduction of an Employee Advocate function, reporting directly to the CEO of the Canberra Health Service. This role will assist employees in the resolution of their workplace issues, by assisting with resolution through alternative dispute resolution mechanisms in the first instance. This role is expected to be advertised in December 2018;
  - Modifying existing Preliminary Assessment process for bullying and interpersonal disputes to prioritise early intervention and alternative dispute mechanisms, including mediation and facilitated conversations;
  - Utilising the REDCO network to assist with the introduction of this new approach;
  - An external and trusted avenue for employees of the ACT Health Directorate and the Canberra Health Service on bullying matters.

Cleared as complete and accurate: 31/10/2018  
Cleared by: Executive Director Ext: 51086  
Information Officer name: Janine Hammat  
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Lead Directorate: Health

## Key Information

- The report contained three recommendations, two for which ACT Health has responsibility. These recommendations were as follows:
  - Recommendation 1: ACT Health should implement training for executives and managers for the handling of allegations of potential breaches of the ACT Public Sector Code of Conduct. This training should include:
    - Managing and documenting the conduct of preliminary assessments;
    - The need to fully consider options available prior to proceeding with a misconduct investigation (eg. Underperformance management); and
    - Processes for managing and documenting allegations of breaches of the ACT Public Sector Code of Conduct.
  - Recommendation 3: ACT Health should implement awareness training for Executives and Managers to reinforce requirements for receiving, documenting and managing reports of inappropriate workplace behaviours.
- In relation to both Recommendations 1 and 3: ACT Health have trained 206 managers in undertaking Preliminary Assessments, throughout the course of the 2017/18 financial year. ACT Health now reports higher Preliminary Assessment completions than any other Directorate, according to preliminary figures for the State of the Service Report.
- The *'Addressing Workplace Issues – Preliminary Assessment for Managers'* training, has increased our managers' understanding of their legal obligations under the Enterprise Agreements to conduct preliminary assessments to address bullying complaints. The skills based component of the workshop provides managers with the skills for conducting a preliminary assessment, and appropriately documenting and reporting such matters.
- ACT Health is also currently reviewing the Preliminary Assessment training to reflect the new early intervention and Alternative Dispute Resolution mechanisms

Cleared as complete and accurate: 31/10/2018  
Cleared by: Executive Director Ext: 51086  
Information Officer name: Janine Hammat  
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Lead Directorate: Health

TRIM Ref: GBC18/688

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**Portfolio/s:** Health and Wellbeing

**ISSUE: ACT HEALTH ATTRACTION AND RETENTION INCENTIVES (ARIns)  
AND SPECIAL EMPLOYMENT ARRANGEMENTS (SEAs).**

**Talking points:**

- There are currently 321 staff in ACT Health and Canberra Health Services covered by Attraction and Retention Incentives (ARIns) and Special Employment Arrangements (SEAs).
- This represents an increase of 39 from July 2017, primarily as a result of a group ARIn being offered to psychiatrists to address recruitment and retention issues.
- Total expenditure on ARIns/SEAs in 2017-18 was 18.7 million, the vast majority of which went to doctors and other health professionals.
- All ARIns are subject to annual review. That review process is ongoing, with particular emphasis on senior medical staff owing to the complexity and extent of arrangements for this group.

**Key Information**

- The outcomes of the ARIn review as it pertains to senior medical staff is currently being reviewed by the Interim Chief Executive Officer, Canberra Health Services.
- Of the 321 staff on ARIns/SEAs, 311 are in Canberra Health Services, with the remaining 10 in the Health Directorate.

Cleared as complete and accurate:	30/10/2018	
Cleared by:	Executive Director	Ext:51086
Information Officer name:	Janine Hammat	
Contact Officer name:	Steven Linton	Ext:75569
Lead Directorate:	Health	



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**Portfolio/s:** Health and Wellbeing

**ISSUE: NURSES AND MIDWIVES: TOWARDS A SAFER CULTURE**

**Talking points:**

- Consultation on the Nurses and Midwives: Towards a Safer Culture Strategy has occurred to improve the safety of front-line nurses and midwives as they carry out their important health care role with our community and reduce the risks of harm in the workplace. Nurses and midwives and ACT Health employees were consulted and provided opportunities to give feedback.
- Three separate rounds of consultations were undertaken.
- A series of initiatives will be adopted, including:
  - Promoting a workplace culture of respect and empowerment;
  - Developing preventative workplace strategies, which will include adequate staffing levels and support;
  - Strengthening risk assessment practices;
  - Improving incident reporting systems, data collection and feedback;
  - Developing and reviewing dedicated staff education; and
  - Implementing an awareness campaign.
- A further round of staff consultation has occurred to further inform the Strategy.
- The Australian Nursing and Midwifery Federation (ANMF) has been involved in the consultation process.
- The Discussion Paper, Strategy and Implementation Plan have been finalised.
- The documents have been sent to Communication and Marketing for branding.

Cleared as complete and accurate: 06/11/2018  
Cleared by: Deputy Director-General Ext: 42147  
Information Officer name: Dr Marg McLeod  
Contact Officer name: Danielle Rutter Ext: 76772  
Lead Directorate: Health

TRIM Ref: GBC18/688

- They will be presented to both the Minister for Health and Wellbeing and the Minister for Mental Health in November.

## Key Information

- The project to prevent and manage workplace aggression and violence towards nurses and midwives concluded in March 2018, and a Report was forwarded to the Minister for Health and Wellbeing for consideration.
- Detailed feedback from the Minister highlighted a number of deficits in the Report that require further development, including but not limited to the need for further consultation with the ANMF, safety culture considerations, system issues with data reporting and analysis, tools for assessment, mental and physical stress issues, development of an implementation plan, and governance considerations for the Territory.
- A senior project officer was appointed to develop an action plan addressing all elements of the Ministerial feedback and comments from the ANMF.
- Further high level consultation has occurred with the ANMF, Workplace Safety, the Communication and Stakeholder Engagement team and the ACT Chief Nursing and Midwifery Officer to progress issues including the project Implementation Plan.
- A suite of documents have been developed including a Discussion Paper, Strategy and an Implementation Plan.
- The suite of documents will be presented to Minister for Health and Wellbeing and the Minister for Mental Health for consideration and endorsement.

Cleared as complete and accurate: 06/11/2018  
Cleared by: Deputy Director-General Ext: 42147  
Information Officer name: Dr Marg McLeod  
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Lead Directorate: Health

TRIM Ref: GBC18/688

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**Portfolio/s:** Health and Wellbeing

**ISSUE: SENIOR MANAGEMENT CHANGES AT CALVARY**

**Talking points:**

- A new organisational structure for Calvary will see both public and private hospitals on the Bruce site report to a single Chief Executive, rather than separate Executives.
- Ms Barbara Reid has commenced as the Chief Executive for the Australian Capital Territory (ACT).
- Robust governance arrangements are in place for funding public health services delivered by Calvary, to ensure accountability and transparency of funding arrangements.

**Key Information**

The Canberra Times published an article on this issue on 22 July 2018 raising these points:

- A new organisational structure will see both the public and private hospitals on the Bruce site report to a single Chief Executive, rather than separate Executives.
- This restructure follows similar changes taking place at other Calvary owned facilities in NSW, Victoria, Tasmania and SA.
- The management changes at Calvary hospital in the ACT came into effect on 3 September 2018, with an eight week transition period taking place.
- The changes to management is not expected to impact upon inpatient services at the hospital.
- Calvary's Deputy Chief Executive Officer, Mr Matt Hanrahan said Calvary funding from the ACT Government will not go towards operations in the private hospital.
- Public health and hospital services at CPHB, including the emergency department, will be unaffected.
- Palliative care services at Clare Holland House will also be unaffected by the management changes.
- Territory funding will only be used for public health and hospital services.

Cleared as complete and accurate:	24/10/2018	
Cleared by:	Deputy Director-General	Ext:52248
Information Officer name:	Karen Doran	
Contact Officer name:	Jacob Fell	Ext:76230
Lead Directorate:	Health	

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**Portfolio/s:** Health and Wellbeing

**ISSUE: VISITING MEDICAL OFFICER (VMO) CONTRACT NEGOTIATIONS**

**Talking Points:**

- The *Health Act 1993* requires that the core conditions for VMO contracts must be negotiated with the nominated negotiating agents of the VMOs with current contracts with the Territory.
- These negotiations occur approximately every three years.
- It is intended that the next round of negotiations will occur in early 2019. The exact timing will be discussed with the ACT Visiting Medical Officers Association (VMOA) and the Australian Medical Association ACT (AMA) at the next meeting of the VMO Contract Committee on 10 December 2018.
- Canberra Health Services is currently seeking nominations for negotiating agents from VMOs.

**Key Information**

- The VMO Contract Committee includes representatives of Canberra Health Services, Calvary Public, the VMOA and the AMA. It meets quarterly to discuss issues relating to VMO contracts.
- To date Canberra Health Services has received 28 valid nominations for negotiating agents, mostly in favour of the VMOA. The *Health Act 1993* requires that in order to be appointed, a negotiating agent must be nominated by at least 50 VMOs.
- VMO contracts currently provide for automatic annual indexation. This will occur regardless of progress on negotiations for new core conditions.

Cleared as complete and accurate: 30/10/2018  
Cleared by: Executive Director Ext:51086  
Information Officer name: Janine Hammat  
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Lead Directorate: Health

TRIM Ref:

GBC18/688 - 98

**Portfolio/s:** Health and Wellbeing

**ISSUE:** ACT HEALTH BUDGET – CHALLENGES

**Talking points:**

- The ACT Health budget (including the ACT Local Hospital Network) is set to increase to \$1.683 billion in 2018-19. This represents an increase of 4.2 per cent on the 2017-18 Budget.
- There are no significant new savings targets incorporated into the 2018-19 Budget for Health. ACT Health will, however, be required to achieve the \$10 million savings target contained in the 2017-18 Budget (which commences in 2018-19).
- ACT Health will be required to internally fund \$3.752 million (in 2018-19 only) towards the Hospital in the Home (\$4.925 million) new initiative. The outyear amounts (\$9.850 million), however, are fully funded.
- ACT Health will also be required to internally absorb the gap between 1.3 per cent and 1.9 per cent for the expected EBA pay rises in 2018-19. This is estimated to cost approximately \$6 million.

Cleared as complete and accurate: 30/10/2018  
Cleared by: Chief Finance Officer Ext: 78441  
Information Officer name: Trevor Vivien  
Contact Officer name: Jean-Paul Donda Ext: 50915  
Lead Directorate: Health

GBC18/688 - 99

**Portfolio/s:** Health and Wellbeing

**ISSUE: CROSS BORDER REVENUE**

**Talking points:**

- ACT Health received \$105.028 million in Cross Border revenue from other States and the Northern Territory in 2018-19. This represents an increase of \$3.748 million or 3.7 per cent on 2017-18.
- Most of this revenue (\$101.553 million) is received from New South Wales.
- In addition, the ACT received \$79.102 million from the Commonwealth via the National Health Reform Agreement for treating interstate patients in the ACT.
- The ACT also pays \$22.9 million to other States and the Northern Territory for ACT residents receiving care interstate.
- Cross Border receipts and payments are received through the ACT Local Hospital Network.

Cleared as complete and accurate:	30/10/2018	
Cleared by:	Chief Finance Officer	Ext: 78441
Information Officer name:	Trevor Vivien	
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Lead Directorate:	Health	

**ISSUE: FINANCIAL STATEMENT ANALYSIS (PAGE 167 – 245)**
**Key Information**

**HEALTH DIRECTORATE  
OPERATING STATEMENT  
FOR THE YEAR ENDED 30 JUNE 2018**

	Note No.	Actual 2018 \$'000	Original Budget 2018 \$'000	Actual 2017 \$'000
<b>Income</b>				
<i>Revenue</i>				
Controlled Recurrent Payments	3	265 993	313 371	290 692
User Charges	4	1 002 882	1 001 509	972 980
Grants from the Commonwealth		4 171	4 085	4 107
Resources Received Free of Charge		1 762	1 766	1 600
Other Revenue	5	18 590	15 121	16 821
<b>Total Revenue</b>		<b>1 293 398</b>	<b>1 335 852</b>	<b>1 286 200</b>
<i>Gains</i>				
Gains on Investments		-	-	10
Other Gains	6	1 552	992	2 266
<b>Total Gains</b>		<b>1 552</b>	<b>992</b>	<b>2 276</b>
<b>Total Income</b>		<b>1 294 950</b>	<b>1 336 844</b>	<b>1 288 476</b>
<b>Expenses</b>				
Employee Expenses	7	744 588	748 651	703 423
Superannuation Expenses	8	93 544	95 393	91 254
Supplies and Services	9	368 954	382 898	359 199
Depreciation and Amortisation	10	48 238	45 601	45 223
Grants and Purchased Services	11	101 024	95 149	101 162
Cost of Goods Sold	12	8 342	12 059	9 150
Other Expenses	13	10 831	7 339	18 567
<b>Total Expenses</b>		<b>1 375 521</b>	<b>1 387 090</b>	<b>1 327 978</b>
<b>Operating (Deficit)</b>		<b>(80 571)</b>	<b>(50 246)</b>	<b>(39 502)</b>
<b>Other Comprehensive Income</b>				
<i>Items that will not be reclassified subsequently to profit or loss</i>				
(Decrease)/Increase in the Asset Revaluation Surplus	25	(2 461)	-	1 594
<b>Total Comprehensive (Deficit)</b>		<b>(83 032)</b>	<b>(50 246)</b>	<b>(37 908)</b>

Cleared as complete and accurate:

25/10/2018

Cleared by:

Chief Finance Officer

Ext: 620 78441

Information Officer name:

Trevor Vivian

Contact Officer name:

Sasith Wickramasinghe

Ext: 620 76184

Lead Directorate:

Health

## HEALTH DIRECTORATE BALANCE SHEET AT 30 JUNE 2018

	Note	Actual	Original	Actual
	No.	2018	Budget	2017
		\$'000	\$'000	\$'000
<b>Current Assets</b>				
Cash and Cash Equivalents	15	60 401	59 454	109 219
Investments		3 022	3 019	3 029
Receivables	16	33 721	42 742	32 975
Inventories	17	6 884	10 506	9 018
Other Assets	21	6 483	6 157	8 068
<b>Total Current Assets</b>		<b>110 511</b>	<b>121 878</b>	<b>162 309</b>
<b>Non-Current Assets</b>				
Property, Plant and Equipment	18	1 197 751	1 375 316	1 028 959
Intangible Assets	19	30 368	39 193	45 022
Other Assets	21	6 907	-	10 909
Capital Works in Progress	20	79 759	13 397	184 735
<b>Total Non-Current Assets</b>		<b>1 314 785</b>	<b>1 427 906</b>	<b>1 269 625</b>
<b>Total Assets</b>		<b>1 425 296</b>	<b>1 549 784</b>	<b>1 431 934</b>
<b>Current Liabilities</b>				
Payables	22	48 411	52 459	89 377
Borrowings		425	-	352
Employee Benefits	23	243 030	242 660	224 886
Other Liabilities	24	7 987	652	8 064
<b>Total Current Liabilities</b>		<b>299 853</b>	<b>295 771</b>	<b>322 679</b>
<b>Non-Current Liabilities</b>				
Borrowings		2 069	-	2 567
Employee Benefits	23	15 284	18 922	16 016
Other Provisions		193	-	1 462
Other Liabilities	24	13 925	4 733	15 039
<b>Total Non-Current Liabilities</b>		<b>31 471</b>	<b>23 655</b>	<b>35 084</b>
<b>Total Liabilities</b>		<b>331 324</b>	<b>319 426</b>	<b>357 763</b>
<b>Net Assets</b>		<b>1 093 972</b>	<b>1 230 358</b>	<b>1 074 171</b>
<b>Equity</b>				
Accumulated Funds		963 807	1 099 327	941 545
Asset Revaluation Surplus	25	130 165	131 031	132 626
<b>Total Equity</b>		<b>1 093 972</b>	<b>1 230 358</b>	<b>1 074 171</b>

Cleared as complete and accurate:

25/10/2018

Cleared by:

Chief Finance Officer

Ext: 620 78441

Information Officer name:

Trevor Vivian

Contact Officer name:

Sasith Wickramasinghe

Ext: 620 76184

Lead Directorate:

Health



**Operating Deficit**

- ACT Health, like most agencies, budgets to make an operating deficit. This is because agencies are not fully funded for movements in employee provisions (recreation and long service leave) or depreciation (cash funding is provided at the time of purchase of assets for their cash cost).

**Revenue**

- Total own source revenue of \$1,029.0 million was 1 per cent higher than the 2017-18 budget of \$1,023.5 million.
- Controlled Recurrent Payments was \$47.3 million lower than the budget mainly due to transfers to Expenses on behalf of the Territory for capital grants to Calvary Public Hospital and Winnunga Nimmityjah Aboriginal Health Service and maintaining Directorate's cash balance at appropriate liquidity levels to meet future cash requirements.
- Other Revenue was \$3.5 million higher than the budget due to refunds received from Shared Services relating to salary sacrifice arrangements from prior years.

**Expenses**

- Total expenses of \$1,375.5 million was within 1 per cent of the 2017-18 budget of \$1,387.1 million.
- The three largest components of expense are employee expenses which represents 54.1 per cent or \$744.6 million, supplies and services which represents 26.8 per cent or \$368.9 million, and grants and purchased services, which represents 7.3 per cent or \$101.0 million.

**Assets**

- The total asset position at 30 June 2018 is \$1,425.3 million, \$124.5 million lower than the budget of \$1,549.8 million. The variance reflects the timing associated with the acquisition and completion of various assets over the 2017-18 financial year.
- Property, Plant and Equipment was \$177.6 million lower than budget mainly due to completion timelines of current capital works projects being adjusted for detailed design and planning work to facilitate construction activities in an active hospital environment;
- Receivables was \$9.0 million lower than budget mainly due to lower accrued revenue for high cost drugs, patient fees and facility fees.
- Capital Works in Progress was \$66.4 million higher than budget mainly due to completion timelines of current capital works projects adjusted for detailed design and planning work to facilitate construction activities in an active hospital environment.

**Liabilities**

- The Directorate's liabilities for the year ended 30 June 2018, of \$331.3 million were \$11.9 million higher than the budget of \$319.4 million.
- Other Liabilities was \$16.7 million higher than budget mainly relating to the building lease for 2-6 Bowes Street Phillip for the Directorate's new office space for administrative staff and the recognition of deferred income for the portion of the

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Cleared as complete and accurate:	25/10/2018	
Cleared by:	Chief Finance Officer	Ext: 620 78441
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Lead Directorate:	Health	

University of Canberra Hospital building of which the University of Canberra will have sole use.

- Payables was \$4.0 million lower than budget mainly due to lower capital works payments owing.

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Cleared as complete and accurate:	25/10/2018	
Cleared by:	Chief Finance Officer	Ext: 620 78441
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Lead Directorate:	Health	

**ISSUE: ACT LOCAL HOSPITAL NETWORK  
 DIRECTORATE FINANCIAL STATEMENT ANALYSIS (PAGE 322-344)**

**Key Information**

**ACT LOCAL HOSPITAL NETWORK DIRECTORATE  
 OPERATING STATEMENT  
 FOR THE YEAR ENDED 30 JUNE 2018**

	Note No.	Actual 2018 \$'000	Original Budget 2018 \$'000	Actual 2017 \$'000
<b>Income</b>				
<i>Revenue</i>				
Controlled Recurrent Payments	3	629 747	656 143	629 964
User Charges	4	105 028	101 280	101 225
Grants from the Commonwealth	5	385 581	362 984	344 496
<b>Total Revenue</b>		<b>1 120 356</b>	<b>1 120 407</b>	<b>1 075 685</b>
<b>Total Income</b>		<b>1 120 356</b>	<b>1 120 407</b>	<b>1 075 685</b>
<b>Expenses</b>				
Grants and Purchased Services	6	1 107 324	1 114 063	1 065 433
Transfer Expenses	7	6 459	6 344	6 022
<b>Total Expenses</b>		<b>1 113 783</b>	<b>1 120 407</b>	<b>1 071 455</b>
<b>Operating Surplus</b>		<b>6 573</b>	<b>-</b>	<b>4 230</b>
<b>Total Comprehensive Income</b>		<b>6 573</b>	<b>-</b>	<b>4 230</b>

- The ACT Local Hospital Network Directorate (LHN) was established to receive the payments by the Commonwealth and the ACT Government to the Local Hospital Network for services funded using activity based funding, block funded services, and a public health component. Payments from the States and Northern Territory for cross border activity are also reported through the LHN.
- This revenue is then used to purchase services from the three public hospitals operating in the ACT (Canberra Hospital, Calvary Public Hospital and the Queen Elizabeth II Family Centre) and from Clare Holland House and to pay a contribution to public health costs.

