

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 126 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.

Section 12 of the FOI Act specifies that the Act does not apply to information in a health record as defined by the *Health Records (Privacy and Access) Act 1997* (the HR Act). There is information in two question time briefs that has been redacted as it constitutes a health record. There was also one question time brief that was provided to the Minister for Health and Wellbeing for the March 2018 sitting period that entirely consisted of personal health information. This brief does not appear in the documents to be published.

The HR Act defines a health record as any record containing personal health information. The HR Act defines personal health information as ‘any personal information (a) relating to the health, an illness or a disability of the consumer; or (b) collected by a health service provider in relation to the health, an illness, or a disability of the consumer.’ A ‘consumer’ is defined broadly and includes any individual who uses, or has used, a health service.

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
Website: 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.



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ACT Health Directorate

29 March 2023

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ISSUE: ACT HEALTH SYSTEM-WIDE DATA REVIEW

Talking points:

- The data reporting issues found in ACT Health are administrative in nature and do not affect the quality of the health services that we deliver to the community.
- There continues to be no impact on ACT Health's day to day service delivery.
- The delivery of high quality health services to the Canberra Community is a key priority of the ACT Government, and reporting and data are the foundations of an informed and efficient health system. The ACT System-Wide Data Review (System-Wide Review) pillars and domains form the foundations for quality data for the Directorate.
- Work to date on the System-Wide Review has predominately focused on repair and investigation of data integrity issues, system issues and business processes, whilst at the same time providing the opportunity to renew existing performance, reporting and data structures.
- Whilst the System-Wide Review work will address and embed the fundamentals of best practice data management, a mid-point assessment has been commissioned to frame the outcomes of the Review and indentify future opportunities that will support end to end performance across the Directorate.
- The outcomes of the System-Wide Review will be presented to the Assembly in April 2018.
- I have committed to being open and transparent with Members throughout this process and this is demonstrated by:
 - quarterly updates to the ACT Legislative Assembly with the last update provided in November 2017;
 - the ACT Government and ACT Health welcoming the agreement by the Auditor-General's Office to include ACT Health Data and Reporting on their 2017-18 Audit Program, which was previously requested by the ACT Health Director-General; and

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- engagement of an independent auditor to assess and baseline the current status of each of the 175 external audit and review recommendations. This robust independent assessment will continue throughout the life of the System-Wide Review including a quarterly review to validate the effectiveness of the implementation of the recommendations.
- The work of the System-Wide Review is progressing with a number of development activities underway. These include:
 - Releasing requests for quotes to the market for a number of strategies; for example a rolling audit program that will provide assurance for end to end data management across the systems. External resources will provide the necessary independence, expertise and technical skills to deliver a comprehensive audit.
 - prioritisation and release of the first phase of essential internal and external data reports in accordance with new governance processes allowing ACT Health to meet timeframes for mandatory reporting to national agencies such as the Productivity Commission for the next release of the 2018 Report on Government Services (ROGS);
 - commencement of work on a new enterprise data warehouse;
 - upgrading source systems; for example the latest upgrade to the Mental Health Clinical system will ensure that comprehensive mental health data is available to meet national reporting requirements;
 - developing and reviewing a range of policies and procedures based on lessons learnt;
 - maintaining strong relationships with external stakeholders such as the Australian Institute of Health and Welfare and the Independent Hospital Pricing Authority;
 - continuing to prioritise data requests for both internal and external parties with appropriate caveats where necessary;
 - refining the Work Program to address new recommendations from other reports and addressing any gaps;
 - implementing a range of quality activities such as ongoing quality improvement activities; for example reviewing policies and procedures based on lessons learnt;

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- reviewing the functionalities of the ACT Health division responsible for data to ensure an appropriate focus on core activities particularly governance;
- engaging a range of resources, both internal and external, to ensure capabilities are available; and
- filling a number of key senior positions to support stability and leadership.

Key Information

Nil.

Background Information – may not be suitable for public disclosure

- In 2016 ACT Health was unable to meet deadlines for several national data collections due to the ongoing identification of data management and reporting issues.
- In 2016 PricewaterhouseCoopers (PwC) were engaged to analyse a number of ACT Health data and reporting processes such as the annual and quarterly reports. This engagement found a number of data quality issues with the ACT Health data and reporting resulting in a further engagement with PwC to develop a range of methodologies for the production of data and associated reports from Business Performance and Information Decision Support Branch. For example, PwC developed:
 - processes to extract data from source systems; wrote and developed complex code for the production of indicators from various data sets; and
 - standards to encompass definitions and methodologies for producing each indicator; and, cross referenced ACT Health’s internally derived figures.
- This initial development work and subsequent recommendations by PwC now forms the foundations that will underpin the direction of the ACT Health System-wide review activities. For example, PwC methodologies and recommendations where practical will be assessed and expanded across all ACT Health reported data and not just a subset of reports such as the annual and quarterly reports.
- On 14 February 2017 you announced that an ACT Health system-wide review of data would be undertaken.
- On 28 March 2017 you made a Ministerial Statement in the ACT Legislative Assembly and tabled Terms of Reference for the System-Wide Review.
- There is significant sensitivity about ACT Health’s ability to report accurate data. The Terms of Reference support a transparent and timely approach which is underway.
- The Review Panel members are the:
 - Deputy Director-General, Performance, Reporting and Data, ACT Health
 - Deputy Director-General, Canberra Hospital and Health Services, ACT Health
 - Chief Information Officer, ACT Health
 - Chief Technology Officer, Shared Services ICT
 - Chief Executive Officer, National Health Funding Body

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- Senior Executive, Australian Institute of Health and Welfare, Hospitals, Resourcing and Classifications Group
- Director, Research School of Population Health, ANU College of Medicine, Biology and Environment
- The System-Wide Review is due to be complete by 31 March 2018.

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ISSUE: ACT Health Publication of Data for Consumers

Talking points:

- ACT Health is currently undertaking a 12-month System-Wide Data Review where I have specifically requested the directorate to provide advice on the publication of data for consumers that facilitates improved understanding of ACT Health information, performance, quality and safety, including options for real-time provision of information.

To date this work has

- Identified that ACT Health currently publishes data on over 130 performance indicators. This data is published in a number of reports, including the Commonwealth's 'Report on Government Services' and 'My Hospitals', a website that provides Australians with nationally comparable data on hospitals.
- Identified that websites such as 'My Hospitals' has a range of performance information such as data on elective surgery wait times by 'Urgency Category', 'Specialty of Surgeon' and 'Intended Procedure' for both Calvary Public Hospital and Canberra Hospital,.
- Undertaken a desktop comparison of all publicly available data published by other jurisdictions finding that:
 - That the ACT, Queensland, South Australia and Western Australia are the **only** states that provide live data. ACT Health's website provides live data on Emergency Department presentations and patient admissions for both Calvary Public Hospital and the Canberra Hospital.
 - While most jurisdictions provide large amounts of data, much of this data is in the form of reports that are time-consuming and challenging for consumers to navigate.

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- Like other jurisdictions, most of ACT Health’s data is published annually in reports such as the ‘Annual Performance Reports’ and as I’ve previously noted, the Directorate is currently reviewing the frequency and appropriateness of routine reports.
- Next steps will include ACT Health partnering with the Health Care Consumers Association to engage with patients, families and carers to understand what they would like available moving forward. This will ensure that data published by ACT Health is helpful, accessible and timely.
- In the interim, ACT Health will update its website to ensure that the currently available data is more easily accessible. It will also provide additional information to ensure data can be readily interpreted by consumers. This will be completed prior to 30 June 2018.

Background Information

- On 14 February 2017, it was announced that an ACT Health System-Wide Review of Data would be undertaken. The Terms of Reference for the System-Wide Review were released in late March 2017, and specified six pillars of work to be completed by 31 March 2018.
- Pillar six required ACT Health to “Provide advice on the publication of data for consumers that facilitates improved understanding of ACT Health information, performance, quality and safety, including options for real-time provision of information.” Pillar six was to be delivered by 30 September 2017.
- As part of the System-Wide Review of Data, ACT Health has put the publication of its ‘Quarterly Performance Reports’ on hold. This has been done to allow the Performance, Reporting and Data Division 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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ISSUE: Bed Numbers and Bed Occupancy**Talking points:**

- The current bed occupancy rate for Canberra Hospital and Calvary Hospital for this financial year as at 22 January 2018 is 85 per cent overall, with Canberra Hospital at 92 per cent and Calvary at 71 per cent¹ which is consistent with previous years. The 2017-18 Strategic Indicator 7 target is 90 per cent and has been since 2013-14.²
- Canberra Hospital experienced a busy winter season due to the largest influenza season since the 2009 pandemic year and successfully managed the occupancy through the Winter Beds Strategy.
- The Strategy enabled Canberra Hospital to deploy up to 34 additional beds in response to surges in demand. The additional beds used to meet winter demand closed on 29 November 2017.
- The calculation of bed occupancy is based on beds available at Canberra Hospital and Calvary Public Hospital Bruce that are available to receive admissions from the Emergency Departments (ED). The calculation fluctuates depending on the level of demand being experienced across the hospitals. There are a number of factors in the calculation of bed occupancy that are dependent on activity, for example same day and alcohol and drug beds are excluded, likewise paediatric beds are not always appropriate for adults.

Key Information

- Under the ACT Health System-wide Data Review, all metrics and a range of policies are being reviewed including the ACT Health Bed Stock Policy. All review activities are due for completion by 31 March 2018.

¹ AIHW METeOR Definition:

Occupancy Rate – calculated by dividing total bed days in a period by the product of the available beds and the days in the period –

Funded beds – may equate to 'available beds' unless the necessary human resources cannot be provided (e.g. due to a strike or nursing shortage).

² Australian Capital Territory Budget, 2017-18

Cleared as complete and accurate: 18/01/2018

Cleared by: Deputy Director-General Ext: 77121

Contact Officer Name: Michael Phipps Ext: 76781

Lead Directorate: Health

- Table showing current bed occupancy rates:

	Canberra Hospital	Calvary Public Hospital	ACT public hospitals
2015-16	91%	75%	86%
2016-17	94%	71%	86%
As at 22 January 2018	92%	71%	85%

Occupancy calculation breakdown 2017 – 22 January 2018			
	Canberra Hospital	Calvary Public Hospital	ACT Public Hospitals
Average Patient Bed Days (utilising overnight beds)	580	196	776
Average Overnight Beds Available	633	277	910
Occupancy %	92%	71%	85%

Background Information – may not be suitable for public disclosure

- Data for 2016-17 bed occupancy rate has been drawn from the source systems due to the ACT Health System-wide Data Review.
- Following the 2013-14 financial year, the methodology for counting bed occupancy was replaced with an updated methodology due to improved access to live hospital data. The historical methodology used a midnight census (people still in a bed at midnight) and only counted patients who had left the hospital. Patients with lengthy stays were attributed to the month they left which increased the occupancy figure.
- The current method attributes the minutes, days and months of bed utilisation to the period it occurred. The method captures daily peaks of high demand in the occupancy measure.
- The calculation of occupancy figures does not include:
 - Same day beds, theatre, procedure rooms, hospital in the home, home birth, and community dialysis; and
 - Down-time (such as cleaning following a patient discharge).
- Not all beds can be utilised for admission from the ED.
- ACT Government has traditionally allocated funding to opening specific beds within the ACT Budget process. ACT Health is transitioning to an Activity Based Funding (ABF) model.

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- ABF incentivises hospitals to perform efficiently and maximise services provided for the available funds. ABF is patient-centred with funding tied to the treatment of patients. ABF is transparent, clear on what basis funding is provided, and increases hospital autonomy to deliver care within a clear funding and accountability framework. Furthermore, ABF will allow ACT Health to determine, and be accountable for, the overall level of funded services to meet operational requirements to be provided while requiring (and empowering) hospitals to deliver those services in the best possible way.
- The number of hospital beds in use will be controlled by public hospitals, allow them to be responsive to demand and remove the notion of 'funded beds'. The idea of occupancy as a function of funded beds will be less relevant and future strategic indicators to measure service supply and demand will be developed.

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ISSUE: EMERGENCY DEPARTMENT DEMAND

Talking points:

- Canberra Hospital and Health Services (CHHS) has a number of plans in place to manage the increased demand for services that occurs across the busy winter period.
- In the 2017 winter season, CHHS opened additional beds and deployed additional staffing in a number of key areas.
- Daily operational disciplines are used to ensure that the hospital is operating effectively. During the winter season there are up to 650 patients being discharged per week and there is a close operational focus on managing patient movement throughout the hospital.
- ACT Health is currently in the planning phase for the coming winter season.
- The number of presentation to the CHHS Emergency Department increased from 77,747 during 2015-16 to 85,093 during 2016-2017. This represents a 9 per cent increase in the total number of presentation to the CHHS Emergency Department.

Key Information

- A media campaign will be developed in advance of the coming winter season to emphasise the use of alternative services to the Emergency Department (ED) at CHHS.
- Strategies to promulgate the key messages include media releases, use of social media, radio advertising, desktop backgrounds across the ACT Government, content on television, and posters in public spaces such as libraries, secondary schools and childcare centres.
- Key messages include:
 - Save the ED for emergencies. ACT Health is encouraging people with non-life threatening injuries to use alternatives to the ED.
 - Walk-In-Centres are free and open every day from 7:30am to 10:00pm. Patients do not need an appointment.

Cleared as complete and accurate: 18/01/2018
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- Walk-In-Centres are for minor illnesses and injuries for patients over the age of two. A specialist nurse is available seven days a week, from 7:30am until late and Centres are located in Tuggeranong and Belconnen.
- Advice on where to go to seek emergency treatment including Calvary Bruce Public Hospital, Canberra Hospital or Queanbeyan.
- Community Pharmacists are qualified to give expert advice on many health issues.
- HealthDirect is a 24 hour, seven day a week service that provides free medical advice and reassurance.
- For ongoing comprehensive healthcare including for those with acute problems, children under the age of two and for those patients who have complex medical problems, they are best placed to arrange to see their General Practitioner.
- Canberra After hours Locum Medical Service (CALMS) is an after hours medical service open weeknights from 6:00pm and all day on the weekends and public holidays.
- The National Home Doctor Service is available from 6:00pm on weeknights to 12:00pm on Saturday and all day on Sunday and public holidays.

Background Information – may not be suitable for public disclosure

- Nil

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ISSUE: REPORT ON GOVERNMENT SERVICES (ROGS)**Talking points:**

- The Report of Government Services shows that the ACT is the healthiest population in the country.
- Canberans live longer than the national average. Latest data (2014–16) shows the life expectancy for males in the ACT is 81.3 years compared with 80.4 years nationally. The life expectancy for females is 85.2 years compared with 84.6 years nationally.
- The ACT has the lowest mortality rate across all jurisdictions. Since 2014, the ACT has been the only jurisdiction with a mortality rate below 500 deaths per 100,000 population.
- In 2016, the ACT had a much higher rate of employed medical practitioners and nurses and midwives when compared to the national average.
- Children in the ACT, along with Western Australia, have the lowest rates of obesity in the country.
- In 2014–15, the proportion of ACT children who were overweight and obese was on par with the Australian average and we had a lower proportion of obese adults than the Australian average.
- I am very pleased to report that our smoking rates are continuing to decrease and we have the lowest rates in the country.
- And this is flowing through to our Aboriginal and Torres Strait Islander community as we had fewer members who smoked daily compared to the total indigenous population of Australia.
- Our rates of risk of long term harm from alcohol in the ACT are generally on par with other major cities in Australia, however again, it was good to know that the ACT Aboriginal and Torres Strait Islander rate has been decreasing.
- And nearly all our cancer rates are lower than the national average with the ACT recording a lower incidence of all cancers excluding cervical cancer when compared to national figures.

Cleared as complete and accurate: 24/01/2018
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Lead Directorate: Health

Background Information – may not be suitable for public disclosure

The purpose of the RoGS is to provide information on equity, efficiency and effectiveness of government services in Australia.

Since 2014, the RoGS has been published in electronic format only. It is published in seven volumes, with Volume E containing Health information and Volume F containing Aged Care information.

Volume E contains health relevant information in the following chapters:

- Chapter E – Health Sector Overview;
- Chapter 10 – Primary and Community Health;
- Chapter 12 – Public Hospitals; and
- Chapter 13 – Mental Health Management.

Data for the 2018 RoGS are provided to the PC under a Council of Australian Governments (COAG) Agreement. The majority of the data used by the PC for inclusion in RoGS is supplied via the Australian Institute of Health and Welfare (AIHW). The AIHW performs the analysis and, in many cases, combines data from states and territories and the Commonwealth to produce national totals or other indicators. ACT Health also provides certain data directly to the PC.

Chapter 12 Public Hospitals is the affected part of the 2018 RoGS where the 2015–16 Emergency Department and elective surgery data is not published. Specifically, 2015–16 data is not published across the State/Territory tables. The chapter briefings cover the impact of the missing 2015–16 data.

The 2015–16 data elements that have yet to be provided to the AIHW and the PC, will be submitted upon completion of the ACT Health's System-wide Data Review.

ACT Health recognises that getting on top of the wait list is a challenge for a small jurisdiction like the ACT and this will continue to be a key priority in 2018.

ACT Health is reviewing its processes in relation to the discharge stream in the Emergency Department, admission to ward in the hospital, and patient discharge from the inpatient hospital setting. This should result in further improvements in Emergency Department timeliness.

Since 2014–15, the Government has committed \$7.15 million to the Healthy Weight Initiative. The ACT Government committed \$4 million over four years for prevention initiatives (including the development of a preventive health strategy) in the 2017–18 Budget.

ACT Health delivers obesity prevention programs in partnership with other government agencies, community and non-government organisations, and academic institutions. Programs are delivered in early childhood centres, schools, businesses and workplaces, and supported more broadly by healthy lifestyle messaging.

ACT Health also administers the ACT Health Promotion Grants Program, which disbursed \$2.114 million in 2016–17 for activities aimed at improving population health outcomes.

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Lead Directorate: Health

ISSUE: SWITCHBOARD INCIDENT**Talking Points:**

- Canberra Hospital's electrical main switchboards in Building 2 and Building 12 are approximately 45 and 25 years old respectively and have been identified as being at end of life.
- Within the 2016/17 Upgrading and Maintaining ACT Health Assets (UMAHA) capital appropriation the ageing switchboards and associated electrical infrastructure had been identified as an extreme risk to the continuity of service delivery at Canberra Hospital campus.
- \$23.510 million was allocated in the 2016-17 appropriation to upgrade the Building 2 and Building 12 electrical main switchboards and associated infrastructure.
- The contract to replace the Building 2 and Building 12 electrical main switchboards has been awarded to Shaw Building Group, with Shepherd Electrical as their main electrical sub-contractor.
- In early April 2017, an equipment failure during planned electrical shutdown works ignited a fire in one section of the Building 2 Electrical Main Switchboard (EMSB). The fire resulted in extended electricity supply interruptions to key areas of the hospital and caused damage to the section of the EMSB.
- All works to reinstate the Building 2 EMSB to its pre fire configuration were completed by 28 April 2017.
- ACT Health has identified a high priority requirement to establish back-up switchboards for the Building 2 EMSB and the Building 12 EMSB to provide an independent electrical supply for critical areas and equipment. A scope variation to establish enhanced electrical system redundancy in conjunction with the replacement of the EMSBs was initiated by ACT Health.
- In addition to the enhanced electrical redundancy scope variation, two further mandatory and high value compliance variations have also arisen during the detailed EMSB design phase. These are:
 - ActewAGL's switchboard standards and switchboard supply/manufacturing arrangements have changed since the original tender; and

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Lead Directorate: Health

- Replacement of all Building 2 EMSB submain cables to provide a fully compliant electrical solution that is suitable for the anticipated life span of the buildings.

Key Information

- The Building 2 and Building 12 electrical distribution systems are complex integrated arrangements. To achieve the best possible design outcomes and to minimise the impact of works on clinical services, the tendered scope of works and the identified scope variations is being designed and implemented as a single solution.
- The EMSB Replacement works are progressing with the current priority being finalisation of the Building 2 EMSB detailed design including the additional replacement submain cables and the enhanced redundancy provisions.
- Incorporating the identified scope variations as outlined will result in an extended program of works and additional cost.
- Funding for the increased project cost will be covered from within the existing ACT Health UMAHA appropriation funds.
- Previously it was anticipated that replacement of the Building 2 electrical main switchboard would be completed by June 2018. With the additional works required, this completion date has been delayed to December 2018 subject to latent conditions and requirements to maintain uninterrupted delivery of clinical services.
- The target replacement date for the Building 12 electrical main switchboard remains February 2019 with overall project completion scheduled for March 2019.
- The Building 2 Business Continuity (Back-Up) Switchboard was completed in June 2017 and the Building 12 Business Continuity (Back-Up) Switchboard were completed in January 2018.

Background

Nil.

Cleared as complete and accurate:	18/01/2018	
Cleared by:	Deputy Director-General	Ext: 55248
Contact Officer Name:	Colm Mooney	Ext: 79186
Lead Directorate:	Health	

ISSUE: UMAHA UPDATE

Talking points:

- Upgrading and Maintaining ACT Health Assets (UMAHA) is a program of works valued at \$95.3 million over a period of three years which commenced in July 2016.
- 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.
- Projects associated with the UMAHA program will be delivered using a number of delivery models including Project Management Agreement, Construct only and Design and Construct contract forms.

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- The UMAHA program of works developed from the AECOM report is not limited to Canberra Hospital but covers prioritised risk items across all ACT Health sites including Calvary Public Hospital.

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 summarised as follows:
 - Electrical Main Switchboard 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.

Background Information – may not be suitable for public disclosure

- Following 2017/18 Budget \$12.785 million of UMAHA funds was repurposed to support Canberra Hospital Ward 14A and 14B refurbishment and to provide funding to progress feasibility studies/business cases for major projects being delivered under the Building Health Services Program.
- During the early phase of planning and implementation of current UMAHA scope it is apparent that more Capital Work infrastructure is required to address issues uncovered. HIS are working closely with all other areas of ACT Health to ensure prioritisation of emerging projects using the disciplined structure of the HIS Risk register and alignment with Strategic Asset Management Plans, currently under development.
- As a consequence of emerging projects discovered through more detailed analysis of current UMAHA scope it is anticipated that an UMAHA Version 2 Business Case Submission will be processed in the 2018/19 Budget to ensure funds are available to address known infrastructure risks.

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ISSUE: CANBERRA HOSPITAL BUILDING 12 PASSIVE FIRE AUDITS**Talking points:**

- Passive fire audits undertaken in 2017 in Building 12 at Canberra Hospital have identified a significant number of wall, floor and ceiling penetrations within the building that have not been appropriately fire stopped.
- To address the issue of Building 12 fire stopping, engagement of a Head Contractor, Shape Group Australia occurred on 10 January 2018. Works are programmed to commence in March 2018 following selection of suitable sub-contractors to commence works.
- ACT Health's priority remediation focus will be given to critical inpatient areas, such as the Intensive Care Unit and Theatres in Building 12, Level 3. A wider package of work to include the remaining fire stopping on levels 1,2 and 4 of Building 12, building fire system tuning and upgrades as part of Upgrading and Maintaining ACT Health Assets (UMAHA) scope will follow completion of the critical areas or be undertaken if critical areas are inaccessible due to clinical requirements.
- A provisional cost of Building 12 passive fire remediation works is estimated to be in the order of \$1.5 million.
- In line with the planned remediation work, emergency evacuation procedures and preparedness are being reviewed with clinical and emergency management staff to ensure patient safety is not compromised.
- Additionally, increased frequency of fire system checks are being implemented and increased provisions of fire detection sensors are being considered to further mitigate the risk of fire spread within Building 12.

Key Information

- Rudds Consulting Engineers (Rudds) were engaged by ACT Health to inspect the Electrical Main Switch Board (EMSB) at Canberra Hospital following the fire incident on 5 April 2017 and to investigate the root cause of the fire in the EMSB room.
- Rudds investigated the incident and provided a report to ACT Health on its findings and recommendations.

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- In parallel with the Rudds report into the EMSB fire incident, Health Infrastructure Services commissioned passive fire safety reports for Buildings 1, 2, 3 and 12 as a follow up to Building 10 fire compartmentalisation works as part of the UMAHA program scope of works.

Background Information – may not be suitable for public disclosure

- As a consequence, Building 12 does not meet the National Construction Code requirements and remediation work is required to address the issue.
- Given that the passive fire work is directly attributable to UMAHA scope, unallocated UMAHA project funding is being quarantined to fund the necessary remediation works as outlined
- The cost of passive fire remediation work in buildings 1, 2 and 3 is to be determined and is expected to be including in future business case submissions for capital funding.
- ACT Health are working closely with the Emergency Services Agency (ESA) to keep the ESA informed of progress on planned remediation works.

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ISSUE: CLADDING – CENTENARY HOSPITAL FOR WOMEN AND CHILDREN**Talking points:**

- In August 2017, ACT Health announced that the affected Polyethylene (PE) Aluminium Composite Panels (ACPs) on the Centenary Hospital for Women and Children (Centenary) would be removed and replaced.
- Manteena Commercial Pty Ltd was awarded the tender for the works in December 2017.
- Works to remove and replace the ACPs, which were used as façade cladding, from the Centenary Hospital commenced on 20 February 2018.
- The replacement of the panels will be done over three stages and is scheduled to be complete by the end of July, subject to weather, the lead time on manufacture and supply of panels and the requirement to plan works around helicopter retrieval activities.
- Centenary Hospital is a modern, safe building. It was built and designed to the highest standard. Staff, patients and their families, and the Canberra community can be reassured the building is safe.
- ACT Health have conducted regular fire system checks, increased the frequency of emergency drills and is in regular contact with members of the Emergency Services Agency and Access Canberra Building regulator. These agencies are confident patients and staff are safe in this building.
- ACT Health has comprehensive emergency procedures in place at the Centenary Hospital building, together with a robust fire suppression system to respond to a fire emergency.
- Centenary Hospital was constructed in complete accordance with the building regulations and standards at the time, as is the case with all ACT Health buildings.
- ACT Health apologises to patients, staff and visitors may experience minor inconveniences during the works.
- The safety patients, staff and visitors continues to be ACT Health's primary concern. We are providing patients, their families and staff with information in the process.

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Key Information

Priority 1: Centenary Hospital for Women and Children (Building 11, Canberra Hospital)

- Arcadis required a small area of panels to be removed from four locations on the Centenary façade to inform the SOR.
- The four identified locations were:
 - Location One - Northern facade between blocks A/B and B/C
 - Location Two - Northern facade on Gilmore Crescent
 - Location Three - Eastern main entrance to the Centenary on Hospital Road
 - Location Four – Eastern facade of the George Gregan Courtyard
- The erection of scaffolding to remove the sample panels occurred on 11 October 2017. Sample panel removal commenced on 12 October 2017 with the installation of replacement interim panels and scaffolding removal completed in November 2017.
- The interim façade material will stay in place until the permanent replacement façade material is installed in 2018.
- As part of their engagement scope, Arcadis provided advice on the risks associated with early removal of all ACPs of concern. Early removal was not recommended as it would compromise the integrity of the overall façade system and building function.
- Arcadis issued the draft SOR for the ACP replacement works on 15 November 2017.
- In October 2017, IFCW released a Request for Expression of Interest (REOI) to the open market seeking suitable contractors for the ACP replacement works.
- IFCW received five responses to the REOI and an invitation to Tender was issued to a shortlist of three suitable contractors.
- The Request for Tender was issued on 16 November 2017 and closed 5 December 2017.

Priority 2: ACT Health Buildings identified containing PE ACP s

- Following the initial Phase 1 desktop audit conducted in June 2017, ACT Health have widened their building audit scope to include all ACT Health properties, irrespective of construction date. This is considered to be Phase 2 activities.
- Phase 2 activities have identified five additional buildings that contain PE ACP of which three of these buildings are located at the Canberra Hospital. These ACT Health buildings identified are :
 - The Canberra Hospital Building 4 constructed in 2006;
 - A decorative façade detail on the western elevation of Canberra Hospital Building 20 constructed in 2007;
 - Aspects of Canberra Hospital Building 12 constructed in the mid-1990s;

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Lead Directorate: Health

- The Health Protection Services building in Holder, extended in 2004; and
- Belconnen Community Health Centre completed in 2013.
- Additionally, as part of the Phase 2 activities a review of the Phase 1 desktop audit has identified a further building, the Gungahlin Community Health Centre (GCHC) that contains some PE ACP material whereas before, at time of initial desktop audit in June 2017, it was understood that the GCHC only contained a painted brick and rendered finish.
- The extent of use of ACP on GCHC is less than three per cent of the façade and the building fire risk has recently been assessed by ACT Fire and Rescue as minimal.
- Fire consultant Defire have been engaged to provide external façade combustibility reviews of the five identified buildings.
- In parallel with these activities, the Whole of Government Working Group is developing a common risk assessment tool to assess the suitability of use of PE ACP on all building types. This tool will be used across the ACT Government.
- This risk assessment tool, together with expert fire engineer advice, will inform the risk posed by the ACP cladding that has been identified, and what remediation works will be required.
- ACT Health is liaising closely with the Whole of Government Working Group to ensure cross government alignment and consistency in the management of ACPs.
- The safety of patients, staff and visitors continues to be ACT Health's primary concern.

Background Information – may not be suitable for public disclosure

- Following the Grenfell Tower block fire in London, ACT Health has been proactive in investigating any potential impact on ACT Health healthcare facilities and has conducted an internal desktop audit of all our buildings constructed since 2008.
- The desktop audit was undertaken to determine if similar ACPs products as used on the Grenfell Tower have been used or specified to be used on ACT Health healthcare facilities constructed since 2008.
- The results of the desktop audit found that one healthcare facility (constructed since 2008) has this type of cladding. This building is the Centenary Hospital for Women and Children.
- ACT Health were first made aware of the fire risk posed by the cladding at the Centenary Hospital following a desktop audit conducted in June 2017 on healthcare facilities constructed since 2008, and the subsequent assessment by independent fire safety consultants, Defire in early August 2017.
- The report Defire prepared, which is titled Combustible façade cladding – preliminary fire safety assessment Revision FSA 1.1 was presented to ACT Health on 3 August 2017 recommended that the panels be removed and replaced.
- The report was released to Members of the ACT Legislative Assembly in the first sitting week of October 2017.

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Lead Directorate: Health

- Preliminary planning for remediation works to affected parts of the Centenary Hospital is currently underway. There is a high demand both for the relevant workforce and demand for replacement materials and it is possible that this will impact the timeframe for remediation works here in the ACT.

Timeline:

- 26 – 30 June 2017 – Initial Desktop review and ACP identified as a façade cladding at the Centenary Hospital for Women and Children.
- 4 July 2017 – ACT Government announced establishment of a taskforce to review the use of flammable cladding in the ACT.
- 5 July 2017 – At the ACT Health Business Support Executive Committee (BSIEC) meeting, IFCW confirmed that a report would be prepared initially to investigate one ACT Health building that may be of concern.
- 5 July 2017 – Technical Advisory Panel (TAP) Engagement requested from DeFire. Meeting requested to resolve any questions before engagement.
- 5 July 2017 – DeFire acknowledge TAP to prepare proposal.
- 5 July 2017 – IFCW finalised statement of requirements and received ACT Health endorsement to the scope of report.
- 12 July 2017 - Briefing meeting held with DeFire, ACT Health and IFCW representatives to confirm scope and purpose of the report.
- 19 July 2017 – ACT Government Strategic Board considered a paper regarding an approach to managing the safety risk associated with ACPs installed as a façade product in ACT high rise buildings.
- 21 July 2017 – DeFire offer based on clarified scope provided to IFCW, request to engage and approval to proceed.
- 24 July 2017 – Specifics of ACPs and Health Buildings discussed at Health Executive Briefing with you.
- 25 to 26 July 2017 – DeFire Inspection conducted.
- 28 July 2017 – Draft DeFire report received for internal ACT Health and IFCW review.
- 31 July 2017 – ACT Health submitted a Ministerial Brief and media talking points to you.
- 3 August 2017 – Recommendation to replace polyethylene aluminium panels on Centenary Hospital for Women and Children.
- 7 August 2017 – Caveat brief submitted to your Office which was returned for advice on timeframes.
- 10 August 2017 – ACT Health Director-General approval received to release the DeFire Combustible Façade Cladding – Preliminary Fire Safety Assessment to the Director-General, Justice and Community Safety Directorate.
- 14 August 2017 – Discussed at Health Executive Briefing with you, and at the Health Executive Briefing with the Minister for Mental Health.