Cleared as complete and accurate: 26/10/2018  
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 Lead Directorate: Health

## Revenue

- Lower Controlled Recurrent Payments revenue (\$26.4 million) is due to the Directorate not drawing down appropriation to offset increased Commonwealth funding and cross border revenue.
- Higher Commonwealth Grants (\$22.6 million) relating to revenue received due to back adjustments for actual activity levels in 2016-17 and 2017-18 financial years.
- Higher Other Revenue (\$3.7 million) relating to higher cross border revenue due to growth in health services provided to interstate residents.

## Expenses

- Lower Other Expenses (\$6.6 million) mainly relating to lower cross border health expenses due to a lower number of interstate patients treated than budgeted.

Cleared as complete and accurate: 26/10/2018  
Cleared by: Chief Finance Officer Ext: 620 78441  
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Lead Directorate: Health

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**Portfolio/s:** Health and Wellbeing

**ISSUE: GROWTH FUNDING FOR ACT PUBLIC HOSPITALS**

## Talking points:

- ACT Public Hospitals are funded through the ACT Local Hospital Network (LHN) Directorate. These hospitals are: Canberra Hospital, Calvary Public Hospital, Clare Holland House and QEII. In 2018-19 this will include the University of Canberra Hospital.
- LHN expenses increased from \$1.076 billion in 2016-17 to \$1.120 billion in 2017-18. This represents an increase of 4 per cent.
- LHN expenses are set to increase by a further \$56 million in 2018-19 to \$1.176 billion, an increase of 5 per cent.
- Commonwealth funding in the LHN for 2017-18 of \$386 million included a \$22.6 million back-adjustment for activity related to 2015-16 (\$15.3 million) and 2016-17 (\$7.3 million).

Cleared as complete and accurate:	30/10/2018	
Cleared by:	Chief Finance Officer	Ext: 78441
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Lead Directorate:	Health	

**ISSUE: CONSULTANCY CONTRACTS LED BY ACT HEALTH**

**Talking points:**

- ACT Health Directorate engages consultants to undertake work and provide expert advice in all areas of health care delivery and planning, including health infrastructure planning and design to meet the health care needs of our growing city.
- It is not unusual for Government Departments, both Federal and State, to engage consultants for this type of work.
- There are a number of different types of consultants that ACT Health Directorate engages for specialist technical advice on projects such as these. They include:
  - Cost consultants including commercial and economic advisers;
  - Architects;
  - Master planners;
  - Health facility planners; and
  - Engineers including traffic and parking; structural; aeronautical (Surgical Procedures, Interventional Radiology and Emergency Centre), civil, geotechnical, façade and mechanical, electrical or hydraulic.
- The Contracts register is a publically available website and can be found at <https://tenders.act.gov.au>

**Key Information**

- For the financial period 2017-18, ACT Health Directorate entered into contracts to the value of \$95,071,964.29. This is inclusive of consultants to the value of \$16,063,137.00, contractors to the value of \$35,538,877.88, and community-based services, Goods and Works to the value of \$43,469,949.41.

Cleared as complete and accurate: 30/10/2018  
Cleared by: Deputy Director-General Ext: 52248  
Information Officer name:  
Contact Officer name: Tim Roach Ext: 79063  
Lead Directorate: Health

TRIM Ref: GBC18/688

GBC18/688 - 104

**Portfolio/s:** Health and Wellbeing

**ISSUE: INTENSIVE CARE UNIT**

**Talking Points**

- Across Australia, hospitals experience pressures and unexpected demand on intensive care units from time to time.
- Canberra Hospital is not immune to this and also experiences periods of unusually high demand in its Intensive Care Unit (ICU).
- ACT Health Directorate and Canberra Health Services (CHS) have systems that are in place to manage the demand.
- This includes rostering additional staff to ensure clinically safe staff-to-patient ratios.
- Canberrans can be assured that should they or a loved one require urgent treatment they will receive it.
- During periods of unexpected demand, patients presenting to Canberra Hospital's Emergency Department will continue to be assessed and treated as per normal.
- Canberra Hospital has well established systems and processes in place to appropriately manage periods of high demand.
- ACT Health Directorate and Canberra Health Services are jointly examining the source of the demand and will use this information to build a future proofed strategy that encompasses a territory-wide approach to acute care services.

**Background**

- A period of unusually high demand in the ICU at Canberra Hospital was experienced in the week of 22 October 2018.

Cleared as complete and accurate:	15/11/2018	
Cleared by:	Director-General	Ext: 49400
Information Officer name:	Michael De'Ath	
Contact Officer name:		Ext:
Lead Directorate:	Health	

- Actions taken to manage the demand included:
  - Rostering additional staff to ensure clinically safe staff-to-patient ratios
  - One ED patient requiring ICU destination was transferred to Calvary Hospital on 25 October 2018.
  - One elective surgical procedure was postponed on 25 October 2018.
  - Clinically safe Coronary Care Unit (CCU) patients were also transferred to Calvary Hospital.
  - Clinically safe ICU patients were decanted to the CCU.
  - CHS commenced bypass for non-urgent cases.
- Two patients were transferred to Sydney for specialists burns treatment following an explosion in the community yesterday evening.
- There were no adverse patient outcomes as a result of the high demand.

Cleared as complete and accurate: 15/11/2018  
Cleared by: Director-General Ext: 49400  
Information Officer name: Michael De'Ath  
Contact Officer name: Ext:  
Lead Directorate: Health



**ISSUE: ELECTIVE SURGERY WAITING LIST****Talking points:**

- Canberra Health Services (CHS) is committed to reducing the number of people waiting beyond clinically recommended timeframes for surgery.
- CHS performed well in many specialties last year. High rates of timeliness for elective surgery were achieved in cardiac, thoracic, gynaecology, head and neck, obstetrics and vascular surgery. There were also zero longwaits in paediatric surgery, an important achievement.
- Through the 'extra surgery initiative' in 2017-18, CHS completed 13,344 surgeries, the second highest on record, and was able to reduce the number of people waiting longer than clinically recommended from 464 to 406 patients by the end of June 2018.
- In addition, CHS decreased the number of people on the waitlist by nine percent from 5,322 to 4,867 at the end of June 2018.
- The proportion of patients who had surgery on time dropped from 87 per cent to 79 per cent in 2017-18. This is because focusing on the longer waiting patients means that these patients take up a higher proportion of all patients who are removed from the waiting list, so the overall average for all patients drops.
- CHS continues to experience growth in the demand for emergency and elective surgery. The ACT Government has committed to providing \$64.7 million to be invested in elective and emergency surgeries across the ACT. With certainty of this additional funding, CHS can increase the number of elective surgeries it can deliver to around 14,000 per year.
- The funding of \$64.7 million over the next four years will also help CHS to improve access to surgical care and reduce wait times, which means better health outcomes for patients in the ACT and surrounding NSW region.

Cleared as complete and accurate: 16/10/2018  
Cleared by: Deputy Director-General Ext:42728  
Information Officer name: Chris Bone  
Contact Officer name: Mark Dykgraaf Ext:45221  
Lead Directorate: Health

- Workforce issues in the attraction and retention of surgeons and anaesthetists in the public sector are a key challenge, most notably in the specialities where wait times are longer.

Cleared as complete and accurate: 16/10/2018  
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Information Officer name: Chris Bone  
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Lead Directorate: Health

**ISSUE:           WORKFORCE COMPOSITION**

**Talking Points**

- The composition of the staff workforce within both the Canberra Health Services and ACT Health Directorate comprise of permanent, casual, temporary contractors and other non-permanent staff. This includes Administrative, Allied Health, Dental Health, Executive, General Service Officers, Nurses, Professional and Technical Officers, Junior and Senior Medical Officers and Visiting Medical Officers.
- Canberra Health Services and ACT Health Directorate utilise these various means of employment to provide a high level of service to the community.
- There are a number of reasons for these types of employment including:
  - The nominal position owner is on Higher Duties and a temporary contract has been raised to backfilling of this position. This can sometimes be extended if the nominal position owner is extended in their HDA position. The same applies for temporary transfers where positions are backfilled;
  - The nominal position owner is on maternity leave or on other long term leave. E.g. spouse on a posting to another state for a few years;
  - Graduate nurses who are employed on the Transition to Practice program are employed on a twelve month temporary contracts. Canberra Health Services have a 95 per cent retention rate for these staff;
  - People are employed on a temporary/casual basis to provide a specialised skill that is not found within the organisations which are required for a specific project. E.g. the capital funded projects; and
  - People are employed on a temporary/casual basis to assist during seasonal periods. Eg. Winter bed.

Cleared as complete and accurate:	18/01/2018	
Cleared by:	Executive Director	Ext:
Information Officer name:	Denise Lamb	
Contact Officer name:	Zandra Corey	Ext: 53241
Lead Directorate:	Health	

- ACT Health Directorate Procurement are aware of these outsourced services:
  - Security;
  - Cleaning;
  - Gardening;
  - IT (with Internal Government Agency, Shared Services);
  - Finance (with Internal Government Agency, Shared Services); and
  - HR (with Internal Government Agency, Shared Services).

These are Canberra Health Services outsourced services:

- BEGIS contract at UCH;
- Agency nursing;
- Radiology offsite provider;
- Elective Joint Replacement Program at John James Private Hospital;
- Private Provider Program for other outsourced elective surgery;
- Private dental practitioners for some outsourced dental and denture services;
- Locum medical staff, visiting medical specialists and registrars in some specialties;
- Locum health professional staff;
- Purchased inpatient and outpatient services from National Capital Private Hospital from time to time in order to meet demand;
- Acute paediatric rehabilitation to community providers;
- Mother's Milkbank Pty Ltd;
- Neonatal emergency transport;
- Referrals to other hospitals for higher level services than what is provided at this hospital;
- Transcription services typing;
- Mammogram image reading;
- Translation and Interpretation Service;
- Management of renal patients in Southern NSW under governance of ACT Renal Services;
- Dialysis services operating out of CHS dialysis clinics in Belconnen and Tuggeranong;
- Cleaning contractors;
- Pharmacy courier services;

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Cleared by:	Executive Director	Ext:
Information Officer name:	Denise Lamb	
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Lead Directorate:	Health	

- Chemotherapy compounding and oncology prescription management;
- Poisons information helpline;
- Linen services;
- Spiritual support services (volunteers);
- Central equipment and courier service;
- IV infusion pump contract;
- Rad onc xray dosimetry independent audit;
- Clinical records contracted coding;
- Systems support and maintenance on databases and equipment; and
- Some sanitation services.

Cleared as complete and accurate: 18/01/2018  
Cleared by: Executive Director Ext:  
Information Officer name: Denise Lamb  
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Lead Directorate: Health

GBC18/688

**Portfolio/s:** Health & Wellbeing

**ISSUE: EMERGENCY CODES**

**Talking points:**

- ACT hospitals and health services use nationally recognised colour codes to prepare, plan, respond and recover from internal and external emergencies. Plans for responding to emergency codes define and describe the required management roles, responsibilities, strategies, systems and arrangements. Each plan has been prepared in accordance with national standards.

**Code Blacks**

- A code black incident involves any incidence of violence or aggression, verbal, physical or psychological abuse, threats or other intimidating behaviour, intentional physical attacks, aggravated assault, threats with a weapon, sexual assault or illegal occupation of buildings and workplaces.
- While we can never fully remove this risk, the Government recognises the need to continually review our policies and procedures to make Canberra Health Services facilities as safe as they can be for all staff and patients.
- Patient and staff safety in our health service is extremely important, and everyone has a right to feel safe within our hospital and health services.
- The 787 Code Blacks recorded between 1 January 2018 and 30 June 2018 include all duress activations.
  - This includes false alarm activations, such as people leaning against wall-mounted duress buttons, faults or tilt-alarm activations on portable duress handsets.
  - All alarms are treated as true alarms until investigated. This system characteristic means that the data cannot be separated by false or true alarms.

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Cleared by: Deputy Director-General Ext:  
Information Officer name:  
Contact Officer name:  
Lead Directorate: Health

- Calvary utilises the same code black definition as CHS:  
 Code Black – Personal Threat: any incidence of violence or aggression, verbal, physical or psychological abuse, threats or other intimidating behaviour, intentional physical attacks, aggravated assault, threats with a weapon, sexual assault or illegal occupation of buildings and workplaces.
- Calvary records code blacks via the RiskMan reporting system
- They do have a duress alarm system however this does not automatically record a code black if duress is pressed the officer would still need to enter a RiskMan report

## Code Yellows

- Code yellow alarms can be activated by any member of staff. Canberra Health Services encourages all staff to report issues so that corrective action and re-occurrence prevention can be effectively implemented. When code yellow issues arise, CHS have multiple mitigation measures in place to maintain continuity of services and to ensure that patient, staff and visitor safety is at the forefront of the code response.
- Analysis of the code yellow data for the reporting periods in question shows that there were typically three categories of issue reported; smells, ICT issues and facilities/utilities issues. In the current reporting period of 2018, smell-related codes are trending downwards.
- This is associated with improved site awareness of regular planned generator testing across the Canberra Hospital site. Facilities/utilities and ICT-related codes are related to a variety of infrastructure type issues that are to be expected in a busy 24/7 hospital campus.

## Reported Numbers (Question on Notice)

1 January 2018 to 30 June 2018:

CODE TYPE	Canberra Hospital	Calvary Public Hospital Bruce
Code Red	2	10
Code Blue	1032	142
Code Purple	0	0
<b>Code Yellow</b>	<b>28</b>	<b>14</b>

Cleared as complete and accurate: [Click here to enter a date.](#)  
 Cleared by: Deputy Director-General Ext:  
 Information Officer name:  
 Contact Officer name:  
 Lead Directorate: Health

# ANNUAL REPORT HEARING BRIEF

<b>Code Black</b>	<b>787</b>	<b>10</b>
Code Brown	0	0
Code Orange	2	0

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Cleared by: Deputy Director-General      Ext:  
Information Officer name:  
Contact Officer name:  
Lead Directorate: Health



1 January 2017 to 31 December 2017:

<b>CODE TYPE</b>	<b>Canberra Hospital</b>	<b>Calvary Public Hospital Bruce</b>
Code Red	9	18
Code Blue	1869	474
Code Purple	0	1
<b>Code Yellow</b>	<b>30</b>	<b>13</b>
<b>Code Black</b>	<b>1,398</b>	<b>8</b>
Code Brown	0	0
Code Orange	7	0

Cleared as complete and accurate: [Click here to enter a date.](#)

Cleared by: Deputy Director-General Ext:

Information Officer name:

Contact Officer name:

Lead Directorate: Health

GBC18/688-108

**Portfolio/s:** Health and Wellbeing

**ISSUE: PERTUSSIS (WHOOPING COUGH) CLUSTER AT UC HIGH SCHOOL KALEEN**

**Talking points:**

- A cluster of pertussis (whooping cough) cases has been identified at UC High School Kaleen.
- To date, 21 pertussis cases linked to UC High School Kaleen.
- There have been 20 ACT residents notified, of which 18 are year 7 students (12-13 years old), one is a year 10 student (15 years old), and one is a staff member at the school. One case is a NSW resident.
- The Communicable Disease Control (CDC) Section, Health Protection Service, Public Health, Protection and Regulation has initiated a public health response, consistent with national guidelines and this is ongoing.
- Follow up includes Public Health Nurses liaising with the case (or their parent) to ensure they stay home while infectious, as well as their GP to ensure they are prescribed appropriate antibiotics.
- The primary focus of public health follow up is to minimise the risk of transmission to high risk contacts, primarily pregnant women and infants younger than 6 months. No high risk contacts have been associated with this cluster.
- The Schools Team (under the Division of Women, Youth and Children, Canberra Health Services) visited UC Kaleen High School for their Year 7 immunisation program on 31 October 2018. At this visit, Year 7 students were provided with a pertussis-containing booster vaccine (dTpa) as well as a second dose of the HPV vaccine.
- Under the National Immunisation Program (NIP) a booster dose of pertussis-containing vaccines is routinely administered to Year 7 students (approximately 12-13 years of age).

Cleared as complete and accurate: 30/10/2018  
Cleared by: Chief Health Officer Ext: 50883  
Information Officer name: Paul Kelly  
Contact Officer name: Ext:  
Lead Directorate: Health

- Coincidentally, the first few cases in this cluster became unwell in the few days following the vaccination program.
- One teacher at UC High School Kaleen raised concerns that the 'delay' in providing the dTpa booster may have caused the cluster of cases and that the vaccine may have made some students unwell.
- HPS public health staff addressed these concerns and they were reassured.
- The vaccine does not contain any live bacteria and cannot cause pertussis illness in vaccinated individuals.
- In previous years, the Schools Team provided the dTpa and first dose of HPV vaccine in the first half of the school year. This scheduling was largely driven by logistical reasons and not due to clinical requirements.
- In 2018, due to the implementation of the meningococcal ACWY program for year 10 students, the dTpa vaccine was scheduled with the second dose of HPV in the second half of the year.
- Occurrences of meningococcal disease are more common in winter and spring, so offering meningococcal vaccinations earlier in Year 10 students is important for protecting this at-risk group against this potentially deadly disease.
- In 2019, the dTpa booster vaccine for year 7 students will return to the first half of the year (with the first dose of HPV vaccine).

## Background Information

Pertussis, more commonly known as whooping cough, is a highly infectious respiratory illness caused by the bacterium *Bordetella pertussis*.

Between 1 January and 14 November 2018, there have been 198 cases of pertussis notified to ACT Health. The number of cases in 2018 is below the 5 year mean for the same time period (mean = 296 cases).

Anyone can get pertussis, with the majority of notified cases occurring among adolescents and adults.

All cases of pertussis notified to ACT Health are followed up in accordance with the Pertussis National Guidelines for Public Health Units by CDC. Follow up includes Public Health Nurses liaising with the case (or their parent) to ensure they stay home while infectious, as well as their GP to ensure they are prescribed appropriate antibiotics.

Cleared as complete and accurate:	30/10/2018	
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Lead Directorate:	Health	

Infants younger than six months of age are at the highest risk of severe illness, and account for the majority of pertussis-related hospitalisations and deaths.

No high risk contacts have been associated with this cluster.

Pertussis can affect people of all ages and cases are still reasonably common in the community.

Vaccination with a pertussis-containing vaccine is the most effective way to avoid pertussis infection.

Pertussis-containing vaccines are routinely administered under the National Immunisation Schedule and are given to infants at 2, 4 and 6 months of age, with booster doses given at 18 months, 4 years of age, and again in Year 7 (approximately 12-13 years of age).

Cleared as complete and accurate: 30/10/2018  
Cleared by: Chief Health Officer Ext: 50883  
Information Officer name: Paul Kelly  
Contact Officer name: Ext:  
Lead Directorate: Health

GBC18/688

**Portfolio/s:** Health and Wellbeing

Health and Wellbeing

**ISSUE: MANAGEMENT OF HEALTH FRAMEWORKS AND PLANS**

**Talking points:**

ACT Health Workforce Plan 2013-2018

- ACT Health Directorate and Canberra Health Services intend to review the Workforce Plan in the light of the new organisational responsibilities. The Workforce Plan remains current pending review.

Towards Culturally Appropriate and Inclusive Services: A Coordinating Framework for ACT Health 2014-2018

- This Framework remains current. It is now under review and a revised document is programmed for completion in early 2019.

ACT Chronic Conditions Strategy 2013-2018

- This Strategy aligns with the National Strategic Framework for Chronic Conditions. A new National Strategic Framework for Chronic Conditions 2017-18 was developed to help *“all Australians live healthier lives through effective prevention and management of chronic conditions”*. This Framework is a collaborative effort of all state and territory governments, including the ACT, and provides high level guidance so we can all work towards the delivery of a more effective and coordinated national response to chronic conditions. In addition to improving the health and wellbeing of all Australians, the Framework commits to the delivery of a sustainable health system that is responsive to the increasing burden of chronic conditions in Australia. The ACT Strategy remains current and will be reviewed in light of the new National Framework.

ACT Palliative Care Services Plan 2013-2017

- Work is progressing on a Model of Palliative Care 2017-21 for the ACT and region, which will replace the ACT Palliative Care Services Plan 2013-2017. The ACT Palliative Care Services Plan 2013-17 will remain in place pending implementation of the Model of Palliative Care.

Cleared as complete and accurate:	15/11/2018	
Cleared by:	Director-General	Ext: 50823
Information Officer name:	Leonie McGregor	
Contact Officer name:	Geraldine Grayland	Ext: 52976
Lead Directorate:	Health	

## Population Health Division Strategic Framework 2013-2017

- The Population Health Division Strategic Framework 2013-17 will be reviewed in light of the new organisation responsibilities.

Cleared as complete and accurate:	15/11/2018	
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Lead Directorate:	Health	

GBC18/688

**Portfolio/s:** Health and Wellbeing

Health and Wellbeing

**ISSUE: CLINICAL LEADERSHIP ROLES AND THE RECRUITMENT OF A CHIEF MEDICAL OFFICER**

**Talking points:**

- The ACT Chief Medical Officer position was advertised as a six month temporary contract on 15 November 2018, with applications closing on 29 November 2018. A long term recruitment process will commence in late 2018, early 2019.
- On 16 July 2018, the Office of Professional Leadership was created within Health Policy and Strategy division of ACT Health, aligning the reporting lines for the professional leadership roles of Chief Medical Officer (CMO), Chief Nursing and Midwifery Officer (CNMO), and Chief Allied Health Officer (CAHO).
- The Office of Professional Leadership has a critical role in fostering a high performance culture through the ACT Health system by creating an environment for consistent, high quality clinical standards and multi-disciplinary collaboration.

The Office plays a key role in:

- Identifying trends in the delivery of health services and workforce across the ACT
- Encouraging leadership and strategic direction for the clinical workforce
- Collaborating with other areas that lead whole of ACT health strategy and planning functions, both within the Health Directorate, Canberra Health Services
- Leading and maintaining high professional standards, recruitment and education required under the National Registration and Accreditation Scheme (NRAS)

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- Providing expert, strategic, timely advice on emerging issues at the local, state, national and international levels; and develops policies and initiatives which support the delivery of health priorities and achievement of government health objectives
- Guiding and promoting research and continuous improvement of professional practice
- Representing the Territory on relevant national forums.
- On 1 October 2018, the reporting lines for the CMO, CNMO and CAHO were aligned to the Deputy Director-General, Health Systems Policy and Strategy within the ACT Health Directorate.

## Clinical Leadership Roles – ACT Health Directorate

- The Chief Medical Officer (CMO) is responsible for the provision of professional and strategic leadership for the medical professions within ACT Health, Canberra Health Services and across the Territory, and for collaborating and providing advice to the ACT Government regarding medical matters. The position is responsible for assisting in the delivery of workforce reforms, workforce planning, professional education, and for strengthening and developing medical services through innovative models of care and service delivery. The position represents the ACT Government, and ACT Health system at national forums and is instrumental in ensuring the future capability of the medical profession.
- The Chief Nursing and Midwifery Officer (CNMO) is responsible for the provision of professional and strategic leadership for the nursing and midwifery professions within ACT Health, Canberra Health Services and across the Territory, and for collaborating and providing advice to the ACT Government regarding nursing and midwifery related matters. The position is responsible for assisting in the delivery of workforce reforms, workforce planning, professional education, and for strengthening and developing nursing and midwifery services through innovative models of care and service delivery. The position represents the ACT Government, and ACT Health system at national forums and is instrumental in ensuring the future capability of the nursing and midwifery profession.

Cleared as complete and accurate:	15/11/2018	
Cleared by:	Director-General	Ext: 50823
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Lead Directorate:	Health	



- The Chief Allied Health Officer (CAHO) is responsible for the provision of professional and strategic leadership for the allied health professions within ACT Health, Canberra Health Services and across the Territory, and for collaborating and providing advice to the ACT Government regarding allied health matters. The position is responsible for assisting in the delivery of workforce reforms, workforce planning, professional education and for strengthening and developing allied health services through innovative models of care and service delivery.

## Difference Between Roles – ACT Health Directorate and Canberra Health Services

- The CMO previously had hospital based operational responsibilities for supervision and provision of clinical services. These responsibilities are now managed by the Director of Medical Services in addition to other responsibilities such as GP and Primary Health, Health Technology Management, Medical Imaging, Pharmacy and Pathology. This in keeping with operating models in other states and jurisdictions.
- The CMO role is responsible for developing a collaborative and strategic approach to medicine for the ACT and at a national level. The role is responsible for setting the strategic, professional and workforce oriented agenda for medicine in the ACT including the creation and maintenance of effective clinical governance policy in relation to medicine and continuous improvement of medical practice to improve clinical and health system outcomes and drive system wide improvement.
- The CNMO role previously combined the role of Chief Nurse, which is a hospital based, operational role; with that of the CNMO which is a territory wide, professional leadership role. The CNMO role is no longer responsible for the hospital based aspects of the position allowing it to focus on strategic workforce and professional matters across the territory. The two roles will work closely together to ensure consistency of professional practice and standards.

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Cleared by:	Director-General	Ext: 50823
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Lead Directorate:	Health	

- The Chief Nurse is an operational role providing professional supervision and direction to nursing and midwifery staff. The Chief Nurse will focus on matters such as rostering and resourcing for Canberra Health Services, implementation of quality and safety improvement programs, management of nursing and ward support services.
- Having the CMO, CNMO and CAHO together in one functional area helps to promote multi-disciplinary and integrated health care across the ACT health system.

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Cleared by:	Director-General	Ext: 50823
Information Officer name:	Leonie McGregor	
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Lead Directorate:	Health	

GBC18/688-111

**Portfolio/s:** Health and Wellbeing

**ISSUE: CHEMOTHERAPY CO-PAYMENTS**

**Talking points:**

- On 4 July 2018, the Chief Minister announced that the ACT Government would meet the costs of co-payments for chemotherapy for cancer, and that patients would no longer be directly charged.
- From 6 August 2018, ACT Health (now Canberra Health Services, CHS) began covering the co-payment for patients requiring injectable and infusible chemotherapies in ACT public hospitals.
- The majority of chemotherapies administered through an ACT public hospital are provided through an arrangement with Slade Pharmacy, and reimbursed to Slade on a monthly basis by CHS.
- The ACT Government has also committed to covering the co-payment for oral chemotherapy medications dispensed through ACT public hospitals.
  - There have been initial challenges processing this change and some patients will be reimbursed for chemotherapy co-payments which they have paid for since 6 August 2018.
- The Government acknowledges there are challenges covering the co-payment for oral chemotherapy medications dispensed through community pharmacies and is continuing to investigate options for
- The ACT Health Directorate has initiated discussions with the Pharmacy Guild of Australia in relation to community pharmacy involvement in chemotherapy co-payment coverage outside ACT public hospitals. There are administrative barriers to overcome to include the majority of oral medications, which are provided through community pharmacies.
- Presently, Patients continue to pay co-payment for oral chemo medication administered outside the ACT public hospital system.

Cleared as complete and accurate: 30/10/2018  
Cleared by: Deputy Director-General Ext: 52439  
Information Officer name: Leonie McGregor  
Contact Officer name: Ext:  
Lead Directorate: Health

## Background Information

CHS estimate the cost of the co-payment subsidy for injectable and infusible chemotherapy medicines at approx\$550,000 p.a. The cost of including oral medications is not yet known.

Cleared as complete and accurate: 30/10/2018  
Cleared by: Deputy Director-General Ext: 52439  
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Lead Directorate: Health

**ISSUE: Strategic Objective 5 – Reducing the Use of Seclusion in Mental Health Episodes**

(Page 50)

**Strategic Indicator 5:** Proportion of Clients with a Mental Health Seclusion Episode

Detail	Period	Value	Target
The proportion of mental health clients who are subject to a seclusion episode while being an admitted patient in an ACT public mental health inpatient unit	2017–18	7%	<3%

### Talking Points

- The percentage of mental health clients who were subject to seclusion during admission to an ACT public mental health inpatient unit in 2017-18 was seven per cent.
- This is above the target of < 3 per cent set for 2017-18. The three per cent target was set prior to the opening of Dhulwa and the Mental Health Short Stay Unit.
- The above target result is due to an increase in the number of acute mental health beds in the ACT in recent years, which increases the potential for seclusion episodes. This increase has not been factored into the target.
- The Secure Mental Health Unit (Dhulwa) is a forensic mental health unit which opened with ten beds in November 2016, and the Mental Health Short Stay Unit (MHSSU) is an acute inpatient unit at Canberra Hospital which opened with six beds in January 2016.
- Historically, ACT public mental health inpatient services have consistently reported a low proportion of seclusion episodes, with one of the lowest rates of all jurisdictions.
- The target for 2018-19 has been reviewed and it has been recommended that it be increased to <five per cent, to account for the increased number of acute mental health beds in the ACT.

Cleared as complete and accurate: 31/10/2018  
 Cleared by: Deputy Director-General Ext: 42728  
 Information Officer name: Chris Bone  
 Contact Officer name: Katrina Bracher Ext: 51313  
 Lead Directorate: Health

## Key Information

- On occasion, patients with high acuity needs require multiple seclusion episodes, which affects the result due to the overall low number of people subject to seclusion.
- ACT Health is committed to reducing the number of seclusion episodes in all mental health inpatient services, while ensuring the safety of the consumer and others during their treatment and care.
- The national definition of seclusion applied to this indicator is the confinement of a consumer or patient at any time of the day or night alone in a room or area from which free exit is prevented.

## Comparison of ACT data with other jurisdictions

- There is no publicly reported data that compares the *proportion* of seclusion episodes, as per the Annual Report indicator.
- The Australian Institute of Health and Welfare (AIHW) publishes data on the *rate* of seclusion events (rate per 1,000 bed days) – refer table below.
  - It is anticipated that the AIHW will publish 2017-18 data in early 2019.
- Both indicators are calculated using acute inpatient data from public hospital services.
- In 2016-17, the AIHW reported that the ACT had the lowest rate of seclusion events in Australia: 2.8 seclusions events per 1,000 bed days.

### Seclusion data for public sector acute mental health hospital services, states and territories, 2008–09 to 2016–17 Rate of seclusion per 1,000 bed days.

Seclusion metric	State/territory	2008–09	2009–10	2010–11	2011–12	2012–13	2013–14	2014–15	2015–16	2016–17
Rate of seclusion events per 1,000 bed days	National total	15.6	13.9	12.1	10.6	9.8	8.2	7.9	8.1	7.4
	NSW	11.1	12.4	10.2	9.9	9.1	7.9	8.2	8.7	6.9
	Vic	18.8	19.4	15.1	13.3	10.9	9.2	7.5	8.6	9.3
	Qld	18.2	15.0	17.2	13.3	12.7	11.1	11.4	9.4	7.9
	WA	15.3	11.6	8.3	4.7	6.0	5.2	4.3	4.8	4.8
	SA	n.a.	7.6	7.7	10.1	9.1	4.6	5.0	5.0	6.6
	Tas	15.4	11.5	14.7	11.9	19.7	15.2	10.1	13.1	10.2
	ACT	13.3	1.7	0.7	1.3	0.9	1.1	2.7	1.6	2.8
	NT	n.a.	23.8	19.9	26.2	16.6	22.3	30.9	23.9	17.0

Source: AIHW *Mental health services in Australia* online report: <https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/summary-of-mental-health-services-in-australia>

Cleared as complete and accurate: 31/10/2018  
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 Lead Directorate: Health

TRIM Ref: GBC18/689

**ISSUE: STRATEGIC OBJECTIVE 6 – MAINTAINING REDUCED RATES OF PATIENT RETURN TO AN ACT PUBLIC ACUTE PSYCHIATRIC INPATIENT UNIT**

(Page 51)

**Strategic Indicator 6:** Acute Psychiatric Unit Patient 28 Day Readmission Rate

Detail	Period	Value	Target
Proportion of clients who return to hospital within 28 days of discharge from an ACT acute psychiatric mental health inpatient unit	2017–18	n/a	<10%

### Talking Point

- The result for this strategic indicator for 2017-18 was not published in the Annual Report, as ACT Health is currently unable to report on it.
- This is due to the data being unable to distinguish between unplanned readmissions from planned readmissions.
- This is in part due to the Auditor-General’s 2017 Report - *Mental Health Services - Transition from Acute Care*:
  - This report recommended that clinical review/audits for readmissions within 28 days not be conducted by the inpatient facility staff receiving the consumer, due to a potential perception of a conflict of interest.

### Key Information

- A base target of <10% was set for 2017-18.
- The definition used in ACT Health for this indicator is based on the Australian Council of Healthcare Standards (ACHS).
- A clinical review/audit is required to determine if a return to hospital for an inpatient admission within 28 days is part of planned or unplanned treatment and care.
- The intent of the indicator is to show the proportion of readmissions within 28 days that are unexpected and not part of an ongoing supported recovery treatment plan.
- The national definition of this indicator includes both planned and unplanned readmissions and is not based on the ACHS definition. It is proposed the indicator be aligned with the national definition for consistency in 2018-19.

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 Lead Directorate: Health

TRIM Ref:

**ISSUE:           OUTPUT 1.2A – ADULT MENTAL HEALTH PROGRAM COMMUNITY SERVICE CONTACTS**

(Page 74)

	<b>2017-18 Original Target</b>	<b>2017-18 Actual Result</b>	<b>% Variance from original Target</b>
Adult mental health community contacts	198,000	190,361	4%

### Talking Points

- The adult mental health community contacts include the following teams Belconnen, City, Tuggeranong, Woden, Gungahlin, Children of Parents with a Mental Illness, Crisis Assessment and Treatment Team and the Mobile Intensive Treatment Team.
- The underachievement of 190,361 occasions of service against a target of 198,000, is four per cent. The underachievement was due to staff vacancy in some of the ACMHS program areas which may have contributed, at least in part, to this reduction in clinical activity.
- The majority of staff vacancies have been filled, however there are still some vacancies within the ACMHS program areas.
- The proposed target for 2018-19 is 198,000.

Cleared as complete and accurate: 26/10/2018  
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**ISSUE:           OUTPUT 1.2C – MENTAL HEALTH REHABILITATION AND SPECIALITY SERVICES**

(Page 74)

	<b>2017-18 Original Target</b>	<b>2017-18 Actual Result</b>	<b>% Variance from original Target</b>
Mental Health Rehabilitation and Speciality Service	26,250	31,629	20%

### Talking Points

- The Mental Health Rehabilitation and Speciality Service include the mental health services listed for this program area, these include:
  - Aboriginal and Torres Strait Islander Mental Health Services,
  - Mental Health Services Intellectual Disability,
  - Neuropsychology,
  - Mental Health Dual Diagnosis,
  - the Older Persons Mental Health Community Team and
  - the Adult Mental Health Rehabilitation Unit.
- The outcome achieved was 31,629 occasions of service against the target of 26,250, an overachievement of 20 per cent.
- The overachievement was due to clinic activities particularly for the Aboriginal and Torres Strait Island Services, adult mental health day service and dual diagnosis.

Cleared as complete and accurate: 26/10/2018  
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**ISSUE:           OUTPUT 1.2D – PROPORTION OF DETAINEES AT THE ALEXANDER  
MACONOCHIE CENTRE WITH A COMPLETED HEALTH  
ASSESSMENT WITHIN 24 HOURS OF DETENTION.**

(Page 74)

	<b>2017-18 Original Target</b>	<b>2017-18 Actual Result</b>	<b>% Variance from original Target</b>
Proportion of detainees at the Alexander Maconochie Centre with a completed health assessment within 24 hours of detention	100%	100%	

### Talking Points

- All clients who are admitted to the Alexander Maconochie Centre undergo a combined general health and mental health risk assessment within 24 hours of detention.
- This health assessment is made under Section 68 of the *Corrections Management Act 2007*.
- The outcome achieved was 100 per cent against the target of 100 per cent.

Cleared as complete and accurate: 26/10/2018  
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 Lead Directorate: Health

**ISSUE:           OUTPUT 1.2E – PROPORTION OF DETAINEES AT THE BIMBERI  
YOUTH JUSTICE CENTRE WITH A COMPLETED HEALTH  
ASSESSMENT WITHIN 24 HOURS OF DETENTION.**

**(Page 74)**

	<b>2017-18 Original Target</b>	<b>2017-18 Actual Result</b>	<b>% Variance from original Target</b>
Proportion of detainees at the Bimberi Youth Justice Centre with a completed health assessment within 24 hours of detention	100%	100%	

## Talking Points

- All young people who are admitted to Bimberi Youth Justice Centre should receive a combined general health and mental health assessment within 24 hours of entry into detention, conducted by health professional.
- This assessment is made under Section 160 of the *Children and Young People Act 2008*.
- The outcome achieved was 100 per cent against the target of 100 per cent.

Cleared as complete and accurate: 26/10/2018  
 Cleared by: Executive Director Ext: 42728  
 Information Officer name: Katrina Bracher  
 Contact Officer name: Michelle Hemming Ext: 55412  
 Lead Directorate: Health

**ISSUE:        OUTPUT 1.2F – JUSTICE HEALTH SERVICES COMMUNITY CONTACTS****(Page 74)**

	<b>2017-18 Original Target</b>	<b>2017-18 Actual Result</b>	<b>% Variance from original Target</b>
Justice Health Services community contacts	155,000	154,866	<1%

**Talking points:**

- The Justice Health Services community contacts include primary health care provided at Alexander Maconochie Centre, and Bimberi Youth Justice Centre and Forensic Mental Health Services.
- The outcome achieved was 154,866 against the target of 155,000, which is a variance of less than one per cent.
- The contacts include both direct and indirect clinical contact for all services within Justice Health Services.

Cleared as complete and accurate: 26/10/2018  
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Lead Directorate: Health

**ISSUE:           OUTPUT 1.2G – PERCENTAGE OF CURRENT CLIENT ON OPIOID TREATMENT WITH MANAGEMENT PLANS.**

(Page 74)

	<b>2017-18 Original Target</b>	<b>2017-18 Actual Result</b>	<b>% Variance from original Target</b>
Percentage of current clients on opioid treatment with management plans	98%	97%	1%

### Talking Point

- A management plan is completed for all new clients on pharmacotherapy treatment for opioid dependency. This indicator provides an indication of the comprehensiveness of the Alcohol and Drug Service for people on opioid treatment.
- The outcome achieved was 97 per cent, against a 98 per cent target.
- The underachievement is a result of not being able to engage a small number of clients to complete the management plan, due to their refusal. While it is preferable that each client has an updated management plan, not having a plan will not preclude them from the program.
- This output only includes data of people on the Alcohol and Drug Service Opioid Treatment Program at Building 7.