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Lead Directorate: Health

- 17 August 2017 – Media press conference involving you and Minister Gentleman to answer questions about ACP Working Group and activities on Centenary.
- 21 August 2017 – Working Group representatives met at Centenary to review extent of cladding material to be replaced such that statement of requirements for work could be developed.
- 28 August 2017 – Discussed at Health Executive Briefing with you.
- 7 September 2017 – The Working Group met to review progress on the development of a common risk assessment tool and to receive further updates from Directorates on the outcome of building audits across their property portfolios.
- 15 September 2017 - Façade consultant, Arcadis, appointed to prepare scoping document for replacement of Centenary ACPs.
- 3 October 2017 - Contractor engaged to provide scaffold access and removal of sample panels to inform the Statement of Requirements.
- 11 October 2017 - Scaffolding erection commenced in areas of the Centenary for Façade engineer investigation.
- 12 October 2017 – First ACP panel removed for investigation.
- 20 October 2017 – Verbal advice from Arcadis received on the early removal of cladding from the Centenary Hospital.
- 23 October 2017- Discussed at Health Executive Briefing with you.
- 26 October 2017 – Expressions of Interest closed for the ACP with PE core replacement on Building 11 of Canberra Hospital’ with five expressions of interest received.
- 30 October 2017 –Draft version #1 Statement of Requirements received from Arcadis.
- 31 October 2017 – Meeting with ACTF&R, ACT Health and Access Canberra to review draft version #1 Statement of Requirements.
- 3 November 2017 – Temporary replacement panels installed and scaffolding removed from the outside of Building 11.
- 3 November 2017 – Recommendation submitted to shortlisted respondents.
- 15 November 2017 – Received Arcadis Statement of requirements titled ‘Centenary Hospital for Women and Children – Façade Performance Specification- Recladding Works –Revision 02’.
- 16 November 2017 – Statement of Requirements released to select tender contractors.
- 20 November 2017 - Caveat brief submitted to your Office.
- 5 December 2017 – Request for Tenders closed and evaluation process commenced.
- 19 December 2017 – Letter of Award issued to contractor Manteena.
- 11 January 2018 – MCPL submission of Disturbance or Interference with Services, Safety, or Traffic (DISST) for façade investigation.
- 16 January 2018 –Start-up/ mobilisation meeting conducted with contractor.

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Lead Directorate: Health

- 18 January 2018 – Disturbance or Interference with Services, Safety, or Traffic (DISST) in place for contractor investigations and confirmation of the sub structure.
- 22 January 2018 – MCPL commenced façade investigations.
- 01 February 2018 – Façade investigations by MCPL completed.
- 02 February 2018 – MCPL commenced shop drawings for replacement panels.

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ISSUE: OPIOID TREATMENT GUIDELINES**Talking points:**

- On 31 July 2017 I requested that ACT Health bring forward a review of the ACT Opioid Maintenance Treatment Guidelines as a matter of priority. This included looking at how they could operate in relation to the National Guidelines for Medication-Assisted Treatment of Opioid Dependence.
- In September 2017, I noted the outcomes of ACT Health's internal review of the guidelines and recommendations to adopt these National Guidelines on Opioid Maintenance.
- ACT Health has since then undertaken two extensive consultation rounds with relevant stakeholders within the drugs sector to discuss this and other measures that needed to be in place to support the National Guidelines.
- In late September 2017 consultations were held with the ACT opioid treatment advisory committee (OTAC) to discuss the proposal to adopt the National Guidelines and comments were sought on the development of the 'Opioid Maintenance Treatment in the ACT: Local Policies and Procedures' which provides local information and procedures for opioid maintenance treatment in the ACT to complement the National Guidelines.
- Follow up consultations took place on 4 December 2017 to discuss outcomes from the initial consultation.
- ACT Health extended the consultation period, as consumer representatives felt that more time was necessary to review the changes, particularly the new policies and procedures document in more detail.
- ACT Health has since consolidated all feedback from both consultation rounds which were shared with stakeholders in January.

Cleared as complete and accurate: 18/01/2018
Cleared by: Deputy Director-General Ext: 50883
Contact Officer Name: Conrad Barr Ext: 54402
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- The adoption of the National Guidelines under the *Medicines, Poisons and Therapeutic Goods Regulation 2008* is in line with the national approach to opioid treatment and is the most appropriate way forward.
- Adoption of these Guidelines will ensure the ACT recognises nationally consistent evidence-based clinical information for health professionals involved in opioid maintenance service delivery in the ACT and are expected to improve the relevancy and transparency of protections in the ACT for opioid dosing clients, by ensuring consistency with national best practice
- The National Guidelines replace the ACT's existing opioid maintenance treatment guidelines, which were first introduced in 2010.
- The Local Policies and Procedures document is a non-statutory document that is now available on the ACT Health website, and will be subject to ongoing review over time in consultation with stakeholders.
- Unsupervised (take away) dosing limits have been added to the Controlled Medicine Prescribing Standards to improve governance and protections for take away limits.
- The takeaway limits effectively retain the current limits, which are based on long held principles determined in close consultation with clinicians and local stakeholders within the alcohol, tobacco and other drug sector. The limits will continue to be reviewed in consultation with stakeholders to ensure they are effective.
- There is no loss of services to ACT patients resulting from the changes.
- Stakeholders are very interested in making sure there remains an effective oversight committee for opioid maintenance treatment services in the ACT, a view that ACT Health shares.
- ACT Health has given a firm commitment to reviewing mechanisms for stakeholder engagement within the alcohol and other drug sector. This will include a review of the opioid treatment advisory committee's membership, role and terms of reference. In coming months, ACT Health will meet with the committee to discuss how this engagement could best occur.

Cleared as complete and accurate: 18/01/2018
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Lead Directorate: Health

Key Information

- The review of the ACT Opioid Maintenance Treatment Guidelines began in June 2012 but was delayed so that it could be informed by the National Guidelines that were introduced in 2014.

Background Information – may not be suitable for public disclosure

- ACT Health briefed you regarding a proposal to repeal and replace the current guidelines with the National Guidelines in September 2017. You requested further consultation with the Opioid Treatment Advisory Committee (OTAC) be undertaken before approving the updates.
- The proposal also includes that regulatory controls relating to take away (unsupervised) dose limits be incorporated into the Controlled Medicines Prescribing Standards under the *Medicines, Poisons and Therapeutic Goods Regulation 2008*, as notified by the Chief Health Officer.
- All ACT program specific information not captured by the National Guidelines will be consolidated in a new document titled *Opioid Maintenance Treatment in the ACT: Local Policies and Procedures*. This will be a non-statutory document that will be subject to ongoing review with key stakeholders over time.
- ACT Health will be reviewing governance arrangements for stakeholder engagement in 2018, including the role, membership and functions of the OTAC.

Cleared as complete and accurate: 18/01/2018
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Lead Directorate: Health

ISSUE: ABORTION

Talking points:

- Abortion is the subject of criminal law in all states and territories except the ACT. 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 *Health Act 1993* (Health Act).
- Part 6 of the Health Act 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.
- There has been some discussion in the community about accessibility of abortion services.

Key Information

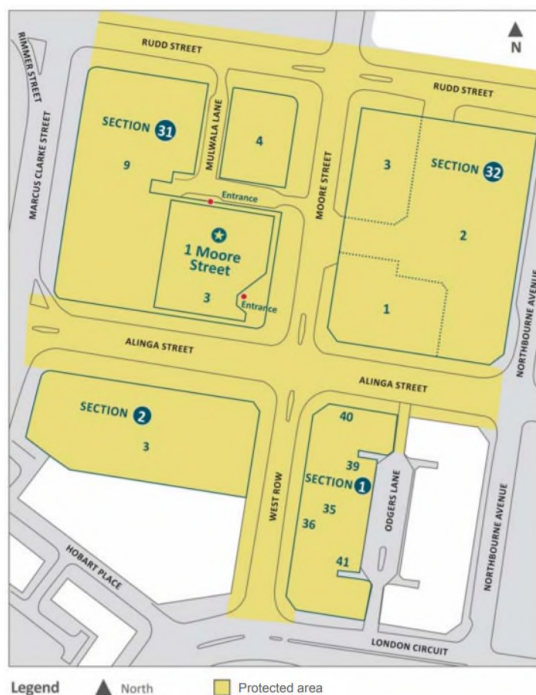
- I have made a commitment to review the barriers women may face when wanting to access abortion services in Canberra. This review is expected to be completed by mid-2018.

Background Information – may not be suitable for public disclosure

- For women in the ACT, private pregnancy termination services are available through:
 - Marie Stopes which offers medical and surgical abortions at their clinic located in Civic;
 - Gynaecology Centres Australia (GCA), which offers medical and surgical abortions at their ‘Canberra Clinic’ in Queanbeyan (Canberra and Queanbeyan are used interchangeably on their website); and
 - the Tabbot Foundation which offers medical abortions through their online e-health service.

Cleared as complete and accurate: 26/01/2018
Cleared by: Executive Director Ext: 79723
Contact Officer Name: Marilynne Read Ext: 74440
Lead Directorate: Health

- Legislation was introduced in the ACT to provide for exclusion zones around clinics designed to protect patients from harassment.
- *The Health (Protected Area) Declaration 2016 (No 1)* was made under the Health Act, s86 (Declaration of protected area), and was in effect between 22 March 2016 and 18 May 2016.
- *The Health (Protected Area) Declaration 2016 (No 2)* corrected a minor error in the first Declaration and came into effect on 19 May 2016.
- Exclusion zones also exist in Victoria and Tasmania, and are set at 150 metres from the clinic.
- Abortion clinic exclusion zones have recently received media attention. On 26 October 2017, The Canberra Times reported that three men were facing court for not paying the fines they received whilst walking and praying in the exclusion zone at 1 Moore Street, Civic. As this issue is before the courts, I cannot make any comment.
- In Victoria, The Age reported that a woman is contesting a fine she received for approaching a woman within the exclusion zone on the grounds that she has a constitutional right to free speech.
- The Australian reported that a man in Tasmania was fined for holding a sign within the exclusion zone, with the sign stating Articles from the Universal Declaration of Human Rights, and the Convention on the Rights of the Child.
- Due to the variety of health services available at 1 Moore Street, it has not been possible to undertake an evaluation of the impact the exclusion zone has made to women attending the Marie Stopes clinic.
- The exclusion zone at 1 Moore Street is pictured below:



Cleared as complete and accurate: 26/01/2018
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Lead Directorate: Health

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ISSUE: PILL TESTING

Talking points:

- The Government has received a proposal from the Safety Testing and Advisory Service At Festivals and Events (STA-SAFE) consortium to provide a pill testing service at the Groovin the Moo Festival at the University of Canberra campus on 29 April 2018.
- ACT Health and other relevant stakeholders are reviewing the proposal.
- 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 does not approve or condone illicit drug use. It is risky and dangerous to consume illicit drugs. The pill testing service provides this message to everyone who accesses the service.
- **I note you have further questions on Pill Testing and Mr Hanson is being briefed by Officials later this week.**

Key Information

- STA-SAFE is a consortium of harm reduction advocates and non-government organisations (NGO) led by Harm Reduction Australia (HRA). HRA is a national membership-based advocacy NGO that supports harm reduction strategies in relation to drug use.

Cleared as complete and accurate: 18/01/2018
Cleared by: Deputy Director-General Ext: 50883
Contact Officer Name: Emily Harper Ext: 78634
Lead Directorate: Health

Background Information – may not be suitable for public disclosure

- Cabinet agreed to provide a supportive policy environment for pill testing to occur at the Spilt Milk festival in November 2017 however pill testing did not occur due to tight timelines for paperwork required by the National Capital Authority (NCA) from the event promoter. Spilt Milk is held on NCA land.
- Pill testing has not yet occurred at a festival in the ACT. The evidence supporting the provision of pill testing services is still relevant.
- Groovin the Moo is an all-ages event. ACT Health is currently evaluating legal advice on potential ramifications of pill testing being conducted at an all-ages event.
- Stakeholder engagement regarding successful provision of the service is ongoing.
- The Government is not softening its approach to illicit drugs and there are no proposed changes to ACT legislation. It remains illegal to possess, manufacture and distribute illicit drugs.

Cleared as complete and accurate: 18/01/2018
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Lead Directorate: Health

ISSUE: DRUG AND ALCOHOL POLICY**Talking points:**

- Significant growth in funding to the Alcohol and Drug service provision has occurred in the last five years with the ACT Government now investing more than \$20 million annually on drug treatment and support services.
- A key priority of the Government is to deliver a new ACT Drug Strategy Action Plan which will re-affirm the ACT Government's commitment to the National Drug Strategy 2017-2026.
- The draft ACT Drug Strategy Action Plan was released this month (February) for a targeted external consultation. It has been circulated for comment to ACT Government Directorates late last year.
- The committee processes that support the implementation and evaluation of the Action Plan are also being reviewed to ensure that relevant government and non-government stakeholders are consistently engaged through the life of the plan.

Key Information

- The ACT Government invests more than \$20 million annually on drug treatment and support services in the ACT. This included a \$6 million injection of additional funding in 2016 over four years to strengthen drug treatment capacity in the territory.
- This included funding from the Safer Families initiative which saw \$500,000 annually go towards boosting Alcohol and Drug services capacity to identify and respond to domestic and family violence due to the strong relationship between alcohol and drug misuse and domestic and family violence.
- A key priority of the Government is to deliver a new ACT Drug Strategy Action Plan, to replace the now expired ACT Alcohol Tobacco and Other Drug (ATOD) Strategy, as soon as possible. The new Drug Strategy Action Plan will align with the Government's preventive health agenda and relevant clinical service plans.

Cleared as complete and accurate: 18/01/2018
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- The National Drug Strategy 2017–2026 advocates a balanced approach to the three pillars of harm minimisation: supply reduction; demand reduction; and harm reduction, as well as advocating cooperation between law enforcement and health. It commits jurisdictions to develop an “accompanying strategy action plan” within the framework provided by the national strategy. It is intended that the new ACT Drug Strategy Action Plan will perform this function.
- The ACT Government’s response to alcohol and other drugs continues to be underpinned by the principles of harm minimisation.
- Priorities over the last five years have included a focus on increasing the number of residential services for alcohol and drug rehabilitation and withdrawal. Having seen an increase in the number of the number of beds available, the future priority direction for ACT Government is now to address the increasing need for community based withdrawal and rehabilitation services. Such demand as outlined by ATODA aligns with national reviews into alcohol and drug services across Australia whereby there is a move to facilitation of more fluid community based services in this field, rather than fixed bid structure.
- A significant spike in methamphetamine use and the impact on services saw increased funding focused on resourcing in this area during the last five years. The increase in domestic and family violence and the recognised link with alcohol and drug misuse also informed a priority being placed on building capacity of services to better identify and respond to domestic and family violence.
- As a result of demand in the last five years, priority was also placed on building capacity for community based alcohol and drug services to provide specialist counselling for clients. The monitoring of this demand has seen an increase in demand for counselling and ACT Health is exploring options to quantify and meet such demand.
- ACT Health has continued to actively engage with alcohol and drug services stakeholders to ensure monitoring of demand. ATODA provides information such as the above on issues that have arisen from forums i.e. the ACT Drug Services Forum. ACT Health also meets with services, and receives annual reports from services that provide opportunity to monitor demand on services.
- Recognising the significant link between mental health and alcohol and drug issues for people in the population, the proposed Territory Wide Health Services Plan continues to have both mental health and alcohol and drug services sitting under the same centre to ensure integrated care.

Cleared as complete and accurate: 18/01/2018
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Contact Officer Name: Emily Harper Ext: 78634
Lead Directorate: Health

Background Information – may not be suitable for public disclosure

- There has been some criticism from stakeholders that the Drug Strategy Evaluation Group did not meet in 2017. It is intended that the committee arrangements that support the Drug Strategy Action Plan will be reviewed as part of finalising the plan. This includes the Drug Strategy Evaluation Group and its sub-committees.
- Finalisation and release of the Draft ACT Alcohol, Tobacco and Other Drug Strategy 2017-2021 was deliberately paused by ACT Health to ensure a number of strategic planning processes (both at the National and ACT level) were completed first, to avoid duplication.

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Contact Officer Name: Emily Harper Ext: 78634
Lead Directorate: Health

ISSUE: NGUNNAWAL BUSH HEALING FARM**Talking points:**

- The Ngunnawal Bush Healing Farm (NBHF) aims to build participants' connection to their identity and culture, and form a strong foundation from which they can avoid relapses after alcohol or drug withdrawal and they can participate fully in society, and potentially become role models in their community.
- A five week non-residential program was delivered from 14 November to 14 December 2017. Programs were delivered from Monday to Thursday.
- Programs were offered to male and female clients aged between 18 – 40 years of age, who identified as an Aboriginal and/or Torres Strait Islander person, free from alcohol and/or other drugs. Programs at the NBHF were:
 - Foundational Skills;
 - Food and Cooking;
 - Healthy Country;
 - Mindfulness and Self-Compassion; and
 - SMART Recovery.
- In the period leading up the NBHF program commencing, 31 clients were referred or identified. Approximately 20 applicants from the Throughcare Program of the Justice and Community Safety Directorate (JACS) were interested in participating in the NBHF Program.
- Less than 10 clients were inducted and completed the program, due to confidentiality we wish not to release the specific number. However, we are happy with the initial result.
- Feedback from clients on the first program included:
 - Building a rapport with staff and service providers was important;
 - Employing more Aboriginal and/or Torres Strait Islander people at the NBHF was vital;

Cleared as complete and accurate: 26/01/2018
Cleared by: Executive Director Ext: 79143
Contact Officer Name: Oliver Kickett Ext: 52672
Lead Directorate: Health

- The NBHF programs provides the ideal setting to reconnect to culture and country and support many Aboriginal and/or Torres Strait Islander people in the ACT and surrounding region;
 - Through case management, clients were more open to participate in programs;
 - There is strong interest from clients to make meaningful changes in their lives and seek professional support; and
 - More flexibility with the programs is required and the programs should be tailored to the individual's need where possible.
- ACT Health is engaging with the Healing Foundation to develop an appropriate model of support for participants of the NBHF. They will also provide informal advice on best practice healing programs.
 - The Healing Foundation will develop an NBHF Healing Framework that aims to strengthen cultural identity and provide a safe place where Aboriginal and Torres Strait Islander people can access support and strengthen their sense of self.
 - The Healing Foundation is a leader in research into First Nations healing. Their studies are unique, valuable and highly regarded both locally and internationally. The Healing Foundation has worked across the country to establish healing centres that engage in the journey of individuals, families and communities dealing with the trauma caused by past practices and current disadvantage.
 - The approach used by the Healing Foundation has been refined through more than 100 partnership projects with Aboriginal and Torres Strait Islander communities.
 - ACT Health is currently negotiating with a number of service providers for the second program at the NBHF. These include previous service providers and a range of new service providers.
 - The duration for the second program will be 12 weeks and is expected to commence in April 2018.

Key Information

- A debrief workshop was held on 18 January 2018 to discuss the first program with contracted service providers and NBHF staff.

Cleared as complete and accurate: 26/01/2018
Cleared by: Executive Director Ext: 79143
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Lead Directorate: Health

- Due to short-timeframes to develop a first program at the NBHF, ACT Health had a number of restrictions to engage various service providers. Consideration was given to ACT Government programs, services and activities and existing contracted service providers that would be beneficial to potential NBHF clients.
- Programs offered at the NBHF were:
 - Foundational Skills: an intensive, supportive learning program focused on employment or extended learning outcomes for each participant;
 - Food and Cooking: a hands on food and cooking skills program;
 - Healthy Country: a program focused on cultural understanding and engagement, cultural interpretive walks, talks and skills associated with traditional tool making and resource collecting;
 - Mindfulness and Self-Compassion: practical skills to help people deal with issues in their lives, and empower them to abstain and achieve a healthy lifestyle balance; and
 - SMART Recovery: a program to promote self management and personal responsibility. It is Cognitive Behavioural Therapy based and focuses on behavioural change and supports all addictions.

Background Information – may not be suitable for public disclosure

- On 4 September 2017, you, representatives of the ACT Aboriginal and Torres Strait Islander Elected Body and the United Ngunnawal Elders Council officially opened the NBHF.
- To be considered eligible for the NBHF program, clients must be:
 - of Aboriginal and/or Torres Strait Islander origin;
 - be four to six weeks free from alcohol and/or other drugs;
 - be willing to commit to the NBHF program;
 - be willing to work on all aspects of their life, in conjunction with support workers, referring agencies and support workers from other agencies ; and
 - be willing to remain free from all drugs and alcohol while attending the NBHF program.
- Potential clients undergo an assessment process to examine their medical and clinical preparedness, and be assessed if they are at a stage in their life where they are willing to undertake the NBHF program. Clients who are assessed as not suitable may resubmit an application to the NBHF for future programs.

Cleared as complete and accurate: 26/01/2018
Cleared by: Executive Director Ext: 79143
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Lead Directorate: Health

**ISSUE: \$12 MILLION HEALTH CENTRE FOR ABORIGINAL AND
TORRES STRAIT ISLANDER COMMUNITY**

Talking points:

- The ACT Government remains committed to improving the health and wellbeing of Aboriginal and Torres Strait Islander peoples.
- \$12 million capital has been provided for a new health centre for the Aboriginal and Torres Strait Islander community in the ACT to provide culturally appropriate primary health services.
- This facility will enhance services provided by the Winnunga Nimmityjah Aboriginal Health Service facility in Narrabundah.
- I look forward to updating the Assembly as this work progresses.

Key Information

- ACT Health has held a number of productive discussions with Winnunga on design and construction, and will continue to meet with them to progress delivery of this election commitment.
- At present these meetings are focused around project governance, land use and the ultimate design and function the new building.

Background Information – may not be suitable for public disclosure

- The existing facility is owned by Winnunga under a concessional crown lease. While the building has been assessed as being in an acceptable condition, it is not highly functional for a contemporary community health facility.
- Funding was provided in the 2017-18 Budget context covering \$12 million in capital over four years.

	2017-18 \$'000	2018-19 \$'000	2019-20 \$'000	2020-21 \$'000	Total \$'000
Capital	1,000	5,000	5,600	400	12,000
Associated Expenses				120	120

Cleared as complete and accurate: 26/01/2018
 Cleared by: Executive Director Ext: 79723
 Contact Officer Name: Marc Emerson Ext: 50693
 Lead Directorate: Health

ISSUE: CALVARY HOSPITAL CONTRACT NEGOTIATIONS**Talking points:**

- ACT Health is working with Calvary Health Care ACT Ltd (Calvary) and the Little Company of Mary Health Care Ltd (LCM) on a range of contractual and funding matters for the 2016-17 and 2017-18 financial year.
- As negotiations and discussions are ongoing at this point in time, I am not able to comment any further.

Key InformationPerformance Plans and Activity Based Funding (ABF)

ABF is being implemented across the Territory and is a key element of the reform agenda which will drive efficiencies in the public hospital and health system within the Territory.

Subsequent to your meeting with LCM in December 2016, a commitment was made with Calvary to the implementation of ABF from July 2017. There has now been advancement with Calvary executives to progress the Chair's commitment. In relation to the 2017-18 financial year, ACT Health will continue to provide Calvary on a block funding basis until 30 June 2018, with the implementation of an ABF model intended to commence from 1 July 2018.

ACT Health and Calvary have agreed on the 2016-17 Performance Plan and are close to finalising the 2017-18 Performance Plan. You provided an update on 14 December 2017 to the Chair of LCM regarding this current status of the plans.

Discussions will soon commence between the two parties in relation to the Performance Plan for 2018-19. The Performance Plan will reflect the Territory-wide Elective Surgery Plan and will adopt ABF from 1 July 2018. It is also intended that the plan will align to the health service's Territory-Wide Health Services Plan and Framework, and will implement an Activity Based Management framework across the Territory.

Other Operational Matters and Projects

ACT Health continues to work with the local Calvary Public Hospital Executive on operational matters and Territory-wide initiatives. These include data governance working groups to improve reporting methodology across the public hospitals, a Territory-wide diagnostic imaging initiative lead by ACT Health, and ongoing management of Territory-wide elective surgery services.

Cleared as complete and accurate: 24/01/2018
Cleared by: Deputy Director-General Ext: x76751
Contact Officer Name: Jakob Culver Ext: x79379
Lead Directorate: Health

The Territory is working collaboratively with Calvary on Territory-wide public Maternity services to better manage the current and future demand for ACT public hospital maternity services. A Capital Variation of \$2.59 million has been approved for a minor capital scope variation required for the Calvary Public Hospital – Expanded Hospital Services capital project. The funding will enable the delivery of maternity ward upgrades at Calvary Public, improve facilities, aesthetics and space, to make the maternity facilities more appealing to patients and families.

Cleared as complete and accurate:	24/01/2018	
Cleared by:	Deputy Director-General	Ext: x76751
Contact Officer Name:	Jakob Culver	Ext: x79379
Lead Directorate:	Health	

ISSUE: CANBERRA HOSPITAL CODES FOR CAPACITY ESCALATION PROCEDURES AND EMERGENCIES**Talking points:**

- Canberra Hospital and Health Services (CHHS) provides tertiary level care and hospital services to Canberra and its surrounding regions.
- CHHS uses the Capacity Escalation Procedure to describe patient flow pressures in a Level 1 to Level 3 numerical system. The procedure sets out the hospital's overarching approach to identifying and responding to capacity pressures during periods of high demand.
- ACT Health uses nationally recognised colour codes to prepare, plan, respond and recover from internal and external emergencies (excluding patient flow pressures which are managed using the Capacity Escalation Procedure). 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.

Key Information

- The Capacity Escalation Procedure outlines three levels of alert:
 - Alert Level 1: beds are available for new admissions and patient flow is being achieved. The trigger is two or more of the following:
 - Hospital at 90-94 per cent occupancy
 - Five or less bed booked patients in the Emergency Department (ED)
 - Intensive Care Unit (ICU) at funded capacity
 - Alert Level 2: limited availability of beds and patient flow is compromised. The trigger is two or more of the following:
 - Hospital at 95-99 per cent occupancy
 - Six to ten bed booked patients in ED
 - ED resuscitation room full
 - ICU over capacity
 - Isolation beds unavailable
 - Ambulance off loads in ED corridor

Cleared as complete and accurate: 17/01/2018

Cleared by: Chris Bone

Deputy Director-General

Ext: 42169

Contact Officer Name:

Mark Dykgraaf

Ext: 45221

Lead Directorate:

Health

- Alert Level 3: bed availability is critical despite use of surge beds and services are disrupted. The trigger is two or more of the following:
 - Hospital at 100 per cent occupancy
 - More than 11 bed booked patients in ED
 - All surge beds open
 - Unable to decant resuscitation room
 - Unable to admit patients from other hospitals
 - Isolation beds unavailable and cohorting not possible
 - ICU over funded capacity
 - Considering cancellation of elective surgery
- ACT Health uses emergency management codes based on Australian Standard 4083-2010 Planning for emergencies - Health care facilities and the *Emergencies Act 2004*. These codes form part of business as usual operations and can be activated whenever they are required.
- Emergency Codes are categorised as follows:
 - Code Yellow – Internal Disaster: any internal incident that threatens to overwhelm or disrupt services, typically due to a failure of key infrastructure or utilities.
 - Code Red – Fire: any fire or potential fire related emergencies. CHHS has several different types of alarm systems to notify of fire or smoke. When an alarm is raised, notification takes place through the fire panel system and the fire doors automatically close.
 - 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.
 - Code Brown – External Disaster: any incident originating outside an ACT Health facility that threatens to overwhelm or disrupt operational capabilities. Canberra Hospital is a major receiving hospital for mass casualties in the ACT and south-eastern region of NSW. ACT Government emergency arrangements are described in a variety of ACT legislation and plans, including the ACT Emergency Plan and ACT Health Emergency Plan. These plans provide an overarching governance structure for large emergencies.
 - Code Purple – Bomb Threat or suspicious package. Bomb threats directed at ACT Health facilities or suspicious packages received are handled in accordance with internationally recognised procedures. All threats are treated as genuine until an investigation proves otherwise.

Cleared as complete and accurate: 17/01/2018
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- Code Orange – Evacuation: the movement of patients, staff, clients, carers and visitors away from areas at risk in a rapid, safe and coordinated manner. Evacuation of an area or building may be prompted by a range of events, such as storm damage, flooding, fire, bomb threat, hostage situations, or any event that presents an immediate risk to the health and safety of staff, patients and visitors.
- Code Blue – Medical Emergency: a medical situation that has the potential to be life threatening or cannot be managed with the available resources at hand. Can be activated on in-patients, visitors, staff members and members of the public. The mobile response team includes staff trained in advanced life support skills, equipment and pharmaceuticals.

Background Information – may not be suitable for public disclosure

- Nil.

Cleared as complete and accurate: 17/01/2018
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ISSUE: GASTROENTEROLOGY WAITING LIST MANAGEMENT

Talking points:

- The Gastroenterology and Hepatology Unit (GEHU) at Canberra Hospital continues to experience high demand. There has been a significant increase in the National Bowel Cancer Screening Program referrals from 160 in 2014 to 260 in 2016. Referrals are expected to increase with the addition of two more age cohorts to the Program in 2017. A proportion of patients, 75%, generally require an endoscopic procedure.
- ACT Health is undertaking significant work to improve waiting times for endoscopic procedures, including:
 - Working with the Southern New South Wales Local Health District to have some procedures undertaken at Queanbeyan District Hospital;
 - Outsourcing endoscopy procedures;
 - Improving the capacity of the current service by reviewing the way patient lists are booked, staff are rostered, and procedure rooms are utilised; and
 - Considering increasing activity through weekend endoscopy lists.

Key Information

- An endoscopic procedure means a colonoscopy or a gastroscopy (a scope being inserted through the mouth to the stomach). Patients on the endoscopic wait list could be waiting for one or both of these procedures.
- In order to manage demand and meet clinical guidelines, the GEHU has a waitlist for endoscopy. At the end of December 2017, the average wait time for the past 12 months across all ACT Public Hospitals (inclusive of Canberra Hospital and Calvary Public Hospital Bruce) for urgent colonoscopies is 76 days and for non-urgent colonoscopies is 413 days.
- Patients on the endoscopy wait list are allocated a triage category by a gastroenterologist, dependent on the urgency of their clinical condition. The categories are:
 - Category 1 – the procedure should be completed within 30 days (urgent);
 - Category 2 – the procedure should be completed within 90 days; and
 - Category 3 – the procedure should be completed within 365 days (non-urgent).