Cleared as complete and accurate: 26/10/2018  
 Cleared by: Executive Director Ext: 42728  
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 Lead Directorate: Health

**ISSUE:           OUTPUT 1.2H – ALCOHOL AND DRUG SERVICES COMMUNITY CONTACTS**

(Page 282)

	<b>2017-18 Original Target</b>	<b>2017-18 Actual Result</b>	<b>% Variance from original Target</b>
Alcohol and Drug Services community contacts	70,000	63,912	9%

### Talking Points

- Alcohol and Drug Services community contacts include medical outpatients, withdrawal counselling, withdrawal triage, diversion, opioid treatment services (including key worker and direct dosing contacts), co – morbidity, consultation and liaison, counselling and treatment.
- The outcome achieved was 63,912 occasions of service against the target of 70,000, is an underachievement of nine per cent.
- The underachievement is due to unexpected staff vacancies which impacted on direct contacts.

Cleared as complete and accurate: 26/10/2018  
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GBC18/689

**Portfolios:** Mental Health

**ISSUE: ACT HEALTH ORGANISATIONAL REFORM**

**Talking points:**

- A significant achievement this year was the transition of ACT Health. In March this year, the decision to create two health organisations with clear scope and accountabilities was announced. 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 is 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.
- People visiting our public hospitals, our popular Walk-in Centres or accessing the many community-based health services that we offer have continued to be seen by the same hard working and dedicated people who make up our health system.

**Key Information**

Cleared as complete and accurate:	07/11/2018	
Cleared by:	Executive Director	Ext:
Information Officer name:		
Contact Officer name:	Catherina O’Leary	Ext:
Lead Directorate:	Health	



- The ACT Health Directorate Executive Leadership Team, with the support of a dedicated Transition Office, were responsible for overseeing the transition planning.
- The transition was managed within the current funding envelope, with a clear aim to minimise duplication of functions across the organisations, whilst ensuring each organisation had the requisite capability to be effective.
- New capabilities were identified to ensure the success of the two organisations and the fulfilment of their purpose – this includes the strategic commissioning and procurement functions in the ACT Health Directorate. These will be critical to ensuring the directorate is able to hold the territory’s health services accountable for the delivery of high quality, effective health services. These capabilities are currently being recruited to.

## Achievements

- The project successfully achieved the overall aim to split the organisation by 1 October 2018. This is reflected with the following benefits/achievements:
  - Organisational structures for the ACT Health Directorate and Canberra Health Services established
  - Administrative Arrangements enacted
  - Cost centres, ABNs, bank accounts, Financial Delegations and Instructions for each organisation established and operational
  - HR Delegations Manual, Change Leadership Training, Staff Workshops and Change Management Guide completed
  - Activities planned for Strategic Accommodation, Parking, Switchboard, Procurement, realignment of Contracts and identification of Health Infrastructure assets, risks, systems and processes completed
  - Governance framework developed and endorsed
  - Aligning Government Directory to new organisational structure and mapping systems and administrators to new structure and cost centres are 80-99% complete
  - Extensive consultation with senior leaders, staff and external stakeholders including unions.

## Project governance

- To achieve the successful separation of the organisations from 1 October 2018, a Steering Committee, the Transition Advisory Committee, and six Working Groups were established to oversee and progress required work against the project schedule.

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- The Transition Advisory Committee was comprised of the Director-General, three Deputy-Director Generals, Executive Director People and Culture, Chief Finance Officer, Chief Information Officer and Director Transition Office.
- The Transition Advisory Committee met fortnightly and monitored project risk, timeframes and activities of working groups established to deliver on project elements.
- Working Groups comprised staff working in key functional areas of Finance, HR, IT, Corporate Services, and Shared Services. Their participation was in addition to their regular duties.

## Financial

- There was no allocated budget for the ACT Health Transition Project. Staffing was sourced through reallocation of existing staff and through engagement of corporate support functions. Costs were contained through use of internal resources and supports where available.
- Spring Green Consulting were engaged to support the project and provided continuity from the Form and Function review.

## Recruitment

- All executive roles have been sized to ensure equity and transparency.
- Recruitment processes to fill changed executive roles are now underway.

## Next Steps

- Governance frameworks are being implemented and refined
- Process review, policy updates and settling of team structures will continue throughout the next few months.

Cleared as complete and accurate: 07/11/2018  
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Lead Directorate: Health

GBC18/689 - 14

**Portfolio/s:** Mental Health

**ISSUE: ACT HEALTH TERRITORY-WIDE HEALTH SERVICES STRATEGY**

**Talking points:**

- Work on the Territory-wide Health Services Strategy (the Strategy) is progressing and the Territory-wide Health Services Advisory Group has provided feedback resulting in a revised draft of the Strategy.
- The revised Strategy will be considered by the Advisory Group out of session in November 2018, and then will be put to Minister/s for final endorsement.
- Implementation of the Strategy will be phased in from late 2018 to take full advantage of the development of the two new organisations and the recruitment of a new leadership team.
- Feedback to date from ACT Health staff and the Advisory Group indicates a high level of support for the refreshed Strategy.
- The development of the Specialty Services Plans (SSPs) is also progressing well. There are 46 SSPs in total in development. This includes 40 specialty services and six core services e.g pathology and pharmacy.
- The progress of the development of all SSPs, including the Mental Health SSP, is below:
  - **Phase 1** has involved profiling the current services. Work to date has included stakeholder engagement with these service providers:
    - CHHS service providers;
    - Calvary;
    - ACT Health GPs;
    - Other GPs; and
    - NGOs.
  - **Phase 2** analysis is also underway and data that identifies current demand for inpatient and outpatient services is being collated.

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**Portfolio/s:** Mental Health

**ISSUE: STAFFING PROFILE – MENTAL HEALTH, JUSTICE HEALTH, ALCOHOL AND DRUG SERVICES (MHJHADS) WORKFORCE**

Headcount	2016-17	2017-18	2018-19 FYTD
Administrative Officers	69	75	76
General Service Officers and Equivalent	14	13	7
Health Assistants	21	20	20
Health Professional Officers	194	195	196
Medical Officers	87	85	90
Nursing Officers	319	317	296
Professional Officers	1	1	1
Senior Officers	17	23	18
Technical Officers	2	0	0
<b>Grand Total</b>	<b>724</b>	<b>729</b>	<b>704</b>

*Note: Data for the 2018-19 FY to date is provided as of 26 October 2018.*

Full Time Equivalent	2016-17	2017-18	2018-19 FYTD
Administrative Officers	63.0	68.1	69.7
General Service Officers and Equivalent	9.9	10.2	7.0
Health Assistants	18.3	16.7	16.3
Health Professional Officers	168.5	168.6	171.9
Medical Officers	70.6	68.8	72.6
Nursing Officers	282.4	289.6	273.4
Professional Officers	0.8	0.8	0.8
Senior Officers	15.8	21.8	16.6
Technical Officers	0.7	0	0
<b>Grand Total</b>	<b>630.1</b>	<b>644.5</b>	<b>628.4</b>

*Note: Data for the 2018-19 FY to date is provided as of 26 October 2018.*

Cleared as complete and accurate: 13/11/2018  
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## Talking points:

- Workforce data is provided by ACT Health Performance, Reporting and Data.
- The data reported in the Annual Report is a snapshot of the last pay period of the financial year from the workforce profile provided by Shared Services .

Cleared as complete and accurate: 13/11/2018  
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Lead Directorate: Health

GBC18/689 - 16

**Portfolio/s:** Mental Health

**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 ACT Health System-Wide Data Review is now complete, with the Minister for Health and Wellbeing tabling of the Outcomes Report in the Legislative Assembly on 21 August 2018.
- The Outcomes Report made nine key recommendations, and set out a three-year program of activities that was developed in accordance with best practice data management and performance reporting principles.
- Implementing this program of activities is now a top priority in order to ensure that the outcomes of the Review result in meaningful change for patients, the broader community and the ACT Health workforce.
- To ensure this, on 21 August 2018 Minister Fitzharris also tabled an Implementation Plan that covers the first six months of the three-year program of activities (to December 2018).
- The Implementation Plan will be updated by ACT Health every six months to include updates on projects underway and projects planned to start over the next six months.
- One of the immediate activities already underway by ACT Health is to develop and enhance dedicated mental health performance metrics. This work will:
  - consolidate existing information and reporting;
  - make information more relevant to stakeholder and community requirements;
  - to develop metrics that will support mental health reforms at the local and national level; and

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- address the information management recommendations from the Auditor-General's 2017 report *Mental Health Services – Transition from Acute Care*.
- More broadly, this project will support high-priority work to identify and report relevant health information to improve access to data online and help Canberrans be more in control of their own health care.
- This will include:
  - enhanced quarterly performance updates from 2018-19;
  - developing new public reporting for patients, consumers and the broader ACT community;
  - developing and enhancing dedicated mental health performance metrics;
  - building a new data repository to deliver high quality and timely information; and
  - real time performance metrics, such as emergency department average wait times, patients currently waiting, and patients receiving treatment.
- Overall, these new ways of collecting, reporting and managing health data will inform strategic decision-making and support ACT Health to drive reform and innovation.

## Key Information

### The nine key Review recommendations

1. Build a new data repository, which will collect, store, extract and transform quality data to deliver better insights to the community;
2. Embed new governance structures to delineate roles and responsibilities in relation to data across ACT Health, ensuring accountability and transparency is a priority;
3. Continually improve the accuracy of data through robust data quality assurance activities;
4. Improve the understanding of data to ensure that the data produced and shared amongst all ACT Health stakeholders has embedded and consistent definitions and interpretation;
5. Maintain security and privacy of the data held by ACT Health;

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6. Continually improve internal workforce capabilities around data to build a strong data and analytics team, and train the health workforce to leverage the use of data for decision-making;
7. Improve communication about data across ACT Health, mobilising a cultural shift around data management, with the intent of creating a new relationship between data, the community and stakeholders;
8. Improve communication about data across ACT Health, mobilising a cultural shift around data management, with the intent of creating a new relationship between data, the community and stakeholders; and
9. Be transparent within and outside ACT Health, by meeting regulatory requirements as well as deliver insights and intelligence about the healthcare services delivered throughout the ACT.

## Notable outcomes achieved through the Review process

- Meeting external reporting obligations such as the *2018 Report on Government Services* and the *ACT Health Annual Report 2016-17*;
- Ensuring security and access policies are in place, so that personal information is kept confidential and is stored and released with the appropriate privacy safeguards;
- Embedding strong governance models to ensure decisions regarding our data is made by those with appropriate skill and delegation;
- Building enduring relationships with external data reporting agencies, such as the Australian Institute of Health and Welfare (AIHW);
- Embedding a number of key quality assurance processes to ensure the data is accurate and correct at the time of release;
- Developing an annual audit program across our data collection and reporting systems to ensure that each year a sample of patient journeys will be followed from the initial collection point, to when the record is reported in a dataset. This process demonstrates confidence and transparency across the data and reporting systems;
- Reaching an agreement with the AIHW to accredit ACT Health to use the national health metadata registry 'MeTEOR' as a data repository for all definitions and standards. Although this work is in the initial stages, it is a major improvement and will ensure our existing and new standards and definitions are robust and consistent with national requirements;
- Investing in our staff, and embedding a culture of respect and innovation to ensure we attract and retain a skilled workforce;
- Developing end to end documentation for all national data collections, from collection point right through to reporting, which demonstrates transparency of data management processes and mitigating gaps in collection;

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- Identification of over 130 performance indicators that are currently published. The System-Wide Data Review assessed and restructured this information so that it is informative, can easily be found and navigated through ACT Health websites and other media platforms. This will encompass the Quarterly Reporting arrangements and recommendations on format, structure and metric frequency for system performance reporting to consumers; and
- Rolling out a new data repository that is innovative and a first for the ACT Government that has the potential to be expanded and adapt to changing community health needs.

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GBC18/689 - 17

**Portfolio/s:** Mental Health

**ISSUE: MENTAL HEALTH BED OCCUPANCY**

## Talking Points

### *Input for briefing*

- ACT public hospitals achieved a mental health bed occupancy rate of 93 per cent for the 2017-18 financial year.
- The national average length of stay in public hospitals for mental health overnight patients during 2016-17 was 17.4 days.
  - Source: *Mental Health Services in Australia* online report, published by the Australian Institute of Health and Welfare.
- Canberra Hospital: the average length of stay for mental health overnight patients was 12.1 days. Services included in this average length of stay are:
  - Dhulwa Mental Health Secure Unit;
  - Adult Mental Health Unit;
  - Mental Health Short Stay Unit; and
  - Brian Hennessey Rehabilitation Unit.
- Calvary Public Hospital Bruce: the average length of stay for mental health overnight patients was 26.8 days. Services included in this average length of stay are:
  - Calvary 2N ward; and
  - Older Persons Mental Health Inpatient Unit.
- During 2017-18, there were 1,979 mental health overnight separations. In comparison:
  - 2016-17: 1,989 mental health overnight separations.
  - 2015-16: 1,565 mental health overnight separations.

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TRIM Ref:

GBC18/689 - 18

**Portfolio/s:** Mental Health

**ISSUE: ACT HEALTH ACCREDITATION**

**Talking points:**

- The Australian Commission on Safety and Quality in Health Care (The Commission) introduced the National Safety and Quality Health Service Standards (National Standards) framework as part of the Australian Health Service Safety and Quality Accreditation Scheme in 2013.
- The National Standards are designed to assist health service organisations to deliver safe and high quality care. They aim to:
  - reduce patient harm
  - provide a nationally consistent set of quality and safety measures, and
  - ensure a minimum standard of patient care delivered by health services across Australia.
- The Australian Council on Healthcare Standards (ACHS) conducted an organisation wide re-accreditation survey (OWS) of ACT Health against the ten National Standards on 19-23 March 2018.
- ACT Health received the formal Not Met Core Action Report from ACHS on 4 April 2018. This report identified that whilst 176 of the 209 core actions within the National Standards were assessed as 'Met', 33 core actions were assessed as 'Not Met'.
- The 33 Not Met Core Actions were identified within the following National Standards:
  - Standard 1, Governance for Safety and Quality in Health Services in relation to organisational governance.
  - Standard 3, Health Care Associated Infection Prevention and Management.

Cleared as complete and accurate:	30/10/2018	
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TRIM Ref:	COR18/23433	

- Standard 4, Medication Safety. Areas identified relate to the storage and management of certain high risk medications, and medication monitoring systems.
- Standard 5, Patient Identification.
- Standard 6, Clinical Handover
- ACHS provided ACT Health a remediation period of 90 days to address the Not Met Core Actions with reassessment to occur 3 -5 July 2018.
- Led by the Interim Director General, ACT Health formed a Leadership Committee to provide governance to oversee the activity ACT Health was required to implement to address the Not Met Core Actions.
- Two surveyors from ACHS attended ACT Health to conduct the reassessment survey on 3-5 July of activity ACT Health had undertaken to address the 33 Not Met Core Actions.
- At completion of the re-assessment survey, surveyors advised ACT Health that the intent of the 33 Not Met Core Actions had been addressed and confirmed ACT Health had met National Standards accreditation requirements.
- Surveyors observed ACT Health was implementing sustainable systems and processes providing direction and strong governance from both a corporate and clinical governance perspective.
- Surveyors acknowledged the demonstrated commitment and focus of staff and Executive to drive sustainable positive change inP the culture of the organisation. They observed ACT Health as an organisation of cohesion, teamwork, focused on what's best for the patient, achieving great outcomes for Canberran's.
- The final report of the ACHS National Standards Survey for ACT Health was received on 1 August 2018.
- ACT Health has been awarded three years accreditation by ACHS until July 2021. Accreditation against the National Standards applies to all ACT Health facilities including Canberra Hospital Campus, Mental Health Facilities, UCH, Community Health Centres and Walk-in Centres.

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TRIM Ref: COR18/23433

- ACT Health is committed to continuous improvements in the delivery of safe quality care to the Canberra Community.
- The Commission have released the Second Edition of the National Standards with implementation from January 2019.
- ACT Health is not required to be formally assessed to the second edition of the National Standards until 2021, which is when the organisations current accreditation status ends.

ACT Health is currently transitioning to the Second Edition of the National Standards. This includes refreshing and aligning committee structures with the new standards, identifying and implementing activity to ensure the new content within the Standards are implemented across ACT Health over 2019.

### **Mental Health commissioning an independent review into the safety of patients in inpatient units (including Advisory Body)**

- Based on assessment findings during OWS and in accordance with Advisory no. 13/01, ACHS and the Commission contacted ACT Health on 26 March 2018 to report an identified significant patient safety risk.
- Surveyors identified concern with the response to a number of suicides that had occurred in inpatient facilities, with delays and inadequate processes in the identification of patients at increased risk of harm and implementation of early action to reduce the risk of harm.
- The Chief Health Officer (CHO) as ACT Health's delegated Regulator received notification of this risk and monitored ACT Health's response to address the risk.
- To address the risk, ACT Health developed a comprehensive Action Plan including action to:
  - remove ligature points and develop a prototype replacement to ensure adequate and safe personal privacy in the Adult Mental Health Inpatient Unit (AHMU) at Canberra Hospital
  - conduct an independent external review of 'Mental Health Inpatient Services within ACT Health
  - establish a Mental Health Advisory Body.
- Following an inspection of AHMU and review of evidence, on 14 June 2018, the CHO confirmed the significant patient safety risks identified by the surveyors had been appropriately mitigated.

Cleared as complete and accurate: 30/10/2018  
Cleared by: Executive Director Ext:  
Information Officer name: Denise Lamb, Executive  
Director, Quality, Safety and  
Governance  
Contact Officer name: Josephine Smith Ext: 50095  
Lead Directorate: Health

TRIM Ref: COR18/23433

- To date the Ligature Minimisation project work at AMHU has involved the removal of all ensuite bathroom doors and the approval of a prototype room incorporating all the remaining room improvements including door pressure sensors and electrostatic vision panels on the main access door into each consumer room. The remaining work to implement the approved prototype room design is expected to be completed by mid-2019 subject to operational constraints.

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Cleared by: Executive Director Ext:  
Information Officer name: Denise Lamb, Executive  
Director, Quality, Safety and  
Governance  
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Lead Directorate: Health  
TRIM Ref: COR18/23433

**ISSUE: WORKFORCE SHORTAGES****Talking Points**

- Specialty Mental Health, Justice Health and Alcohol and Drug Services (MHJHADS) nationally, internationally and in the ACT continue to face shortages of clinical staff while at the same time growth in services and service demand has increased.
- In the ACT, these workforce challenges are felt most keenly across the acute and community settings, with impact on service delivery.
- MHJHADS have convened a Workforce Development Committee, and a Workforce Project Officer has commenced to develop a MHJHADS workforce action plan that will provide a sustainable workforce for the future – including training, development, recruitment, upskilling and retention of MHJHADS staff.
- A Group Attraction and Retention Incentive (ARIn) has recently been approved for, staff specialist and senior staff specialist consultant psychiatrists working in Mental Health. The implementation of the ARIn has commenced. The ARIn brings the ACT into line with pay rates for mental health specialist medical officers in other jurisdictions.
- In addition, the Office of the Chief Psychiatrist is actively working with a number of recruitment agencies to recruit to locum and permanent staffing positions, with the aim of achieving sustainable staffing levels that allow continued safe clinical care and reasonable staff access to leave.
- In August 2018, the Chief Psychiatrist and Clinical Director for Adult Acute Mental Health Services commenced.
- As at 23 October 2018, the medical staffing at Adult Mental Health Unit is:
  - five FTE psychiatrists two are permanent staff and two are locums;
  - six Resident Medical Officers; and
  - three psychiatric registrars.

Cleared as complete and accurate: 13/11/2018  
Cleared by: Deputy Director-General Ext: 42728  
Information Officer name: Katrina Bracher  
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Lead Directorate: Health

## Key Information

- ACT Health is managing current services with existing staff and locums, while actively recruiting to vacant medical positions and working hard to encourage clinicians to make the ACT a location of choice. The workforce of psychiatrists is currently a suppliers' market, with a large number of psychiatrists preferring locum work rather than seeking full time positions.
- There is a nation-wide shortage of consultant psychiatrists which is projected to continue past 2030, continuing an ongoing high reliance on overseas trained doctors. Regional areas are more affected by shortfalls than metropolitan areas.
- The public mental health service has been reliant on filling vacancies by applying Area of Need provisions to allow suitably qualified overseas trained consultants to be employed under particular supervisory and contractual arrangements.
- All vacant medical positions are advertised through the ACTPS jobs website and other relevant sites. Where there are no suitable Australian qualified applicants the 'Area of Need' allows for overseas applicants to be considered for vacant medical positions.
- The timeframes for recruitment of psychiatrists and specialist mental health professionals can vary depending on where the successful candidate comes from. Overseas applicants can take up to 12-18 months to place, and interstate applicants take three to six months to place. Local applicants can often commence employment within six to eight weeks.

Cleared as complete and accurate:	13/11/2018	
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Lead Directorate:	Health	



GBC18/689- 20

**Portfolio/s:** Mental Health

## **ISSUE: CORONIAL INQUEST INTO SUICIDE AT CANBERRA HOSPITAL**

### **Talking Points**

- The ACT Government has sincere sympathy for the families and friends of people who have died by suicide.
- ACT Health is not able to comment about coronial matters while they are before the ACT Coroner.
- ACT Health works closely with the ACT Coroner to actively support the coronial inquest process. We strive and are committed to improving the quality of services we provide to patients and the community to support the delivery of these services.

### **Key Information**

- There were four deaths by suicide of inpatients at Canberra Hospital in the period January 2015 to November 2016. These deaths are the subject of a coronial investigation. Coroner Hunter has investigated these deaths together in one inquest. The ACT Government Solicitor (ACTGS) is representing the Territory.
- The Coronial Inquest was heard in two stages:
  - The first stage occurred on 10-13 and 17-20 April 2018, and 1-4 May 2018 and heard the factual elements relevant to the cause and manner of each death and evidence from ACT Health staff of their provision of care and treatment or their involvement with the four people.
  - The second stage occurred 3-7 September 2018 and addressed the systems issues, including policies and procedures underlying the care provided to the four people.
- During the first stage of the Inquest, Coroner Hunter made interim findings in relation to the cause and manner of the four deaths.
- While the evidence provision for the coronial Inquest has concluded, the inquest is still underway with the submission process and therefore no further information can be given at this time.

Cleared as complete and accurate: 26/10/2018  
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Lead Directorate: Health

GBC18/689 - 21

**Portfolio/s:** Mental Health

**ISSUE: CHWC INFRASTRUCTURE EXPANSION TIMEFRAMES –  
ADOLESCENT MENTAL HEALTH SECTION**

**Talking points:**

- As stated in the context of the Select Committee on Estimates 2018-19, the Expansion of the Centenary Hospital for Women and Children project is forecasted for completion during the financial year 2021-22, with elements of the project due for staged completion over this period. This estimated completion timeframe includes building and commissioning of the new and refurbished infrastructure.
- As part of the CHWC Expansion project, this Government is committed to delivering an Adolescent Mental Health Inpatient Unit (AMHIU) and planning work for this new service is underway. It is expected that the AMHIU will be completed during the 2021-22 financial year.
- Construction of the expansion project will start in the 2018-19 financial year, with completion of the security enhancement works to support a Custodial Birth Suite were completed in October 2018.
- The next phase of this project is to commence design work, in conjunction with ongoing Territory-wide health services planning work.
- Since the expansion was announced in last year's Budget, ACT Health has been working to undertake project due diligence and determine the final staging and scheduling of works, and this has led to greater certainty around timeframes.
- It is important to highlight that the expansion is happening in an existing facility on the Canberra Hospital, which is an operational campus. There are existing health services that will need to be considered carefully and we also need to ensure there is a continuation of care and services for our patients and their families while this major project is underway.
- A tender process is currently progressing through final stages to engage design consultants for the development of a Proof of Concept for the project. The commencement of design works is a critical milestone to progress forward with final stages of planning for the project.

Cleared as complete and accurate: 30/10/2018  
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Lead Directorate: Health

- The 2017-18 Budget announced an estimated capital cost of \$70 million for the expansion of the CHWC.
- The Government has allocated \$68.075 million in budget and forward estimates for the CHWC Expansion, including the AMHIU, with \$2.5 million available in 2018-19 to progress due diligence.
- The final cost estimate for the project is subject to Government's consideration of the outcomes of the Proof of Concept design and a final detailed project proposal.

## Key Information

- Expansion of the CHWC is a commitment of this Government from the 2016 election.
- The expansion will improve the services and support for patients of maternity and paediatric services and provide new services, including an adolescent mental health unit and expanded neonatal intensive care service.
- The project is responding to the significant growth in demand for these services for the Canberra and surrounding NSW's communities.
- The commitment for the CHWC expansion provides for an adolescent mental health unit, an adolescent gynaecology service, paediatric high-dependency/high-care unit, and more paediatric and neonatal intensive care beds. Note, some of these elements are intended for delivery through the Surgical Procedures, Interventional Radiology and Emergency (SPIRE) Centre project (e.g. paediatric intensive care beds and high dependency unit).

## Funding for the Expansion of the CHWC

### 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	65,575
Capital Injection	2,500	0	0	0	2,500

Cleared as complete and accurate: 30/10/2018  
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 Lead Directorate: Health

GBC18/689 - 22

**Portfolio/s:** Mental Health**ISSUE: CORONIAL FINDINGS INTO THE DEATH OF STEVEN FREEMAN****Talking Points**

- Mr Steven Freeman's death in May 2016 was a tragedy. The ACT Government acknowledges the grief, loss and sadness that his family has experienced.
- The ACT Government also acknowledges the significant impact that his death has had on our Aboriginal and Torres Strait Islander community.
- The Government has supported the coronial process and has worked closely with the Coroner to provide all relevant documents and evidence during the Inquest.
- Since the death of Mr Freeman, the Government has made significant changes to improve detainee health, care and safety in the Alexander Maconochie Centre, including the commissioning of the Moss Review, which has led to an extensive reform program.
- On 11 April 2018, Coroner Cook handed down his findings in this matter, and did not make adverse findings against any individual person or the Territory. Coroner Cook made comment on a number of matters of public safety, which were found to have arisen in connection with the Inquest and made seven recommendations.
- ACT Health and ACT Corrective Services worked collaboratively to provide a response to the Coroner concerning the recommendations.

Cleared as complete and accurate:	26/10/2018	
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## Background Information

- Coroner Cook made the following seven recommendations:

### *Recommendation 1 – Supported*

The ACT Government should review the then existing practices and remove inconsistencies in policies and procedures relied upon by correctional officers so as to ensure prisoner safety and welfare checks through musters and headcounts which require eye contact and facial recognition to be complied with. The extent of compliance with those procedures, given their purpose is to ensure the safety and wellbeing of a detainee, should be evaluated and tested periodically to ensure they are effective and practical and minimise compliancy through their routine.

### *Recommendation 2 – Supported in Principle*

The ACT Government should consider the viability or effectiveness that a daily structured compulsory physical education and training session might have on a prisoner focusing on the prisoner's well-being and rehabilitation coupled with drug rehabilitation counselling. Any consideration of such course would need, I acknowledge, to be factored into current alcohol and drug support programs within the AMC and the various sentencing period for detainees.

### *Recommendation 3 – Supported*

The ACT Government should ensure that minimising the infiltration of illicit substances into custodial facilities remains at the forefront of screening technology.

### *Recommendation 4- complete*

ACT Health should consider obtaining, either by consent from a prisoner or through reliance on legislation a prisoners medical records and all relevant reports from alcohol and drug perspective created prior to incarceration for incorporation into the detainee's electronic medical file for the purposes of an AMC induction or prior to any assessment for access to pharmacotherapy treatment. Further, for detainees who are placed on pharmacotherapy, such as the MMP, that in the interest of the health and safety of the detainee and his or her wellbeing, information of this type should be shared with ACT Corrective Services conducting prisoner headcounts and musters for the very purpose of determining a detainees' location, safety and wellbeing. Equally, any independent urinalysis results undertaken by ACT Corrective Services should be placed on the detainee's medical record to enable medical staff to have a complete picture of the detainee's use of illicit substances as well as those substances prescribed through the Hume Health Centre.

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*Recommendation 5 – complete*

The ACT Standard Operating Procedures should be reviewed and the focus should be on prescribing individualised treatment setting out the parameters for commencement doses of methadone for instance by anywhere from 5mg to 20mg with the ability to increase daily on medical review only.

*Recommendation 6 – complete*

The ACT Standard Operating Procedure should be reviewed to ensure that those who have only recently commenced on the methadone program not be allowed to self-prescribe increases for a set period of time to ensure they are in a physiological sense, capable of accommodating the increased amount of methadone. Further and in the alternative, the ACT Government should consider whether not it is even appropriate to allow such increases to occur for a Schedule 8 drug.

*Recommendation 7- complete*

Justice Health Services to consider whether or not adopting the National Guidelines to replace its ACTOMTG and incorporating random urinalysis or blood tests where there is no objective medical history of opioid dependence prior to placement on the MMP.

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Lead Directorate:	Health	

**ISSUE: PHILIP MOSS REVIEW AND HEALTH SERVICES COMMISSIONER – INITIATED REVIEW INTO HEALTH SERVICES AT THE AMC****Talking Points**

- On 10 November 2016, I publically released the report of the Independent Inquiry into the Treatment in Custody of Mr Freeman (the Moss Review) in my capacity as the Minister for Corrections.
- The Government’s response to the Moss Review was tabled in the ACT Legislative Assembly on 16 February 2017. All recommendations made by Mr Moss have been agreed to wholly, or in principle. The Moss Implementation Inter-Directorate Working Group (IDPT) was established to progress actions in relation to recommendations of the Moss Review.
- ACT Health and Justice and Community Safety Directorate (JACS) worked together on the Moss Implementation Annual Report in a collaborative process between all stakeholder agencies and non-government organisations involved in the implementation of Moss Report recommendations.
- On 9 March 2018, the Health Services Commissioner (HSC), Ms Karen Toohey, completed a Commission initiated consideration of the provision of health services at the Alexander Maconochie Centre (AMC). The review considered the operation of the methadone program at the AMC.
- On 24 August 2018, I tabled the Government’s response to the HSC report in the Assembly. The Report made 16 recommendations. The Report and recommendations have been considered and the ACT Government has agreed to 12, agreed in principle to three and noted one of the recommendations.
- On 25 October 2018 I delivered a Ministerial Statement in the Assembly on the closure of the Moss Review Recommendations.

Cleared as complete and accurate: 13/11/2018  
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Lead Directorate: Health

## Key Information

### Health Services Commissioner ORT Review

- The HSC review focused on a number of aspects of the Opioid Replacement Therapy (ORT) program, including:
  - The role of ORT in the prison context;
  - Assessment and prescription practice in the ORT program;
  - Induction onto methadone;
  - Dosing practice;
  - managing the risk of diversion of methadone; and
  - Throughcare and transition to ORT in the community.
- As part of the review process, the Commission visited the AMC on 28 March 2017 and 4 April 2017. These visits were supported by ACT Health and JACS.
- During these visits the Commission observed medication administration by nurses, including the new electronic Methadone administration system, iDose. The Commission also interviewed detainees and staff and reviewed health records.
- The HSC report contains 16 recommendations:
  - Ten relate specifically to ACT Health;
  - Two relate specifically to ACT Correctives Services; and
  - Four are joint recommendations for ACT Health and ACT Corrective Services.

### Moss Review

- The independent Moss Review was released in February 2017. The ACT Government agreed to eight of the nine recommendations. The ninth recommendation was noted as it related to the independent Health Services Commissioner.
- The Government has since made significant changes to improve detainee health, care and safety in the AMC as part of its response to the Moss Review. In February 2018, I tabled an Annual Report on the implementation of the Moss Review recommendations. Seven of the nine recommendations of the Moss Review have been found satisfied by the Moss Implementation Steering Committee.
- The remaining two will have longer term implications for Government and are being progressed by the relevant directorates.

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- Recommendation 5 relates to the introduction of Winnunga into the AMC. Since 2 July 2018 staff from Winnunga have been present at the AMC developing protocols for service delivery.

## Background Information

- Justice Health Service (JHS) has undertaken the following to improve the provision of health care to detainees at AMC:
  - Review of procedures for prescribing and monitoring the methadone program in AMC through a Quality Improvement Activity with subsequent identification and implementation of a more robust process;
  - Implementation by the Primary Care Team of a more assertive follow-up system for people discharged from Canberra Hospital to the AMC;
  - In November 2017 the new Mental Health electronic clinical record system was made available to all JHS staff at the AMC;
  - Improvement of the documentation process for Induction Assessments, including better documentation of illicit drug use, withdrawal and resultant management plans; and
  - Review and re-design of many of the clinical forms currently used at AMC to assist in documenting the clinical care provided.
- Out of the nine Moss Review recommendations, the following are those that relate to ACT Health.

**Recommendation 4:** That the arrangements for the provision of health care at the Alexander Maconochie Centre be established, under contract or memorandum of understanding, to reflect the respective responsibilities of AMC (ACTCS) and Justice Health Services (ACT Health).

**Recommendation 5:** That Winnunga Nimmityjah Aboriginal Health Service be integrated into the provision of health care at the AMC, in order to introduce its holistic model of care to Indigenous detainees.

**Recommendation 7:** That the Health Services Commissioner (of the ACT Human Rights Commission) conduct an own-initiative investigation into the prescription of methadone to detainees at the AMC.

**Recommendation 9:** That the Inquiry's conclusions, which provide detail of various aspects of the treatment in custody of Steven Freeman that were deficient, be addressed with a view to implementing change and bringing about improvement. All conclusions are bolded throughout the Report.

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Lead Directorate:	Health	

GBC18/689- 24

**Portfolio/s:** Mental Health

**ISSUE: WINNUNGA DELIVERING HEALTHCARE AT AMC**

**Talking Points**

- On 10 November 2016, I publically released the report of the Independent Inquiry into the Treatment in Custody of Mr Freeman (the Moss Review) in my capacity as the Minister for Corrections.
- The Government's response to the Moss Review was tabled in the ACT Legislative Assembly on 16 February 2017.
- Recommendation 5 of the Moss Review is the integration of Winnunga Nimmityjah Aboriginal Health and Community Services (Winnunga) to provide a holistic approach to health care at the Alexander Maconochie Centre (AMC) in a culturally safe way.
- On 22 June 2018, a contract between the ACT Government and Winnunga was signed which enables Winnunga to provide health care to detainees at the AMC.
- The soft launch on 15 October 2018 provides the opportunity for the ACT Corrective Services, Canberra Health Services and Winnunga to come together as one team and build on the collaborative foundations of the model of care.
- Winnunga will not commence the provision of health services at this time, but will familiarise themselves with the centre, client identification and communications and general set up.
- Canberra Health Service, ACT Corrective Services and Winnunga will work together to establish a 24/7 serviced delivered by Winnunga and will confirm what that looks like in practice with an aim of 'going live' this year.
- The working group established to work through the commissioning of the integrated services has concluded. A Memorandum of Understanding is being drafted for the delivery of coordinated health care services to Aboriginal and Torres Strait Islander detainees at the AMC.

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Lead Directorate: Health

## Key Information

### LOCATION

- Winnunga will be operating out of the Hume Health Centre in the former health ward 3, they will also have an administrative base in Women's Community Centre.

### SERVICES

- Winnunga will initially provide nursing and GP services to a limited number of clients as they being to commission their service.
- All other services including Forensic Mental Health Services, Alcohol and Other Drugs Service (including Opioid Replacement Therapy prescription and administration), Dental and Inductions for all detainees will continue to be provided by Justice Health Services.

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**ISSUE:        NEEDLE AND SYRINGE PROGRAM****Talking Points**

- In April 2015, in response to the Deed of Agreement between the Territory and the Community and Public Sector Union (CPSU) the Needle Syringe Program (NSP) Working Group was established to develop a preferred model for an NSP at the Alexander Maconochie Centre (AMC).
- In August 2016, the preferred model was agreed by consensus decision - being a Supervised Injecting Room within the Health Centre at the AMC. The Ballot for voting by eligible Corrections Officers was coordinated through the Electoral Commission; and the voting opened on 1 September 2016 and closed on 15 September 2016.
- The outcome of the ballot was that the preferred model was not supported. On the returned 155 admitted votes, four were supported and 151 were opposed.
- The Health Services Commissioner in the initiated consideration of the provision of health services at the AMC report recommended the ACT Government to “undertake further work to progress the implementation of the ACT Government policy of a needle syringe program in the AMC, consistent with services available in the ACT community, to reduce risks of blood borne virus transmission”.
- The ACT Government agreed in principle to the recommendation, however is not achievable at this time. The process for considering the NSP was set out in the former Justice and Community Safety Directorate’s Enterprise Agreement 2011-2013 and in a subsequent Deed of Agreement between the ACT Government and Community and Public Sector Union. The current Enterprise Agreement expired on 30 June 2017. Negotiations for the agreement are underway and progress on the NSP is subject to the EBA.

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Lead Directorate: Health

**ISSUE: ESTABLISHMENT OF THE OFFICE FOR MENTAL HEALTH AND WELLBEING****Talking points:**

- As the Minister for Mental Health, the establishment of the Office for Mental Health and Wellbeing (the Office) remains a key priority for me. I believe the Office has the potential to make real and lasting change for mental health consumers, carers and their families.
- The Office was officially launched on 14 June 2018, following Cabinet endorsement of the model for the Office.
- The recruitment of the Coordinator-General for the Office has been finalised and the successful candidate, Dr Elizabeth Moore will commence with the Office on 3 December 2018. The Coordinator-General brings great experience to the ACT and will provide important strategic leadership and direction for our mental health system.
- The Coordinator-General has been a Fellow of the Royal Australian and New Zealand College of Psychiatrists for over 25 years; has worked in both public and private hospital and community settings, and has held clinical and administrative positions in mental health across Australia.
- Since the launch of the Office, the two Change Leaders have been recruited and have undertaken a broad range of stakeholder engagement across Government and the Community to build relationships and identify key priorities to be included in the work plan.
- The Office will lead a process of co-design to develop a new Territory-wide vision for mental health in the ACT. This new vision will reflect how Canberra wishes to foster the mental health and wellbeing of its people into the 21st century.
- Following the commencement of the Coordinator-General, the Agency Stewardship Group will co-design the vision and an initial work plan with the community as a priority within the first 100 days.

Cleared as complete and accurate: 30/10/2018  
Cleared by: Executive Director Ext: 79143  
Information Officer name: Patrick Henry  
Contact Officer name: Natalie Johnson Ext: 57900  
Lead Directorate: Health

## Key Information

- The consulting company Synergia was contracted to help with the design and development of the model for the Office. Synergia delivered their final report to ACT Health on 23 February 2018.
- The content and recommendations of Synergia's final report were informed by extensive community and stakeholder consultations conducted by Synergia. This included consultation with the Coordinator-General for Family Safety, the Human Rights Commission, the Aboriginal and Torres Strait Islander Elected Body, the Capital Health Network, the Mental Health Community Coalition, the Mental Health Consumer Network, Carers ACT and members of the public in community forums.
- Synergia's final report contained 20 recommendations which fall into five categories, which describe the functions that Synergia believe the Office will require to fulfil its mission. These five functions include:
  1. Developing and maintaining a territory wide approach to mental health in the ACT;
  2. Coordinating mental health policies, strategies and funding in the ACT;
  3. A focus on systemic reform and improvement across the continuum of mental health care, including physical health, drug and alcohol and the social determinants of health;
  4. The monitoring and reporting of services and outcomes relating to mental health in the ACT; and
  5. Community engagement to promote mental health and wellbeing.
- The Office sits within the new Health Directorate and the Coordinator-General will report directly to the Director-General. It will ensure independence from the operational service system, at the same time will enable a strong mandate to work across ACT Government agencies, akin to the role of the Coordinator-General for Family Safety.
- In order to ensure the Office retains a level of independence from the day-to-day running of ACT Health, it will have the authority to conduct reviews and produce reports as the Coordinator-General deems necessary or at the request of the Minister for Mental Health.
- While the Office was formally launched on 14 June 2018, the commitment of action within 100 days will be taken to start with the commencement of the Coordinator-General.