Cleared as complete and accurate: 19/01/2018

Cleared by: Girish Talauikar

Executive Director

Ext: 6244 3603

Contact Officer Name:

Samantha Lang

Ext: 6174 7941

Lead Directorate:

Health

- Patients are referred to the GEHU by their General Practitioner, Specialist, or through the National Bowel Cancer Screening Program. The endoscopy waitlist is separate to the outpatient waitlist, which consists of any patient waiting for a clinic (non-procedural) appointment with a specialist and/or registered nurse.
- Referral to this service is expected to increase in the future as the uptake of the National Bowel Cancer Screening program increases and Commonwealth recommendations of increased bowel screening for the population are introduced.
- The ACT had the third highest participation rate of the National Bowel Cancer Screening program in Australia at 41.8 per cent, behind Tasmania (44.3 per cent) and South Australia (45.8 per cent) and higher than the national average (38.9 per cent).
- The ACT had the second highest median time between positive screen and diagnostic assessment of people aged 50-74 in Australia at 64 days, behind South Australia at 65 days. National median time between positive screen and diagnostic assessment is 53 days.

Background Information – may not be suitable for public disclosure

- In 2017, ACT Health began negotiations with a private provider in the ACT, for the outsourcing of endoscopic procedures, in order to reduce the waiting list. ACT Health is working to finalise arrangements by the end of February 2018.
- The following table shows:
 - the number of patients Ready for Care and
 - the number of Patients waiting longer than clinically recommended time frames on the Gastroenterology Waiting list for the requested time periods.

period	Clinical Urgency	Clinically recommended time frames (days)	Ready for care Patients on Wait list	Patients waiting longer than clinically recommended time frames
30 June 2016	1	30	785	684
	2	90	1535	1108
	3	365	1536	586
31 December 2016	1	30	364	261
	2	90	1843	1613
	3	365	1779	871
30 June 2017	1	30	430	223
	2	90	1614	1340
	3	365	1741	1061

Cleared as complete and accurate: 19/01/2018
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 Contact Officer Name: Samantha Lang Ext: 6174 7941
 Lead Directorate: Health

ISSUE: ELECTIVE SURGERY WAITING LIST**Talking points:**

- ACT Health is committed to reducing the number of people waiting beyond clinically recommended timeframes for surgery. Overall, there have been challenges in managing demand for elective surgery in the last twelve months, with more people being added to the waiting list than removed from it.
- ACT Health 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.
- However, we are still seeing a growth in the need for more emergency and elective surgery. To build on the good work that has been done in recent years, we have announced that the ACT Government is funding an additional \$6.3 million for more surgeries, including 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 specialities where wait times are longer, and are being worked through by ACT Health through a workforce attraction strategy that will play a large part in making sure we have the skills and expertise for elective surgery and our growth in ehealth and hospital services.

Key Information

- Nil

Background Information – may not be suitable for public disclosure

- 7602 patients were added to the ACT Elective Surgery Waiting List (ESWL) between 1 July and 31 December 2017, and 6431 were removed, bringing the total number of people waiting on 31 December 2017 to 5312. This is an increase of 114 patients on the number waiting at 30 June 2017.
- Of the 5312 patients on the ESWL on 31 December 2017, 584 had waited longer than clinically recommended for their elective surgery. This is an increase of 408 patients compared to 31 December 2016, and an increase of 120 compared to 30 June 2017, equating to a four per cent decrease in timeliness of surgery in the six months to 31 December 2017.

Cleared as complete and accurate: 19/01/2018
Cleared by: Mark Dykgraaf Executive Director Ext: 42169
Contact Officer Name: Andrew Mitchell Ext: 76277
Lead Directorate: Health

- Under the 2017-18 Elective Surgery Plan, activity targets have been set to reduce the number of patients waiting longer than clinically recommended. Comments against the performance indicators are as follows:
 - There are currently 584 patients waiting longer than clinically recommended, against a target of 144 by 30 June 2018;
 - Currently, 33 per cent of general paediatric surgery patients are waiting longer than clinically recommended against a target of zero by 30 June 2018;
 - Currently, 80 per cent of patients added to the ESWL receive their surgery on time, against a target of 90 per cent by 30 June 2018; and
 - Reinforcement and monitoring of the Waiting Time and Elective Surgery Access Policy is ongoing.

Cleared as complete and accurate: 19/01/2018
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Lead Directorate: Health

ISSUE: INFLUENZA SEASON UPDATE**Talking points:**

- Influenza is highly contagious, so individuals that are unwell should try to avoid spreading their 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.
- The 2017 ACT influenza season was larger and lasted longer than any influenza season in the previous five years and since the 2009 pandemic year. Flu trends in the ACT during the 2017 season were generally consistent with trends observed nationally.
- The increase in influenza notifications in 2017 may have been associated with an earlier season onset, increased health-seeking behaviour, increased verification, the introduction of rapid tests and reduced vaccine effectiveness. Despite increased activity, the disease was not any more severe than previous years. More deaths were reported nationally, however this is consistent with the higher number of cases in the community.
- Planning for the 2018 influenza season is underway. Activities proposed for 2018 include the annual Aged Care Forum, development and distribution of outbreak management resources to residential care facilities, development of communication strategies as a part of the ACT Health Winter Plan, the development of plans so the hospitals has sufficient capacity to address increased demand for services, ensure disease surveillance activities are maintained, review of influenza activity reporting processes, and planning for the commencement of vaccine purchasing and distribution.

Cleared as complete and accurate: 18/01/2018
Cleared by: Deputy Director-General Ext: 50883
Contact Officer Name: Conrad Barr Ext: 54402
Lead Directorate: Health

Key Information

- Between 1 January and 1 December 2017, 3,082 notifications of influenza were reported to ACT Health. There were approximately twice as many notifications in 2017 compared to the same period in 2016.
- In the ACT, flu activity peaked twice this season, with an initial peak in mid-August and a secondary peak in early September. This bi-modal pattern was not observed nationally or in any other jurisdiction.
- Of all cases notified between 1 January and 1 December 2017 in the ACT, 62 per cent were influenza A, 37 per cent were influenza B, and one per cent of cases were co-infected with influenza A and B. Of those influenza A cases that were further subtyped, over 90 per cent were typed as A/H3.
- The notification rate per 100,000 population was highest in those aged 70 years and older.
- Between 3 April and 24 October 2017, FluCan reported that 560 people were admitted to ACT public hospitals with influenza infection. Overall, 485 people (86.6 per cent) were admitted to general wards and 75 people (13.4 per cent) were admitted to the Intensive Care Unit/High Dependency Unit.
- Comparatively, fewer hospitalisations for influenza were reported by FluCAN in 2016. This is also consistent with the higher number of community cases in 2017.
- Between 1 July 2017 and 1 December 2017, there were 16 outbreaks of influenza-like illness reported in ACT residential care facilities. These outbreaks have affected 293 residents and 80 staff, and resulted in 28 hospitalisations and 19 deaths. Influenza was detected as the cause of 14 of the 16 outbreaks (other respiratory viruses were responsible for the other two outbreaks). This is not significantly different compared to last year, where there were 19 outbreaks notified in the same time period which affected a total of 347 residents and 99 staff, resulting in 36 hospitalisations and 12 deaths.
- In 2017 in the ACT more than 57,000 doses of the seasonal influenza vaccine were delivered to providers for administration under the National Immunisation Program.
- Based on national data, the estimated effectiveness of the 2017 seasonal influenza vaccine was low for influenza A(H3N2), which was the most common virus in circulation throughout the season. The estimated effectiveness for other less common circulating viruses was moderate.
- Due to changes in the circulating A(H3N2) strain during 2017, the 2018 seasonal influenza vaccine will include a different strain of A(H3N2). The new A(H3N2) strain is predicted to be a better match, and therefore provide better protection, against the strain that is likely to affect Australians in the 2018 influenza season.

Cleared as complete and accurate: 18/01/2018
Cleared by: Deputy Director-General Ext: 50883
Contact Officer Name: Conrad Barr Ext: 54402
Lead Directorate: Health

Background Information – may not be suitable for public disclosure

- Laboratory confirmed influenza is a notifiable disease in the ACT and nationally. Seasonal influenza causes annual epidemics of varying severity in the winter and spring months, with sporadic cases generally occurring outside of these times.
- FluCAN is a real-time sentinel hospital surveillance system for acute respiratory disease requiring hospitalisation. Both ACT public hospitals participate in FluCAN.

Cleared as complete and accurate: 18/01/2018
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Lead Directorate: Health

ISSUE: PAIN MANAGEMENT

Talking points:

- In relation to pain management, community pharmacists have an important role to play in providing information and advice to consumers seeking acute symptom relief. Most acute pain can be effectively, managed with safe alternative medicines. Medicines are an important, but not the only part of the effective management of chronic pain.
- On 1 February 2018, the Therapeutic Goods Administration (TGA) introduced new regulations on medications containing codeine. These medications, including codeine-based pain relief and cold and flu treatments, are no longer available over the counter in Australia, and a prescription from a doctor is required to purchase such products. This move is supported by organisations such as the Australian Medical Association and Pain Support ACT.
- Chronic pain needs to be discussed with a GP in the first instance. GPs are well equipped and trained in the prescribing of medications.
- In more complex cases, GP's may refer patients to the Pain Management Unit at the Canberra Hospital. The Pain Management Unit works collaboratively with patients and GPs to achieve optimal management of chronic pain.
- I can also confirm urgent outpatient appointments for new referrals to the Pain
- In terms of the process for responding to referrals to the Pain Management Unit, upon receipt of a referral from a patient's GP, the referral is triaged against specific clinical criteria and an appointment is allocated according to its urgency.
- This triage system includes each patient completing a questionnaire about their chronic pain, their pain journey, their current symptoms and expectations.

Cleared as complete and accurate: 18/01/2018
Cleared by: Deputy Director-General Ext: 42728
Contact Officer Name: Chris Bone Ext: 42728
Lead Directorate: Health

- If a patient is identified as an Early Intervention Patient, they are triaged as urgent and access to an appointment is provided within the four week period.
- Importantly, the Pain Management Unit also offers a telephone advice service to assist GPs and other specialists. This includes advice from Medical Specialists and suitable nursing staff to support health practitioners looking after clients that experience chronic pain.
- This service provides advice on the most up-to-date treatment options, including medication management and other treatment options for managing chronic pain.

Key Information

- Codeine is an opioid drug closely related to morphine. Research shows that over the counter medicines containing codeine offer very little additional benefit when compared to similar medicines without codeine, but the use of codeine is associated with high health risks, including opioid dependence, addiction, poisoning and in high doses, death.
- Demand on the PMU is significant, as there are relatively few private practitioners in the ACT and surrounding NSW who are qualified in specialist pain management, and a shortage of specialist practitioners nationwide. ACT Health would welcome an expansion in the number of GPs trained in this field, and in support of this, the PMU provides education and training to area GPs in pain management.

Background Information – may not be suitable for public disclosure

- The Canberra Times published an article on 16 January 2018 which was based on an interview with Ms Margaret McCulloch, President of Pain Support ACT. Ms McCulloch stated that while her organisation supports these regulations, more pressure on GPs would arise, with waiting times of up to one year to access specialist services in the public health system.
- Ms McCulloch stated that while the Canberra Hospital PMU provides a good service for people with chronic pain, it was under-resourced and patients have to wait between nine and twelve months to be seen.
- The PMU provides services for the management of acute and chronic pain to inpatients and outpatients. The unit triages all referrals and directs patients to the most appropriate services for their clinical condition. A multi-disciplinary suite of services are available including physiotherapy, occupational therapy, psychology, nursing and medical assessment. Not every patient with chronic pain requires the involvement of all parts of the multidisciplinary team.
- Chronic pain is pain that lasts for longer than three months. Acute pain should be treated to reduce the risk of chronic pain developing and ultimately decrease the prevalence of chronic pain in the community. In 2009, it was estimated that chronic pain was costing the Australian economy approximately \$39 billion.

Cleared as complete and accurate: 18/01/2018
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Lead Directorate: Health

- The PMU also offers the Journey into Understanding and Managing Pain (JUMP) program, which provides information and advice to patients with chronic pain. The knowledge and skills provided to patients through this program are designed to decrease pain and distress and improve function. Research has shown that patients who participate in active self-management programs experience less pain-related disability and psychological distress compared to those receiving passive treatments alone.
- The Nationally Coordinated Codeine Implementation Working Group (NCCIWG) was established with representatives from state and territory health departments, and peak professional bodies representing consumers, pharmacists and medical professionals, to develop extensive resources for consumers, health professionals and industry to assist them through this change. Further information is available on the TGA website.

Cleared as complete and accurate: 18/01/2018
Cleared by: Deputy Director-General Ext: 42728
Contact Officer Name: Chris Bone Ext: 42728
Lead Directorate: Health

**ISSUE: ACT HEALTH TERRITORY-WIDE HEALTH SERVICES FRAMEWORK
2017-2027**

Talking points:

- Last year, I announced the draft Territory-wide Health Services Framework 2017-2027 (the Framework).
- The Framework informs the strategic direction for ACT Health over the next ten years for the delivery of clinical and community-based Territory-wide health services.
- The Framework provides the foundation for ACT Health to commence engagement with internal and external stakeholders to develop Specialty Service Plans (SSPs) and Models of Care.
- Importantly it is about creating a step-change in how health services are delivered focusing on individualised and family centred integrated care.
- The SSPs are being developed in consultation with clinical staff and will incorporate input from other key stakeholders, including relevant non-government organisations and community-based organisations.
- Engagement from staff about the development of the SSPs has been very positive.
- A Territory-wide Health Services Advisory Group (the Advisory Group) has been established to inform the Territory-wide health services planning work and to provide high-level advice on the policies and programs that will be part of the Framework.
- The Advisory Group draws on the experience of a broad range of organisations from the Canberra community and is made up of health experts and community sector representatives who are a very motivated group that will make a fantastic contribution to this important work
- The recent first meeting of the Advisory Group was a terrific start to this vital contribution.

Cleared as complete and accurate: 24/01/2018
Cleared by: Executive Director Ext:59010
Contact Officer Name: Jodie Chamberlain Ext:59010
Lead Directorate: Health

Key Points

- ACT Health was developing a Clinical Services Plan (CSP) 2017-2027 (previously known as the Clinical Services Framework). This has now been replaced by the Framework.
- Work completed to date includes the review of the services that ACT Health is currently providing. This activity was aligned with the ACT Government's population projections to enable estimates for demand for health services over the next ten years.
- ACT Health has also established a dedicated website for the Territory-wide health services planning work. ACT Health will continue to provide information and regular updates via email to stakeholders, as well as through the website.

Cleared as complete and accurate: 24/01/2018
Cleared by: Executive Director Ext:59010
Contact Officer Name: Jodie Chamberlain Ext:59010
Lead Directorate: Health

ISSUE: CORONIAL INQUEST INTO SUICIDES AT CANBERRA HOSPITAL

Talking points:

- The ACT Government has sincere sympathy for the families and friends of people who have committed 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 are committed to improving the services we provide to the community and the processes we have in place 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 will investigate these deaths together in one inquest. The ACT Government Solicitor (ACTGS) is representing the Territory.
- The dates reserved for the inquest are 10-13 and 17-20 April 2018, and 1-4 May 2018.

Background Information – may not be suitable for public disclosure

- ACT Health staff attended a directions hearing on 13 October 2017 which was predominantly procedural. Counsel Assisting the Coroner advised the Court that the dates and processes had been discussed with the families of the people whose deaths are the subject of the inquest, and that there will continue to be communication with them throughout the process. ACT Health understands that the families are in agreement with the timeframes.
- Coroner Hunter and legal representatives attended a site visit at the Adult Mental Health Unit on 10 November 2017 with the ACTGS in attendance. The purpose of the site visit was for Coroner Hunter to develop a better understanding of the environment where two of the deaths occurred.

Cleared as complete and accurate: 22/01/2018
Cleared by: Chris Bone Deputy Director-General Ext: 42728
Contact Officer Name: Bruno Aloisi Ext: 51313
Lead Directorate: Health

ISSUE: CALVARY WARD MANAGEMENT**Talking points:**

- The Calvary Bruce Private Hospital (Calvary) opened on 21 September 2017 and is a valuable addition to the health service network of the Territory.
- Previously, the private hospital at Calvary was co-located within the public hospital facility.
- The new private hospital has created vacant clinical space in the public hospital, providing additional operating theatre capacity and the opportunity for improved access to public hospital services.
- Additionally, the Aged Care and Rehabilitation Unit (ACRU) at Calvary will be transferring to the new Public Hospital at the University of Canberra, which is scheduled to open in July 2018.
- Calvary and ACT Health have been working together to consider how the additional clinical space within the public hospital can be best utilised.
- This will occur within the context of future planning for public hospital services within the Territory, to ensure the vacant space is best utilised into the future for improved and sustainable access to acute public hospital services.

Key Information

Since 1987 the Calvary Bruce Private Hospital (Calvary Private) has been co-located within the Calvary Public Hospital Bruce (Calvary Public). Calvary Private has historically been located on Level 6 of the Xavier Building.

On 21 September 2017, a new stand-alone hospital for Calvary Private was opened which has resulted in a number of clinical areas and administrative areas within Calvary Public being vacated including:

- Xavier Building Level 6 Ward;
- Marian Building Level 3 Day Surgery Area;
- Operating Theatres (equivalent to 2.5 theatres and associated recovery capacity);
- Endoscopy Suite Capacity; and
- Xavier Building Level 1 (small administrative area).

Cleared as complete and accurate: 24/01/2018
Cleared by: Deputy Director-General Ext: x76751
Contact Officer Name: Jakob Culver Ext: x79379
Lead Directorate: Health

Calvary has provided ACT Health with a number of options for utilisation of the available space in the form of Project Concept Brief (PCBs) for consideration through the 2018-19 Budget Process. This also includes a proposed capital variation to improve the maternity ward space at Calvary Public.

Xavier Building Level 6 Ward

A Capital Variation of \$2.59 million has been approved for a minor capital scope variation required for the Calvary Public Hospital – Expanded Hospital Services capital project. The variation will enable the delivery of maternity ward upgrades at Calvary Public (including eight additional beds), improve facilities, aesthetics and space, to make the maternity facilities more appealing to patients and families.

Operating Theatres and Endoscopy Suite Capacity

In 2015-16 Calvary Public were provided with capital funding to improve its Theatre Suite and also replace associated equipment. This capital project is currently in the final construction stage and is expected to be completed by February 2018. Following completion of the project, consideration may be given on how best to utilise capacity in available operating theatres and endoscopy suites, with reference to Territory Wide Health Services Planning which is currently underway.

Vacant Space due to ACRU Relocating to UCPH

Two capital Concept Briefs addressing vacant space have been agreed by Cabinet to come forward for consideration through the business case process for the 2018-19 Budget:

- Mental Health Upgrade – Keaney Building: Upgrade of Calvary Public’s Keaney Building to deliver a standalone Mental Health Inpatient unit with co-located older persons and inpatient adult mental health services. The older person’s mental health service is located in the Keaney building. The inpatient adult mental health service will transfer to the Keaney building occupying the space vacated by the ACRU moving to UCPH.

Calvary Expansion Emergency Department (ED): The expansion of the ED is to address current service constraints, accommodate interim and projected growth in ED presentations and improve both patient and work flow. The inpatient adult mental health service is located adjacent to the Calvary ED. Once vacated, this space will be utilised for the expansion of the ED. Hence, the above two capital projects are interdependent.

These proposed capital projects will address vacant space at Calvary Public which will result from the ACRU relocating to UCPH in 2018 (estimated July 2018).

The small administrative space in Xavier Building level 1 has no proposed use at present.

Cleared as complete and accurate: 24/01/2018
Cleared by: Deputy Director-General Ext: x76751
Contact Officer Name: Jakob Culver Ext: x79379
Lead Directorate: Health

ISSUE: MATERNITY SERVICES AT CENTENARY HOSPITAL AT CAPACITY

Talking points:

- The demand on maternity services at Canberra Hospital has increased since Centenary Hospital for Women and Children (Centenary) opened in August 2012.
- ACT Health has devised strategies to address this escalating demand, including
 - Utilising the Birth Centre for overflow;
 - Extending the hours of the Maternity Assessment Unit (MAU), and providing this service from the Birth Suite after hours;
 - Rostering additional doctors and midwives and introducing Assistants in Midwifery to maternity services;
 - Calvary Public Hospital Bruce (Calvary) and Centenary actively encourage the community and General Practitioners to use the services on offer at Calvary and Queanbeyan Hospital where appropriate;
 - A policy that involves referring women to the most appropriate ACT hospital or NSW hospitals for care where required and clinically appropriate; and
 - A midwifery attraction and retention strategy.

Key Information

- In 2015-16 there were 3497 babies born, compared to 2743 in 2010-11. This is an increased annual growth rate of 5.4 per cent. Birth data for 2016-2017 indicates a continuation of this trend.

Background Information – may not be suitable for public disclosure

- 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 due to the patient's clinical indications. 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: 18/01/2018
Cleared by: Deputy Director-General Ext: 42728
Contact Officer Name: Chris Bone Ext: 42728
Lead Directorate: Health

- Currently ACT has the highest rate of non-acceptance of transfer for patients with complex pregnancy cases, according to information provided by the NSW Pregnancy and Newborn Services Network and the Perinatal advice Line. This means that women who should be provided with care in the ACT are being transferred to NSW for that care.
- Noting that birth activity is variable and not controllable, Centenary Birth Suite (excluding the birth centre) is at capacity on a regular basis. The use of the Birth Centre as overflow ensures Centenary is able to maintain a safe environment for mother and baby.
- Over the past two years birthing numbers at Calvary have diminished largely due to the community's response to the opening of the state of the art maternity services at Centenary. Calvary birth numbers decreased from 1759 births in 2013-14 to 1577 births in 2016-17, reflecting a downward trend since the establishment of Centenary. Despite active encouragement by Calvary and CHWC of the community and General Practitioners to use the services on offer at Calvary, births at Calvary have continued to decline. The level of care at both hospitals remains of a high standard.
- To better manage demand and ensure maternity services across the region are effectively and efficiently utilised, Centenary and Calvary are considering strategies to address inequitable maternity demands between the two hospitals, such as a single entry system, the refurbishment of the Calvary maternity facility, and longer term demand management plans under Territory-wide Services planning.

Cleared as complete and accurate: 18/01/2018
Cleared by: Deputy Director-General Ext: 42728
Contact Officer Name: Chris Bone Ext: 42728
Lead Directorate: Health

ISSUE: ACT HEALTH STAFF CULTURE SURVEY

Talking points:

- Over a number of years ACT Health has been closely monitoring and examining its workplace culture and ways to encourage best practice in making sure staff and patients have a respectful and supportive health care environment.
- Executive teams have developed and need to report regularly to update and report quarterly against their local Workplace Culture Action Plans.
- ACT Health's Respect at Work policy is regularly updated. Strengthen Managers skills is ongoing including conducting preliminary assessments to effectively resolve workplace issues is in place.
- The ACT Health Staff, Health and Wellbeing Program has been designed to address key results of Act Health's Staff Culture Survey.
- Training and resources have been developed to upskill managers on leading and supporting staff through organisational change.
- A timeframe for the next Staff Culture Survey is being considered, with a provisional date of November 2018 (three years since the 2015 survey).

Background Information – may not be suitable for public disclosure

- Workplace Culture Action Plans have been developed which address division/branch results from the Culture Survey, are reported quarterly.
- ACT Health has conducted organisation-wide workplace culture surveys in 2005, 2007, 2009, 2012 and 2015. These surveys have provided a rich source of information for executives, managers and staff, and have been used to drive a wide range of culture improvement initiatives.
- The detailed results from these surveys are not made public for a number of reasons: assurances made to staff about the confidentiality of their responses and the risk of undermining staff confidence and participation in future surveys; the commercial value and intellectual property of Best Practice Australia as the survey provider which could be compromised; and the nature of the reports which are designed for use as working documents by executives and managers within the organisation.

Cleared as complete and accurate: 31/01/2018
Cleared by: Executive Director Ext: 51086
Contact Officer Name: Ric Taylor Ext: 55320
Lead Directorate: Health

TRIM Ref: GBC18/42

ISSUE: AIHW REPORT – EMERGENCY DEPARTMENT CARE 2016-17**Talking points:**

- The Australian Institute of Health and Welfare (AIHW) Report on Emergency Department Care was released on late last year and covers the report periods from 2012-13 to 2016-17 financial years.
- It is important to note that not all hospitals measured in the report operate in the same manner, so direct correlations on performance can be difficult to make without expert knowledge of the individual operating practices within each jurisdiction.
- Canberrans know that if they arrive at the Emergency Department (ED) with life threatening conditions they will be treated immediately. The Government acknowledges that we need to improve ED timeliness.
- Between 1 July 2016 and 31 December 2016, the ACT ED's managed 72,306 presentations. For the same six month period in 2017, this increased to 75, 807 reflecting a 4.6 per cent increase in activity across the six month reporting period.
- The ED's within Canberra are the only tertiary level ED's for the ACT and surrounding region and as a major referral centre, the ACT sees and treats NSW patients. NSW patients present to the ED's as either trauma patients or because they do not have access to acute care services closer to home.

Key Information

- On 29 November 2017, the Canberra Times reported that the ACT had the worst performing EDs at a national level.
- The report indicated that the ACT was the only state or territory to report that 99 per cent of Category 1 (resuscitation) patients were seen on time.
- This result was reviewed at the end of the 2016-17 financial year and it was noted that the regular administrative audit of Category 1 patients had not been undertaken for a period of time.
- This audit involves the review of all Category 1 patient records, confirmation from the clinical record of urgency category and treatment times, and where appropriate, the correction of data in the Emergency Department Information System (EDIS).

Cleared as complete and accurate: 18/01/2018
Cleared by: Chris Bone Deputy Director-General Ext: 6244 2728
Contact Officer Name: Mark Dykgraaf Ext: 6224 3125
Lead Directorate: Health

- In the 2017-18 financial year to date, 100 per cent of Category 1 patients presenting to ACT EDs have received access to their treatment on time.
- The report noted that 77 per cent of Category 2 patients in the ACT were seen on time which is comparative to other states and territories. NSW reported 81 per cent and South Australia sees 67 per cent of their Category 2 patients on time.
- As at the end of December 2017, ACT EDs have seen 7,839 Category 2 patients. 75.6 per cent of this total have been seen on time.
- Western Australia and the ACT both reported that 50 per cent of Category 3 patients were seen on time. NSW reported 76 per cent.
- As at the end of December 2017, ACT EDs have seen 31,290 Category 3 patients. 37.4 per cent of these patients have been seen on time.
- NSW reported that 81 per cent of their Category 4 patients were seen on time. The Northern Territory reported 58 per cent and the ACT reported 63 per cent.
- As at the end of December 2017, ACT EDs have seen 29,873 Category 4 presentations with an average of 49.5 per cent being seen on time.
- The ACT performed well in the management of Category 5 patients with almost 90 per cent of patients receiving timely access to care. This performance is comparative to the other states and territories.
- A range of initiatives have been implemented during the 2016-17 financial year as well as this financial year to improve timely access to emergency care.
- The impact is beginning to show through improved results in some ED performance measures in the 2017-18 financial year.
- The introduction of the ED Nurse Navigator role within Canberra Hospital ED has allowed staff to operate as efficiently and effectively as possible through improving the patient journey through the ED.
- Team based care is another strategy employed by Canberra Hospital that supports the nursing, allied health and medical staff to work collaboratively to ensure that patients are receiving timely, high quality emergency assessment and treatment.

Background Information – may not be suitable for public disclosure

- Nil

Cleared as complete and accurate: 18/01/2018
Cleared by: Chris Bone Deputy Director-General Ext: 6244 2728
Contact Officer Name: Mark Dykgraaf Ext: 6224 3125
Lead Directorate: Health

ISSUE: STROMLO WATER TREATMENT PLANT DAMAMGE

Talking points:

- An emergency shut down occurred at Stromlo Water Treatment Plant (WTP) in the evening on 23 January 2018. The shut-down was related to a power dip experienced earlier in the day across Canberra, as a result of an electrical storm.
- An investigation of the plant identified a failure to equipment in the Ultra Violet (UV) disinfection system.
- Icon Water immediately ceased water treatment and supply from Stromlo WTP and brought the Googong Water Treatment Plant online.
- There was no risk to public health or disruption to supplies from this incident. Icon Water immediately implemented the procedures and controls put in place to ensure protection of the drinking water supply.
- Icon Water commenced bringing the Stromlo Water Treatment Plant back online on Tuesday 30 January 2018.

Key Information

- Googong Water Treatment is Icon Water's largest treatment plant and capable of meeting the current high water consumption demand.
- Icon Water immediately notified ACT Health and continues to liaise and inform of progress to restore the Stromlo disinfection system.
- Icon Water will undertake an independent investigation into the incident.

Background Information – may not be suitable for public disclosure

- At 22:25 on 23 January 2018 ACT Health was notified that a power surge at the Stromlo WTP at 1700 on the same day damaged two UV disinfection lamps in the Plant, resulting in the release of mercury into the water system.
- The Stromlo WTP treats most of the water that supplies Canberra and Queanbeyan. UV light is used at the WTP to kill or inactivate microorganisms. The UV disinfection system feeds into the final water storage reservoir before drinking water is distributed to Canberra and Queanbeyan.

Cleared as complete and accurate: 18/01/2018
Cleared by: Deputy Director-General Ext: 50883
Contact Officer Name: Conrad Barr Ext: 54402
Lead Directorate: Health

- Stromlo WTP was shut down within minutes of the incident, stopping the flow of water to the distribution network. Icon Water have formed an Incident Management Team, supported by ACT Health.
- ICON started up the Googong WTP on 24 January 2018, which is usually only used during times of high demand or extensive dry periods. There is unlikely to be any disruption to customers due to current storage capacity in the network of reservoirs.
- ACT Health and Icon Water will continue to liaise and closely monitor the situation as Icon start up supply from Googong. This commenced immediately after the incident and occurred for several days. ACT Health and Icon Water will also work together to restore Stromlo Treatment Plant which may take some weeks post-incident.
- The risk to consumers of receiving mercury contaminated water at levels that pose a health risk is considered low. This is because:
 - of the dilution effects of large volumes of water in the system;
 - the WTP was immediately shutdown;
 - the released mercury had to move through two tanks before reaching the final balancing reservoir after which water is released into the network; and
 - elemental mercury vapor is poorly absorbed by the gastrointestinal tract.
- Icon Water issued a public notice regarding the potential for water discolouration from the use of pumps to move water around the network and from commencing supply from Googong Treatment Plant.
- Twelve swab samples were taken on surfaces inside the post UV tank to assess if cleaning of the tank was adequate. Results indicate that the level of mercury on all samples was very low, at levels near or below the detection limit. This indicates that cleaning of the tank removed most of the mercury.
- Water analyses has been completed for the Balancing Reservoir to determine the level of mercury contamination in the water. Results confirm that the level of mercury is below the allowable level within the Australian Drinking Water Guidelines.
- There is negligible risk to the drinking water supply associated with the mercury contamination and no ongoing public health risk.

Cleared as complete and accurate: 18/01/2018
Cleared by: Deputy Director-General Ext: 50883
Contact Officer Name: Conrad Barr Ext: 54402
Lead Directorate: Health

ISSUE: WORKPLACE BULLYING AND HARASSMENT

Talking points:

- Since 2011, ACT Health has embedded the principles of the ACT Public Service's Respect, Equity and Diversity (RED) Framework and has developed training programs to educate staff on respectful workplace behaviours and educate managers on how to manage complaints of inappropriate behaviour
- Avenues for staff to raise incidents of bullying and harassment in the workplace include:
 - Staff can raise issues with People and Culture (HR), Employee Relations Unit who can provide advice with dealing with alleged instances of bullying;
 - Staff can discuss the alleged bullying with their Senior Manager;
 - Staff can raise 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, reported through Riskman, are managed in accordance with the relevant Enterprise Agreements and workplace policies; and
 - ACT Health has an established network of over 100 RED Officers in all professions. Staff may contact their local RED officer to discuss alleged bullying claims.
- The finalisation of the new Quality Strategy presents a further opportunity to clearly link and emphasise the importance of positive workplace cultures and the effective addressing of unreasonable behaviours such as bullying with achieving high quality person-centred care.