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TRIM Ref: GBC18/689

**ISSUE: IMPACT OF NDIS IN MENTAL HEALTH COMMUNITY****Talking points:**Experience of the ACT Mental Health Community Sector

- On the 26 June 2018, the Mental Health Community Coalition launched a report titled ‘When the NDIS came to the ACT – A story of hope and disruption in the mental health sector’ (the Report) that outlines the experience of the ACT mental health community sector following the introduction of the NDIS.
- The Report highlights the challenges faced by the ACT community sector during the transition to the NDIS. This includes the ongoing challenges faced in meeting the diverse psychosocial support needs of people with mental illness, the tensions that arise around notions of disability and recovery, the NDIS pricing structure and sustainability of providers, as well as the potential of the scheme to transform lives.

NDIS and Mental Health Interface work:

- At the Disability Reform Council meeting in March 2018, the ACT Government elected to take the national lead on mainstream interface work related to the interface between the NDIS and mental health services.
- This includes developing a clearer and shared understanding of decision-making, and the interpretation and application of the Applied Principles and Tables of Support to determine system responsibilities.
- A jurisdictional workshop was hosted by the ACT Office of Disability in collaboration with the ACT Health Directorate on 8 June 2018. Since June 2018, there have been two “deep dive” forums between the ACT Government and the National Disability Insurance Authority (NDIA).

Cleared as complete and accurate: 29/10/2018  
Cleared by: Executive Director Ext: 77969  
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Lead Directorate: Health

## Psychosocial Participant Pathway:

- The ACT has nominated to trial the tailored psychosocial participant pathway being led by the NDIA.
- Key themes from the NDIA work to develop the psychosocial pathway include:
  - ensuring that planners with specialist knowledge are available;
  - staff training to ensure effective initial engagement with people;
  - strengthening referral pathways between the NDIS and community programs;
  - better describing the flexibility in support use, in anticipation of episodic need;
  - ensuring NDIS plans are recovery oriented and focus on capacity building; and
  - improved pathways for those not eligible for the NDIS.

## **Key Information**

### Psychosocial Disability Stream Announcement

- On 10 October 2018 the Federal Minister for Families and Social Services, the Hon Paul Fletcher MP, and the Assistant Minister for Social Services, Housing and Disability Services, the Hon Sarah Henderson MP, jointly announced that people with severe and persistent mental health issues will have improved access and support in the NDIS.
- According to the announcement, the new stream will be implemented progressively and includes:
  - the employment of specialised planners and Local Area Coordinators;
  - better linkages between mental health services and NDIA staff and partners, and;
  - a focus on recovery-based planning and episodic needs.
- This reform follows recommendations by the national peak organisation, Mental Health Australia, in its *National Disability Insurance Scheme Psychosocial Disability Stream Report*.

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## National Psychosocial Support Measure

- On 23 June 2018, the Federal Minister for Health the Hon Greg Hunt announced that the Bilateral Agreements between the Commonwealth and all States and Territories, including the ACT, regarding the new national psychosocial support measure had been finalised.
- The Bilateral Agreement between the ACT and Commonwealth will enhance funding for psychosocial support measures for people with functional impairment, resulting from severe mental illness, who are not found eligible for the NDIS, or who are otherwise not engaged with the NDIS.
- Total funding from the ACT for the Bilateral Agreement is \$2 million over four years, with the Commonwealth funding \$1.3 million over the same period.
- Commonwealth funding will be administered by the Capital Health Network (CHN, ACT's primary health network). Target areas will be informed by the Fifth National Mental Health and Suicide Prevention Plan and priorities identified in the integrated regional planning process between ACT Health Directorate and the CHN.
- On 26 October 2018, a National Psychosocial Support Measure Industry Briefing was held with the ACT Health Directorate and the CHN.

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GBC18/689 - 28

**Portfolio:** Mental Health**ISSUE: EATING DISORDER SERVICES IN THE ACT****Talking points:**

- Eating disorders are a range of serious illnesses that cause high levels of psychological distress for people experiencing them. The management of eating disorders is complex and they are poorly understood.
- Eating disorders have not always received appropriate consideration from health systems. In Australia and overseas there are gaps in the range of services that are available for people with eating disorders. The ACT Government is committed to exploring and addressing these gaps.
- On 24 October 2018 the Minister for Mental Health presented the ACT Government's response to *Petition 7-18 Eating Disorder Health Care Services in the ACT*, which called for the development of eating disorder services in the ACT.
- As part of this response, the Minister for Mental Health tabled the Eating Disorders Position Statement for the ACT, which was developed by the Eating Disorders Working Group established in June 2018.
- The Position Statement establishes a clear ACT Government commitment to provide the best services and care for people with eating disorders, when they need it and where they need it. It describes a number of short-term initiatives and longer term projects that will be explored.
- In recognition of the complexity of eating disorder management, and the need to provide flexible care across a range of settings, the initiatives described in the Position Statement range from Primary and Community Care through to interventions in hospital settings.
- However, the key focus of the service developments detailed in the Position Statement are community and outpatient services in order to address eating disorder problems early.
- A focus on early intervention and keeping people with eating disorders out of hospital will help to reduce much of the severity, duration, and impact of eating disorders.

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## Key Information

- Currently in the ACT there are a number of services available for people with eating disorders, including Canberra Health Services (CHS), private health organisations, general practitioners, and non-government organisation services.
- The ACT Health Eating Disorders Program is a specialist tertiary service which provides free, public, specialist eating disorders therapy to people with a primary diagnosis of an eating disorder.
- People with eating disorders who require inpatient treatment in the ACT are cared for by multidisciplinary teams at the Paediatrics Ward at the Centenary Hospital for Women and Children, or the general medical or inpatient mental health wards at Canberra Hospital and Calvary Public Hospital Bruce.

## Development of the Position Statement

- The petition, developed by Ms Molly Saunders and sponsored by Michael Petersson MLA, requests the establishment of a specialist in-patient treatment centre for eating disorders in the ACT or, in the absence of such a unit, the provision of 10 long-stay hospital beds for intensive and specialised treatment of eating disorders.
- The Working Group included key stakeholders from the Capital Health Network, the Australian National University, the national peak body for eating disorders The Butterfly Foundation, ACT Health Directorate policy staff, CHS clinical staff, and the Principle Petitioner.
- Wider consultation for the Position Statement included seeking feedback from the ACT's mental health peak organisations, the Mental Health Community Coalition, the Mental Health Consumer Network and Carers ACT, in addition to the New South Wales Institute for Eating Disorders, Inside Out.
- Initial analysis of current national and ACT data by the Eating Disorders Working Group suggests that there may not be enough demand for inpatient services to operate such a unit safely, as a constant throughput of cases is necessary to ensure the development and maintenance of staff skills.
- Where possible, treatment for eating disorders should be offered in the settings that are the least restrictive. As a result, admission to a specialised eating disorder in-patient unit should be rarely required. In cases where admission to a specialised eating disorder in-patient unit is required, ACT Health Directorate will aim to develop relationships with specialised interstate services to arrange appropriate treatment and ensure continuity of care.
- The Eating Disorders Working Group found that the development of services must be across multiple settings with a particular focus on services aimed at early intervention and prevention of eating disorders.

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**ISSUE: ADULT COMMUNITY MENTAL HEALTH SERVICES****Talking points:**

- The Adult Community Mental Health Services (ACMHS) Model of Care (MoC) was endorsed on 17 October 2017.
- The proposed timeline forecasts a staged, transition period of implementation.
- Workforce planning, policy and procedure development, communication and training, evaluation and planning of future phases for further improvement and sustainability support are all underway.
- The first new service, the Assertive Community Outreach Service (ACOS) officially commenced operations on 14 June 2018 with a graduated roll-out of the remaining new teams to occur throughout the remainder of 2018.
- All permanent ACMHS staff have been allocated positions under the new MoC workforce profile and will commence in their new roles as their respective teams come on line.
- As part of the staged progression of the MoC, the Therapies Team officially commenced in mid October 2018, and the Access Mental Health Team and Home Assessment, Acute Response Team (HAART) in November 2018. These are exciting and significant milestones for the roll out of this new MoC.

**Key Information**

- Workforce planning has been completed and all existing permanent staff within the ACMHS program have been allocated positions within the new MoC workforce profile.
- A number of Quality Improvement projects are currently in train to allow pilot testing of each of the functions of the new MoC before each new service comes online. This process will allow clinical and operational governance systems and referral pathways to be evaluated while maintaining a safe platform of service delivery.

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- The MoC encompasses:
  - a) Service Principles:
    - Recovery-oriented and person-centred;
    - Integrated, multidisciplinary and evidence-based;
    - Embracing of diversity and complexity;
    - Timely, accessible and responsive;
    - Committed to Supported Decision Making; and
    - Committed to safety, quality and harm reduction.
  - b) Services Provision:
    - Access Assessment and Triage: 24 hours a day, seven days a week, centralised intake;
    - Acute response and Intensive Home Treatment: brief crisis intervention in a person’s home or community setting as an alternative to inpatient admission and to facilitate earlier hospital discharge;
    - Community Recovery Service: clinical case management (short or longer-term) using a strengths-based approach;
    - Assertive Community Outreach Service: clinical case management for people with longer term complex service engagement needs; and
    - Individual Therapies: structured therapy programs as an adjunct to clinical case management.

## Background Information

- ACMHS are specialist community-based mental health assessment and treatment services for adults in the ACT experiencing moderate to severe functional impairment due to serious mental illness with associated complex needs and risk.
- The work on the new MoC has been undertaken by the ACMHS MoC Project Steering Committee, comprised of representatives from ACT Health and relevant peak bodies including the Mental Health Community Coalition ACT, ACT Mental Health Consumer Network, Capital Health Network and Carers ACT. There have also been a number of targeted and focused community consultations with other key stakeholders in preparation of the proposed ACMHS MoC.

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**ISSUE:           BRIAN HENNESSY REHABILITATION CENTRE – EXTENDED CARE  
UNIT AND SUPPORTED ACCOMMODATION**

**Talking Points**

- The mental health rehabilitation services delivered at Brian Hennessy Rehabilitation Centre (BHRC) were transitioned to the University of Canberra Hospital (UCH) on 17 July 2018.
- In the 2018-19 budget \$22.8 million was allocated for supported accommodation to expand the mental health system to provide more community based alternatives for the provision of mental health care.
- Included in this initiative is an investment to refurbish the ten bed Extended Care Unit at BHRC to provide an upgraded facility where mental health patients can gradually transition from an inpatient clinical setting into supported accommodation.
- As of 23 October 2018, there are six residents currently residing in the Extended Care Unit. Following the refurbishment the remaining beds will be utilised.
- In the supported accommodation initiative there was also funding for three houses to be built in the community to provide long term supported accommodation for people with mental illness.
- These supported accommodation facilities will provide the appropriate care in the appropriate place, enabling greater access and interaction with the community and the person's support networks.
- Housing ACT has agreed to work with ACT Health to deliver this initiative. Housing ACT will provide the land and take the lead on the construction of the dwellings which will be funded by MHJHADS. A community organisation will be engaged to provide disability support to the residents and manage the property.

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- MHJHADS and Housing ACT staff are working together to identify suitable land for the supported accommodation houses in the community.
- An initial block of land has been identified in Florey and a community consultation process including letter box drop, drop in information session on site and information on the YourSay website has been completed.
- The house on the Florey site is expected to be completed in February 2019.
- The supported accommodation initiative also provides for the establishment of a Southside Community Step Up Step Down (SCSUSD). The SCSUSD will provide short-term residential support for people with the aim of preventing admission to hospital, and will be run in partnership between ACT Health and a non-government organisation.
- ACT Health will provide clinical services including a range of therapeutic interventions, and a community agency that will have a 24/7 onsite presence and provide for practical and psychosocial support for people in the program.

## Background Information

- The residents who remained in the Extended Care Unit included those people who are subject to a court order or who required a further period of care before they are transitioned to supported accommodation.
- All residents in the Extended Care Unit at BHRC are eligible for the National Disability Insurance Scheme (NDIS) and will be assisted to access individual NDIS packages for the necessary psychosocial support required to enable them to transition to living in the community.

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**ISSUE: ADOLESCENT MENTAL HEALTH SERVICES IN THE ACT****Talking Points**

- The Government is committed to developing youth-focused mental health services, by expanding the size and range of services at the Centenary Hospital for Women and Children, including the planning of a dedicated child and adolescent mental health unit.
- ACT Health has commenced preliminary work on the new unit, which has an estimated completion date in 2022.
- In October 2018 a Child and Adolescent InPatient Unit Working Group was established with membership made up of interested stakeholders including consumer and carers representation. This Working group will be fundamental in establishing an evidence based Model of Care for the new unit.
- In the 2018-19 Budget, \$2.1 million was provided to expand Child and Adolescent Mental Health Services (CAMHS) through the establishment of an Assertive Outreach Program (AOP).
- The AOP is a recovery-focused community based service which will treat adolescents and children aged 12-18 years who are experiencing severe, high prevalence mental illness.
- The AOP will specifically target vulnerable groups who, due to a range of complex issues, may face barriers in accessing CAMHS and other community-based mental health services such as Headspace, The Junction and Catholic Care Next Step.
- In November 2017, the Perinatal Mental Health Consultation Service (PMHCS) expanded to improve specialist psychiatry services for new Canberra mothers, and the CAMHS Consultation Liaison Service extended its services to seven days a week in January 2018.

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- In addition, the Government has committed \$100,000 over two years to support the expansion of Menslink’s counselling program to include boys aged 10 to 12 years, a cohort where demand for services has increased.
- Currently, children and young people up to 16 years of age presenting with acute mental health issues are admitted to Centenary Hospital for Women and Children’s paediatric adolescent ward. They receive support through the CAMHS consultation liaison service, who provide ongoing consultation with paediatric staff.
- CAMHS also runs education and therapeutic group programs at The Cottage Adolescent Day Program for adolescents significantly impacted by mental illness.
- Dependent on diagnostic criteria, young people aged 16 to 18 years can receive inpatient treatment at the Adult Mental Health Unit Vulnerable Persons Suite. Clinical care is provided in close consultation with CAMHS to ensure appropriate developmental and therapeutic approaches are taken in order to support the young person and their family.
- ACT Health funds CatholicCare to provide a Community Facility Based Adolescent (13-17 years) Step Up Step Down Program (STEPS), which provides 24 hour supported accommodation for a period up to three months.
- On 22 February 2018, ACT Health entered into a Service Funding Agreement with Headspace National. ACT Health provided initial funding of \$200,000 to enable Headspace to enhance its clinical capacity and reduce wait times for early intervention mental health services. Through this new funding, Headspace Canberra is able to deliver ‘onespace’ sessions for young people aged 12-25.
- Headspace Canberra is delivering a short-term, one to three planned appointment support-option, known as Onespace, available to young people and parents/caregivers. Onespace takes a pragmatic strengths-based approach to addressing clients’ presenting concern and follows a model of Solution Focussed Brief Therapy.

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- The implementation of ACT Government funding to headspace for Onespace has resulted in the following:
  - responding to all new referrals within 24 hours via the phone;
  - significant increase in the ability to offer additional initial assessments with reduced wait times;
  - an additional treatment option for young people, accessible within five days; and
  - the quickest intervention option for young people and their family and friends at Headspace Canberra.

## Key Information

- The funding for the STEPS program has been maintained through a three year (2016-19) Service Funding Agreement. 2017-18 funding to CatholicCare is approximately \$1.23 million of which approximately \$1.03 million is allocated to the STEPS program.
- The clinical preference for adolescents is community based care. The CAMHS community teams provide comprehensive assessment and clinical management for children and young people with moderate to severe mental health issues.
- If a young person requires longer or more intensive inpatient treatment, service at a suitable facility in another State or Territory is sought, due to the highly specialised nature of inpatient child and adolescent services. The number of transfers is very low.
- A number of programs are run in conjunction with other directorates and the non-government sector including:
  - The Primary School Mental Health Early Intervention program: a partnership with the Education Directorate to deliver the Understanding and Responding to Feeling and Behaviours in Schools program.
  - An assertive outreach program established through the 2016-17 budget initiative Mental Health Follow Up for Young People and Intensive Clinical Rehabilitation Service. This program provides assertive outreach and intensive mental health treatment and care for young people aged 14-25 years in the ACT who are at high risk of developing or are currently experiencing early onset psychosis. It also supports highly vulnerable young people aged 14 -18 years experiencing severe anxiety or depression with multiple barriers to accessing office based treatment.
  - Headspace Canberra: a youth-specific mental health service which aims to reduce the impact of mental health problems on young people aged 12-25 years by enabling early access to and engagement with quality and integrated services, providing treatment for mild to moderate mental health problems.

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## Headspace

- Onespace sessions provide young people and their family and friends an additional service stream that is offered alongside current Headspace services funded by the Primary Health Care Network – Commonwealth Department of Health, In-Kind partners and the Medicare Benefit Scheme.
- Onespace sessions are provided by Allied Health Professionals from ACT Government funding and are offered to young people and their family and friends requiring low to moderate support as a therapeutic option.
- ACT Health is currently exploring options for the continuation of Onespace funding with the Capital Health Network, beyond 2018.

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**ISSUE: INCIDENTS IN MENTAL HEALTH UNITS****Talking Points**

- There were four reported significant incidents of violence against staff working in the Dhulwa Mental Health Unit (Dhulwa) in July 2018. These four incidents remain the subject of police investigation, so ACT Health are unable to make any further comment at this time.
- There were two significant incidents of violence against staff working in the Adult Mental Health Unit (AMHU) in September 2018. These two incidents remain the subject of police investigation, so ACT Health are unable to make any further comment at this time.
- There were three significant incidents of violence against ward persons working in the AMHU in October 2018.
- Working in mental health clinical services can be extremely rewarding, however it is also recognised that at times it can also be challenging and present risks, especially for those nurses and other health professionals working in our acute and secure services. This challenge is faced across jurisdictions.
- While we can never fully remove this risk, any instances of violence or aggression in our mental health services will be investigated and reviewed to ensure that processes are improved and the risk to staff and patients is minimised.
- Dhulwa is the secure mental health facility in the ACT and it is specifically designed to meet the needs of people who have complex clinical presentations. Staff are trained as specialists in the management of behavioural extremes and on occasion this includes responding to and managing violence.

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- AMHU is an acute inpatient unit that provides voluntary and involuntary psychiatric care and treatment for people with a mental health illness who require hospitalisation. Staff are trained in the management of behavioural extremes and on occasion this includes responding to and managing violence.
- The ACT Government has committed to developing a Nurse Safety Strategy through the Parliamentary Agreement. This work is underway and the development of a well-formulated, effective and evidence-based strategy is a priority for Government.
- The ACT Government acknowledges the essential role nurses play in our health care system and recognises the right of every individual to feel safe at work.

## Background Information

- The provision of mental health services is a challenging area within ACT Health and unfortunately from time to time episodes of aggression and violence can occur. The staff do provide a compassionate service that is as diverse as the vulnerable people that receive the services.
- The people admitted to Dhulwa are unable to be treated in less restrictive clinical settings in the ACT. As such, Dhulwa has the highest staffing levels, staff who are highly skilled with specific training on de-escalation and management of complex behaviour. There are dedicated security staff and educational programs to help keep both staff and patients safe.
- ACT Health staff are encouraged to report any incidents or injury.
- Any allegation involving a physical assault is reported to the police.
- ACT Health is currently developing a new strategy focussed on the safety of our staff in the workplace. The strategy will focus on high risk areas, including our mental health units.
- ACT Health continue to work with staff, unions such as the ANMF, and other key stakeholders in the development of the strategy.
- This strategy is a key priority for ACT Health and is expected to be completed later this year.

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**ISSUE: SUICIDE PREVENTION****Talking points:**

- Suicide prevention remains a priority of the ACT Government.
- Suicide prevention has been a focus of community mental health funding, including:
  - Continued Step Up Step Down (SUSD) residential and outreach psychosocial supports, through Wellways Adult SUSD & Youth SUSD, Catholic Care STEPS and Woden Community Services Transition to Recovery services;
  - Improved services for people at higher risk, such as increased funding to Detention Exit Community Outreach (DECO);
  - Public awareness campaigns to destigmatise mental health and suicide through support of Mental Health Week, and Let's Talk Grants;
  - Development of tools and data identification for improved access to suicide-related data and analysis with the Australian National University (ANU) and NOUS consultancy group (commissioned by Beyond Blue); and
  - Identification of 'suicide hotspots' in the ACT and implementation of mitigation strategies in collaboration with Transport Canberra and City Services.

**LifeSpan Integrated Suicide Prevention**

- The ACT Government has committed \$1.545 million to establish a pilot version of the Black Dog Institute's LifeSpan Integrated Suicide Prevention Framework in the ACT over the next three years.
- LifeSpan is an evidence-based approach to integrated suicide prevention. LifeSpan combines nine strategies that have strong evidence for suicide prevention into one community-led approach incorporating health, education, frontline services, business and the community.

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- LifeSpan aims to build a safety net for the community by connecting and coordinating new and existing interventions and programs, and building the capacity of the community to better support people facing suicide crisis. This integrated evidence-based approach is likely to be more beneficial to the wider ACT community and the health economy.
- ACT Health Directorate has executed a contract with the Black Dog Institute to enable the establishment and implementation of the LifeSpan Pilot in the ACT.
- ACT Health Directorate has been working closely with the local public health network, the Capital Health Network, to further support the coordinated and integrated implementation of LifeSpan in the ACT.
- A LifeSpan Steering Committee, composed of key local agencies and stakeholders, has been established and is active in guiding this work in the ACT.

## Way Back Support Service

- The Way Back Support Service is being piloted in the ACT providing a non-clinical service developed to support people for up to three months, after they have attempted suicide. Client intake in the ACT commenced in October 2016.
- The 2018/19 ACT Budget provides an additional \$350,000 for suicide prevention activity, which will support the Way Back Support Service to continue until June 2019.
- Subject to service demands, future funding may extend services to people who have experienced a suicidal crisis.
- Way Back was designed by beyondblue and is funded in the ACT by the ACT Government. The local service provider, Woden Community Service, is engaged by beyondblue to deliver Way Back in the ACT.
- Way Back has a high level of service demand. Since program commencement 316 referrals have been received as at 30 September 2018, with 288 meeting the eligibility criteria.

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- In recognition of the high level of demand in 2017/18, ACT Health Directorate provided additional funding to beyondblue to extend the pilot until December 2018 and fund an additional support co-ordinator.
- The Federal Government 2018/19 budget included a significant national investment in Way Back. ACT Health Directorate is currently in discussion with the Capital Health Network and beyondblue to determine what this investment means for the delivery of the program in the ACT.
- An evaluation of the ACT trial is currently being finalised and this report will be used to inform future funding of this service.

## Key Information

### LifeSpan Integrated Suicide Prevention

- In October 2016, ACT Labor made an election commitment (Priority 2, EC LAB O93a) to allocate \$1.5 million to implement a pilot version of LifeSpan to reduce suicide rates in the ACT.
- In the 2017/18 Budget, the ACT Government committed \$1.545 million to establish a pilot version of the Black Dog Institute's LifeSpan program in the ACT from 2018/19 to 2021/22, under the 'Better care when you need it - Suicide prevention', budget measure.
- The LifeSpan Integrated Suicide Prevention Framework is developed by the Black Dog Institute and the National Health and Medical Research Council Centre for Research Excellence in Suicide Prevention.
- The LifeSpan trial in the ACT will involve the simultaneous implementation of nine evidence based strategies:
  1. Improving emergency and follow-up care for suicidal crisis;
  2. Using evidence-based treatment for suicidality;
  3. Equipping primary care to identify and support people in distress;
  4. Improving the competency and confidence of frontline workers to deal with suicidal crisis;
  5. Training the community to recognise and respond to suicidality;
  6. Promoting help-seeking, mental health, and resilience in schools;
  7. Engaging the community and providing opportunities to be part of the change;
  8. Encouraging safe and purposeful media reporting; and
  9. Improving safety and reducing access to means of suicide.

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## Way Back Support Service

- ACT Health's previous funding commitments for Way Back has been:
  - (2015- 2018) trial project funds - \$446,000;
  - (2016- 2017) research and development funding - \$250,000;
  - In the 2017/18 Budget, \$250,000 was committed to additional suicide prevention/postvention services in the ACT. This funding was partitioned into two parts for Way Back. The first part involved \$65,000 to provide extra FTE resourcing for the remainder of the life of the trial. The remaining \$185,000 was allocated to extend service provision to the end of the 2018 calendar year; and
  - In the 2018/19 Budget an additional one-off payment of \$350,000 was provided to prolong the service until June 2019.
- Way Back aligns with Priority Area Two of the Fifth National Mental Health and Suicide Prevention Plan, which commits all governments to a systems based approach to suicide prevention including the elements of:
  - access to services (Priority 4) – promote increased access to services for those vulnerable to suicidal behaviours and remove barriers to care; and
  - treatment (Priority 6) – improve the quality of clinical care and evidence-based clinical interventions, especially for individuals who present to hospital following a suicide attempt.
- Way Back aligns with the current Parliamentary Agreement commitment related to suicide reduction.
- As an aftercare service, Way Back is also one of the nine pillars of LifeSpan.
- The Way Back service is currently being rolled out nationally as an established service by beyondblue.

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**ISSUE: ACT REGIONAL MENTAL HEALTH AND SUICIDE PREVENTION PLAN****Talking points:**

- Priority Area 1 of the Fifth National Mental Health and Suicide Prevention Plan (the 5<sup>th</sup> Plan) is achieving effective integration of mental health and suicide prevention services. A key action for achieving this is the development of an ACT Mental Health and Suicide Prevention Plan (ACT Plan) that reflects agreed priorities identified across the ACT, accounts for the local context and can inform future commissioning of services.
- Better integration and coordination of mental health and suicide prevention services is also fundamental to the ACT Government's vision for mental health and suicide prevention services.
- The Capital Health Network (CHN), in close collaboration with ACT Health Directorate, have been leading the work to draft an ACT Plan.
- The National Mental Health Commission's Fifth National Mental Health and Suicide Prevention Plan, 2018 Progress Report notes that the ACT is ahead of schedule in relation to this activity.
- A number of planning tools have helped to inform the regional planning process including information on the current service system in the ACT, future need and the identification of gaps and issues to be addressed through the ACT Plan.
- On 28 August 2018, a Consultation Forum was hosted by the CHN. This was a significant milestone in the planning process bringing together a diverse range of stakeholders to start identifying needs, priorities and practical strategies that will form the basis of the ACT Plan.
- In addition to the Forum, written submissions have been invited from the ACT community until 31 October 2018.

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- A first draft of the ACT Plan is expected to be available for external consultation by the end of 2018.
- The Office for Mental Health and Wellbeing will play a key role in the successful implementation of the ACT Plan, particularly through facilitation of cross-sectoral collaboration where required.

## Key Information

### The 5<sup>th</sup> Plan

- ACT Health Directorate has been involved in the National Integrated Regional Planning Working Group to prepare guidance for Primary Health Networks and Local Health Networks for developing joint integrated regional plans. This guidance has been finalised and was endorsed for distribution by the Mental Health Principal Committee on 20<sup>th</sup> September 2018. The final document has now been released.

### The ACT Regional Mental Health and Suicide Prevention Plan

- The planning process incorporates service mapping and data analysis as well as drawing on evidence and best practice in developing the ACT Plan. For example:
  - the CHN, ACT Health Directorate and Australian National University have drafted the first edition of the Integrated Mental Health Atlas of the Australian Capital Territory Primary Health Network Region;
  - CHN and ACT Health Directorate staff have been trained in the use of the National Mental Health Services Planning Framework tool to assist and inform service planning and demand analysis;
  - the CHN has conducted baseline and follow up Needs Assessment for the Primary Health Network region;
  - analysis of data on community and service profiles, prevalence of mental health issues, service use and outcomes; and
  - the Office for Mental Health and Wellbeing have developed a draft matrix of available ACT Services grouped by age and level of service.
- These tools will help to identify service strengths and gaps and understand future need to inform the ACT Plan.
- Collaboration and co-design are fundamental to the process of joint planning. In addition to including representation from key stakeholder groups on the ACT Regional Planning Working Group, mechanisms to consult broadly and invite the ACT community to contribute to development of the ACT Plan have been established.

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**ISSUE:           AUDITOR-GENERAL REPORT NO. 9/2018 – ACT HEALTH’S  
MANAGEMENT OF ALLEGATIONS OF MISCONDUCT AND  
COMPLAINTS ABOUT INAPPROPRIATE WORKPLACE BEHAVIOUR****Talking points:**

- On 2 August 2018, the ACT Auditor-General released Report No. 9/2018 – ACT Health’s management of allegations of misconduct and complaints about inappropriate workplace behaviour.
- The Minister for Health and Wellbeing, the Director-General of the Health Directorate and I have made numerous public statements since in relation to this matter, reiterating that the ACT Government has zero tolerance for bullying and that there are safe and respectful pathways available to people wishing to raise concerns about bullying within ACT directorates. The Health Directorate and the Canberra Health Service have a range of measures in place to support staff, including:
  - Training programs to educate staff on respectful workplace behaviours, how to raise concerns about inappropriate behaviour and educate managers on how to manage complaints of inappropriate behaviour.
  - Avenues for staff to raise incidents of bullying and harassment, which include raising concerns with their Senior Manager, People and Culture (HR) Employee Services Unit and through the electronic internal incident reporting mechanism.
  - An established network of over 101 Respect Equity and Diversity (RED) Contact Officers for all professions.
  - Rigorous processes for investigating bullying appropriately and independently in line with the requirements of ACT Health Enterprise Agreements and the *Public Sector Management Act 1994*, to which all ACT Health and ACT Government employees are required to adhere.

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TRIM Ref:                                    GBC18/689

- Ensuring the employee against whom the allegation has been made is afforded their right to natural justice and procedural fairness in the process.
- Existing investigative processes, which still have their place for more serious matters, are often of limited assistance for interpersonal disputes in the workplace.
- Due to privacy obligations and procedural fairness, the complainant will not be informed of the outcome and sanction taken against the other individual. And investigative processes do not often deal with the relationships, but only find fact as to what has occurred.
- Where these processes fail, then there will evidently be existing processes for raising these matters internally, and potentially escalating to an investigation in accordance with the relevant enterprise agreement.
- Canberra Health Service is working on a number of short and medium term strategies and actions to shift the focus from formal investigative processes to early intervention and alternative dispute resolution, with the intention to recast existing frameworks in a way that results in a more connected approach to employee behavior and positive workplace culture, including:
  - The introduction of an Employee Advocate function, reporting directly to the CEO of the Canberra Health Service. This role will assist employees in the resolution of their workplace issues, by assisting with resolution through alternative dispute resolution mechanisms in the first instance. This role will be advertised in December 2018;
  - Modifying existing Preliminary Assessment process for bullying and interpersonal disputes to prioritise early intervention and alternative dispute mechanisms, including mediation and facilitated conversations;
  - Utilising the REDCO network to assist with the introduction of this new approach;
  - An external and trusted avenue for employees of the ACT Health Directorate and the Canberra Health Service on bullying matters.

Cleared as complete and accurate: 31/10/2018  
Cleared by: Executive Director Ext: 51086  
Information Officer name: Janine Hammat  
Contact Officer name: Jim Tosh Ext: 50006  
Lead Directorate: Health

TRIM Ref: GBC18/689

## Key Information

- The report contained three recommendations, two for which ACT Health has responsibility. These recommendations were as follows:
  - Recommendation 1: ACT Health should implement training for executives and managers for the handling of allegations of potential breaches of the ACT Public Sector Code of Conduct. This training should include:
    - Managing and documenting the conduct of preliminary assessments;
    - The need to fully consider options available prior to proceeding with a misconduct investigation (eg. Underperformance management); and
    - Processes for managing and documenting allegations of breaches of the ACT Public Sector Code of Conduct.
  - Recommendation 3: ACT Health should implement awareness training for Executives and Managers to reinforce requirements for receiving, documenting and managing reports of inappropriate workplace behaviours.
- In relation to both Recommendations 1 and 3: ACT Health have trained 206 managers in undertaking Preliminary Assessments, throughout the course of the 2017/18 financial year. ACT Health now reports higher Preliminary Assessment completions than any other Directorate, according to preliminary figures for the State of the Service Report.
- The *'Addressing Workplace Issues – Preliminary Assessment for Managers'* training, has increased our managers' understanding of their legal obligations under the Enterprise Agreements to conduct preliminary assessments to address bullying complaints. The skills based component of the workshop provides managers with the skills for conducting a preliminary assessment, and appropriately documenting and reporting such matters.
- ACT Health is also currently reviewing the Preliminary Assessment training to reflect the new early intervention and Alternative Dispute Resolution mechanisms

Cleared as complete and accurate: 31/10/2018  
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Lead Directorate: Health

TRIM Ref: GBC18/689

**ISSUE: MENTAL HEALTH ACT 2015 – OVERVIEW OF OPERATION SINCE COMMENCEMENT****Talking points:**

- The *Mental Health Act 2015* (the Act) commenced on 1 March 2016.
- The Act is a significant progression from the previous Mental Health Act and reflects the ‘recovery approach’ in mental health service delivery. The purpose of the recovery approach is to ensure that mental health services are being delivered in a way that supports the recovery of mental health consumers and empowers individuals so they recognise that they are at the centre of the care they receive.
- The Act also contains a number of significant other reforms.
- It places a much greater emphasis on the decision making capacity of the individual when considering care options and it also allows people to appoint a nominated person, who can advocate on their behalf when they are unwell.
- It also introduces a new forensic mental health order, as well as extending the initial period of time that someone can be detained from seven to eleven days. Whilst this initially sounds more restrictive, it is driven by the intent of allowing four more days for treatment to take effect, which then reduces the restrictive requirements to be placed on the person over the longer term. Early data suggests that this is having the desired impact.
- The greater emphasis placed on the rights of the individual in the Act were explained in ‘My Rights, My Decisions’ information leaflets, which I recently launched at the Mental Health Consumers Network.
- A key part of the Act is the obligation to review various provisions.

Cleared as complete and accurate: 26/10/2018  
Cleared by: Executive Director Ext: 79143  
Information Officer name: Patrick Henry  
Contact Officer name: Jon Ord Ext: 57928  
Lead Directorate: Health

- Under Section 271 of the Act the Minister for Mental Health (the Minister) is required to:
  - invite public submissions and review Section 85 (3) on the extension of the period of emergency detention;
  - invite public submissions and review the operation of certain specified sections pertaining to mental health orders in order to ensure that these provisions are functioning appropriately.
- In November 2016 ACT Health engaged the Australian Continuous Improvement Group (ACIG) to assist the Minister in reviewing the implementation of the Act including:
  - Assisting the Minister in seeking public submissions regarding emergency detention and mental health orders as set out in Section 271 of the Act;
  - the impact of the implementation of the Act on the mental health care experienced by people with mental illness or mental disorder and their carers; and
  - the impact of the implementation of the Act on the culture and delivery of mental health services by ACT Health.
- After consultation with a number of partners a detailed evaluation plan was developed and submitted to both the reference group and to the ACT Human Rights Ethics Committee (HREC). Although formal ethics approval was not required as the evaluation fits into the category of quality and safety assurance, HREC did support and approve of the evaluation as submitted to them.
- The first period of public consultation, addressing section 85, commenced in August 2018 and is now complete. ACIG are now working with ACT Health to analyse the responses to that consultation.
- The second period of consultation, which will focus on the operation of all mental health orders, is expected to take place during March and April 2019 and planning is currently underway to support that consultation.

Cleared as complete and accurate:	26/10/2018	
Cleared by:	Executive Director	Ext: 79143
Information Officer name:	Patrick Henry	
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Lead Directorate:	Health	



## Key Information

- Section 271 (4) of the Act requires the Minister for Mental Health to invite public submissions and review the functioning of section 85 (3) of the Act. This section increases the maximum further period of emergency detention from 7 days to 11 days. It further requires that the Minister present a report of the review to the Legislative Assembly not later than 1 year after the day the consultation commences.
- Section 271 (1) of the Act requires the Minister for Mental Health to invite public submissions and review the functioning of;
  - s58 - Psychiatric Treatment Orders (PTOs)
  - s66 - Community Care Orders
  - s101 – Forensic Psychiatric Treatment Orders
  - s102 – Content of Forensic Psychiatric Treatment Orders
  - s108 – Forensic Community Care Orders

The Chief Psychiatrist's Annual Report includes information addressing the early impacts of the Mental Health Act.

Of the 449 people subject to an ED11 (Emergency detention for 11 days), only 166 (37 per cent) required further involuntary treatment, care and support via a Psychiatric Treatment Order.

This is a significant result, as it suggests that the additional time for people to be assessed, supported and receive initial treatment under the Emergency Detention provisions, that is, the extension of the further period of detention from seven days to 11 days under the Mental Health Act 2015, allows people to recover from an emergency situation. With enough initial support, this appears to be reducing the need for longer-term mental health orders and decreasing the need for coercive treatment, care and support.

There have been no Forensic Psychiatric Treatment Orders made by ACAT since the commencement of the Act.

Of the 718 PTO hearings held by ACAT during 2017–18, 209 were for new PTO applications and 509 for reviews of existing PTOs.

In total, 599 PTOs were granted or continued. This is a decrease of 4.5 per cent from 2016–17. In 157 cases, the PTO was revoked representing a 3.7 per cent decrease in the number of revocations compared to 2016–17. These findings are significant for people being treated in the public mental health system, as they demonstrate that fewer people are being treated involuntarily under the Act.

Cleared as complete and accurate:	26/10/2018	
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**ISSUE: RECOMMENDATIONS FROM ESTIMATES COMMITTEE REPORT –  
2018-19 – MENTAL HEALTH FUNDING – STATUS**

**Talking points:**

- The Treasurer provided a formal response to all of the recommendations from the Estimates Committee outlined in their 2018-19 report in August.
- There were four recommendations directed to mental health, relating to three areas of need that are well recognised and where work is well underway – Aboriginal and Torres Strait Islander people, children and young people and people with mental health issues who do not qualify in the NDIS guidelines.
- All four recommendations are being considered in the context of our strong and ongoing commitment to address the needs of our community for effective, evidence based early intervention mental health programs and services.

**Key Information**

ACT Health Directorate provided the following input to the ACT Government Response to the *Appropriation (Office of the Legislative Assembly) Bill 2018-19 Select Committee on Estimates 2017-18 Report* against four recommendations for action by ACT Health and a further three recommendations for action by other ACT Directorates with relevance to ACT Health.

**1. Recommendation 65 - Health**

The Committee recommends the ACT Government develop a framework, including maintaining prisoner health records, to ensure coordinated treatment between Winnunga Nimmitijah Aboriginal Health Services and ACT Health.

- Supported in principle.
- The working model regarding the delivery of care between Winnunga Nimmitijah Aboriginal Health Services (Winnunga) and Canberra Health Services continues to be established.