Cleared as complete and accurate: 31/01/2018
Cleared by: Executive Director Ext:6205 1086
Contact Officer Name: Heidi Gregson Ext:6205 1090
Lead Directorate: Health

TRIM Ref: GBC18/42

ISSUE: CODEINE RESCHEDULING

Talking points:

- On 1 February 2018, over-the-counter medicines containing codeine (such as some pain and cold and flu medicines) became prescription only medication in the ACT.
- This change is the result of an extensive review and consultation undertaken by the Commonwealth Therapeutic Goods Administration (TGA) through the national medicines scheduling process.
- The ACT is supportive of the Commonwealth decision to upschedule codeine. The scheduling change has been adopted automatically under ACT medicines legislation.
- The national codeine changes were made to protect the community from harms associated with its use.
- Whilst low dose codeine has been used widely in the community for pain symptoms, the growing evidence of harms arising from over-the-counter codeine use and misuse are compelling and experts agree the harms greatly outweigh any benefit to consumers.
- There are safer alternative medicines available over-the-counter, which have been shown to be just as effective for treating mild to moderate pain.
- It is too early to comment on whether patient care or waiting times will be impacted by the rescheduling of codeine. ACT Health does not anticipate hospital emergency department or General Practitioner waiting times to be affected as a result of the changes. This is because effective alternative medicines that do not contain codeine are still available over-the-counter.
- ACT Health, including our drug and alcohol services, are prepared for the scheduling change. We have systems in place to ensure effective care for people presenting with substance abuse disorders.

Cleared as complete and accurate: 18/01/2018
Cleared by: Deputy Director-General Ext: 50883
Contact Officer Name: Conrad Barr Ext: 54402
Lead Directorate: Health

- The Council of Australian Governments Health Council is unanimous in its support for the rescheduling in the interest of national consistency across states and territories.
- ACT Health has received a range of correspondence from clinical representative groups, including local stakeholders such as the Australian Medical Association ACT Branch, about the public health benefits of rescheduling codeine.
- The TGA has a full suite of resources available for consumers about the changes on its website www.tga.gov.au.

Key Information

- To support health practitioners through the changes, the Capital Health Network held an information evening on 1 February 2018. A situational update on ACT stockholdings is as follows:
 - Some brands of previously over-the-counter codeine containing analgesics (such as Panafen Plus, Panadeine, Panadeine Extra and Panadeine Rapid Soluble) have been discontinued from the Australian market and are not available in community pharmacies.
 - Cold and flu preparations containing codeine have been reformulated by product sponsors and are still available over-the-counter without the codeine ingredient.
 - Other brands of low dose codeine-paracetamol and codeine-ibuprofen combination products are still available with prescription through community pharmacies in ACT.
 - Stock holdings within pharmacies have been impacted heavily due to the scheduling change and is highly variable between pharmacies. However the ACT Health understands many pharmacies hold up to two-to-three weeks of stock.
 - Wholesalers are out of stock of most low dose codeine products at the moment with an expected date of availability within a week.

Background Information – may not be suitable for public disclosure

- On 14 December 2016 the TGA announced a scheduling change for codeine under the Poisons Standard. The change means that over-the-counter medicines containing codeine would only be available on prescription from 1 February 2018.
- Recently, New Zealand Medsafe has made recommendations to upschedule cold and flu preparations and down schedule single active codeine preparations from 31 January 2020.

Cleared as complete and accurate: 18/01/2018
Cleared by: Deputy Director-General Ext: 50883
Contact Officer Name: Conrad Barr Ext: 54402
Lead Directorate: Health

- Single active agent codeine is currently a schedule 8 (controlled) medicine in Australia. Any proposal to down schedule single active codeine from schedule 8 to schedule 3 in the ACT is fundamentally not supported given the known harms and lack of benefit of low dose codeine for mild to moderate pain.
- The New Zealand Medsafe proposal is only a recommendation at this stage and is dependent on another committee recommending a change to the *Misuse of Drugs Act*.

Cleared as complete and accurate: 18/01/2018
Cleared by: Deputy Director-General Ext: 50883
Contact Officer Name: Conrad Barr Ext: 54402
Lead Directorate: Health

ISSUE: NEW COAG HEALTH FUNDING AGREEMENT 2020 TO 2025**Talking points:**

- The COAG Health Funding article published in The Australian newspaper dated 9 February 2018 states that Prime Minister Turnbull MP is offering States and Territories \$30 billion more in federal funding. This is simply not true.
- The combined total of the funding offered to the States and Territories between 2020 and 2025 is intended to be capped at 6.5 per cent growth funding per annum. This is not growth money – it is the same level of funding as currently received.
- This Commonwealth offer shifts the funding risks to States and Territories for public hospital services. The national health system has been growing well above 6.5 per cent growth funding per annum over the last three years.
- This means that the Commonwealth is not providing sufficient funding to meet the growing demand for public hospital services and the cost of delivering those services.
- The Commonwealth’s sign-up offer to a “Health Innovation Fund” on a population share basis would total less than \$1 million for the ACT. This is an insufficient sign-up incentive given that the Commonwealth owes the ACT approximately \$40 million for hospital services already provided in 2015-16 and 2016-17.
- The ACT is seeking better funding terms from the Commonwealth that is commensurate with actual public hospital activity and price inflation expectations over the term of the proposed new agreement.
- We are a small jurisdiction with limited revenue sources. The ACT has to safeguard its fiscal position and health system funding requirements for our community by negotiating fairer and better terms from the Commonwealth.

Cleared as complete and accurate: 12/02/2018
Cleared by: Deputy Director-General Ext: 77121
Contact Officer Name: Mohan Singh Ext: 71065
Lead Directorate: Health

TRIM Ref:

Background Information

- The current Commonwealth health funding to states and territories is predicated on national activity based funding and block funding, under the terms of the National Health Reform Agreement 2011.
- Commonwealth growth funding from 2014-15 to 2016-17 was paid to states and territories on the basis of uncapped hospital activity and 45 per cent efficient growth rate calculated using the national efficient price.
- The Addendum to the National Health Reform Agreement revised the original terms of this Agreement for 2017-18 to 2019-20 whereby Commonwealth growth funding has been capped at 6.5 per cent per annum for public hospital service delivery.

Cleared as complete and accurate: 12/02/2018
Cleared by: Deputy Director-General Ext: 77121
Contact Officer Name: Mohan Singh Ext: 71065
Lead Directorate: Health

TRIM Ref:

ISSUE: Health Services Union Concerns – Asbestos in staff room**Talking points:**

- The health and safety of staff, patients and visitors at Canberra Hospital, and all ACT Health facilities, is incredibly important to ACT Health and we take our responsibilities very seriously.
- The room referred to in the Health Services Union (HSU) media release was subject to an inspection by ACT Health's third party experts on 22 January 2018, and has been rated as "Normal" with the likelihood of "no exposure to airborne asbestos under normal building use".
- ACT Health acknowledges the presence of asbestos in some of our buildings constructed in the late 1960s and early 1970s.
- This is the case with many buildings with this age profile across Australia.
- In keeping with other property landlords across Australia, ACT Health have in place strict protocols to manage asbestos materials contained within our building stock.
- A key part of these protocols is the Building Asbestos Register, which is used to collate all information about the presence of asbestos material in our buildings.
- The register is regularly reviewed and updated by third party environmental experts to ensure that the latest information is available to staff and construction contractors at all times.
- Regular inspection and monitoring of areas of known or presumed asbestos locations is part of ACT Health's ongoing commitment to the Health, Safety and Wellbeing of its staff, patients and visitors.
- As required by legislation, visual inspections are undertaken by third party experts to determine the current condition, risk rating and associated mitigation if required.
- The relocation of staff members from one side of a corridor to the other side is required to accommodate essential infrastructure upgrades to ensure that ACT Health continues to deliver the high quality services that the community expect.

Cleared as complete and accurate: 21/02/2018
Cleared by: Executive Director Ext: 52248
Contact Officer Name: Colm Mooney Ext: 79186
Lead Directorate: Health

TRIM Ref:

- ACT Health, through its Health Infrastructure Services division, will continue to review its consultation process to ensure all impacted staff, patients and visitors are kept informed of disruptions arising from necessary ongoing improvement works at the Canberra Hospital.
- ACT Health met with the HSU today (Wednesday) and has a further meeting scheduled on Monday with the HSU to discuss their concerns about the relocation.
- ACT Health is always open to discussing issues that are of concern with staff and unions.

Background Information – may not be suitable for public disclosure

- **Will staff be moved back after the infrastructure upgrade?**
 - No. Latest advice from the Electrical Main Switch Board (EMSB) project contractor is that room will be fully utilised post upgrade works.
- **Does the room actually have running water?**
 - The alternative room does not have running water, however a watercooler and alcohol hand rub dispensers have been provided in lieu of running water.
 - Additionally staff have been reminded that they can access staff canteen facilities as well as staff breakout areas located across the campus and closer to the work areas.
- **Can ACT Health indicate the process for including staff in discussions/consultation about moving staff into the room in question?**
 - Relocation was first raised with the area on 7 November 2017.
 - Disturbance or Interference with Services , Safety or Traffic (DISST) form was signed off on 13 November 2017.
 - Three follow up meetings took place with the area to review marked up drawings of areas impacted by planned works.
 - Frequent dialogue with area, including the development of All Staff Communications throughout January 2018 leading up to relocation works in early February 2018.

Cleared as complete and accurate: 21/02/2018
Cleared by: Executive Director Ext: 52248
Contact Officer Name: Colm Mooney Ext: 79186
Lead Directorate: Health

TRIM Ref:

ISSUE: ARINS AND SEAS

Talking points:

- There are currently 272 staff in ACT Health covered by Attraction and Retention Incentives (ARIns) and Special Employment Arrangements (SEAs).
- Total expenditure on ARIns/SEAs in 2016/17 was \$17,311,022.14, the vast majority of which went to doctors.
- 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.

Key Information

- ARIns are provided for under all ACTPS enterprise agreements.
- The ARIn model was introduced in the 2013 bargaining round. It replaces the broadly similar SEA provisions.
- The major area of use in ACT Health is in respect to senior medical staff, generally in areas where necessary skills are subject to very limited availability, or where a speciality is essential to service delivery.

They have also been used to address gaps in enterprise agreement provisions pending consideration and discussion of potential changes to those enterprise agreements.

Background Information – may not be suitable for public disclosure

- There are currently 272 ACT Health staff covered by ARINs and SEAs:
 - 145 doctors
 - 98 health professionals
 - 18 dentists
 - Two administrative staff
 - One nurse
 - Eight support staff (to correct an EA oversight)

Cleared as complete and accurate: 06/02/2018
Cleared by: Executive Director Ext: 51086
Contact Officer Name: Steven Linton Ext: 75569
Lead Directorate: Health

TRIM Ref: GBC18/42

- The annual review process is likely to result in a reduction to the number of these arrangements.
- Total expenditure on ARins/SEAs in 2016/17 was \$17,311,022.14, the vast majority of which went to doctors.
- While designed to address attraction and retention issues, they have in the past been used extensively to provide conditions top-ups for groups, including ongoing entitlements. Examples include provision for the payment of senior doctors for undertaking additional work on weekends – often associated with ‘surgical blitzes’ – as well as provisions dealing with market issues in certain professions – such as mental health psychologists, perfusionists and pharmacy.
- Going forward, these ongoing arrangements are being considered for incorporation in relevant enterprise agreements.
- Several of the medical practitioners covered by SEA/ARIn arrangements have raised concerns as to the legality of attempts to review, and potentially reduce or remove, existing entitlements. It is expected that at least some doctors will bring legal action against the Territory should their ARIns be reduced or ceased.
- Given the range of medical services reliant on staff who are covered by existing SEAs/ARIns, including anaesthesia, intensive care, emergency, rescue and retrieval, radiation oncology and medical imaging, there is considerable concern about the potential impact on the ability of ACT Health to deliver services if these arrangements become the subject of legal action, and/or affect our ability to attract and retain appropriate skills in the health services.
- ACT Health is currently developing an approach designed to minimise these risks with specific regard to the arrangements applying to medical practitioners. This may involve freezing payments for a number of these arrangements, to allow for increases in base pay to absorb the amount of the ARIn over time.

Cleared as complete and accurate: 06/02/2018
Cleared by: Executive Director Ext: 51086
Contact Officer Name: Steven Linton Ext: 75569
Lead Directorate: Health

TRIM Ref: GBC18/42

ISSUE: BARIATRIC SURGERY**Talking points:**

- The Government has provided funding to establish a public bariatric surgery service.
- Clinical eligibility for this surgery is determined by doctors in the Obesity Management Service (OMS), followed by an assessment with a general surgeon, who performs the procedure.
- Canberra Hospital began delivering bariatric surgery in late 2017. By the end of December 2017, three surgeries had been completed, with further patients identified for review to establish their clinical eligibility for this procedure.
- Assessment of the pathway and model of care is ongoing.

Key Information

- Bariatric surgery provides a surgical option for people struggling with obesity and is closely linked to the OMS.
- In 2017, the OMS Model of Care was revised to strengthen the criteria and clinical pathway for patients who may benefit from bariatric surgery, including post-operative review and management.

Background Information – may not be suitable for public disclosure

- In October 2013, the ACT Government released the Towards Zero Growth Healthy Weight Action Plan (Towards Zero Growth), which set the target of ‘zero growth’ for obesity in the ACT by 2020. The Action Plan identified initiatives including \$1.03 million over four years for bariatric surgery.
- Towards Zero Growth identified six themes where regulatory control and preventative initiatives would be implemented, including: food environments, schools, workplaces, urban planning, social inclusion and evaluation.
- The Government committed to providing public bariatric surgery from February 2015 based on informal, yet sound agreements between ACT Health and the entity who was then the sole provider of these services. However, there were delays in establishing the service. Infrastructure requirements and a relatively small number of cases led ACT Health to consider a tender to the private sector.

Cleared as complete and accurate: 18/01/2018
Cleared by: Chris Bone Deputy Director-General Ext: 6244 2728
Contact Officer Name: Daniel Wood Ext: 6244 3515
Lead Directorate: Health

- In 2016, discussions occurred with two General Surgeons who conduct private bariatric surgery in the ACT. In 2017, the surgeons committed to conducting bariatric surgery for public patients at Canberra Hospital.

Cleared as complete and accurate: 18/01/2018
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Lead Directorate: Health

ISSUE: HEALTHY AND ACTIVE LIVING AND PREVENTIVE HEALTH**Talking points:**

- The ACT Government is providing \$4 million from 2017-18 for four years to develop a healthy and active living strategy focused on prevention.
- This builds on significant investment in prevention through the whole-of-government Healthy Weight Initiative, which commenced in 2013.
- The strategy will build on work to date to address high risk factors for chronic disease and focus on supporting all Canberrans to make healthy and active living their way of life.
- The strategy will look to make Canberra a centre of excellence for preventive health research and businesses and promote Canberra as a destination of choice to live, work and visit for the healthy and active lifestyle it offers.
- Activities being progressed in 2017-18 are a targeted strategy addressing the key risk factors for chronic disease and promoting innovation.
- I have also allocated \$100,000 for five new water refill stations to further support Canberrans with participation in recreational activities.
- In addition, applications are open for \$2.7 million available under the Health Promotion Grants for community based projects and programs.

Key Information

- A CBR Innovation Network event is being held on 16 February 2018 to reach new collaborators and partners in preventive health to promote innovation. Funding of \$5,000 to \$8,000 will be provided for up to three projects arising from the event.
- The University of Canberra is being provided \$150,000 to develop a concept proposal for a healthy and active living lab, noting Canberra, as a compact city, is attractive as a test bed for new approaches to health and wellbeing in real world settings.
- The strategy will be developed through to June 2018, including determining the scope, undertaking research on what it means to the community and appropriate branding. This will align with preventive health programs targeting chronic disease. A cross-government stocktake of current activities will be used to promote healthy and active living to Canberrans and Canberra as a destination.

Cleared as complete and accurate: 24/01/2018
Cleared by: Choose an item. Ext:75564
Contact Officer Name: Helen Stokes Ext:50958
Lead Directorate: Chief Minister, Treasury and
Economic Development

- Over the duration of the *Healthy Weight Initiative*:

Measure	Result*
Overweight and obese adults	Remained steady at 63%
Overweight and obese children	Slight decrease from 26% to 25%
Overweight and obese kindergarten children	Remained steady at 16%
Proportion of children regularly consuming sugary drinks	Decreased from 36% to 23%
Children eating two serves of fruit daily	Remained steady
Children riding or walking to school	Increase from 34% to 39%
Children meeting physical activity guidelines	Decreased from 19% to 15%

*Sourced from the *Healthy Weight Initiative 2016-17 Progress Report*

Background Information – may not be suitable for public disclosure

- Chronic disease is responsible for over two-thirds of the disease burden in Australia and the ACT and impacts heavily on health system usage and cost. Many chronic diseases arise from a few known risk factors, including smoking, risky alcohol consumption, high body mass, physical inactivity and high blood pressure. It is estimated that 31 per cent of the total burden of disease in Australia is potentially preventable by modifying common risk factors.
- On 10 April 2017 you hosted an initial stakeholder forum to assist the government in refocussing its prevention efforts. Participants included public health experts, practitioners, business owners, academics, non-government organisations and peak bodies.
- On 6 November 2017 at the *Preventive Health Launch* you announced the CBR Innovation Network collaborative innovation session, funding to the University of Canberra for the living lab and the *Health Promotion Grants*.
- The status of initiatives under the *Healthy Weight Initiative* will be considered as development of the *Healthy and Active Living* strategy progresses to determine which activities will continue. As at February 2018, funding from *Healthy and Active Living* will be provided to support *It's Your Move* (aimed at high school students developing creating solutions to improving school health) and *Fresh Tastes* (aimed at making healthy food and drinks a bigger part of everyday life at primary schools).
- On 6 November 2017 you announced the \$2.7 million *ACT Health Promotion Grants Program* for initiatives that aim to improve the health of the ACT community. Applications opened on 20 November 2017. Information on applying is available through the ACT Health website.
- The ACT Health Promotion Grants Program has two streams. Healthy Canberra Grants (total funding \$2.6 million) are offered for large scale projects of up to three years commencing from 2018-19 with applications closing on 23 February 2018. The Health Promotion Innovation Fund (total funding \$100,000) offers up to \$15,000 for smaller-scale innovative health promotion projects for 2018-19 with applications closing on 2 March 2018.

Cleared as complete and accurate: 24/01/2018
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 Lead Directorate: Chief Minister, Treasury and Economic Development

ISSUE: MEDICINAL CANNABIS**Talking points:**

- The ACT Controlled Medicine Prescribing Standards were updated in October 2017 to include prescribing standards for medicinal cannabis. The update allows prescribers to obtain a category approval to prescribe medicinal cannabis to patients for certain conditions. Information on Controlled Medicines Prescribing Standards and application form are available on the ACT Health Website.
- The ACT Medicinal Cannabis Scheme has been developed to align with the Commonwealth scheme. ACT Health continues to work closely with the other state and territory jurisdictions on medicinal cannabis matters.
- ACT Health has received two applications seeking approval to prescribe medicinal cannabis.
- Cannabis may only be prescribed as a Schedule 8 medicine in the ACT where its use has been approved under Commonwealth and ACT laws. Possession and supply of all other cannabis, whether for medicinal or recreational use, remains illegal in the ACT.

Key Information

- Medicinal cannabis is listed as a Schedule 8, controlled drug, under the Poisons Standard. In order to prescribe cannabis as a controlled medicine, doctors are required to obtain authority from the ACT Chief Health Officer (CHO) under the same process which applies for other controlled medicines such as opiates and amphetamines.
- On 22 December 2017, the Commonwealth released its medicinal cannabis guidance documents to assist those practitioners with prescribing medicinal cannabis. The aim of these guidance documents is to educate and inform prescribers in prescribing medicinal cannabis for their patients. The guidance documents are available on the Therapeutic Goods Administration website.

Background Information – may not be suitable for public disclosure

- The Medicinal Cannabis Medical Advisory Panel (MCMAP) has been established to provide critical clinical advice to the ACT Medicines Advisory Committee and ACT CHO on issues relating to prescribing medicinal cannabis. The MCMAP held meetings on 26 July 2017 and 17 November 2017.

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Cleared by: Deputy Director-General Ext: 50883
Contact Officer Name: Conrad Barr Ext:54402
Lead Directorate: Health

- A second expert committee, the Medicinal Cannabis Advisory Group (MCAG) has also been established and held its inaugural meeting on Monday 18 September 2017. The MCAG has been established to provide advice to Government on the broader non-clinical, economic, legal and social issues related to the introduction of a medicinal cannabis scheme in the ACT.
- ACT Health has approved the prescribing for one patient. A second application has been processed but ACT Health is seeking further information from the prescriber.

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ISSUE: NATIONAL PARTNERSHIP AGREEMENTS**Talking points:**

- Under the Intergovernmental Agreement on Federal Financial Relations (IGR FFR), the Commonwealth consolidated a wide range of Commonwealth-State agreements.
- These agreements are complemented by two forms of time limited-funding streams to be spent in the relevant sector/s. The funding streams are:
 - National Partnership Agreements (NPAs), which provide time limited funding for specific projects and service delivery reforms; and
 - Project Agreements (PAs) which are a simpler form of NPAs, for low value and/or low risk projects.

Key Information**Expiring and continuing NPAs and PAs in the ACT:**

- PA on Expansion of the BreastScreen Australia Program

This PA commenced in 2014 and expired on 30 June 2017. Under this PA, the ACT received the total allocated funding of \$1,097,000.

The 2017-18 Commonwealth Budget announced funding of \$64.4 million nationally for a further four year extension to enable BreastScreen Australia to continue to actively engage women aged 70 to 74 years in the breast screening program. Of the \$64.4 million, the States and Territories will receive \$60.3 million over the next four years, and \$4.1 million will be dedicated to BreastScreen Australia research and evaluation activities, particularly for the evaluation of the results from the age group expansion. The breakdown of funding allocation of the \$60.3 million to the States and Territories has not yet been announced.

The final draft is yet to be circulated by the Commonwealth to all jurisdictions. At this stage, the negotiation process between the Commonwealth Department of Health and the States and Territories is ongoing.

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- National Bowel Cancer Screening Program - participant follow-up function (Schedule D of the Specified Projects NP)

This NPA will expire on 30 June 2018. The total funding for the ACT from 2014-15 to 2017-18 is \$554,564. The Commonwealth Budget 2017-18 did not provide any indication regarding funding beyond the expiry date.

- PA on Vaccine Preventable Diseases Surveillance Program

You recently agreed to a new PA to continue with this program from 1 July 2017 to 30 June 2020. Commonwealth Budget 2017-18 announced that total funding for the ACT under the new PA is \$111,000 over three years, from 2017-18 to 2019-20.

- OzFoodNet (Schedule C of the Specified Projects NP)

This initiative supports the delivery of OzFoodNet, a national system of enhanced foodborne disease surveillance. This Schedule replaces the previous Project Agreement for the OzFoodNet Program. A new Schedule for 2016-20 has been finalised and agreed to by the ACT Health Minister. The ACT will receive \$576,000 in funding across the four year period.

- NPA on Essential Vaccines (NPAEV)

The ACT has agreed to and signed a new NPAEV which is valid until 30 June 2021. This replaces a previous NPAEV which did not allow payments to be made beyond 2016-17.

Under the previous NPAEV, the ACT received approximately \$200,000 annually as incentive payments. The incentive payments associated with the new NPAEV are dependent on the achievement of five benchmarks and one milestone. It is anticipated that the one milestone will be easily attainable, however achievement of the five benchmarks will require further effort and resources which will consume most of the additional funding received under the NPAEV.

The Commonwealth Budget 2017-18 announced that approximately \$12.5 million is to be allocated to the ACT to cover 2016-17 to 2020-21 delivery of the immunisation program including cost of the vaccinations, promotional elements and staffing.

- Project Agreement - Additional Assistance for Public Hospitals

Under this PA, the ACT has signed an agreement with the Commonwealth: Agreement for minimum Commonwealth funding for public hospital services in the Australian Capital Territory. The ACT Chief Minister signed the agreement on 28 March 2017.

This agreement supports guaranteed minimum Commonwealth funding for ACT public hospital services each year for the period 2017-18 to 2019-20. The Commonwealth funding is for additional assistance for public hospitals in the event that growth in National Health Reform Agreement (NHRA) funding is lower than growth in Consumer Price Index and national population in a given year.

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Payment occurs following the completion of reconciliation under the NHRA. All payment will be outside of the National Health Funding Pool and will not be considered in subsequent years.

New Upcoming NPAs/PAs:

- NPA on Public Dental Services for Adults

In December 2016, the Commonwealth announced its proposal for the new NPA on Public Dental Services for Adults would commence from 1 January 2017, with proposed Commonwealth funding of almost \$2.2 million to be made available for the ACT over 2.5 years (from 1 January 2017 to 30 June 2019). This means that the average funding for the ACT will be \$870,000 per annum, which is a significant funding reduction from \$2.3 million per annum received by the ACT under the previous NPA on Adult Public Dental Services (the previous NPA).

Under the new NPA, the Dental Health Program under ACT Health is required to maintain the same level of activity as in the previous NPA, however, with much less funding, higher performance targets and less value attributed to Dental Weighted Activity Units (a measure of dental service activity expressed as a common unit which is used in all Commonwealth funded dental programs).

The ACT will be able to achieve the target required under the new NPA due to a revised model of care implemented on 1 July 2017. In December 2017 the Minister for Health and Wellbeing agreed to sign the new NPA.

- Agreement on Encouraging more clinical trials in Australia

ACT Health is a member of the Clinical Trials Jurisdictional Working Group (CTJWG) established in late 2014. The Commonwealth Budget 2017-18 announced funding of \$7 million nationally over four years to support clinical trial system redesign at the jurisdictional level.

The ACT was successful in its bids for funding to the Commonwealth on two of the five priority action areas endorsed by AHMAC: coordination units for management of clinical trial activities; and enhancement of data and knowledge systems.

Following the signing of the project agreement and its bilateral project schedules imminently, the ACT will receive \$715,000 Commonwealth funding over four years. Funding is scheduled to be paid as per following:

2017 - 18	\$50,000 on signing \$205,327 by end of financial year
2018-19	\$153,225
2018-20	\$153,225
2020-21	\$153,225

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ISSUE: NO JAB NO PLAY – PROPOSED INTRODUCTION**Talking points:**

- On 9 June 2017 the Council of Australian Governments (COAG) announced that the Health and Education Councils would develop options to implement a consistent national approach to increase immunisation rates in early education and care services (No Jab No Play).
- A COAG paper has been developed and outlines a proposed set of options to address the COAG request. It also describes options to provide information to families about immunisation rates in early education and care services, also requested by COAG. The paper has been presented to the Education Council and will be presented to the Health Council.
- The aim of No Jab No Play is to improve vaccination rates and reduce the spread of vaccine preventable diseases. The policy may remind parents to prioritise their child's immunisation thereby increasing immunisation coverage rates.
- A No Jab No Play policy does not currently exist in the ACT. ACT Health requests schools, preschools and childcare centres to obtain immunisation records of all children at their facility. A copy of these records should be sent to ACT Health. Not being fully immunised does not preclude a child from being enrolled into the facility. Under the *Public Health Regulations 2000*, the Chief Health Officer may exclude unimmunised children if there is an outbreak of a vaccine preventable disease.

Key Information

- No Jab No Play legislation varies across jurisdictions. Tasmania, Western Australia and the Northern Territory do not currently have legislation that would preclude an unimmunised child from early education and care services. Queensland, New South Wales and Victoria have legislation for immunisation requirements being a necessary part of enrolment, however, some details including the obligations of child care centres may differ. South Australia is currently introducing legislation regarding immunisation and enrolment into early childhood education into its parliament.

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- The ACT currently enjoys high childhood immunisation coverage rates. The annualised coverage data for the previous 12 months (to 30 June 2017) shows that 95, 92 and 94 per cent of one, two and five year olds respectively were fully immunised. Nationally, for the same period, the immunisation coverage rates were 93, 91 and 93 per cent for one, two and five year olds respectively.
- There may be many reasons for a child not being fully immunised. These could include parental apathy or indecision about immunisation, inability to access an immunisation service, financial constraints (non bulk billing GPs), or other practical reasons. Data held by the Australian Childhood Immunisation Register prior to the No Jab No Pay policy showed that only one to two per cent of children unimmunised is due to parents being conscientious objectors to vaccination.
- On 22 March 2017 the ACT Legislative Assembly passed a motion to give in-principle support to the implementation of a 'No Jab No Play' policy which would prevent unvaccinated children without a medical exemption to enrol in ACT childcare centres. There was also agreement that: there should be a nationally consistent approach to this policy and that it should be underpinned by a funded and accessible National Immunisation Program; and that changes to immunisation policy would address the needs of children who are not immunised due to disadvantaged circumstances.
- Sensitivities of this proposal include the perception that the government is implementing compulsory immunisation. This can be a contentious issue and raises questions of human rights. It is highly likely that the anti-vaccination lobby would be extremely active over this proposal which may result in negative effects on immunisation rates. If a No Jab No Play policy were to be introduced consultation with internal and external stakeholders as well as the Commonwealth Government and other jurisdictions will be required.

Background Information – may not be suitable for public disclosure

- On 11 March 2017 the Prime Minister of Australia, the Hon Malcolm Turnbull MP, proposed that all jurisdictions implement legislation that excludes children who are not vaccinated from childcare and preschool (No Jab No Play) and that that the immunisation rates at all preschools and child care centres be made publically available.

Cleared as complete and accurate: 18/01/2018
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Lead Directorate: Health

ISSUE: TRAUMA SERVICES OVERVIEW**Talking points:**

- ACT Health is working towards verification of the Trauma Service at Canberra Hospital and Health Services (CHHS) will enable the Royal Australasian College of Surgeons (RACS) to consider and provide verification of the Trauma Services at CHHS.
- The expansion of the Trauma Service aligns with the Your Health – Our Priority, streamlining the hospital journey for major trauma patients, allowing for enhanced quality of care and assists with the reduction of access block with in the CHHS Emergency Department (ED).
- The expanded Trauma Service will work closely with the Capital Region Retrieval Service and ACT Ambulance Services to assist in rapid and effective management of trauma patients. It will allow for consultant oversight and consideration of all aspects of care for multiple-injured, complex and time intensive trauma patients, providing continuity of care and consistency to patients and families.
- This initiative will improve the quality, efficiency and effectiveness of care when compared to the current arrangement, in which trauma patients are cared for by organ specific surgical disciplines.

Key Information

- Expected results of the implementation of the Trauma Model of Care include:
 - Reduced time to operating theatre for trauma patients with life or organ threatening injuries;
 - Reduced returns to theatre due to complications;
 - Reduced length of stay in the Intensive Care Unit; and
 - Reduced length of the overall inpatient stay.
- ACT Health is current working with the General Surgeons who support the Trauma Service to develop an on-call rostering process that is equitable across all sub-specialty disciplines within the General Surgery Unit.

Cleared as complete and accurate: 06/03/2018
Cleared by: Deputy Director-General Ext: 42728
Contact Officer Name: Chris Bone Ext: 42728
Lead Directorate: Health

Background Information – may not be suitable for public disclosure

- In October 2017, the Director of the Trauma Service requested additional financial recognition of the work required to support the Trauma Service.
- This request was based on the additional on-call responsibilities that are required to support the Trauma Service on-call roster.
- General surgeons who participate in the Trauma on-call roster are also required to support the General Surgical unit roster that covers both CHHS and Calvary Bruce Hospital.
- The trial of the Trauma Service Model of Care is dependent on the issue of on-call responsibilities being resolved. The 12 month trial of the Model of Care can then commence with assessment being undertaken by the Royal Australasian College of Surgeons at the end of the trial period.
- The Clinical Director Division of Surgery and Oral Health has developed a roster template that is fair and equitable across all of the General Surgery Unit responsibilities and the number of surgeons available.
- Due to the Christmas/New Year period and surgeon leave, discussions on the roster template are unable to be progressed until March 2018.

Cleared as complete and accurate: 06/03/2018
Cleared by: Deputy Director-General Ext: 42728
Contact Officer Name: Chris Bone Ext: 42728
Lead Directorate: Health

ISSUE: University of Canberra Hospital - Update

Talking points:

- The University of Canberra Hospital (UCH) construction works are now complete:
 - Milestone 1 was completed in November 2017; and
 - Milestone 2 (final) completion occurred on 14 February 2018.
- Operational commissioning activities have commenced and ACT Health has had full access to the facility from 15 February 2018.
- The facility was formally handed over from Multiplex to ACT Health at an event on 19 February 2018.
- I announced at the event that the hospital has officially been named the University of Canberra Hospital.
- Work has also commenced with the United Ngunnawal Elders Council to select an appropriate Ngunnawal word to name the building.
- The hospital is on track to open in July and will be Canberra's first purpose-built hospital for people recovering from surgery or injury, or experiencing mental illness.

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 \$195.405 million.
- UCH will have the capacity for 140 overnight beds (RACC – 120 and Mental Health 20), 75 day service places (RACC – 50 and Mental Health 25) and additional outpatient services. Key services will include rehabilitation, adult mental health and aged care with both inpatient units and day services available in each area.
- The opening bed numbers at UCH will not be at full capacity at the commencement of service. Full capacity will be achieved over the early years of operation.

Cleared as complete and accurate: 21/02/2018
Cleared by: Deputy Director-General Ext: 52248
Contact Officer Name: Colm Mooney Ext: 79186
Lead Directorate: Health

TRIM Ref:

- The hospital will support innovative teaching and training of future health professionals, with co-location of UC teaching facilities, enabling joint clinical training, teaching and research opportunities between the UC and ACT Health.
- The Head Contractor, Multiplex, designed and constructed the hospital, and Brookfield Global Integrated Solutions will provide ongoing facility management services.
- Site preparation works commenced in early January 2016, with tree removal occurring in accordance with *Environmental Planning and Biodiversity Conservation Act 1999* obligations.
- Site establishment by the Head Contractor commenced on 18 January 2016. A smoking ceremony and first sod turning event was held on 8 February 2016.
- The 100 per cent final sketch plan design for the UCPH was approved in May 2016.
- A minimum of 710 car parks will be provided to service UCH (310 car parks on site and a minimum 400 car parks on an adjoining site of UC land). Car park site earthworks commenced in August 2017 and will be completed by mid-2018.
- A two-stage procurement process (open market expression of interest the shortlisted competitive lump sum tender) was conducted by the UC for the car park and PBS Construction Limited were awarded the Design and Construction contract.
- A separate Development Application (DA) for the minimum 400 car park spaces was approved on 28 June 2017.

Background Information – may not be suitable for public disclosure

- On Thursday 4 August 2016, a fatality occurred on the UCPH site while a small mobile crane was operating on the site. An ACT Police and Worksafe investigation is still ongoing.
- During 2016 there were a number of prohibition and improvement notices applied to the UCPH site. This performance has improved during 2017 with no prohibition and improvement notices issued.
- Historically the Australian Nursing and Midwifery Federation (ANMF) raised concern around the consultation process associated with Service Delivery Plans for UCPH. The Territory made a commitment to ensure that the ANMF are engaged on future design committees.
- The DA for UCPH, which also provided for 250 basement level parking spaces and 60 ground level parking spaces, was approved on 7 October 2015.
- On 20 November 2015, following a procurement process, the UCPH Head Contractor was announced for the Design, Construct, and Maintain contract for the facility. Multiplex (MPX) were engaged to design and construct the hospital, and Brookfield Global Integrated Solutions will provide ongoing facility maintenance. The initial contract value for MPX to design and construct the UCPH was \$138.59 million.

Cleared as complete and accurate: 21/02/2018
Cleared by: Deputy Director-General Ext: 52248
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Lead Directorate: Health

TRIM Ref:

- Following the appointment of MPX, a development application amendment containing detailed plans of the UCPH was lodged in January 2016 and available for public comment until 9 February 2016. No comments were received.
- The amendments reflect the design created by the Head Contractor and include site plans, landscape design and details of the new road to be built along the eastern and southern sides of the facility.
- Two subsequent minor DA amendments have been approved capturing final roof, facade and window details and configurations. Due to the minor nature they were not listed for public comment.

Cleared as complete and accurate: 21/02/2018
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TRIM Ref:

**ISSUE: ACT HEALTH TERRITORY-WIDE HEALTH SERVICES FRAMEWORK
2017-2027****Talking points:**

- On 18 September 2017, the Minister for Health and Wellbeing announced the draft Territory-wide Health Services Framework 2017-2027 (the Framework).
- The Framework informs the strategic direction for ACT Health over the next ten years for the delivery of clinical and community-based Territory-wide health services.
- The Framework provides the foundation for ACT Health to commence engagement with internal and external stakeholders to develop Specialty Service Plans (SSPs) and Models of Care.
- The SSPs are being developed in consultation with clinical staff and will incorporate input from other key stakeholders, including relevant non-government organisations and community-based organisations.
- Consultation on the SSPs with staff within ACT Health commenced in December 2017, with wider consultation with the community planned for late April 2018.
- Engagement from staff about the development of the SSPs has been very positive.
- A Territory-wide Health Services Advisory Group (the Advisory Group) has been established to inform the Territory-wide health services planning work and to provide high-level advice on the policies and programs that will be part of the Framework.
- The Advisory Group draws on the experience of a broad range of organisations from the Canberra community and is made up of health experts and community sector representatives.
- Membership of the Advisory Group was announced in December 2017.
- The first meeting of the Advisory Group was held on 31 January 2018.

Cleared as complete and accurate: 24/01/2018
Cleared by: Executive Director Ext:59010
Contact Officer Name: Jodie Chamberlain Ext:59010
Lead Directorate: Health

Key Points

- ACT Health was developing a Clinical Services Plan (CSP) 2017-2027 (previously known as the Clinical Services Framework). This has now been replaced by the Territory Wide Health Services Framework.
- Work completed to date includes the review of the services that ACT Health is currently providing. This activity was aligned with the ACT Government's population projections to enable estimates for demand for health services over the next ten years.
- ACT Health has also established a dedicated website for the Territory-wide health services planning work. ACT Health will continue to provide information and regular updates via email to stakeholders, as well as through the website.
- The members of the Territory-wide Health Services Advisory Group are:
 - Associate Professor Nicolas Cherbuin, ANU Research School of Population Health
 - Lisa Kelly, CEO of Carers ACT
 - Simon Viereck, Executive Officer of Mental Health Community Coalition ACT
 - Gaylene Coulton, CEO of Capital Health Network
 - Darlene Cox, Executive Director of Health Care Consumers Association
 - Scott Clouder, LGBTIQ Ministerial Advisory Council
 - Donna Murray, CEO of Indigenous Allied Health Australia
 - Professor Gabrielle Cooper, University of Canberra
 - Dr Rashmi Sharma, General Practitioner
 - Sandra Turner, CEO of Cancer Council ACT
 - Dougie Herd, Chair ACT Disability Reference Group
- The following senior ACT Health positions are included as members of the Advisory Group to provide additional clinical expertise:
 - Chief Medical Officer
 - Chief Nursing and Midwifery Officer
 - Chief Allied Health Officer

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Lead Directorate: Health

ISSUE: ACT HEALTH SYSTEM-WIDE DATA REVIEW

Talking points:

- The data reporting issues found in ACT Health are administrative in nature and do not affect the quality of the health services that we deliver to the community.
- There continues to be no impact on ACT Health's day to day service delivery.
- The delivery of high quality health services to the Canberra Community is a key priority of the ACT Government, and reporting and data are the foundations of an informed and efficient health system. The ACT System-Wide Data Review (System-Wide Review) pillars and domains form the foundations for quality data for the Directorate.
- Work to date on the System-Wide Review has predominately focused on repair and investigation of data integrity issues, system issues and business processes, whilst at the same time providing the opportunity to renew existing performance, reporting and data structures.
- Whilst the System-Wide Review work will address and embed the fundamentals of best practice data management, a mid-point assessment has been commissioned to frame the outcomes of the Review and identify future opportunities that will support end to end performance across the Directorate.
- The outcomes of the System-Wide Review will be presented to the Assembly in April 2018.
- The Minister for Health and Wellbeing has committed to being open and transparent with Members throughout this process and this is demonstrated by:
 - quarterly updates to the ACT Legislative Assembly with the last update provided in November 2017;
 - the ACT Government and ACT Health welcoming the agreement by the Auditor-General's Office to include ACT Health Data and

Cleared as complete and accurate: 19/01/2018
Cleared by: Deputy Director-General Ext: 77121
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Lead Directorate: Health

TRIM Ref: GB18/44

Reporting on their 2017-18 Audit Program, which was previously requested by the ACT Health Director-General; and

- engagement of an independent auditor to assess and baseline the current status of each of the 175 external audit and review recommendations. This robust independent assessment will continue throughout the life of the System-Wide Review including a quarterly review to validate the effectiveness of the implementation of the recommendations.
- The work of the System-Wide Review is progressing with a number of development activities underway. These include:
 - Releasing requests for quotes to the market for a number of strategies; for example a rolling audit program that will provide assurance for end to end data management across the systems. External resources will provide the necessary independence, expertise and technical skills to deliver a comprehensive audit.
 - prioritisation and release of the first phase of essential internal and external data reports in accordance with new governance processes allowing ACT Health to meet timeframes for mandatory reporting to national agencies such as the Productivity Commission for the next release of the 2018 Report on Government Services (ROGS);
 - commencement of work on a new enterprise data warehouse;
 - upgrading source systems; for example the latest upgrade to the Mental Health Clinical system will ensure that comprehensive mental health data is available to meet national reporting requirements;
 - developing and reviewing a range of policies and procedures based on lessons learnt;
 - maintaining strong relationships with external stakeholders such as the Australian Institute of Health and Welfare and the Independent Hospital Pricing Authority;
 - continuing to prioritise data requests for both internal and external parties with appropriate caveats where necessary;
 - refining the Work Program to address new recommendations from other reports and addressing any gaps;

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TRIM Ref: GB18/44

- implementing a range of quality activities such as ongoing quality improvement activities; for example reviewing policies and procedures based on lessons learnt;
- reviewing the functionalities of the ACT Health division responsible for data to ensure an appropriate focus on core activities particularly governance;
- engaging a range of resources, both internal and external, to ensure capabilities are available; and
- filling a number of key senior positions to support stability and leadership.

Key Information

Nil.

Background Information – may not be suitable for public disclosure

- In 2016 ACT Health was unable to meet deadlines for several national data collections due to the ongoing identification of data management and reporting issues.
- In 2016 PricewaterhouseCoopers (PwC) were engaged to analyse a number of ACT Health data and reporting processes such as the annual and quarterly reports. This engagement found a number of data quality issues with the ACT Health data and reporting resulting in a further engagement with PwC to develop a range of methodologies for the production of data and associated reports from Business Performance and Information Decision Support Branch. For example, PwC developed:
 - processes to extract data from source systems; wrote and developed complex code for the production of indicators from various data sets; and
 - standards to encompass definitions and methodologies for producing each indicator; and, cross referenced ACT Health's internally derived figures.
- This initial development work and subsequent recommendations by PwC now forms the foundations that will underpin the direction of the ACT Health System-wide review activities. For example, PwC methodologies and recommendations where practical will be assessed and expanded across all ACT Health reported data and not just a subset of reports such as the annual and quarterly reports.
- On 14 February 2017, Minister for Health and Wellbeing, Minister Fitzharris announced that an ACT Health system-wide review of data would be undertaken.
- On 28 March 2017 Minister for Health and Wellbeing, Minister Fitzharris made a Ministerial Statement in the ACT Legislative Assembly and tabled Terms of Reference for the System-Wide Review.
- There is significant sensitivity about ACT Health's ability to report accurate data. The Terms of Reference support a transparent and timely approach which is underway.
- The Review Panel members are the:

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Lead Directorate: Health

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- Deputy Director-General, Performance, Reporting and Data, ACT Health
- Deputy Director-General, Canberra Hospital and Health Services, ACT Health
- Chief Information Officer, ACT Health
- Chief Technology Officer, Shared Services ICT
- Chief Executive Officer, National Health Funding Body
- Senior Executive, Australian Institute of Health and Welfare, Hospitals, Resourcing and Classifications Group
- Director, Research School of Population Health, ANU College of Medicine, Biology and Environment
- The System-Wide Review is due to be complete by 31 March 2018.

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TRIM Ref: GB18/44

ISSUE: WORKPLACE BULLYING AND HARASSMENT**Talking points:**

- ACT Health takes all reports of workplace bullying and harassment seriously with a zero tolerance to such behaviour. ACT Health actively works to manage and prevent inappropriate behaviours in the workplace.
- Since 2011, ACT Health has embedded the principles of the ACT Public Service's Respect, Equity and Diversity (RED) Framework and has developed training programs to educate staff on respectful workplace behaviours and educate managers on how to manage complaints of inappropriate behaviour, including:
 - Respect At Work All Staff Workshop;
 - Respect At Work Managers Seminar; and
 - Addressing Workplace Issues – Preliminary Assessment for Managers.
- Avenues for staff to raise incidents of bullying and harassment in the workplace include:
 - Staff can raise issues with People and Culture (HR), Employee Relations Unit who can provide advice with dealing with alleged instances of bullying;
 - Staff can discuss the alleged bullying with their Senior Manager;
 - Staff can raise 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, reported through Riskman, are managed in accordance with the relevant Enterprise Agreements; and
 - ACT Health has an established network of over 100 RED Officers in all professions. Staff may contact their local RED officer to discuss alleged bullying claims.
- The 2015 KPMG Review of the Clinical Training Culture made seven key recommendations which are being addressed and implemented through the Medical Culture Action Plan, endorsed in May 2016 by the Clinical Culture Committee (CCC). The Medical Culture Action Plan includes a number of initiatives identified to address each of the seven recommendations. Progress on the Medical Culture Action Plan includes:
 - The Senior Doctor Leadership Program for Clinical and Unit Directors commenced delivery in August 2016 and concluded in June 2017;

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TRIM Ref: GBC18/42

- The Respect at Work Policy has been reviewed and officially endorsed by the Policy Advisory Committee. The policy applies to all staff and focuses on promoting a positive workplace;
 - The ACT Health Statement of Culture has been drafted and will be consulted on before finalisation;
 - The Medical Culture Communications Strategy is being developed to promote the work of the CCC;
 - Performance planning processes are being refined to focus on desired leadership behaviours for doctors;
 - 360 degree tools have been developed and utilised to broaden sources for feedback. Consumer feedback will be utilised for feedback on performance where available and
 - Policies for managing unacceptable behaviour inclusive of rights and responsibilities have been reviewed.
- The finalisation of the new Quality Strategy presents a further opportunity to clearly link and emphasise the importance of positive workplace cultures and the effective addressing of unreasonable behaviours such as bullying with achieving high quality person-centred care.

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TRIM Ref: GBC18/42

ISSUE: ADULT COMMUNITY MENTAL HEALTH SERVICES**Talking points:**

- Mental Health, Justice Health, Alcohol and Drug Service (MHJHADS) is working towards the implementation of a new Adult Community Mental Health Services (ACMHS) Model of Care (MoC).
- The scope of the MoC is the internal redesign of existing ACT Health services of Crisis Assessment and Treatment Team (CATT), Mobile Intensive Treatment Team (MITT), and Adult Community Mental Health Teams of Belconnen, City, Gungahlin, Tuggeranong and Woden. These services support adults in the ACT experiencing moderate to severe functional impairment due to serious mental illness with associated complex needs and risk.
- The MoC is not proposing changes to primary health care, private sector or community agency settings, but acknowledges, aligns with and supports the integration with these parts of the mental health system.
- The MoC was distributed for a final round of consultation with key stakeholder groups. Their feedback was incorporated into the MoC which was endorsed at the ACMHS MoC Steering Committee on 17 October 2017.

Key Information

- The proposed timeline forecasts a staged, transition period of implementation. Implementation commenced in early 2018 after workforce planning, policy and procedural development, communication and training, as well as evaluation and future phases of further improvement and sustainability support. The following additional implementation work has occurred since December 2017:
 - Circulation of the workforce plan consultation paper to staff and information sessions have been held across the program,
 - Initial consultation with union representatives on the proposed workforce plan, and
 - A limited trial of the Access Assessment and Triage function has commenced in the City Mental Health Team.
- The implementation of the MOC will be staged with the first new service scheduled to commence operations in April 2018. The other teams will come on line in a graduated roll-out throughout 2018.

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Background Information – may not be suitable for public disclosure

- 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.
- In June 2014, the former ACT Minister for Health, Katy Gallagher, was briefed by MHJHADS on the need to embark on the development and implementation of a new ACMHS MoC.
- The work on the new MoC is being undertaken by the ACMHS MoC Project Steering Committee, comprised of MHJHADS representatives as well as relevant peak body representatives including the Mental Health Community Coalition ACT (MHCCACT), ACT Mental Health Consumer Network (ACTMHCN), Capital Health Network (CHN) and Carers ACT.
- There have also been a number of targeted and focused community consultations in preparation of the proposed ACMHS MoC including a number of key stakeholders.
- The Steering Committee have internally endorsed the ACMHS MoC which will soon proceed to a stage of public consultation and further briefing to you.
- 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 Available:
 - Access Assessment & 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.

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ISSUE: AUDITOR GENERAL'S REPORT INTO MENTAL HEALTH SERVICES

Talking points:

- A private consultancy firm (Stret Pty Ltd) was engaged by the ACT Audit Office to conduct the audit of services provided by Mental Health, Justice Health, Alcohol and Drug Services (MHJHADS).
- The scope of the audit included the administrative arrangements and processes associated with the transitioning of adult clients between (to and from) acute mental health services and community mental health services.
- The audit process commenced in late 2016 and the final report from the Audit Office was provided to the Speaker of the ACT Legislative Assembly on 23 June 2017.
- The Government Response was tabled on 24 October 2017 and all 7 recommendations were agreed to.
- ACT Health continues to action the recommendations in line with the timeframes as articulated in the Government Response.

Key Information

- The major components of the audit were:
 - random review of a number of clinical records held by MHJHADS;
 - review of relevant policy, procedural and other documentation; and
 - interviews with a range of staff (including clinicians, managers, other staff).
- ACT Health were provided with a proposed draft report on 2 June 2017 to allow the opportunity to verify the accuracy and completeness of information contained. ACT Health were able to provide additional information and comment on the interpretation of material, conclusions and practicalities of implementing proposed recommendations. MHJHADS provided feedback.
- The Audit Office made seven recommendations about:
 - Mental Health Services policies and procedures

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- Records of communication with relevant parties
 - Recovery planning
 - Electronic clinical records
 - Manual report procedures
 - Suicide Vulnerability Assessment tool
 - Performance reporting
- The report contains negative comments related to:
 - Clinical Records Documentation practices by staff
 - Policies and Procedure development and governance processes
 - Staff compliance against policy statements
 - Data and Information management processes
 - The Audit report contains some discussion about interpretation of the *Mental Health Act 2015* (the Act). Following fuller analysis, consideration may need to be given regarding minor amendments to the Act to improve clarity of intent.
 - The Audit Office operates principally under the *Auditor-General Act 1996*, which defines the Auditor-General's mandate, responsibilities, powers and reporting requirements. The Audit Office supports the Auditor-General in undertaking audits of management performance and the financial statements of public sector bodies.
 - The Auditor-General and Audit Office have complete independence from government in determining the performance audit program, what to audit, how to audit and what to report.
 - The objectives of a performance audit are twofold. The first objective is to provide the ACT Legislative Assembly with an independent assessment of the quality of management of public resources. The second objective is to identify and promote better management practices.

Background Information – may not be suitable for public disclosure

- As part of the 2016-17 program of performance conducted by the ACT Audit Office, a review of mental health services and supports was undertaken. More specifically the objective of this particular performance audit was to provide an independent opinion to the Legislative Assembly on the effectiveness of the management of the transition process for adult clients who move between acute mental health services and community mental health services, as well as the transition from acute mental health services into the primary health and community sector.
- The scope of the audit included:
 - planning and discharge processes for clients transitioning from acute to community mental health services;
 - community mental health services administrative processes for managing and supporting clients;

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- information management systems for managing and supporting client transitions, including data collection and management arrangements; and
- monitoring, review and evaluation mechanisms to support and enhance client transitions.

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ISSUE: BRIAN HENNESSY REHABILITATION CENTRE – FUTURE USE AND SUPPORTED ACCOMMODATION**Talking points:**

- Brian Hennessy Rehabilitation Centre (BHRC) was planned to close following the opening of the University of Canberra Public Hospital (UCPH). The mental health rehabilitation services of BHRC were planned to transition to the UCPH following its opening in mid 2018.
- The ACT Government has since reinforced our commitment that BHRC will not close until all the residents have suitable, supported accommodation in the community.
- An options analysis looking at longer term accommodation needs of the cohort of long term residents at BHRC was completed in 2017 and identified gaps in the market for long term supported accommodation.
- Therefore, the Government has deferred the closure of BHRC for up to four years, while suitable accommodation can be sourced.
- The 2017-18 Budget included \$500,000 for minor works at BHRC as an interim solution.

Key Information

- Plans are in progress for the transition of the BHRC residents. Some will be transitioned to the UCPH to participate in rehabilitation programs. The remainder will be transitioned to suitable accommodation in the community, supported by community sector organisations with specialist in-reach mental health care provided by MHJHADS clinical staff.
- In November 2017, ACT Health provided a forward plan regarding both the future uses for BHRC, and for improving access to community based supported accommodation options in the community.
- ACT Health are undertaking a cross directorate initiative with ACT Housing to explore options for long term residential accommodation for BHRC residents. This involves the construction of three houses for at least 12 people as well as live in support workers. One site in Florey has been identified for the development of the first of these supported accommodation houses.
- From the end of February 2018, the beds at BHRC will be capped at 22 to prepare for the transition of residents to the UCPH or supported accommodation in the community.

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- BHRC staff are currently working alongside residents, (as well as their families and Guardians) to explore options for their successful transition to an appropriate level of supported care in the community.

Background Information – may not be suitable for public disclosure

- There are three different cohorts of residents at BHRC:
 - those in active rehabilitation;
 - those who are under a court order; and
 - those who need supported accommodation.
- MHJHADS staff have, over the last few years, been actively working with residents and their families/carers to determine the type of ongoing support required by each individual resident.
- All residents at BHRC are likely to be eligible for the National Disability Insurance Scheme (NDIS) and will be assisted to access individual NDIS packages that will provide the necessary psychosocial support required to enable them to transition to living in the community.
- To date, advice provided by the NDIA representatives is that people with a psycho social disability would be unlikely to be deemed eligible to access Specialist Disability Accommodation (SDA) funding. SDA funding provides housing solutions and is for the 'dwelling' itself; it does not cover support costs, which are assessed and funded separately under NDIS.
- Access to this fund through the NDIA is extremely limited and the challenge is to demonstrate that a person's psychosocial disabilities can be clearly addressed through a specific building design, as it is for many people with physical disabilities. The consultants completing the options analysis are meeting with the NDIA management and will seek clarification on this point.
- Concerns have been expressed by some of the families of residents of BHRC and the University of the Third Age (U3A) community group about the lack of appropriate supported accommodation options for BHRC residents. These concerns will continue to be addressed through ongoing meetings and community forums.
- As part of the 2018-19 Budget Business case development a proposal from ACT Health has been submitted for:
 - Supported Accommodation;
 - Dhulwa Transition Unit; and
 - The South Side Step Up Step Down Unit.

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ISSUE: HEALTH SERVICE COMMISSIONER – INITIATED REVIEW INTO HEALTH SERVICES AT THE ALEXANDER MACONOCHIE CENTRE**Talking points:**

- ACT Health was formally notified that the Health Services Commissioner was conducting a review of health services at the Alexander Maconochie Centre (AMC) on 15 February 2017.
- As part of this process, the Commission visited the AMC on 28 March 2017 and 4 April 2017. These visits were supported by ACT Health and the Justice and Community Safety Directorate.
- During these visits the Commission observed medication administration by nurses, including the new electronic Methadone administration system, iDose. The Commission had the opportunity of interviewing detainees and staff. The Commission also reviewed health records.
- The Commission requested various documents from ACT Health regarding opioid replacement therapy/methadone, primary health care services and mental health services. This information was provided by ACT Health.

Key Information

- In December 2017, the Human Rights Commission provided a copy of the draft report of the Opioid Replacement Treatment (ORT) Program at the AMC to ACT Health as part of the limited confidential distribution to a small number of key stakeholders. The draft report was also provided to other stakeholders for feedback.
- In January 2018, MHJHADS provided their feedback to the Human Rights Commission on the draft report. The feedback included comments that the draft report was a balanced and objective assessment of the current practices of the ORT Program at the AMC.
- The Human Rights Commission will continue to progress finalising the report following the consultation on the draft report.
- The Health Services Commissioner, Ms Karen Toohey, has initiated a Commission initiated consideration of the provision of health services within the AMC. The review will also specifically consider the operation of the methadone program within the AMC as recommended by the Moss Review into the treatment of Mr Freeman.

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Lead Directorate: Health

ISSUE: IMPACT OF NATIONAL DISABILITY INSURANCE SCHEME IN MENTAL HEALTH COMMUNITY**Talking points:**

- The National Disability Insurance Scheme (NDIS) commenced on 1 July 2014 and by October 2016, \$4.1 million of community mental health funding was transitioned to the NDIS. In this time, a total of 205 people in the ACT, formerly supported by ACT Health funded programs, were transitioned to NDIS packages.
- \$10.4 million of service funding agreements will continue to be provided by ACT Health for community sector mental health services, including Step Up Step Down (SUSD), in home psychosocial support, mental health promotion, respite, advocacy, self-help support groups, counselling, as well as Aboriginal and Torres Strait Islander social and emotional wellbeing services.
- As part of the transition process it was recognised that there may be some people found ineligible for NDIS funding who may require access to other funding to meet their needs. In response to this a psychosocial disability support fund with recurring funding of \$500,000 was identified from the community sector growth funding in the 2015-16 ACT Budget.
- To date, no requests have been received by ACT Health for this psychosocial disability support funding from community agencies. The future access to these funds will now be determined through the implementation of the National Psychosocial Support Measure initiative.

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- The National Psychosocial Supports Measure was an agenda item at the Council of Australian Governments (COAG) meeting held on 4 August 2017. The purpose of this item was for Ministers to agree to proposed funding and implementation arrangements between the Commonwealth and States and Territories and determine the next steps to ensure establishment funding can be identified by States and Territories and additional funding provided to Primary Health Networks (PHNs) from January 2018.
- On 9 October and 15 November 2017 the ACT Government, represented by ACT Health, participated in the meetings of the National Psychosocial Support Working Group (NPSWG) to progress the work of the National Psychosocial Support Program. The Commonwealth Government will provide \$80 million nationally over four years for psychosocial disability support. This \$80 million will require matched funding from States and Territories in order to be accessed.

Key Information

- ACT Health is currently in negotiations with the Commonwealth about establishing a bilateral agreement to address additional funding for psychosocial needs.

Background Information – may not be suitable for public disclosure

- The measure initially required the commitment of ‘new funding’ to be provided by jurisdictions. However, parameters have since been broadened and existing funding allocated for this purpose post NDIS transition will also count towards this initiative.
- The NPSWG have drafted a paper for the COAG Health Council for endorsement of the following:
 - definition for psychosocial support funding;
 - funding distribution model; and
 - clarity on the requirements for States and Territories to receive Commonwealth funding.
- The definition of psychosocial support funding is:
 - supports and services that are purchased to work in partnership with individuals who are significantly affected by severe mental illness with associated psychosocial impairment who are not eligible for NDIS.

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- Funding distribution method:
 - the agreed option was for unweighted distribution based on population spread only. As opposed to a weighted distribution based on population spread, with moderate weighting for Indigenous and socio economic status (as well as rurality);

Conditions to receive Commonwealth funding:

- jurisdictions will need to demonstrate that they have invested additional psychosocial funding (i.e. an increase compared to pre-NDIS transition arrangements) sufficient to match the proposed NPS allocation for their jurisdiction; and
- if a jurisdiction is not able to demonstrate that they have invested additional psychosocial funding sufficient to match the proposed NPS allocation, then they will need to “top-up” their funding to meet the NPS allocation for their jurisdiction.

Calculations indicate that the ACT won't have to 'top-up' funds, as the \$500,000 of psychosocial disability support funding provided by ACT Health is demonstration that ACT has invested additional psychosocial funding sufficient for population based distribution of the measure.

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ISSUE: MENTAL HEALTH - ADOLESCENT MENTAL HEALTH SERVICES IN THE ACT**Talking points:**

- Mental Health and suicide prevention are continued priorities for the ACT Government. As part of this work the Government is committed to expanding the size of and range of services within the Centenary Hospital for Women and Children, which is planned to include a dedicated 12 bed child and adolescent mental health unit.
- ACT Health Service Planning Unit have commenced preliminary work on the establishment of a Child and Adolescent Mental Health Inpatient unit. A project officer will commence within CAMHS in February 2018 to drive the development of a best practice inpatient Model of Care.
- Planning for the expansion of the Centenary Hospital for Women and Children commenced in late 2017. It is expected that the new facility will be operational in late 2019 or early 2020.
- 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 Child and Adolescent Mental Health Service (CAMHS) consultation liaison service who provide ongoing consultation with paediatric staff.
- CAMHS provides education and therapeutic group programs at The Cottage Adolescent Day Program for adolescents significantly impacted by their mental illness.
- CAMHS at Canberra Hospital expanded its services in January 2018 to provide services seven days per week. This expansion now ensures that children and adolescents presenting to Canberra Hospital on weekends for mental health emergency assessments can be assessed by a clinician who specialises in this age group.
- The availability of child and adolescent clinicians within the hospital on weekends also ensures that the paediatric ward have available to them the clinical expertise of a CAMHS clinician.

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- The ACT 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.