Cleared as complete and accurate: 29/10/2018  
Cleared by: Executive Director Ext: 79143  
Information Officer name: Patrick Henry  
Contact Officer name: Amber Shuhyta Ext: 53763  
Lead Directorate: Health

- The framework for maintaining health records is the Health Record (Privacy and Access) Act 1997 and both services providers will adhere to the principles and objectives of the legislation.
- Clinical staff of Winnunga and Canberra Health Services are members of a detainee's treating team and will share personal health information in accordance with the provisions of the *Health Record (Privacy and Access) Act 1997*, as part of a collaborative and coordinated provision of health care.

## 2. Recommendation 66 - Health

The Committee recommends that the ACT Government address the need for a centralised facility or adolescent step-up-step-down program.

- Noted.
- The ACT Government has already committed to building a Child and Adolescent Mental Health Inpatient Unit. Planning for this unit has commenced.
- In relation to the provision of services in the community, ACT Health has two north-side Step Up Step Down (SUSD) facilities, one for adults (18-65 year olds) and one for adolescents (12-18 year olds). ACT Health also has an existing SUSD facility on the south side for young people aged 18-24 years, and a second facility for adults from 18 years to be established with funding provided in the 2018/19 Budget. The build is expected to be complete in 2020/21.
- In addition to facility-based Step-Up-Step-Down programs, ACT Health also fund non facility-based outreach Step-Up-Step-Down services through the Transition to Recovery program for 18-24 year olds and adults. This may suit those people who are not able to attend the north or south facilities.
- A further outreach support for the "Step Down" component is the Wayback Support Program for suicidal crisis after care which is also non-facility based so it is suitable for ACT-wide access.
- ACT Health funds Catholic Care to deliver the Youth Outreach Support Program to 12-25 year olds living with mental illness.
- Canberra Health Services have the highest rates of community contact and seven-day post discharge follow up and has also introduced specialist youth mental health outreach. These services also extensively support people with deteriorating mental illness or transitioning from hospital.
- Step-Up-Step-Down facility and non facility-based supports are an evidence based, effective and contemporary model of care, and are a key component of the stepped care approach to mental health treatment.
- The relocation of any of these services has interdependencies with the availability of purpose built facilities elsewhere in the ACT. The addition of any further facilities would need to be subject to collaborative development of shared sector priorities arising from the Regional Mental Health and Suicide Prevention Plan, currently in development.

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Lead Directorate:	Health	

### 3. Recommendation 159 - Health

The Committee recommends that the ACT Government work closely with the Commonwealth Government to find a long-term solution for people with mental health issues that do not qualify under current National Disability Insurance Scheme guidelines.

- Agreed.
- The ACT and Commonwealth Governments have finalised the Bilateral Agreement on the National Psychosocial Support Measure which will enhance funding for psychosocial support measures for people with functional impairment resulting from severe mental illness who are not found eligible for the NDIS, or who are otherwise not engaged with the NDIS.
- In Canberra ACT Health will be working with the Capital Health Network to jointly procure non-clinical mental health support services for people with psycho-social functional impairment who are currently ineligible under the NDIS.

### 4. Recommendation 178 - Health

The Committee recommends that the ACT Government continue to engage with Marymead on the New Horizons program to ensure continuity and benefits for the Territory.

- Noted.
- The New Horizons program is currently funded by the Commonwealth Department of Social Services to provide services to children and young people in the ACT.
- New Horizons is a free and confidential mental health early intervention outreach support service for children and young people 0-18 years who are showing signs or are at risk of developing mental illness as well as their families and carers.
- ACT Health is always interested in proposals which look to improve health outcomes for consumers, improve the health system, and help Canberrans to contribute to the social and economic fabric of the community.

### 5. Recommendation 153 – Other Directorate

The Committee recommends that the ACT Government continue to work with a wide range of appropriate, trained professional staff, including psychologists and allied health experts, to meet the increased demand for these types of services in our schools.

- In addition to the ACT Education Directorate school psychologist portfolio, ACT Health have the following initiative in place to meet the increased demand for psychology and allied health experts in schools:
  - Child and Adolescent Mental Health Services (CAMHS) provides an early intervention program which is based in ACT primary schools and works with the whole school providing professional learning for teachers, whole class social and emotional wellbeing activities and a targeted group work program

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Lead Directorate: Health

for children and their parents/carers to learn ways to support their child to better regulate their emotions and behaviour. CAMHS provides a school/vocational day program for up to two terms for young people aged 12-18 which aims to reduce severity of mental health issues and enhance school vocational engagement, social functioning and life skills.

- ACT Health is working with Education Directorate to define referral pathways for young people 0-18 years into mental health services that will target early intervention, mild to moderate mental health issues as well as more severe conditions, crisis pathways and suicide prevention.
- ACT Health funds Mental Illness Education ACT to deliver education about mental illness including to adolescents in school settings.
- ACT Health funds the Education Directorate some \$200,000 each year to implement mental health education programs in schools under the National Education Initiative and report on outcomes achieved for students and their families.

## **6. Recommendation 164 – Other Directorate**

The Committee recommends that the ACT Government consider developing and reporting specific performance indicators that focus on youth issues such as inclusion and engagement, health and mental health, employment, and so forth.

- ACT Health Directorate collects information and reports on a range of indicators relating to the health and wellbeing of the young people in the ACT.
- Data is reported in *Healthy Canberra: ACT Chief Health Officer's Report 2018* and on the HealthStats ACT website.
- The latest Chief Health Officer's Report reported that almost half of hospitalisations for self harm in the ACT in 2015-16 were for young people 10-24 years.
- The new year 7 health check to be piloted in selected schools and then implemented in 2019 is an ACT Government priority and will provide an opportunity to incorporate an evidence based emotional wellbeing screening component that will be used to help young people and direct them to mental health support services if appropriate.

## **7. Recommendation 173 – Other Directorate**

The Committee recommends that the ACT Government continues efforts across the Community Services Directorate and ACT Health to provide suitable accommodation options for young people needing long term residential care.

- The ACT Government recognises the need for a range of supported accommodation options for people with a diversity of needs across our community.

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Lead Directorate:	Health	

- In relation to people with mental health issues the 2018/19 budget included \$22.8M to fund a range of supported accommodation options including the new southside SUSD for adults from 18 years mentioned at recommendation 65 above.
- Another two facilities are intended to provide transition support to people leaving DULWA or other clinical facilities.
- As well the Office for Mental Health is developing a workplan that includes a focus on young people as they are an identified group of high, and in many cases, unmet need.
- ACT Health has participated in the homelessness cohort study and housing strategy with CSD where we have advocated strongly for the needs of young people. In the 2018-19 budget the ACT Government allocated \$200,000 to design and planning work to set up MyHome in Canberra (CSD).

Cleared as complete and accurate: 29/10/2018  
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Lead Directorate: Health

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**Portfolio/s:** Mental Health

**ISSUE: MENTAL HEALTH - FUNDING AND EXPENDITURE AS A % OF TOTAL HEALTH EXPENDITURE**

**Talking points:**

- Total Mental Health expenses in 2017-18 are estimated to be \$143.7 million. This figure is not reported anywhere in isolation in the Annual Report.
- This figure includes clinical services, funding for mental health non-government organisations, policy, Calvary funded services (funded through the Local Hospital Network) and overheads.
- The figure represents 9 per cent of total Health spending (\$1.597 billion) in 2017-18.
- Overhead costs include the Office of the Director-General, finance, human resources, information technology, infrastructure support and pathology.

Cleared as complete and accurate:	30/10/2018	
Cleared by:	Chief Finance Officer	Ext: 78441
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Contact Officer name:	Jean-Paul Donda	Ext: 50915
Lead Directorate:	Health	

**ISSUE: ACT HEALTH 2017-18 FINANCIAL STATEMENT ANALYSIS (PAGE 167-245)**

**HEALTH DIRECTORATE  
OPERATING STATEMENT  
FOR THE YEAR ENDED 30 JUNE 2018**

	Note No.	Actual 2018 \$'000	Original Budget 2018 \$'000	Actual 2017 \$'000
<b>Income</b>				
<i>Revenue</i>				
Controlled Recurrent Payments	3	265 993	313 371	290 692
User Charges	4	1 002 882	1 001 509	972 980
Grants from the Commonwealth		4 171	4 085	4 107
Resources Received Free of Charge		1 762	1 766	1 600
Other Revenue	5	18 590	15 121	16 821
<b>Total Revenue</b>		<b>1 293 398</b>	<b>1 335 852</b>	<b>1 286 200</b>
<i>Gains</i>				
Gains on Investments		-	-	10
Other Gains	6	1 552	992	2 266
<b>Total Gains</b>		<b>1 552</b>	<b>992</b>	<b>2 276</b>
<b>Total Income</b>		<b>1 294 950</b>	<b>1 336 844</b>	<b>1 288 476</b>
<b>Expenses</b>				
Employee Expenses	7	744 588	748 651	703 423
Superannuation Expenses	8	93 544	95 393	91 254
Supplies and Services	9	368 954	382 898	359 199
Depreciation and Amortisation	10	48 238	45 601	45 223
Grants and Purchased Services	11	101 024	95 149	101 162
Cost of Goods Sold	12	8 342	12 059	9 150
Other Expenses	13	10 831	7 339	18 567
<b>Total Expenses</b>		<b>1 375 521</b>	<b>1 387 090</b>	<b>1 327 978</b>
<b>Operating (Deficit)</b>		<b>(80 571)</b>	<b>(50 246)</b>	<b>(39 502)</b>
<b>Other Comprehensive Income</b>				
<i>Items that will not be reclassified subsequently to profit or loss</i>				
(Decrease)/Increase in the Asset Revaluation Surplus	25	(2 461)	-	1 594
<b>Total Comprehensive (Deficit)</b>		<b>(83 032)</b>	<b>(50 246)</b>	<b>(37 908)</b>

Cleared as complete and accurate: 25/10/2018  
 Cleared by: Chief Finance Officer Ext: 620 78441  
 Information Officer name: Trevor Vivian

Contact Officer name: Sasith Wickramasinghe Ext: 620 76184  
 Lead Directorate: Health



## HEALTH DIRECTORATE BALANCE SHEET AT 30 JUNE 2018

	Note	Actual	Original	Actual
	No.	2018	Budget	2017
		\$'000	\$'000	\$'000
<b>Current Assets</b>				
Cash and Cash Equivalents	15	60 401	59 454	109 219
Investments		3 022	3 019	3 029
Receivables	16	33 721	42 742	32 975
Inventories	17	6 884	10 506	9 018
Other Assets	21	6 483	6 157	8 068
<b>Total Current Assets</b>		<b>110 511</b>	<b>121 878</b>	<b>162 309</b>
<b>Non-Current Assets</b>				
Property, Plant and Equipment	18	1 197 751	1 375 316	1 028 959
Intangible Assets	19	30 368	39 193	45 022
Other Assets	21	6 907	-	10 909
Capital Works in Progress	20	79 759	13 397	184 735
<b>Total Non-Current Assets</b>		<b>1 314 785</b>	<b>1 427 906</b>	<b>1 269 625</b>
<b>Total Assets</b>		<b>1 425 296</b>	<b>1 549 784</b>	<b>1 431 934</b>
<b>Current Liabilities</b>				
Payables	22	48 411	52 459	89 377
Borrowings		425	-	352
Employee Benefits	23	243 030	242 660	224 886
Other Liabilities	24	7 987	652	8 064
<b>Total Current Liabilities</b>		<b>299 853</b>	<b>295 771</b>	<b>322 679</b>
<b>Non-Current Liabilities</b>				
Borrowings		2 069	-	2 567
Employee Benefits	23	15 284	18 922	16 016
Other Provisions		193	-	1 462
Other Liabilities	24	13 925	4 733	15 039
<b>Total Non-Current Liabilities</b>		<b>31 471</b>	<b>23 655</b>	<b>35 084</b>
<b>Total Liabilities</b>		<b>331 324</b>	<b>319 426</b>	<b>357 763</b>
<b>Net Assets</b>		<b>1 093 972</b>	<b>1 230 358</b>	<b>1 074 171</b>
<b>Equity</b>				
Accumulated Funds		963 807	1 099 327	941 545
Asset Revaluation Surplus	25	130 165	131 031	132 626
<b>Total Equity</b>		<b>1 093 972</b>	<b>1 230 358</b>	<b>1 074 171</b>

Cleared as complete and accurate: 25/10/2018  
 Cleared by: Chief Finance Officer Ext: 620 78441  
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 Lead Directorate: Health

**Key information**Operating Deficit

- ACT Health, like most agencies, budgets to make an operating deficit. This is because agencies are not fully funded for movements in employee provisions (recreation and long service leave) or depreciation (cash funding is provided at the time of purchase of assets for their cash cost).

Revenue

- Total own source revenue of \$1,029.0 million was 1 per cent higher than the 2017-18 budget of \$1,023.5 million.
- Controlled Recurrent Payments \$47.3 million lower than budget mainly due to transfers to Expenses on behalf of the Territory for capital grants to Calvary Public Hospital and Winnunga Nimmityjah Aboriginal Health Service and maintaining Directorate's cash balance at appropriate liquidity levels to meet future cash requirements.
- Other Revenue \$3.5 million higher than budget due to refunds received from Shared Services relating to salary sacrifice arrangements from prior years.

Expenses

- Total expenses of \$1,375.5 million was within 1 per cent of the 2017-18 budget of \$1,387.1 million.
- The three largest components of expense are employee expenses which represents 54.1 per cent or \$744.6 million, supplies and services which represents 26.8 per cent or \$368.9 million, and grants and purchased services, which represents 7.3 per cent or \$101.0 million.

Assets

- The total asset position at 30 June 2018 is \$1,425.3 million, \$124.5 million lower than the budget of \$1,549.8 million. The variance reflects the timing associated with the acquisition and completion of various assets over the 2017-18 financial year.
- Property, Plant and Equipment \$177.6 million lower than budget mainly due to completion timelines of current capital works projects being adjusted for detailed design and planning work to facilitate construction activities in an active hospital environment;
- Receivables \$9.0 million lower than budget mainly due to lower accrued revenue for high cost drugs, patient fees and facility fees.
- Capital Works in Progress \$66.4 million higher than budget mainly due to completion timelines of current capital works projects adjusted for detailed design and planning work to facilitate construction activities in an active hospital environment.

Liabilities

- The Directorate's liabilities for the year ended 30 June 2018, of \$331.3 million were \$11.9 million higher than the budget of \$319.4 million.

Cleared as complete and accurate: 25/10/2018  
Cleared by: Chief Finance Officer Ext: 620 78441  
Information Officer name: Trevor Vivian

Contact Officer name: Sasith Wickramasinghe Ext: 620 76184  
Lead Directorate: Health

- Other Liabilities \$16.7 million higher than budget mainly relating to the building lease for 2-6 Bowes Street Phillip for the Directorate's new office space for administrative staff and the recognition of deferred income for the portion of the University of Canberra Hospital building of which the University of Canberra will have sole use.
- Payables \$4.0 million lower than budget mainly due to lower capital works payments owing.

Cleared as complete and accurate: 25/10/2018  
Cleared by: Chief Finance Officer Ext: 620 78441  
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**ISSUE: GROWTH IN BUDGET AND EFFICIENCY TARGET****Talking points:**

- The references to savings targets made in the Independent External Review of Mental Health Services (dated May 2018) related to efficiency targets applied to internal budgets in both 2016-17 and 2017-18 as part of reform work.
- There were no service cuts and no staff losses directly attributed to the savings targets.
- The targets were set internally within ACT Health as part of business as usual budget management processes. Internal budget management no longer applies this approach of efficiency targets allocated to Divisions.
- The budget for ACT Health has grown in each of the years from 2015-16 to 2017-18, in response to growth in demand for health services. In 2018-19 the overall ACT Health Budget has seen an increase from 2017-18 of 4.2 per cent.
- Within this overall budget allocation, ACT Health seeks to manage the provision of services in a safe, effective and efficient manner. Internal financial management mechanisms are used to facilitate the considerations of efficient service provision, appropriately balanced with the priority of delivering high quality, safe services.
- In the case of Mental Health, Justice Health and Alcohol and Drug Services (MHJHADS):
  - The 2018-19 budget has seen an increase of 15 per cent in the Mental Health budget over the previous financial year;
  - The MHJHADS Division 2018-19 Budget is currently \$107.284 million and in 2017-18 was \$93,679 million; and
  - The Mental Health budget has increased successively over the past three years (2015-16 to 2017-18) without any cut to either clinical services or staffing.

Cleared as complete and accurate: 30/10/2018  
Cleared by: Chief Finance Officer Ext: 78441  
Information Officer name: Trevor Vivien  
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Lead Directorate: Health

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**Portfolio/s:** Mental Health

## **ISSUE: WORKFORCE COMPOSITION**

### **Talking Points**

- The composition of the staff workforce within both the Canberra Health Services and ACT Health Directorate comprise of permanent, casual, temporary contractors and other non-permanent staff. This includes Administrative, Allied Health, Dental Health, Executive, General Service Officers, Nurses, Professional and Technical Officers, Junior and Senior Medical Officers and Visiting Medical Officers.
- Canberra Health Services and ACT Health Directorate utilise these various means of employment to ensure a high level of service to the community.
- There are a number of reasons for these types of employment including:
  - The nominal position owner is on Higher Duties and a temporary contract has been raised to backfilling of this position. This can sometimes be extended if the nominal position owner is extended in their HDA position. The same applies for temporary transfers where positions are backfilled;
  - The nominal position owner is on maternity leave or on other long term leave. E.g. spouse on a posting to another state for a few years;
  - Graduate nurses who are employed on the Transition to Practice program are employed on a twelve month temporary contracts. Canberra Health Services have a 95 per cent retention rate for these staff;
  - People are employed on a temporary/casual basis to provide a specialised skill that is not found within the organisations which are required for a specific project. E.g. the capital funded projects; and
  - People are employed on a temporary/casual basis to assist during seasonal periods. Eg. Winter bed.

Cleared as complete and accurate:	18/01/2018	
Cleared by:	Executive Director	Ext:
Information Officer name:	Denise Lamb	
Contact Officer name:	Zandra Corey	Ext: 53241
Lead Directorate:	Health	

- ACT Health Directorate Procurement are aware of these outsourced services:
  - Security;
  - Cleaning;
  - Gardening;
  - IT (with Internal Government Agency, Shared Services);
  - Finance (with Internal Government Agency, Shared Services); and
  - HR (with Internal Government Agency, Shared Services).

These are Canberra Health Services outsourced services:

- BEGIS contract at UCH;
- Agency nursing;
- Radiology offsite provider;
- Elective Joint Replacement Program at John James Private Hospital;
- Private Provider Program for other outsourced elective surgery;
- Private dental practitioners for some outsourced dental and denture services;
- Locum medical staff, visiting medical specialists and registrars in some specialties;
- Locum health professional staff;
- Purchased inpatient and outpatient services from National Capital Private Hospital from time to time in order to meet demand;
- Acute paediatric rehabilitation to community providers;
- Mother's Milkbank Pty Ltd;
- Neonatal emergency transport;
- Referrals to other hospitals for higher level services than what is provided at this hospital;
- Transcription services typing;
- Mammogram image reading;
- Translation and Interpretation Service;
- Management of renal patients in Southern NSW under governance of ACT Renal Services;
- Dialysis services operating out of CHS dialysis clinics in Belconnen and Tuggeranong;
- Cleaning contractors;
- Pharmacy courier services;

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Information Officer name:	Denise Lamb	
Contact Officer name:	Zandra Corey	Ext: 53241
Lead Directorate:	Health	

- Chemotherapy compounding and oncology prescription management;
- Poisons information helpline;
- Linen services;
- Spiritual support services (volunteers);
- Central equipment and courier service;
- IV infusion pump contract;
- Rad onc xray dosimetry independent audit;
- Clinical records contracted coding;
- Systems support and maintenance on databases and equipment; and
- Some sanitation services.

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