Key Information

- Dependent on diagnostic criteria, and if there are significant safety risk to themselves and others, young person 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 the CAMHS team to ensure developmental and therapeutic appropriate approaches are taken in order to support the young person and their family.
- In the ACT, if a young person requires longer or more intensive inpatient treatment, a suitable facility in another State or Territory is sought, due to the highly specialised nature of inpatient child and adolescent services. In 2016 a total of 12 young people were transferred to interstate facilities and in 2017 there were three young people transferred.
- The clinical preference for adolescents is community based care. Experiencing mental illness is a distressing and frightening experience for many young people. Engagement with treatment is more likely if it is delivered in an environment they feel most comfortable, surrounded by family and friends.
- CAMHS provide clinical and therapeutic mental health services for children and young people in the ACT. The CAMHS community teams provide comprehensive assessment and clinical management for children and young people with moderate to severe mental health issues.
- Since 2015, CAMHS provide evidence based therapeutic interventions using the Choice and Partnership Approach intake model (CAPA). CAMHS offer 15 x 1.5 hour appointments each week and the sessions are conducted with two clinicians in consultation with a psychiatrist and clinical team manager.
- Through the CAPA model:
 - A CHOICE appointment is provided once a brief phone interview is conducted to establish that the young person is assessed as having a moderate to severe mental health issue. As of 2 February 2018, the first available Choice appointment could be provided within two days.
 - Emergency assessment appointments are available daily.

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- A Partnership appointment is provided following the CHOICE appointment if it is deemed appropriate. As of 2 February 2018, a partnership appointment can be offered within four weeks with CAMHS south and six weeks to seven weeks with CAMHS north.
- In the period between a Choice appointment and the first Partnership appointment a young person and their family are provided with strategies and mental health resources to start addressing their mental issue as identified in the Choice appointment.
- As part of the 2015-16 mental health budget initiative a Primary School Mental Health Early Intervention program was established. The program will deliver the Understanding and Responding to Feeling and Behaviours in Schools program and works in partnership with the Education Directorate to deliver the program. In 2017 the program was delivered to two primary schools, Lyons and Narrabundah Primary, throughout the year.
- Through the 2016-17 budget initiative Mental Health Follow up for Young People and Intensive Clinical Rehabilitation Service a new assertive outreach program was established. 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 to 18 years experiencing severe anxiety and /or depression with multiple barriers to accessing office based treatment.
- Headspace Canberra, which is funded by the Commonwealth, is 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. Headspace Canberra provides treatment for mild to moderate mental health problems across the ACT. It provides office-based clinical services from Bruce, ACT. Headspace Canberra is a consortium of government and non-government service providers, including CAMHS.
- As part of that consortium, CAMHS provide in-kind support: a 0.4 FTE CAMHS Headspace liaison mental health clinician in situ and 0.1 FTE consultant psychiatrist. They provide consultation to Headspace staff, psychiatric review, diagnosis, treatment and medical options. These CAMHS clinicians see young people up to 18 years providing they are clinically managed by Headspace Canberra.
- For more information on the CAMHS Consultation and Liaison Service expansion, and perinatal MH services see brief V.

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ISSUE: MENTAL HEALTH – VIOLENCE AND AGGRESSION ON MENTAL HEALTH WARDS**Talking points:**

- The Framework for the Management of Aggression and Violence in Mental Health, Justice Health and Alcohol and Drug Services (MHJHADS) was tabled in the ACT Legislative Assembly on 19 November 2015.
- ACT Health is committed to ensuring all staff have access to ongoing training and development opportunities supporting both temporary and permanent staff to participate in formal training opportunities. A Clinical Development Nurse further supports the training and professional development needs of the staff working within the Adult Mental Health Unit (AMHU).
- It is the expectation that an allegation involving a physical assault on staff or people admitted to any unit will be investigated by the police in the same manner as any other criminal investigation. This expectation exists within a current Memorandum of Understanding inclusive of MHJHADS and the Australian Federal Police.
- As part of our 2016 Election Commitments, the ACT Government is developing a strategy which will address concerns regarding work place safety. A series of stakeholder meetings in relation to the Strategy is underway.

Key Information

- On 25 July 2014, the Health Safety Representative (HSR) at the AMHU placed a Provisional Improvement Notice (PIN) under section 90 of the *Work Health and Safety Act 2011* on the AMHU. On 28 October 2014, the HSR cancelled the PIN.
- In response to the PIN, a number of measures were further developed and implemented during the 2015-16 reporting period.
- Following an identified escalation in violence and aggression within the AMHU in August 2014, MHJHADS undertook a review of systems and processes impacting on the ability of staff to remain safe while delivering optimum clinical care. MHJHADS

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recognised safe work practices, a risk management approach and the right people to coordinate and undertake those safe work practices as being the foundation of a safe system.

- Based on this, an extensive MHJHADS Aggression and Violence Framework was developed and tabled in the ACT Legislative Assembly on 19 November 2015.
- From time to time there are incidents of violence and aggression within mental health units. Staff are trained to observe consumer behaviour and intervene early to prevent the situations from escalating. All staff that work within the AMHU are required to attend Professional Assault Response Training to assist in the management of violence and aggression of people admitted to the unit. This involves a three day initial training in addition to a one day refresher to be completed within 12- 48 months.
- The Canberra Hospital and Health Services Clinical Guideline Identification, Mitigation and Management of Aggression and Violence for Mental Health Justice Health Alcohol and Drug Services Inpatient Units was published on 22 September 2016.
- A staged roll out of clinical guidelines across MHJHADS inpatient units, including the AMHU is occurring. The guidelines include evidence based assessment tools, escalation plans for alerting clinical concern, tools for the measurement and management of ward acuity and pathways for incident management.
- Additional, in July 2015, ACT Health reviewed the allocated Nursing staff ratios in ACT Mental Health Units against similar units in South Australia, NSW, Western Australia and Tasmania. A Nursing Hours per Patient Day (NHPPD) ratio was adopted in the AMHU and agreed to by the Australian Nursing and Midwifery Federation (ANMF).
- Through Chief Nurse correspondence, agreement was reached with the ANMF to adopt NHPPD ratios across the unit. Additional recruitment was completed and rosters developed locally by the Operational Director and Unit Manager which provided the following staff ratio:
 - High dependency - 9.7 NHPPD
 - Low dependency - 5.4 NHPPD
- This new staffing profile provides an average of 6.54 NHPPD across the unit and sets a new benchmark exceeding the staffing ratios of comparable peer units.

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ISSUE: OPIOID REPLACEMENT TREATMENT AT THE AMC AND NEEDLE EXCHANGE PROGRAM AT AMC**Talking points:****Opioid Replacement Treatments**

- Methadone and suboxone are medications used in Opioid Replacement Therapy (ORT), which aims to minimise the harms related to opioid use.
- Justice Health Service Medical Officers, Pharmacists and Registered Nurses are responsible for the day to day management of the program at the Alexander Maconochie Centre (AMC).
- The number of AMC detainees on the opioid replacement treatment program on 1 February 2018 was 123.
- In August 2017 Justice Health Services completed a Quality Improvement activity regarding the process of the Justice Health Service's opiate treatment program.
- The Clinical Procedure titled *Opioid Replacement Treatment - Justice Health Service* was developed following the completion of the QI and was implemented. This procedure is aligned with the *National Guidelines for Medication-Assisted Treatment of Opioid Dependence (2014)*.
- The significant changes made to the opiate treatment program process are the following:
 - Reducing the starting dose for methadone from 30mg to 20mg (while 30mg was compliant with the National Guidelines, 20mg is the lowest starting dose recommended in the guideline);
 - Establishing a one day delay in commencing a detainee on methadone following induction into the program, so that clinical issues can be appropriately identified, assessed and managed;
 - Establishing a 2:00pm daily deadline for methadone to be administered, so that Justice Health Services staff are available on site during the most common peak time of methadone effect;

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- Formalising the observation process undertaken by nursing staff before, during and after dosing, generally for all detainees and specifically for detainees in the first ten days of commencing ORT; and
 - Formal notification to ACT Corrective Services when a detainee is commenced on ORT (this information is shared with the consent of the detainee).
- A new technological system for methadone dispensing (iDose) went live in the AMC at the end of August 2017.

Needle Exchange Program at AMC

- In April 2015, in response to the Deed of Agreement between the Territory and the Community and Public Sector Union, the Needle Syringe Program (NSP) Working Group was established to develop a preferred model for an NSP at the 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 supported and 151 opposed.
- The ACT Government is looking at further strategic options regarding this matter.

2012 Opioid Treatment Guidelines

- There has been media interest in the delay of the update of the 2012 ACT Opioid Maintenance Treatment Guidelines. ACT Health is updating those guidelines which is informed by the *National Guidelines for Medication-Assisted Treatment of Opioid Dependence (2014)*.
- The current 2012 ACT Guidelines provide clear clinical guidance regarding opioid treatment and remain in place while the review is being undertaken.

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- The Justice Health Services Clinical Procedure *Opioid Replacement Treatment - Justice Health Service* is aligned with the *National Guidelines for Medication-Assisted Treatment of Opioid Dependence (2014)*.

Key Information

- Detainees are prescribed methadone for a number of reasons. At the AMC, methadone may be prescribed when detainees:
 - Are part of a community based methadone program prior to detention;
 - Are in withdrawal at the point of induction into the AMC;
 - Seek access to the program during their detention; and
 - Have a chronic pain condition that requires this level of medication.
- ACT Health was formally notified that the Health Services Commissioner was conducting a review of health services at the AMC on 15 February 2017. To inform the review, the Commission visited the AMC and observed medication administration by nurses, including the new electronic methadone administration system, iDose. The Commission also had the opportunity of interviewing detainees and staff. The Commission also reviewed health records.
- In January 2018, MHJHADS provided their feedback to the Human Rights Commission on the draft report that the report. The feedback included comments that the draft report was a balanced and objective assessment of the current practices of the ORT program at the AMC.

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ISSUE: PHILLIP MOSS REVIEW - INDEPENDENT INQUIRY INTO THE TREATMENT IN CUSTODY OF MR FREEMAN

Talking points:

- On 10 November 2016, the report into the Independent Inquiry into the Treatment in Custody of Mr Freeman was publically released by me in my capacity as the Minister for Corrections.
- On 16 February 2017, the Government's response to the Independent Inquiry into the Treatment in Custody of Mr Freeman was tabled in the ACT Legislative Assembly.
- ACT Health provided input for inclusion into the Government response where eight of the nine 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 Report. The last meeting occurred on 9 January 2018.
- Of the nine recommendations in the Moss Report, four have specific relevance to ACT Health.
- ACT Health has worked with JACS on the Moss Implementation Annual Report and continues to be supportive of the collaborative process between all the stakeholder agencies, and non-government organisations involved in the implementation of the recommendations from the Moss Report. Mental Health, Justice Health Alcohol and Drug Services will continue to work actively as part of the IDPT and Steering Committee in the progression of the recommendations.
- The final evidence for the Coronial inquest into the death of Mr Freeman was provided on 10 August 2017. The Coroner's findings are expected to be handed down in April 2018.

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Key Information

- Justice Health Service has undertaken the following to improve the provision of health care:
 - Reviewed the procedures for prescribing and monitoring of the methadone program in the Alexander Maconochie Centre (AMC) through a Quality Improvement Activity and has identified and implemented a more robust process.
 - Justice Health Service Primary Care Team has implemented a more assertive follow-up system for people discharged from Canberra Hospital to the AMC.
 - Provision of the new Mental Health electronic clinical record system to all Justice Health staff at the AMC is anticipated by late October 2017.
 - Improving the documentation process for Induction Assessments, including better documentation of illicit drug use, withdrawal and resultant management plans.
 - Reviewed and re-designed many of the clinical forms currently used at AMC to assist in documenting the clinical care provided.

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ISSUE: SERVICE FUNDING AGREEMENTS FOR COMMUNITY ORGANISATIONS

Talking points:

- ACT Health contracts a significant amount of services from Non-Government Organisations (NGOs). This strategy enables the delivery of specific services to the ACT community, assisting people to stay well and easing the pressure on our public hospitals.
- ACT Health manages 89 agreements with 73 different organisations.
- ACT Health contracts mental health services with the community sector in the following domains:
 - step-up step-down residential;
 - in-home psychosocial support;
 - mental health promotion;
 - mental health respite;
 - mental health advocacy;
 - self-help support groups;
 - counselling; and
 - Aboriginal and Torres Strait Islander social and emotional wellbeing.
- The Territory-wide Health Services Framework 2017-27 (TWHSF) will shape the direction of ACT Health and outline the kinds of services and care that are needed to support the ACT community into the future. The TWHSF and its related documents will be key strategic documents for ACT Health and will inform all work undertaken, including the procurement of services.
- Every service ACT Health delivers, or contracts to deliver, will need to be aligned with the TWHSF. This will be a methodical process and involve discussions with the wider mental health sector.

Cleared as complete and accurate: 26/01/2018
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Key Information

- In 2017-18, ACT Health will provide \$46 million in funding to NGOs, of which \$10.3 million is provided to NGOs to deliver community based mental health services.

Background Information – may not be suitable for public disclosure

- In 2017, ACT Health developed the TWHSF to ensure that best health care services are delivered across the Territory in an efficient, sustainable and innovative way.
- On 22 January 2018, the Director-General of ACT Health facilitated a forum with representatives from NGOs to provide the latest information on the progress of the TWHSF.
- It is anticipated that another forum for NGOs with more specific detail of the procurement process will be held in mid 2018.

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ISSUE: SUICIDE AND CONTRIBUTING FACTORS IN THE ACT – RESEARCH REPORT 2014-16

Talking points:

- Any death by suicide is one too many; we can all play a role in preventing suicide by reducing stigma around suicide, thereby encouraging those around us to seek help when they need it. It is a good thing to ask for help when we need it.
- In 2013, ACT Health commissioned the *Research Report 2014-2016: Suicide and Contributing Factors in the ACT* (the Report) on suicide and contributing factors in the ACT population. The research for the Report was conducted between 2014-2016. The main reason for commissioning the research was to gather information on suicides in the ACT to help prevent future suicides.
- According to the Report, 280 residents of the ACT were identified to have died in the ACT as a result of suicide over an eight year period during 2006-2013. This data was sourced from the National Coronial Information System.
- ACT Health aimed to publically release the Report in December 2017. ACT Health accepted community requests for the release of the Report to be delayed until after the 2017 Christmas period.
- The ACT Health Human Research Ethics Committee is currently being consulted to ensure that the Report complies with all of the relevant standards before it is released.
- The ACT Government recognises the impact suicide and mental illness can have on people in our community. That is why the dedicated ministerial portfolio for Mental Health has been created, and the establishment of an Office of Mental Health is in progress.
- A number of other initiatives have been identified to address suicide prevention in the ACT as part of a local strategy to implement the 5th *National Mental Health and Suicide Prevention Plan*.

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- For example, ACT Health has engaged the Black Dog Institute to introduce the LifeSpan project from 2018-19. The LifeSpan project is a whole of system, evidence based project, which aims to understand suicide and its causes, to better develop prevention activity.

Key Information

- A key priority identified for the Office for Mental Health will be suicide prevention.

Background Information – may not be suitable for public disclosure

- The Report was initially funded from the community mental health growth budget in 2013-14 (\$75,000) and from an identified suicide prevention budget in 2014-15 (\$77,775).
- In the Report, the researchers analysed many years of coronial information to locate all Canberrans who died of self-inflicted injury over a particular period.
- The Report provides an insight into suicide in the ACT and some of the differences between the ACT and other jurisdictions in a snapshot of the Territory between 2006 and 2013. It explores the impact of suicide on the community from the point of view of people who have a lived experience of suicide. The Report does this by analysing many years of coronial information to locate all Canberrans who died of self-inflicted injury over a particular period. The Report also employed qualitative research methods through interviews with clinicians and people with lived experiences of suicide.
- The Report was commissioned to inform suicide prevention policy making. It is not an investigation into services. The Report was not intended to point out successful interventions or policies. Rather, the Report highlights the impacts of grief and some of the challenges with the coronial process.

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ISSUE: WAY BACK SUPPORT SERVICE

Talking points:

- Designed by beyondblue and funded by the ACT Government, the Way Back Support Service ACT Trial (Way Back) is a non-clinical, time-limited, assertive follow-up service for people who have attempted suicide.
- The purpose of the trial is to further develop a model of service that provides consumers with support and education and assists them in accessing appropriate clinical and non-clinical supports to prevent further suicide attempts.
- A local service provider, Woden Community Service (WCS), has been engaged by beyondblue to deliver Way Back in the ACT. Client intake commenced in October 2016.
- Referrals to the service primarily come from Canberra Hospital Emergency Department (ED), the ACT Mental Health Crisis Assessment and Treatment Team and the Calvary Hospital ED.
- Way Back has been designed to deliver follow up support to people who have made a suicide attempt. Subject to service demands, the trial may also extend services to people who have experienced a suicidal crisis.
- Way Back has reported a high level of demand for a follow up service in the ACT. Preliminary data indicates that 118 people were successfully engaged with the service between November 2016 and November 2017.
- Way Back takes a flexible and person centred approach to service delivery, adjusting the mix of services offered depending on the total number of clients at any time.

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Key Information

- In recognition of the high level of demand, ACT Health is negotiating with beyondblue to provide for an increase in capacity for the life of the trial, effective from February 2018.

Background Information – may not be suitable for public disclosure

- The trial of Way Back concludes in October 2018. However, WCS will cease taking on new clients from May/June to allow for the three month after care service period.
- ACT Health's funding commitment has been:
 - (2015-2018) - trial project funds \$446,000
 - (2016-17) - research and development funding \$250,000
- In the 2017-18 Budget, an additional \$250,000 was committed to additional suicide prevention/postvention services in the ACT.
- ACT Health is currently negotiating a contractual variation to provide for a further one-off payment of \$65,000 to provide extra resourcing for the remainder of the life of the trial (six months).
- ACT Health is preparing a brief for your consideration that will outline best practice provision of the remaining \$185,000.

Service description

- Way Back support coordinators receive training and ongoing support to provide follow-up support to people for up to three months after a suicide attempt or suicidal crisis. Following consent and referral by hospital staff, support coordinators contact the client as soon as possible and work with them to negotiate and implement a safety plan that strengthens their mental health and promotes recovery.
- Support coordinators keep in touch with clients via a range of approaches tailored to suit the individual's needs and preferences. This may include phone, email, SMS, and/or face-to-face contact.
- With the client's consent, Way Back provides family members and supporters with suicide prevention information and resources to help them better understand the experiences of their loved one and on how to support them in their recovery. Family members and supporters also receive advice on how to look after their own mental health and wellbeing.
- Support coordinators liaise closely with clinical services that may be part of the client's care. If suicidal behaviour escalates, the support coordinators facilitate access to specialist psychiatric care, ED contact and/or admission to mental health inpatient units.
- The Way Back service has been designed to be scaled up nationally. In addition to the current three trial sites in NSW, NT and the ACT, additional Commonwealth funded sites are currently being developed and will be publicly announced over the course of 2018.

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- Funding of the Way Back trial aligns with the ACT Government's 2016 Election commitment to trial Black Dog's LifeSpan program. LifeSpan will provide for a system-wide approach to suicide prevention with an established set of strategies to prevent suicide which are tailored to suit the ACT environment. Way Back complements LifeSpan's first of nine strategies, which is to 'improve emergency and follow-up care available for suicidal crises.'
- The Way Back trial 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 (element 4) – promote increased access to comprehensive services for those vulnerable to suicidal behaviours and remove barriers to care; and
 - treatment (element 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 also aligns with the current Parliamentary Agreement commitment related to suicide reduction.

Way Back Research and Development

The 2016-17 research and development funding of Way Back provides:

- Component one: (\$80,000) This component focuses on developing processes and systems to collect accurate and reliable hospital ED data on suicide attempts and people presenting amidst a suicidal crisis. Research is being conducted by the Nous Group.
- Data requests from ACT Health are underway. Data is expected to be provided by the end of January 2018 and a Final Report is due by 30 April 2018.
- Component Two: (\$119,549) This component focuses on developing tools, processes and systems to collect accurate and reliable information on client outcomes (clinical and non-clinical) and their satisfaction with Way Back. Research is being conducted by Australian National University.
- Testing of suicidality measures with clinicians, researchers and people with lived experience is currently taking place with an Analysis Report of the data from these consultations due to beyondblue in April 2108. A draft client survey/measure is to be developed based on this analysis. A Final Report and survey/measure is due to beyondblue in June 2018.

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ISSUE: UNAUTHORISED ABSENCE FROM CANBERRA HOSPITAL

Talking points:

- In 2017, there was significant negative media related to patients leaving the Adult Mental Health Unit against medical advice, *Mental Health Act 2015* (the Mental Health Act) Orders and/or court orders under section 309 of the *Crimes Act 1900* (the Crimes Act).
- It is important to note that although the mental health units at the Canberra Hospital are locked units, they were not commissioned to be a secure facility such as the Alexander Maconochie Centre or Dhulwa Mental Health Unit.
- Admitted people with *Mental Health Act* orders and/or court orders under the *Crimes Act* are prevented from leaving, whilst providing treatment and care in a least restrictive and therapeutic environment. For persons under the *Mental Health Act*, this can entail periods of authorised leave from the units as part of their recovery and discharge planning.
- Mental health services operate in a risk management framework whereby admitted people are assessed and their risk factors managed as part of their therapeutic management plan.

Unauthorised Absence

- There are a number of scenarios that are grouped into an Unauthorised Absence notification, including patients who:
 - do not return in a timely manner from planned authorised leave;
 - push past staff or visitors and leave via the front door; and
 - climb out of courtyards.

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Key Information

- ACT Health has undertaken two significant pieces of work to reduce the risk of Unauthorised Leave.
 1. ACT Health undertook an internal review of the facility which identified proposed infrastructure solutions to minimise the risk of patients scaling the courtyard fences. Secure fencing and other identified modifications along the perimeter requiring re-design and custom manufacturing was identified as a priority. Works included installing anti-climb mesh and filling in gaps to existing fencing and rooflines and applying fill cones to poles within the courtyards.
 2. Mental Health, Justice Health and Alcohol and Drug Services (MHJHADS) convened a cross directorate working group to review the procedures related to people being detained under a section 309 order. A numbers of changes have been made to the procedures including:
 - a. Clarification of roles and responsibilities between clinical teams;
 - b. Information sharing requirements between teams and with the Courts;
 - c. Clarification of patient pathway from courts, to hospital and back to court; and
 - d. Utilisation of Security staff to ensure the safe detention and confinement of a person, to prevent the person from leaving, or attempting to leave the Canberra Hospital; causing property damage and if necessary, prevent personal injury to any other person.

Background Information – may not be suitable for public disclosure

- In 2017, there was significant negative media related to patients leaving the unit against medical advice, *Mental Health Act Orders* and/or court orders under the *Crimes Act*.
- People who are found by a Magistrate to require a mental health assessment are brought to the Canberra Hospital under section 309 of the *Crimes Act*. This means the court has ordered that the person be taken to a health facility for the purpose of a health assessment. After being clinically assessed, the person can be only be returned to the custody of police or admitted to the facility under the *Mental Health Act*. If admission is required, the person must be returned to the custody of police upon discharge.

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ISSUE: MEDICATION ERRORS AT AMC**Talking points:**

- In May last year, ACT Health became aware of errors related to the medications provided to detainees at the Alexander Maconochie Centre (AMC). This followed a complaint to the ACT Human Rights Commission by a detainee about their medication, and a subsequent internal review.
- A further review of records at AMC and Bimberi Youth Detention Centre found that 20 detainees at AMC had been affected by these errors. There is no evidence of any adverse outcomes to detainees from these errors. There were no errors found at Bimberi.
- It is extremely regrettable that these errors occurred and ACT Health has taken all necessary steps to ensure there is no recurrence.
- All 20 affected detainees were informed by ACT Health of these errors, and provided with appropriate information and support.

Key Information

- In keeping with good practice, ACT Health followed the Open Disclosure Framework from the Australian Commission on Safety and Quality in Health Care. This means that when an error is detected, ACT Health acts in a transparent manner and explains to patients what has happened and what we have done about the error, and answers any questions that the patient might have.
- ACT Health, with the support of ACT Corrective Services, met with and undertook the open disclosure process with each of the 20 detainees concerned. As three of these individuals identified as Aboriginal, ACT Health notified Winnunga Aboriginal Health Service about the incidents. The Human Rights Commissioner, the Health Services Commissioner, AMC Official Visitors and the Australian Nursing and Midwifery Federation have also been informed of ACT Health's activities to address the issues.

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TRIM Ref:

- Actions taken to prevent a recurrence of similar errors include putting in place additional checks to improve medication management practices, and commencement of scoping work towards the implementation of an electronic medication management system at AMC and Bimberi. Work is also underway on the installation of an automated tablet packing machine at Canberra Hospital and Health Services, where the prescribed medications for Justice Health Services (JHS) are packaged. This is a complex procurement process, incorporating information technology services, medication management and health infrastructure, and it is anticipated to be completed by May 2018.

Background Information – may not be suitable for public disclosure

- Canberra Hospital and Health Services (CHHS) Pharmacy supplies medications to detainees at AMC and Bimberi. Many of these are provided in a weekly dose administration aid known as a Webster Pack, so that where appropriate, detainees can self-administer their medication.
- Administration of medicines considered to be divertible, such as methadone, is supervised by Justice Health nursing staff, and not provided in Webster Packs. Methadone is therefore not in the scope of these errors, or this investigation.
- On 3 May 2017, a letter from the Human Rights Commission (HRC) was received by ACT Health, detailing a complaint from an AMC detainee about his olanzapine (an antipsychotic medication) being ceased. A subsequent investigation revealed that the medication had been provided in his Webster Pack for some time after the medication order was ceased.
- An internal review of procedures also found 20 current detainees were affected by similar errors, which are limited to the supply of medication in Webster Packs. AMC and Bimberi are the only external facilities to which the CHHS Pharmacy provides Webster Packs. These errors are limited to the AMC. No errors were found at Bimberi.
- ACT Health has commenced a second review of 100 records. This involves a review of the records of patients who have been released from AMC and Bimberi over the last six months. 100 records were identified for review, the final part of the review will occur 10 and 11 February 2018, with the results to follow within two weeks.
- ACT Health has also launched a root cause analysis, the report from which is now complete. Work is underway to ensure that all the report's recommendations will be implemented by mid-2018. A steering group is overseeing this work.
- It was previously reported to the Minister for Health that the automated tablet packing machine procurement would be complete by the end of 2017. The complexity of the procurement process has resulted in a new date of completion of May 2018.

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TRIM Ref:

ISSUE: CORONIAL INQUEST INTO SUICIDES AT CANBERRA HOSPITAL

Talking points:

- The ACT Government has sincere sympathy for the families and friends of people who have committed 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 are committed to improving the services we provide to the community and the processes we have in place 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 will investigate these deaths together in one inquest. The ACT Government Solicitor (ACTGS) is representing the Territory.
- The dates reserved for the inquest are 10-13 and 17-20 April 2018, and 1-4 May 2018.

Background Information – may not be suitable for public disclosure

- ACT Health staff attended a directions hearing on 13 October 2017 which was predominantly procedural. Counsel Assisting the Coroner advised the Court that the dates and processes had been discussed with the families of the people whose deaths are the subject of the inquest, and that there will continue to be communication with them throughout the process. ACT Health understands that the families are in agreement with the timeframes.
- Coroner Hunter and legal representatives attended a site visit at the Adult Mental Health Unit on 10 November 2017 with the ACTGS in attendance. The purpose of the site visit was for Coroner Hunter to develop a better understanding of the environment where two of the deaths occurred.

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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.
- In response to the workforce challenges within MHJHADS a divisional workforce committee is overseeing the development of a Workforce Strategy and a number of initiatives have been undertaken including:
 - active recruitment in both mainstream and electronic media as well as professional journals with a direct line contact officer to handle employment enquiries;
 - the development of a successful recruitment campaign for the commissioning of the Dhulwa Mental Health Unit;
 - the continuation of the post graduate mental health nursing scholarship program with the University of Canberra and the provision of adequate levels of clinical support to assist in retention;
 - the creation of a psychology registrar program directed at improving the ability of MHJHADS to recruit psychologists who have full registration as a psychologist and have completed an approved psychology Masters or Doctorate degree in psychology;
 - new Graduate Nursing and Allied Health programs that ensure new graduates receive appropriate levels of support and ongoing training;
 - the promotion and support for clinical supervision for all disciplines; and
 - the adoption of intern psychologist placements with appropriate support and training as well as the use of Attraction and Retention Initiatives (ARIs) to assist retention of senior psychologists.

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- The specific challenges that are being addressed in the divisional workforce committee are:
 - recruitment of experienced forensic health professionals;
 - attraction of Child Psychiatrists to Canberra, which is also a national workforce issue; and
 - a new initiative seeking the employment of 20 psychologists in ACT schools may have an impact on the retention of psychologist within MHJHADS as they seek to apply for those positions due to more attractive salary and leave provisions.

Key Information

- There is a nation-wide shortage of consultant psychiatrist and this shortage is projected to continue past 2030, including ongoing high reliance on overseas trained doctors. Regional areas are more affected by shortfalls than metropolitan areas.
- The ACT is not alone in experiencing difficulty in attracting senior medical staff into both the public and private sector of mental health care and both sectors have had difficulties in retaining consultant workforce. Public mental health services have been reliant on filling vacancies by use of the Area of Need provisions allowing suitable qualified overseas trained consultants to be employed under particular supervisory and contractual arrangements.
- Currently there are 27 FTE consultant psychiatrists employed by ACT Health. Accurate figures for the FTE of consultant psychiatrists working in private practice are difficult to obtain. A letter from the Australian Salaried Medical Officer Federation (ASMOF) in August 2017 estimated that there may be as few as 6 FTE consultants working in private practice. This represents a ratio of 8.25 consultant psychiatrists per 100,00 population. This is well below the national average of 13.1 per 100,000 in 2013.

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- ACT Health is working hard to encourage clinicians to make the ACT a location of choice and MHJHADS has been actively recruiting to these vacant medical position, with at least seven recruitment rounds for consultant psychiatrists completed and an eighth currently at the interview stage in the last 18 months. Over this same eighteen month period, MHJHADS has been successful in appointing 12 new psychiatrists, eight of whom have commenced work. A further consultant began work in mid December and three more should be in post between January – April 2018. It is anticipated that up to four further appointments will be made from the upcoming applicant interviews. Appointees from this round should be in post in the 12 month period from February 2018 to 2019.
- One of the steps taken to address the shortage was the establishment of the Medical Workforce Working Group (the Working Group). The Working Group is chaired by the Executive Director, MHJHADS and comprises of representatives from medical staff in MHJHADS, People and Culture (HR/Recruitment) and the Australian Salaried Medical Officers Federation (ASMOF) ACT.
- The Working Group will develop a strategic plan which takes account of recruitment and retention strategies; projected population needs; workforce numbers and sub-specialty skill mix (informed by currently available planning tools); and local factors that are having an impact upon recruitment and retention of psychiatrists within the ACT public mental health system. The Working Group has agreed to consider the Victorian Psychiatric Workforce plan, as a possible framework for an ACT- specific plan.
- In addition to the Working group, the Office of the Chief Psychiatrist is working with a number of recruitment agencies to recruit to locum and permanent staffing positions, with the aim of improving staffing to levels that allow continued safe clinical care and reasonable access to leave for staff.

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ISSUE: Detainee Health and Wellbeing Survey 2016**Talking points:**

- The ACT Detainee Health and Wellbeing Survey 2016 is based on the premise that good health is more than just the absence of disease and covers a wide range of health-related issues. The survey also addressed detainees' physical, psychological and sexual health.
- This is the second ACT Detainee Health and Wellbeing Survey, the first being conducted in 2010. We now have two comprehensive data sets to understand both the current health of detainees and the trends in their health over time.
- The findings will contribute evidence to inform assessment of the health needs of adult detainees in the ACT and will inform the provision of health services and policy development to ensure that health service delivery in correctional facilities meets the needs of the detainee population.
- The ACT Detainee Health and Wellbeing Survey 2016 was funded and facilitated by ACT Health and undertaken by researchers from The University of Melbourne.
- The ACT Detainee Health and Wellbeing Survey 2016 aimed to assess the physical and mental health status of detainees at the AMC, understand patterns of health service utilisation and treatment needs, and inform continuous improvement of services in custody and during the transition back into the community.
- Despite relatively poor health across a range of measures, health service access appeared to be more prevalent during the current prison episode compared with in the community, which is consistent with previous studies about poor community health service access among people who experience incarceration.

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Lead Directorate: Health

TRIM Ref:

Key Information

- The mean body mass index (BMI) for respondents was 26, which is on the overweight category. However, half of these respondents self-reported their weight to be 'normal'.
- The most prevalent physical health conditions currently experienced included tooth decay (41%), back problems (34%) and chronic pain (33%).
- While 78% reported walking for sport, recreation or fitness, 42% indicated that they consumed cordial and/or fizzy soft drinks daily and few respondents indicated eating the recommended daily serve of vegetables.
- The ACT Detainee Health and Wellbeing Survey 2016 posed questions to detainees relating to diagnosis of mental disorder, experiences with mental disorders currently and across the lifetime, treatment and experiences of self-harm, and suicide attempts.
- Over half of respondents (54%) recorded that they had received one or more mental health diagnoses in their lifetime, with no significant differences between the proportions of indigenous and non-indigenous respondents.
- Among those with a reported mental illness, 63% reported that they had been receiving treatment in the community; 74% reported that they had been receiving treatment in prison.
- Around one-third (35%) reported having attempted suicide; among those with a history of suicide attempt the median number of times was 2 (range 1 to 12). Among respondents who reported a history of suicide attempts, the most recent took place a median of 2 years prior.
- 21 respondents (21%) indicated that they had been admitted to a psychiatric unit or ward in a hospital, including 14% of Indigenous and 24% of non-Indigenous respondents.
- 36% of respondents reported engaging in harmful or likely dependent alcohol use in the 12 months prior to their current incarceration, while around 63% indicated the use of an illicit drug in the year prior to incarceration.
- In the year prior to their current incarceration, the most frequently used illicit drug among respondents was methamphetamine/amphetamine (63%); followed by cannabis (50%) and heroin (34%).

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- All participants of the survey were assessed for intellectual disability. Evidence has indicated that targeted, multi-disciplinary services are required for individuals with intellectual disability, both during their time in prison and during transition back into the community. 28% of respondents screened positive for an intellectual disability using the Hayes Ability Screening Index (HASI).

Background

- The 2016 ACT Detainee Health & Welfare Survey (ACTDH&WS) was conducted by Justice Health Service in October 2016.
- The conduct of the survey was tendered to Professor Stuart Kinner, School of Population and Global Health, University of Melbourne.
- Policy and Stakeholder Relations Division funded the costs of the survey which was \$83,000.
- The survey was provided to the Minister for Mental Health in June 2017.
- Detainee Health Surveys provides data that helps inform health interventions to improve the health and well-being of those affected by incarceration and detention. They can have substantial impacts on service developments within Justice Health Services and the broader health sector.
- NSW have been conducting Inmate Health Surveys since 1996. Recognising the insights that these surveys provided NSW Justice Health, the ACT Government completed its first Detainee Health Survey in 2010. Furthermore, these surveys have been recognised internationally for their contribution to understanding the health needs of those in custody

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ISSUE: MISSION AUSTRALIA REPORT ON YOUTH**Talking points:**

- The Mission Australia Annual Youth Survey Report was released in December 2017. These annual reports provide a snapshot of how the nation's young people, aged 15-19, feel about their own lives and broader national issues.
- For the first time in the survey's sixteen year history, young people identified mental health as the most important issue in Australia today. Concerns about mental health have doubled since 2015 and tripled since 2011. Nationally, mental health was the top concern with 33.7 per cent of young people considering it the most important issue in Australia today. The results from the ACT echoed the national concerns, with 30.1 per cent of respondents stating that mental health was a major issue facing Australia today.
- Nationally many of the personal concerns reported by young people relate to their own mental health, including coping with stress, body image and depression.
- The top four issues of concern for young people from the ACT were associated with their mental health and wellbeing: coping with stress; school or study problems; body image; and depression.
- The ACT Government recognises the importance of good mental health by promoting support services and providing coordinated and accessible services to those in our community who need help, particularly young people.

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- In the 2017-18 Budget, the ACT Government committed more than \$3 million to youth-focused mental health initiatives. This funding includes expanding counselling services for children, improving hospital-based services for young people, and providing more support to community providers such as headspace to deliver early intervention programs. Additionally, Menslink will receive \$100,000 from ACT Health over 2017-18 and 2018-19 to provide support to counselling for schoolboys aged 10-12 years.

Key Information

- This report highlights the need for the continued support and development of youth mental services in the ACT. The ACT Government has demonstrated its readiness to address mental health issues in the ACT by establishing the portfolio for Minister for Mental Health and the Parliamentary Agreement, which outlines young people's mental health as a priority.

Background Information – may not be suitable for public disclosure

- The Mission Australia Youth Survey Report 2017 provides an important understanding of the aspirations, values, concerns and ambitions of young people in the ACT and nationally.
- The 2017 survey was distributed nationally through schools and organisations. A total of 24,055 young people, aged 15-19, responded nationally with 745 of those responses coming from the ACT.
- The top three issues of concern for young people from the ACT were coping with stress, school or study problems and body image, with depression being the fourth major concern. The survey captured:
 - 48.6 per cent of respondents indicated they were either extremely concerned (21.9 per cent) or very concerned (26.7 per cent) about coping with stress.
 - 38.3 per cent of young people were concerned about school or study problems (extremely concerned: 15.9 per cent; very concerned: 22.4 per cent).
 - Body image was also an important issue of concern for 33.3 per cent of respondents (extremely concerned: 14.2 per cent; very concerned: 19.1 per cent).
 - Approximately one in four respondents were either extremely concerned (11.5 per cent) or very concerned (13.1 per cent) about depression.
- In the ACT the three most commonly cited barriers to young people's post-school goals were academic ability, mental health and admission/job requirements (21.6 per cent, 16.6 per cent and 14.5 per cent respectively).

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- The proportion of people in the ACT who reported mental health as a barrier to their post-school goals was higher than the national average of 13.2 per cent. Additionally more than double the proportion of females than males reported mental health and admission/job requirements as a barrier, which may impact on the achievement of their study/work goals after school (23.0 per cent compared with 9.8 per cent and 20.1 per cent compared with 8.9 per cent, respectively).
- The 2016 Mission Australia and Black Dog Institute Youth Mental Health Report stated that of the 22,000 young people aged 15-19 years, who responded to the 2016 Youth Survey just under one in four met the criteria for having a probable serious mental illness.
- The Kessler Six (K6) psychological distress scale was used in the 2016 Youth Survey to evaluate the levels of psychological distress in young people. Responses to the K6 were used to classify respondents into two groups – those with a 'probable serious mental illness' and those with 'no probable serious mental illness'. The Kessler Six (K6) psychological distress data was not included in the Mission Australia Youth Survey Report 2017.
- Mission Australia also published a Youth Mental Health and Homelessness Report 2017 (Homelessness Report) in August 2017. The Homelessness Report considered the responses to the 2015 Youth Survey from 15-19 year olds to look at a number of factors which may increase a young person's vulnerability to homelessness. While this report does not break down its responses by jurisdiction there are interesting results from the ACT perspective.
- The Homelessness Report found that young people with a probable serious mental illness are 3.5 times more likely to spend time away from home, due to feeling unable to return, than young people without a probably serious mental illness.
- The Homelessness Report uses this as an indicator of couch surfing behaviour, which is a known risk for future homelessness and is defined as secondary homelessness.
- The Homelessness Report suggests that these findings demonstrate the strong links between youth homelessness and mental illness. These are important findings for the ACT and underline the importance of providing quality mental health services to young people.
- The Mission Australia Youth Survey 2017 is a self-reported concern and experience survey and may not represent the actual prevalence of diagnosed youth mental illness. The most recent Australian Child and Adolescent Survey of Mental Health and Wellbeing, conducted in 2013–14 showed that almost 1 in 7 young people aged 4–17 (13.9 per cent) met the clinical criteria for one or more mental disorders in the previous 12 months.

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ISSUE: OFFICE FOR MENTAL HEALTH ESTABLISHMENT**Talking points:**

- As the Minister for Mental Health, the establishment of an Office for Mental Health (the Office) is a key priority for me. I believe that such a body has the potential to make real and lasting change for mental health consumers, carers and their families.
- My four key objectives in developing the Office are to:
 1. Provide comprehensive oversight and increased understanding of the mental health system and how it could be improved in the ACT;
 2. Ensure person-centred and needs-based approaches across government initiatives;
 3. Improve the coordination, integration and targeting of services and facilities; and
 4. Drive a reduction in mental illness incidence, frequency and impact through the development and oversight of a comprehensive Mental Health and Wellbeing Framework.
- In December 2017, the consulting company Synergia, who were contracted to help with the design and development of the model for the Office, started their public consultation forums.
- The first round of consultations included forums with mental health consumers, carers and key stakeholders to gather feedback about a preferred model for the Office. This consultation process included an online forum, which went live in December 2017 and closed on 9 February 2018. This forum ensured that everyone, including those who could not make the consultations, could participate and give their feedback.

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TRIM Ref:

- A second round of consultations was held in late January and early February 2018. These forums again included mental health consumers, carers and key stakeholders, who will be presented an updated options paper of the proposed future model, role and function of the Office to obtain their feedback.

Key Information

- Synergia, having incorporated all of the stakeholder feedback from their consultations, will present their final report to the ACT Government in late February 2018. This will include a written report on the preferred model and an outline of the next steps for the Office.
- ACT Health anticipates enacting these steps after receiving this report and the Office will be established by 1 July 2018.

Background Information – may not be suitable for public disclosure

- The Parliamentary Agreement for the 9th Legislative Assembly for the ACT identifies the establishment of an ACT Office for Mental Health to oversee mental health services in the ACT as a strategic priority.
- A Request for Quote (RFQ) process was conducted by ACT Health to engage a consultant to help with the design and development of the Office. Each of the proposals submitted to ACT Health were scored by an evaluation panel. Following this process, Synergia was selected as the preferred provider.
- In the first half of 2017, ACT Health undertook a desktop review of existing mental health commissioning models across Australia and internationally. This review was to help guide thinking on how the Office could best deliver positive change to the mental health and wellbeing of all Canberrans.
- A consultation paper, referred to as the Conversation Starter, was distributed to key stakeholders by ACT Health in August 2017 as the first step towards a targeted conversation with the community on the design of the Office.
- The results of the desktop review and the feedback from the Conversation Starter were provided to Synergia after their contract was signed to support their work.

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TRIM Ref:

ISSUE: EXPANSION OF CAMHS AND PERINATAL MENTAL HEALTH SERVICES**Talking points:**

- The Child and Adolescent Mental Health Service (CAMHS) Hospital Consultation Liaison Service at Canberra Hospital expanded its services in January 2018 to provide services seven days per week.
- This expansion now ensures that children and adolescents presenting to Canberra Hospital on weekends for mental health emergency assessments can be assessed by a clinician who specialises in this age group.
- The availability of child and adolescent clinicians within the hospital on weekends also ensures that the paediatric ward have available to them the clinical expertise of a CAMHS clinician.
- The newly expanded service also offers a face to face follow up appointment within 24 to 72 hours for children and adolescents who have been discharged from the Emergency Department, Paediatric Emergency Department, Paediatric Ward, Mental Health Short Stay Unit, or the Adult Mental Health Unit (16/17 year olds).
- In November 2017, the Perinatal Mental Health Consultation Service (PMHCS) increased the availability of a psychiatrist from one day to three days per week and this increase gives women the option of choosing a female or male psychiatrist.
- The increase of psychiatry clinics has now significantly reduced wait times to under three weeks from 12 weeks and General Practitioners now have greater access to psychiatry consultation enhancing the wrap-around care for women accessing the service.
- The service now also provides a satellite perinatal clinic at the Child and Family centre in West Belconnen.

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- The expansion has enabled the service to offer phone support follow-up to women on weekends who have been identified by PMHCS as having risk issues and needing a mental health well-being check. This service was previously provided on weekends by the Crisis Assessment Treatment Team (CATT).

Key Information

- The CAMHS Hospital Consultation Liaison Service target and prioritises moderate to high risk mental health clients who present at the Canberra Hospital. The service aims to increase timely access to mental health services, alongside strengthening relationships with services and supports most likely to come in contact with this population.
- Up until the expansion of the CAMHS Hospital Consultation Liaison Service, CAMHS had only one assessment clinician placed within the Emergency Department. This clinician provided clinical assessments Monday to Friday only. If a child or adolescent presented on weekends they were assessed by an adult specialist mental health clinician. CAMHS also did not operate services in the Paediatric ward on weekends.
- The Perinatal Mental Health Consultation Service (PMHCS) provides specialist opinion, treatment planning and intervention to pregnant and postnatal women (up to 12 months postpartum) who present with significant mental health issues. The service also works with mothers and their infants to enhance their relationships.
- Prior to the expansion this service had limited psychiatric clinics and the waitlist was approximately six to eight weeks.
- The introduction of a monthly clinic located at the West Belconnen Child and Family Centre has provided increased access to those located on the North side of Canberra.
- The PMHCS has been committed to ensuring psychiatrist consultation for General Practitioners. Prior to the expansion, General Practitioners were limited to one day a week access to the perinatal psychiatrist.

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ISSUE: RESPONSE TO MRS VICKI DUNNE MLA ABOUT ROGS DATA**Talking points:**

- In her media release, Mrs Dunne stated that there had not been ‘enough acute mental health beds to meet growing demand’ and that ‘staffing levels have fallen behind in demand.’
- According to the Productivity Commissions’ 2018 Report on Government Services (ROGS) the number of acute mental health beds per 100,000 in the ACT was below the national average. In 2015-16 the ACT had 18.6 acute beds compared to the national average of 22.4 beds.
- When including community-based residential units, however, this goes up to an overall total of 42.5 beds per 100,000 in the ACT. This is higher than the national average of 39.4 beds per 100,000.
- ACT has more acute inpatient beds in 2016-17, not included in the 2015-16 figures. The new Dhulwa mental health unit includes additional ten available beds as well as the six acute inpatient beds of the Mental Health Short Stay Unit at Canberra Hospital. ACT Health expects these beds will be included in future ROGS reports, increasing the number of acute beds per 100,000.
- The media release quotes a full-time equivalent of 32.7 FTE staffing for mental health services per 100,000 people, compared to the national average of 54.6 per 100,000 nationally. However, this statistic only accounts for acute inpatient staff.
- For a more complete picture, the 2018 Productivity Commission’s ROGS reports the full-time equivalent of staff in mental health services, which includes inpatient, community and residential, in the ACT during 2015-16 was 112.2 per 100,000. This was above the national average of 108.0 per 100,000 population.
- Not addressed in Mrs Dunne’s media statements are positive figures that the ACT has achieved:

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- The ACT readmission rate in 2015-16 is 14.5 per cent compared to the national average of 14.6 per cent.
- Post discharge follow-up from an acute inpatient admission in 2015-16 at 73.7 per cent remains above the national average at 68.2 per cent.
- ACT Health invested more in community organisations supporting mental health in 2015-16 than any jurisdiction in Australia, with 20 per cent of total mental health expenditure compared to a national average 7.6 per cent.

Key Information

- Mrs Dunne makes a ten year comparison which focuses on patient bed days per 1000 people increasing by one third versus number of full-time staff per 100,000 increasing by 'only' 16 per cent in inpatient units. This does not take into account the increase in the population of the ACT over that ten year period. The ACT population increased by 16 per cent over that same period. This matches the staff increase.
- Whilst in isolation the staff FTE for mental health inpatient services was below the national average, there are a higher number of community staff, 60.1 compared to national average of 45.3, and residential staff, 19.5 compared to a national average of 8.1. These figures represent more support for people with mental illness in the community rather than solely focusing on acute inpatient services and provides a more holistic delivery of care.
- The people most likely to be admitted to hospital are at the more severe end of acute care needs and require longer lengths of stay and may take longer to recover. This is reflected in the increased number of beds days. With the available resources in the community, people less likely to need acute inpatient care have alternative options.
- The current use of community sector organisations for step-up-step-down service pre- and post-admission to inpatient services is not reflected in the acute inpatient data for dedicated mental health beds. More could certainly be done in this space going forward. Adolescents admitted to hospital for mental health issues and not admitted to a specialised mental health facility are not included in the data reported for specialised acute adult and older person's mental health facilities. There are no specialised mental health inpatient facilities specifically for adolescents at this time.

Background Information – may not be suitable for public disclosure

- Each year the Productivity Commission releases its ROGS, which provides information on the equity, effectiveness and efficiency of government services in Australia.

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- Mrs Vicki Dunne, MLA and Shadow Minister for Health made a media release on 31 January 2018, criticising the growth and performance of mental health services in the ACT using ROGS data. A number of these comparisons cherry picked data from ROGS which, when understood in a wider context, are not as negative as they are made to appear.
- The title of this media release refers to the establishment of the Office for Mental Health, which Mrs Dunne has criticised in the past.

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**ISSUE: AMC Medication Issues – December 2017 - Mental Health,
Justice Health and Alcohol and Drug Services****Talking points:**

- During December 2017, there was a reported cluster of five drug-related incidents/overdoses involving detainees at the Alexander Maconochie Centre (AMC) involving prescribed medications, non-prescribed medications and/or illicit drugs.
- On 30 December 2017, the Canberra Times reported on a ‘spate of drug overdoses’ inside the AMC over the Christmas period but did not identify any specific medications or drugs involved.
- Further, media requests in January 2018 from the same Canberra Times reporter suggested that the drug pregabalin (brand name ‘Lyrica’ and is used to treat pain) and quetiapine (brand name “seroquel and is used to treat severe and chronic mental health conditions) were ‘popular’ contraband items as identified on the AMC’s contraband register.
- The Executive Director of Mental Health, Justice Health and Alcohol and Drug Services (MHJHADS) requested a review of the overdose cases as well as a ‘snapshot’ medication audit around the general prescription of quetiapine and clonazepam (brand name Rivotril and used to treat seizure disorders) more broadly in the AMC.
- The report has been finalised and provided to my office today.
- The report includes five recommendations to help reduce the likelihood of future incidents of this nature.
- Justice Health Services (JHS) will working collaborative with ACT Corrective Services (ACTCS) on the identified issues and recommendations.

Background information - may not be suitable for public disclosureIncident 1

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- [REDACTED]

Incident 2

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- [REDACTED]

Incident 3

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Incident 4

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ISSUE: Shortage of psychiatrists - Mental Health, Justice Health and Alcohol and Drug Services**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.
- In response to the workforce challenges within MHJHADS a divisional workforce committee oversees the development of a Workforce Strategy.
- The Working Group will develop a strategic plan which will take account of recruitment and retention strategies, projected population needs; workforce numbers and sub-specialty skill mix (informed by currently available planning tools); and local factors that are having an impact upon recruitment and retention of psychiatrists within the ACT public mental health system. The Working Group has agreed to consider the Victorian Psychiatric Workforce plan, as a possible framework for an ACT-specific plan.
- A number of initiatives that have been undertaken by the Workforce committee include:
 - active recruitment in both mainstream and electronic media as well as professional journals;
 - commencement of an analysis of workforce shortages in other public mental health services to improve our understanding of the contributing factors in difficulties in recruitment and retention;
 - Development of a proposal for an Attraction and Retention Incentive (ARIn) for newly employed and currently employed senior medical officers to improve the competitiveness against the awards and conditions of other States within Australia. However, current Enterprise Agreement negotiation arrangements need to be considered as to minimise leap 'frogging'; and

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- working with the ACT Division of Psychiatry to update psychiatrists on recruitment efforts and progress with senior and junior medical staff and to expedite practical measures to improve work efficiency such as the purchase of voice activated software for use with the electronic medical record and for correspondence.
- In addition to that Working group, 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 improving staffing to levels that allow continued safe clinical care and reasonable access to leave for staff.
- ACT Health has also a well-established a Psychiatric Registrars training program for junior doctors to become psychiatrists through the Fellowship of the Royal Australian and New Zealand College (RANZCP) of Psychiatrists.
- RANZCP has developed accreditation standards which cover the main educational, clinical and governance areas for training. Accreditation status is for five years. The Accreditation Committee of the Education Committee monitors compliance with these standards through accreditation visits and the ACT Psychiatry Training Program is accredited until 2019.
- As of 15 February 2018, there are:
 - 28 FTE Consultant Psychiatrists employed permanently within MHJHADS,
 - 34.7 FTE Psychiatric Registrars employed within MHJHADS,
 - 2.2 FTE Career Medical Officers employed within MHJHADS,
 - 2.1 FTE Visiting Medical Officer, contracted for ongoing sessional work, and
 - 5.3 FTE Locum Visiting Medical Officers (VMOs), contracted for a specific period of time.

Four of these Locum VMOs are currently working in the Adult Mental Health Unit (AMHU). These Locums are highly experienced Psychiatrists and have ensured safe and effective care has continued to be provided for inpatients at AMHU.

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- These numbers do not include the two FTE General Practitioners working in Justice Health Services or the 3.9 FTE Addiction Specialists in Alcohol and Drug Services.
- The approximate cost per month for four locums is \$175,000 per month, plus additional costs (e.g. accommodation, flights, recruitment agency fees etc) compared to the permanent employment of four staff specialists (Consultant Psychiatrists) which approximately costs \$100,000 per month.

Key Information

- The current recruitment activity across MHJHADS is the following, and we are managing the current services with existing staff and the use of locums:
 - Two senior registrars are also expected to receive their fellowship (Staff Specialist positions in adult general psychiatry) in March 2018 and will commence work in the AMHU.
 - Staff Specialist positions in Older Persons Mental Health Service (two positions) and the candidates are being interviewed in February 2018.
 - Staff Specialist positions in Forensic Mental Health Service – one candidate has been interviewed and deemed suitable, and will be offered an Area of Need (overseas) which can take 12 -18 months. Interview for the second position is occurring in February 2018.
 - Two Child and Adolescent staff specialists were recruited under the Area of Need provisions in 2017 are anticipated to arrive in April 2018 and will work in Child and Adolescent Mental Health Services (CAMHS).
 - Career Medical Officers in psychiatry - 1.2 FTE (two people), the first commenced on 15 February 2018, providing psychiatry services in the Emergency Department and the second will commence on 19 February 2018 and will be working in CAMHS.
 - A new Clinical Director for Primary Health, Justice Health Services will commence on 19 March 2018, replacing the existing position holder.
 - A new Staff Specialist in Addiction medicine – the recruitment process to commence within February 2018.
 - A Staff Specialist – Primary Health, Justice Health Services – candidates are being interviewed in February 2018.
 - Clinical Director for the Aboriginal Health – candidates are being interviewed in February 2018.
 - Staff Specialist/ Chief Psychiatrists recruitment has been finalised, awaiting commencement date and Cabinet approval.

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- The Clinical Director for Adult Acute Mental Health Services has resigned, effective as of 5 April 2018. A recruitment process has commenced to fill this vacancy. The Clinical Director is also currently providing clinical services within Adult Mental Health Unit (AMHU), as well as their other managerial responsibilities of this role.
- Within the AMHU there is not an established staffing level for Consultant Psychiatrists. The current medical staff is four FTE Consultant Psychiatrists, four FTE Psychiatric Registrars and three FTE Resident Medical Officers.
- Four FTE Consultant Psychiatrists is aligned with staffing in other jurisdictions for an acute inpatient facility with 37 funded beds.
- Currently four of the positions in the AMHU are filled by locums to ensure continuity of safe care and we are actively recruiting to fill these positions with permanent staff. It should be noted that current locums have indicated they are not interested in converting to staff specialists.
- The workforce of psychiatrists is currently a suppliers market, with a large number of the workforce not seeking full time positions, but instead preferring to work as a Locum Visiting Officer (VMO).

Background – may not be suitable for public disclosure

- ACT Health is working hard to encourage clinicians to make the ACT a location of choice and MHJHADS has been actively recruiting to these vacant medical position.
- There is a nation-wide shortage of psychiatrists of consultant psychiatrist and this shortage is projected to continue past 2030, including ongoing high reliance on overseas trained doctors. Regional areas are more affected by shortfalls than metropolitan's areas.
- The ACT is not alone in experiences difficulty in attracting senior medical staff into both public and private sector of mental health care and both sectors have had difficulties in retaining consultant workforce. The public mental health services has been reliant on filling vacancies by use of the Area of Need provisions allowing suitable 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, with an appropriate contact person to discuss the position and conditions applicable to the position. Where there are no suitable Australian qualified applicants we are able to use the 'Area of Need' process which 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 (i.e. to allow for employment notice period, registration, medical credentialing requirements and international relocation);
 - interstate applicants - three-six months (i.e to allow for employment notice period and relocation); and
 - local applicants - six – eight weeks (i.e to allow for employment notice period).

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ISSUE: ARINS AND SEAS

Talking points:

- There are currently 272 staff in ACT Health covered by Attraction and Retention Incentives (ARIns) and Special Employment Arrangements (SEAs).
- Total expenditure on ARIns/SEAs in 2016/17 was \$17,311,022.14, the vast majority of which went to doctors.
- 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.

Key Information

- ARIns are provided for under all ACTPS enterprise agreements.
- The ARIn model was introduced in the 2013 bargaining round. It replaces the broadly similar SEA provisions.
- The major area of use in ACT Health is in respect to senior medical staff, generally in areas where necessary skills are subject to very limited availability, or where a speciality is essential to service delivery.

They have also been used to address gaps in enterprise agreement provisions pending consideration and discussion of potential changes to those enterprise agreements.

Background Information – may not be suitable for public disclosure

- There are currently 272 ACT Health staff covered by ARINs and SEAs:
 - 145 doctors
 - 98 health professionals
 - 18 dentists
 - Two administrative staff
 - One nurse
 - Eight support staff (to correct an EA oversight)

Cleared as complete and accurate: 06/02/2018
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Lead Directorate: Health

TRIM Ref: GBC18/42

- The annual review process is likely to result in a reduction to the number of these arrangements.
- Total expenditure on ARins/SEAs in 2016/17 was \$17,311,022.14, the vast majority of which went to doctors.
- While designed to address attraction and retention issues, they have in the past been used extensively to provide conditions top-ups for groups, including ongoing entitlements. Examples include provision for the payment of senior doctors for undertaking additional work on weekends – often associated with ‘surgical blitzes’ – as well as provisions dealing with market issues in certain professions – such as mental health psychologists, perfusionists and pharmacy.
- Going forward, these ongoing arrangements are being considered for incorporation in relevant enterprise agreements.
- Several of the medical practitioners covered by SEA/ARIn arrangements have raised concerns as to the legality of attempts to review, and potentially reduce or remove, existing entitlements. It is expected that at least some doctors will bring legal action against the Territory should their ARIns be reduced or ceased.
- Given the range of medical services reliant on staff who are covered by existing SEAs/ARIns, including anaesthesia, intensive care, emergency, rescue and retrieval, radiation oncology and medical imaging, there is considerable concern about the potential impact on the ability of ACT Health to deliver services if these arrangements become the subject of legal action, and/or affect our ability to attract and retain appropriate skills in the health services.
- ACT Health is currently developing an approach designed to minimise these risks with specific regard to the arrangements applying to medical practitioners. This may involve freezing payments for a number of these arrangements, to allow for increases in base pay to absorb the amount of the ARIn over time.

Cleared as complete and accurate: 06/02/2018
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Lead Directorate: Health

TRIM Ref: GBC18/42

ISSUE: ACCREDITATION

Talking points:

- The Australian Council on Healthcare Standards (ACHS) will conduct an organisation wide survey of ACT Health from 19- 23 March 2018, completing a comprehensive assessment of ACT Health's compliance with the National Safety and Quality Health Service Standards (National Standards).
- During the organisation wide re-accreditation assessment, ACHS assesses ACT Health's implementation of the National Standards. This involves awarding either a 'satisfactory met' or 'not met' to the actions within the National Standards. If ACT Health receives a 'not met' against any of the actions, the organisation has 90 days to take corrective action at which time accreditation is awarded.
- ACT Health was last surveyed by ACHS in May 2015 and was successful in achieving accreditation against the National Standards until July 2018.
- Work continues to progress across the organisation to ensure ACT Health is prepared for the organisation wide survey and that ACT Health meets the requirements of the National Standards.
- To further support ongoing staff awareness of accreditation requirements and their safety and quality roles and responsibilities, ACT Health will formally launch ACT Health's Quality Strategy on 15 March 2018. This strategy has been developed for ACT Health to be recognised as a high performing health service that provides person-centred, safe and effective care.

Key Information

- ACHS is contracted by ACT Health to survey and award accreditation against the National Standards through a Membership Agreement at a cost of \$52,067 per annum for a period of three years (2016 – 2019).
- ACT Health has been proactive in preparing for organisation wide survey in March 2018.

Cleared as complete and accurate: Jane Murkin
Cleared by: Deputy Director-General Ext: 77880
Contact Officer Name: Josephine Smith Ext: 50095
Lead Directorate: Health

- In April 2017, under the leadership of the Deputy Director-General, Quality Governance and Risk (QGR) a review of the governance of the National Standards was undertaken with the aim of strengthening governance.

Background Information – may not be suitable for public disclosure

- The National Standards Governance Committee (NSGC) was formed to provide governance, leadership and support to all Standard Committees to ensure the organisation is on track to meeting the National Standards and achieving reaccreditation.
- Formal monthly reporting to NSGC by the Executive Sponsors of each National Standard Committee was initiated in May 2017 to provide a system to escalate issues and barriers.
- NSGC formally reports to the Executive Director Council of Safety and Quality.
- Strengthening the governance of each National Standard Committee included refreshed standardised terms of reference and membership, including defining executive and clinical leadership roles and responsibility occurred in June and July 2017.
- ‘Map and Gap’ of all National Standards was undertaken in June 2017 with Action and Quality Plans developed in July 2017 to address any potential gaps identified.
- Commissioned and led by the DDG QGR the re-accreditation readiness assessment ‘mock survey’ occurred 4-15 December 2017, to determine ACT Health’s readiness for organisation wide survey in March 2018.
- Ms Helen Milne, an expert consultant with extensive knowledge and experience of the Australian health sector, coupled with advanced skills and experience in service development, implementation, evaluation and accreditation was contracted to assist the DDG QGR and ACT Health in undertaking the mock survey assessment.
- The mock survey confirmed and reinforced the need for action in a number of areas across ACT Health. To address these potential risks or gaps in accreditation evidence, an action plan has been developed with accountability and responsibility allocated to relevant ACT Health staff.
- Initiated by the DDG QGR, weekly meetings are in place to oversee progress and preparation for OWS.
- At organisation wide re accreditation assessment ACHS assesses ACT Health’s implementation of the 10 National Standards. This involves awarding either a ‘satisfactory met’ or ‘not met’ to the actions within the National Standards. If ACT Health receives a ‘not met’ against any of the actions, the organisation has 90 days to take corrective action. If ACT Health receive more than five ‘not met’, ACHS are required to conduct a site visit assessment 90 days following the initial assessment. This site visit will assess the action taken to address the ‘not met’ recommendations and award accreditation. There will be additional costs to ACT Health if an additional ACHS site visit is required.

Cleared as complete and accurate: Jane Murkin
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Lead Directorate: Health

ISSUE: ACT Health Publication of Data for Consumers

Talking points:

- ACT Health currently provides data on over 100 indicators. This data is published in a number of reports, including the Commonwealth's *Report on Government Services* and 'My Hospitals', a website that provides Australians with nationally comparable data on hospitals.
- Data on elective surgery wait times by 'Urgency Category', 'Specialty of Surgeon' and 'Intended Procedure' for both Calvary Public Hospital and Canberra Hospital, can be found on the 'My Hospitals' website.
- ACT Health is currently undertaking a 12-month System-Wide Review of Data. As part of this review, the Health Directorate is required to:
 1. Provide advice on the publication of data for consumers,
 2. Ensure consumers' can easily understand the information published by ACT Health; and
 3. Develop options for real-time provision of information, for example live Emergency Department wait times, and elective surgery wait times.
- As part of the System-Wide Review of Data, ACT Health undertook a desktop comparison of all publicly available data published by other jurisdictions. While most jurisdictions provide large amounts of data, much of this data is in the form of reports that are time-consuming and challenging for consumers to navigate.
- Like other jurisdictions, most of ACT Health's data is also published in reports such as the *Annual Performance Reports*. However, the Directorate is currently developing a person-centred strategy that focuses on providing user-friendly access to data.

Cleared as complete and accurate: 16/03/2018
Cleared by: Deputy Director-General Ext: 77121
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Lead Directorate: Health

- As part of this strategy, ACT Health are in consultation with the Health Care Consumers Association to engage with patients, families and carers. This will ensure that data published by ACT Health is helpful, accessible and timely.
- In the interim, ACT Health will update its website to ensure that the currently available data is more easily accessible. It will also provide additional information to ensure data can be readily interpreted by consumers. This will be completed prior to 30 June 2018.
- It is worth noting that the ACT, Queensland, South Australia and Western Australia are the **only** states that provide live data. ACT Health's website provides live data on Emergency Department presentations and patient admissions for both Calvary Public Hospital and the Canberra Hospital.

Background Information

- On 14 February 2017, it was announced that an ACT Health System-Wide Review of Data would be undertaken. The Terms of Reference for the System-Wide Review were released in late March 2017, and specified six pillars of work to be completed by 31 March 2018.
- Pillar six required ACT Health to "Provide advice on the publication of data for consumers that facilitates improved understanding of ACT Health information, performance, quality and safety, including options for real-time provision of information." Pillar six was to be delivered by 30 September 2017.
- As part of the System-Wide Review of Data, ACT Health has put the publication of its *Quarterly Performance Reports* on hold. This has been done to allow the Performance, Reporting and Data Division 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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ISSUE: ACT HEALTH SYSTEM-WIDE DATA REVIEW

Talking points:

- The System-wide Data Review is due to be completed by the Directorate at the end of this month (March 2018). The Government will then consider the final outcomes and recommendations of the Review.
- The data reporting issues found in ACT Health are administrative in nature and do not affect the quality of the health services that we deliver to the community.
- There continues to be no impact on ACT Health's day to day service delivery.
- The delivery of high quality health services to the Canberra community is a key priority of the ACT Government. High quality data and reporting are the foundations of an informed hospital and health care system that is accountable, transparent and responsive.
- I have committed to being open and transparent with Members throughout this process. I have demonstrated this by:
 - Quarterly updates to the ACT Legislative Assembly with the last update provided in February 2018;
 - The ACT Government and ACT Health welcoming the agreement by the Auditor-General's Office to include ACT Health Data and Reporting on their 2017-18 Audit Program, which was previously requested by the ACT Health Director-General; and
 - Engagement of an independent auditor to assess and baseline the current status of each of the 175 external audit and review recommendations. This robust independent assessment will continue throughout the life of the System-wide Data Review including a quarterly review to validate the effectiveness of the implementation of the recommendations.

- Work to date on the System-wide Data Review has predominately focused on repair and investigation of data integrity issues, system issues and business processes, whilst at the same time providing the opportunity to renew existing performance, reporting and data structures.
- The System-wide Data Review has enabled the Directorate to constructively learn, build capability and expertise, and address root cause and systemic issues.

Key Information

- Notable outcomes of the Review include:
 - Meeting external reporting obligations such as the 2018 Report on Government Services (RoGS) 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 Directorate-wide front door ‘Reporting Co-ordination Unit’, 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 their metadata registry ‘MeTEOR’ as a data repository for all definitions and standards. Whilst this work has only just commenced, this is a major improvement and will ensure our existing and new standards and definitions are robust and consistent with national requirements;

Cleared as complete and accurate: 08/03/2018
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Contact Officer Name: Karen Chudleigh Ext: 72324
Lead Directorate: Health
TRIM Ref: COR18/3499

- 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, an ‘Enterprise Data Warehouse’, that is innovative and a first for the ACT Government that has the potential to be expanded and adapt to changing community health needs.
- Future work includes:
 - Mental Health Services – implementing new performance indicators and reports across all services ranging from day to day operational reports to those presented in this place;
 - Elective Surgery Waiting Lists – an analysis of the impact of activity based funding methodologies on the elective surgery management practices;
 - University of Canberra Public Hospital – designing new performance metrics including the potential for automated costing;
 - Consumers Information – developing options for improving public reporting and innovative technologies available moving forward; and
 - Real-time data for Clinicians – trialling new technologies and analysis tools for clinicians to inform and improve patient outcomes.

Background Information – may not be suitable for public disclosure

- In 2016 ACT Health was unable to meet deadlines for several national data collections due to the ongoing identification of data management and reporting issues.
- In 2016 PricewaterhouseCoopers (PwC) were engaged to analyse a number of ACT Health data and reporting processes such as the annual and quarterly reports. This engagement found a number of data quality issues with the ACT Health data and reporting resulting in a further engagement with PwC to develop a range of methodologies for the production of data and associated reports from Business Performance and Information Decision Support Branch. PwC developed:
 - processes to extract data from source systems; complex code for the production of indicators from various data sets; and
 - standards to encompass definitions and methodologies for producing each indicator; and, cross referenced ACT Health’s internally derived figures.

Cleared as complete and accurate: 08/03/2018
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Lead Directorate: Health
TRIM Ref: COR18/3499

- This initial development work and subsequent recommendations by PwC form the basis that will underpin the ACT Health system-wide review activities. PwC methodologies and recommendations where practical will be assessed and expanded across all ACT Health reported data and not just a subset of reports.
- On 14 February 2017 you announced that an ACT Health system-wide review of data would be undertaken.
- On 28 March 2017 you made a Ministerial Statement in the ACT Legislative Assembly and tabled Terms of Reference for the ACT Health System-wide Review of Data.
- There is significant sensitivity about ACT Health’s ability to report accurate data. The Terms of Reference support a transparent and timely approach.
- The Review Panel members are the:
 - Deputy Director-General, Performance, Reporting and Data, ACT Health
 - Deputy Director-General, Canberra Hospital and Health Services, ACT Health
 - Chief Information Officer, ACT Health
 - Chief Technology Officer, Shared Services ICT
 - Chief Executive Officer, National Health Funding Body
 - Senior Executive, Australian Institute of Health and Welfare, Hospitals, Resourcing and Classifications Group
 - Director, Research School of Population Health, ANU College of Medicine, Biology and Environment

Pillars of work	Scheduled completion date
<p><u>Pillar 1</u> A summary of the extent, and where possible, the root cause or causes of the current data issues.</p>	30 September 2017 – Currently progressing through approval process
<p><u>Pillar 2</u> Establish revised governance processes and protocols for data management, reporting and analysis. Features of these processes and protocols will include: <u>Phase One:</u></p> <ul style="list-style-type: none"> • Defined work schedules and steps for key reporting obligations • Formalised change processes for source systems, datasets and data queries to ensure that the impact of changes to any source systems are identified and addressed within the datasets • Clear delineation of responsibility for managing different stages of the extraction, transformation and reporting and analysis of data 	30 June 2017 – External auditor recently completed desktop review of Milestone One Report and minor amendments are being addressed.

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 Lead Directorate: Health
 TRIM Ref: COR18/3499

Pillars of work	Scheduled completion date
<ul style="list-style-type: none"> Clearly defined quality assurance and clearance steps for all data reporting and analysis 	
<p><u>Pillar 2</u> <u>Phase Two</u> - in parallel with the determination of a framework for the re-building of the ACT Health data warehouse, reporting and analysis systems and functions:</p> <ul style="list-style-type: none"> Appropriate access controls and audit information for all data sets Establishing standardised queries for reporting purposes that are to be used at all times for generation of specific reports Establish a framework for publication of datasets for each time period 	31 March 2018

<p><u>Pillar 3</u> Develop a Framework for the: <u>Phase One:</u> Provision of essential data reports derived directly from source systems as an interim process. This will ensure that ACT Health internal and external reporting requirements can be maintained and will comprise:</p> <ul style="list-style-type: none"> Identifying the range of essential internal and external reports, and ceasing any reports that are not essential Confirming the priority order and timeframes for external reporting Mapping the data definitions against the source systems to identify the systems required to generate the report Replicating these systems for reporting purposes and writing queries to generate the reports from the replicated data 	30 June 2017 - External auditor recently completed desktop review of Milestone One Report and minor amendments are being addressed.
<p><u>Pillar 3</u> Develop a Framework for the: <u>Phase Two:</u> Replacement of the ACT Health data warehouse, reporting and analysis systems and functions. This will include how we propose to:</p> <ul style="list-style-type: none"> reconstruct the warehouse to ensure that it accurately extracts and transforms data from the relevant source systems deliver and publish datasets for each time period 	30 September 2017 – Currently progressing through approval process

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<ul style="list-style-type: none"> • develop Application Programming Interfaces (APIs) to publish data in real-time for required data sets (such as Emergency Department waiting times) • integrate relevant de-identified data into the ACT Government Data Lake • re-write the data queries required to accurately generate reports 	
<p>Pillar 4 Implementation of all Framework outcomes</p>	<p>31 March 2018</p>
<p>Pillar 5 Provide a detailed road-map to address existing recommendations from the Auditor-General and ACT Health external advisers. This will comprise:</p> <ul style="list-style-type: none"> • a single report outlining all recommendations • ACT Health’s acceptance, or not, of each recommendation • prioritisation of each recommendation, including an estimated date of completion • a report detailing progress status against each recommendation 	<p>30 June 2017 - Complete</p>
<p>Pillar 6 Provide advice on the publication of data for consumers that facilitates improved understanding of ACT Health information, performance, quality and safety, including options for real-time provision of information.</p>	<p>30 September 2017 – Currently progressing through approval process</p>

ISSUE: BED NUMBERS AND BED OCCUPANCY

Talking points:

- The current bed occupancy rate for Canberra Hospital and Calvary Hospital for this financial year as at 7 February 2018 is 87 per cent, with Canberra Hospital at 94 per cent and Calvary at 70 per cent¹ which is consistent with previous years. The 2017-18 Strategic Indicator 7 target is 90 per cent and has been since 2013-14.²

Financial Year	Bed Occupancy		
	Canberra Hospital	Calvary Public Hospital	ACT public hospitals
2015-16	91%	75%	86%
2016-17	94%	71%	86%
As at 7 th February 2018	94%	70%	87%

- Canberra Hospital experienced a busy winter season due to the largest influenza season since the 2009 pandemic year and successfully managed the occupancy through the Winter Beds Strategy.
- The Strategy enabled Canberra Hospital to deploy up to 34 additional beds in response to surges in demand. The additional beds used to meet winter demand closed on 29 November 2017.
- Canberra Hospital has commenced planning for the 2018 winter season.

¹ AIHW METeOR Definition:

Occupancy Rate – calculated by dividing total bed days in a period by the product of the available beds and the days in the period –

Funded beds – may equate to 'available beds' unless the necessary human resources cannot be provided (e.g. due to a strike or nursing shortage).

² Australian Capital Territory Budget, 2017-18

Cleared as complete and accurate: 06/03/2018

Cleared by: Deputy Director-General Ext: 77121

Contact Officer Name: Mark Dykgraaf Ext: 43125

Lead Directorate: Health

- The calculation of bed occupancy is based on beds available at Canberra Hospital and Calvary Public Hospital Bruce that are available to receive admissions from the Emergency Departments (ED), and is calculated in total minutes available per day. The calculation fluctuates depending on the level of demand being experienced across the hospitals.

Key Information

- Under the ACT Health System-wide Data Review, all metrics and a range of policies are being reviewed including the ACT Health Bed Stock Policy. All review activities are due for completion by 31 March 2018.

Occupancy calculation breakdown 2017 – 7 February 2018			
	Canberra Hospital	Calvary Public Hospital	ACT Public Hospitals
Average Patient Bed Days (utilising overnight beds)	594	195	789
Average Overnight Beds Available	634	277	911
Occupancy %	94%	70%	87%

Background Information – may not be suitable for public disclosure

- Data for 2016-17 bed occupancy rate has been drawn from the source systems due to the ACT Health System-wide Data Review.
- Following the 2013-14 financial year, the methodology for counting bed occupancy was replaced with an updated methodology due to improved access to live hospital data. The historical methodology used a midnight census (people still in a bed at midnight) and only counted patients who had left the hospital. Patients with lengthy stays were attributed to the month they left which increased the occupancy figure.
- The current method attributes the minutes, days and months of bed utilisation to the period it occurred. The method captures daily peaks of high demand in the occupancy measure.
- The calculation of occupancy figures does not include:
 - Same day beds, theatre, procedure rooms, hospital in the home, home birth, and community dialysis; and
 - Down-time (such as cleaning following a patient discharge).
- Not all beds can be utilised for admission from the ED.

Cleared as complete and accurate: 06/03/2018
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- ACT Government has traditionally allocated funding to opening specific beds within the ACT Budget process. ACT Health is transitioning to an Activity Based Funding (ABF) model.
- ABF incentivises hospitals to perform efficiently and maximise services provided for the available funds. ABF is patient-centred with funding tied to the treatment of patients. ABF is transparent, clear on what basis funding is provided, and increases hospital autonomy to deliver care within a clear funding and accountability framework. Furthermore, ABF will allow ACT Health to determine, and be accountable for, the overall level of funded services to meet operational requirements to be provided while requiring (and empowering) hospitals to deliver those services in the best possible way.
- The number of hospital beds in use will be controlled by public hospitals, allow them to be responsive to demand and remove the notion of 'funded beds'. The idea of occupancy as a function of funded beds will be less relevant and future strategic indicators to measure service supply and demand will be developed.

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ISSUE: EMERGENCY DEPARTMENT DEMAND

Talking points:

- Canberra Hospital and Health Services (CHHS) has a number of plans in place to manage the increased demand for services that occurs across the busy winter period.
- In the 2017 winter season, CHHS opened additional beds and deployed additional staffing in a number of key areas.
- Daily operational disciplines are used to ensure that the hospital is operating effectively. During the winter season there are up to 650 patients being discharged per week and there is a close operational focus on managing patient movement throughout the hospital.
- CHHS is currently in the planning phase for the coming winter season.
- The number of presentations to the CHHS Emergency Department increased from 77,747 during 2015-16 to 85,093 during 2016-2017. This represents a 9.4 per cent increase in the total number of presentation to the CHHS Emergency Department year on year.

Key Information

- A media campaign will be developed in advance of the coming winter season to emphasise the use of alternative services to the Emergency Department (ED) at CHHS.
- Strategies to promulgate the key messages include media releases, use of social media, radio advertising, desktop backgrounds across the ACT Government, content on television, and posters in public spaces such as libraries, secondary schools and childcare centres.
- Key messages include:
 - Save the ED for emergencies. ACT Health is encouraging people with non-life threatening injuries to use alternatives to the ED.
 - Walk-In-Centres are free and open every day from 7:30am to 10:00pm. Patients do not need an appointment.
 - Walk-In-Centres are for minor illnesses and injuries for patients over the age of two. A specialist nurse is available seven days a week, from 7:30am until late and Centres are located in Tuggeranong and Belconnen.

Cleared as complete and accurate: 05/03/2018
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- Advice on where to go to seek emergency treatment including Calvary Bruce Public Hospital, Canberra Hospital or Queanbeyan.
- Community Pharmacists are qualified to give expert advice on many health issues.
- HealthDirect is a 24 hour, seven day a week service that provides free medical advice and reassurance.
- For ongoing comprehensive healthcare including for those with acute problems, children under the age of two and for those patients who have complex medical problems, they are best placed to arrange to see their General Practitioner.
- Canberra After hours Locum Medical Service (CALMS) is an after hours medical service open weeknights from 6:00pm and all day on the weekends and public holidays.
- The National Home Doctor Service is available from 6:00pm on weeknights to 12:00pm on Saturday and all day on Sunday and public holidays.

Background Information – may not be suitable for public disclosure

- Nil

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ISSUE: REPORT ON GOVERNMENT SERVICES (ROGS)

Talking points:

Overview chapter

Positive Outcomes:

- The Report of Government Services shows that the ACT is the healthiest population in the country.
- Canberans live longer than the national average. Latest data (2014–16) shows the life expectancy for males in the ACT is 81.3 years compared with 80.4 years nationally. The life expectancy for females is 85.2 years compared with 84.6 years nationally.
- The ACT has the lowest mortality rate across all jurisdictions. Since 2014, the ACT has been the only jurisdiction with a mortality rate below 500 deaths per 100,000 population.
- In 2016, the ACT had a much higher rate of employed medical practitioners and nurses and midwives when compared to the national average.
- Children in the ACT, along with Western Australia, have the lowest rates of obesity in the country.
- In 2014–15, the proportion of ACT children who were overweight and obese was on par with the Australian average and we had a lower proportion of obese adults than the Australian average.
- I am very pleased to report that our smoking rates are continuing to decrease and we have the lowest rates in the country.
- And this is flowing through to our Aboriginal and Torres Strait Islander community as we had fewer members who smoked daily compared to the total indigenous population of Australia.
- Our rates of risk of long term harm from alcohol in the ACT are generally on par with other major cities in Australia, however again, it was good to know that the ACT Aboriginal and Torres Strait Islander rate has been decreasing.
- And nearly all our cancer rates are lower than the national average with the ACT recording a lower incidence of all cancers excluding cervical cancer when compared to national figures.

Cleared as complete and accurate: 20/03/2018
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Contact Officer Name: Sam Morgan Ext: 6207 6125
Lead Directorate: Health

Background Information – may not be suitable for public disclosure

The purpose of the RoGS is to provide information on equity, efficiency and effectiveness of government services in Australia.

Since 2014, the RoGS has been published in electronic format only. It is published in seven volumes, with Volume E containing Health information and Volume F containing Aged Care information.

Volume E contains health relevant information in the following chapters:

- Chapter E – Health Sector Overview;
- Chapter 10 – Primary and Community Health;
- Chapter 12 – Public Hospitals; and
- Chapter 13 – Mental Health Management.

Data for the 2018 RoGS are provided to the PC under a Council of Australian Governments (COAG) Agreement. The majority of the data used by the PC for inclusion in RoGS is supplied via the Australian Institute of Health and Welfare (AIHW). The AIHW performs the analysis and, in many cases, combines data from states and territories and the Commonwealth to produce national totals or other indicators. ACT Health also provides certain data directly to the PC.

Chapter 12 Public Hospitals is the affected part of the 2018 RoGS where the 2015–16 Emergency Department and elective surgery data is not published. Specifically, 2015–16 data is not published across the State/Territory tables. The chapter briefings cover the impact of the missing 2015–16 data.

The 2015–16 data elements that have yet to be provided to the AIHW and the PC, will be submitted upon completion of the ACT Health's System-wide Data Review.

ACT Health recognises that getting on top of the wait list is a challenge for a small jurisdiction like the ACT and this will continue to be a key priority in 2018.

ACT Health is reviewing its processes in relation to the discharge stream in the Emergency Department, admission to ward in the hospital, and patient discharge from the inpatient hospital setting. This should result in further improvements in Emergency Department timeliness.

Since 2014–15, the Government has committed \$7.15 million to the Healthy Weight Initiative. The ACT Government committed \$4 million over four years for prevention initiatives (including the development of a preventive health strategy) in the 2017–18 Budget.

ACT Health delivers obesity prevention programs in partnership with other government agencies, community and non-government organisations, and academic institutions. Programs are delivered in early childhood centres, schools, businesses and workplaces, and supported more broadly by healthy lifestyle messaging.

ACT Health also administers the ACT Health Promotion Grants Program, which disbursed \$2.114 million in 2016–17 for activities aimed at improving population health outcomes.

Cleared as complete and accurate: 20/03/2018
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Lead Directorate: Health

ISSUE: CANBERRA HOSPITAL BUILDING 12 PASSIVE FIRE AUDITS**Talking points:**

- Passive fire audits undertaken in 2017 in Building 12 at Canberra Hospital have identified a significant number of wall, floor and ceiling penetrations within the building that have not been appropriately fire stopped.
- To address the issue of Building 12 fire stopping, engagement of a Head Contractor, Shape Group Australia occurred on 10 January 2018. Works are programmed to commence on 18 April 2018.
- ACT Health's priority remediation focus will be given to critical inpatient areas, such as the Intensive Care Unit and Theatres in Building 12, Level 3. A wider package of work to include the remaining fire stopping on levels 1,2 and 4 of Building 12, building fire system tuning and upgrades as part of Upgrading and Maintaining ACT Health Assets (UMAHA) scope will follow completion of the critical areas or be undertaken if critical areas are inaccessible due to clinical requirements.
- A provisional cost of Building 12 passive fire remediation works is estimated to be in the order of \$1.5 million.
- In line with the planned remediation work, emergency evacuation procedures and preparedness are being reviewed with clinical and emergency management staff to ensure patient safety is not compromised.
- Additionally, increased frequency of fire system checks are being implemented and increased provisions of fire detection sensors are being considered to further mitigate the risk of fire spread within Building 12.

Key Information

- Rudds Consulting Engineers (Rudds) were engaged by ACT Health to inspect the Electrical Main Switch Board (EMSB) at Canberra Hospital following the fire incident on 5 April 2017 and to investigate the root cause of the fire in the EMSB room.
- Rudds investigated the incident and provided a report to ACT Health on its findings and recommendations.
- In parallel with the Rudds report into the EMSB fire incident, Health Infrastructure Services commissioned passive fire safety reports for Buildings 1, 2, 3 and 12 as a follow up to Building 10 fire compartmentalisation works as part of the UMAHA program scope of works.

Cleared as complete and accurate: 08/03/2018
Cleared by: Deputy Director-General Ext: 52248
Contact Officer Name: Colm Mooney Ext: 79186
Lead Directorate: Health

Background Information – may not be suitable for public disclosure

- As a consequence, Building 12 does not meet the National Construction Code requirements and remediation work is required to address the issue.
- Given that the passive fire work is directly attributable to UMAHA scope, unallocated UMAHA project funding is being quarantined to fund the necessary remediation works as outlined
- The cost of passive fire remediation work in buildings 1, 2 and 3 is to be determined and is expected to be including in future business case submissions for capital funding.
- ACT Health are working closely with the Emergency Services Agency (ESA) to keep the ESA informed of progress on planned remediation works.

Cleared as complete and accurate: 08/03/2018
Cleared by: Deputy Director-General Ext: 52248
Contact Officer Name: Colm Mooney Ext: 79186
Lead Directorate: Health

ISSUE: CLADDING – CENTENARY HOSPITAL FOR WOMEN AND CHILDREN

Talking points:

- The replacement of the affected Polyethylene (PE) Aluminium Composite Panels (ACPs) on the Centenary Hospital for Women and Children (Centenary) will be done over three stages and is scheduled to be complete by the end of July 2018.
- This is subject to weather, the lead time on manufacture and supply of panels and the requirement to plan works around helicopter retrieval activities.
- Centenary Hospital is a modern, safe building. It was built and designed to the highest standard. Staff, patients and their families, and the Canberra community can be reassured the building is safe.
- ACT Health have conducted regular fire system checks, increased the frequency of emergency drills and is in regular contact with members of the Emergency Services Agency and Access Canberra Building regulator. These agencies are confident patients and staff are safe in this building.
- ACT Health has comprehensive emergency procedures in place at the Centenary Hospital building, together with a robust fire suppression system to respond to a fire emergency.
- Centenary Hospital was constructed in complete accordance with the building regulations and standards at the time, as is the case with all ACT Health buildings.
- ACT Health apologises to patients, staff and visitors may experience minor inconveniences during the works.
- The safety of patients, staff and visitors continues to be ACT Health's primary concern. We are providing patients, their families and staff with information during the course of replacement works.

Cleared as complete and accurate: 21/02/2018
Cleared by: Deputy Director-General Ext: 52248
Contact Officer Name: Colm Mooney Ext: 79186
Lead Directorate: Health

Key Information

- In August 2017, ACT Health announced that the affected ACPs on Centenary would be removed and replaced.
- Manteena Commercial Pty Ltd was awarded the tender for the works in December 2017.
- Works to remove and replace the ACPs, which were used as façade cladding, from the Centenary Hospital commenced on 20 February 2018.

ACT Health Buildings identified containing PE ACPs

- Following the initial Phase 1 desktop audit conducted in June 2017, ACT Health have widened their building audit scope beyond Centenary to include all ACT Health properties, irrespective of construction date. This is considered to be Phase 2 activities.
- Phase 2 activities have identified five additional buildings that contain PE ACP of which three of these buildings are located at Canberra Hospital. These ACT Health buildings identified are:
 - Canberra Hospital Building 4 constructed in 2006;
 - A decorative façade detail on the western elevation of Canberra Hospital Building 20 constructed in 2007;
 - Aspects of Canberra Hospital Building 12 constructed in the mid-1990s;
 - The Health Protection Services building in Holder, extended in 2004; and
 - Belconnen Community Health Centre completed in 2013.
- Additionally, as part of the Phase 2 activities a review of the Phase 1 desktop audit has identified a further building, the Gungahlin Community Health Centre (GCHC) that contains some PE ACP material whereas before, at time of initial desktop audit in June 2017, it was understood that the GCHC only contained a painted brick and rendered finish.
- The extent of use of ACP on GCHC is less than three per cent of the façade and the building fire risk has recently been assessed by ACT Fire and Rescue as minimal.
- Fire consultant Defire have been engaged to provide external façade combustibility reviews of the five identified buildings.
- In parallel with these activities, the Whole of Government Working Group is developing a common risk assessment tool to assess the suitability of use of PE ACP on all building types. This tool will be used across the ACT Government.
- This risk assessment tool, together with expert fire engineer advice, will inform the risk posed by the ACP cladding that has been identified, and what remediation works will be required.

Cleared as complete and accurate: 21/02/2018
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Lead Directorate: Health

- ACT Health is liaising closely with the Whole of Government Working Group to ensure cross government alignment and consistency in the management of ACPs.
- The safety of patients, staff and visitors continues to be ACT Health's primary concern.

Background Information – may not be suitable for public disclosure

- Following the Grenfell Tower block fire in London, ACT Health has been proactive in investigating any potential impact on ACT Health healthcare facilities and has conducted an internal desktop audit of all our buildings constructed since 2008.
- The desktop audit was undertaken to determine if similar ACPs products as used on the Grenfell Tower have been used or specified to be used on ACT Health healthcare facilities constructed since 2008.
- The results of the desktop audit found that one healthcare facility (constructed since 2008) has this type of cladding. This building is the Centenary Hospital for Women and Children.
- ACT Health were first made aware of the fire risk posed by the cladding at the Centenary Hospital following a desktop audit conducted in June 2017 on healthcare facilities constructed since 2008, and the subsequent assessment by independent fire safety consultants, DeFire in early August 2017.
- The report DeFire prepared, which is titled Combustible façade cladding – preliminary fire safety assessment Revision FSA 1.1 was presented to ACT Health on 3 August 2017 recommended that the panels be removed and replaced.
- The report was released to Members of the ACT Legislative Assembly in the first sitting week of October 2017.
- Preliminary planning for remediation works to affected parts of the Centenary Hospital is currently underway. There is a high demand both for the relevant workforce and demand for replacement materials and it is possible that this will impact the timeframe for remediation works here in the ACT.

Timeline:

- 26 – 30 June 2017 – Initial Desktop review and ACP identified as a façade cladding at the Centenary Hospital for Women and Children.
- 4 July 2017 – ACT Government announced establishment of a taskforce to review the use of flammable cladding in the ACT.
- 5 July 2017 – At the ACT Health Business Support Executive Committee (BSIEC) meeting, IFCW confirmed that a report would be prepared initially to investigate one ACT Health building that may be of concern.
- 5 July 2017 – Technical Advisory Panel (TAP) Engagement requested from DeFire. Meeting requested to resolve any questions before engagement.
- 5 July 2017 – DeFire acknowledge TAP to prepare proposal.
- 5 July 2017 – IFCW finalised statement of requirements and received ACT Health endorsement to the scope of report.

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Lead Directorate: Health

- 12 July 2017 - Briefing meeting held with DeFire, ACT Health and IFCW representatives to confirm scope and purpose of the report.
- 19 July 2017 – ACT Government Strategic Board considered a paper regarding an approach to managing the safety risk associated with ACPs installed as a façade product in ACT high rise buildings.
- 21 July 2017 – DeFire offer based on clarified scope provided to IFCW, request to engage and approval to proceed.
- 24 July 2017 – Specifics of ACPs and Health Buildings discussed at Health Executive Briefing with you.
- 25 to 26 July 2017 – DeFire Inspection conducted.
- 28 July 2017 – Draft DeFire report received for internal ACT Health and IFCW review.
- 31 July 2017 – ACT Health submitted a Ministerial Brief and media talking points to you.
- 3 August 2017 – Recommendation to replace polyethylene aluminium panels on Centenary Hospital for Women and Children.
- 7 August 2017 – Caveat brief submitted to your Office which was returned for advice on timeframes.
- 10 August 2017 – ACT Health Director-General approval received to release the DeFire Combustible Façade Cladding – Preliminary Fire Safety Assessment to the Director-General, Justice and Community Safety Directorate.
- 14 August 2017 – Discussed at Health Executive Briefing with you, and at the Health Executive Briefing with the Minister for Mental Health.
- 17 August 2017 – Media press conference involving you and Minister Gentleman to answer questions about ACP Working Group and activities on Centenary.
- 21 August 2017 – Working Group representatives met at Centenary to review extent of cladding material to be replaced such that statement of requirements for work could be developed.
- 28 August 2017 – Discussed at Health Executive Briefing with you.
- 7 September 2017 – The Working Group met to review progress on the development of a common risk assessment tool and to receive further updates from Directorates on the outcome of building audits across their property portfolios.
- 15 September 2017 - Façade consultant, Arcadis, appointed to prepare scoping document for replacement of Centenary ACPs.
- 3 October 2017 - Contractor engaged to provide scaffold access and removal of sample panels to inform the Statement of Requirements.
- 11 October 2017 - Scaffolding erection commenced in areas of the Centenary for Façade engineer investigation.
- 12 October 2017 – First ACP panel removed for investigation.
- 20 October 2017 – Verbal advice from Arcadis received on the early removal of cladding from the Centenary Hospital.

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Lead Directorate: Health

- 23 October 2017- Discussed at Health Executive Briefing with you.
- 26 October 2017 – Expressions of Interest closed for the ACP with PE core replacement on Building 11 of Canberra Hospital’ with five expressions of interest received.
- 30 October 2017 –Draft version #1 Statement of Requirements received from Arcadis.
- 31 October 2017 – Meeting with ACTF&R, ACT Health and Access Canberra to review draft version #1 Statement of Requirements.
- 3 November 2017 – Temporary replacement panels installed and scaffolding removed from the outside of Building 11.
- 3 November 2017 – Recommendation submitted to shortlisted respondents.
- 15 November 2017 – Received Arcadis Statement of requirements titled ‘Centenary Hospital for Women and Children – Façade Performance Specification- Recladding Works –Revision 02’.
- 16 November 2017 – Statement of Requirements released to select tender contractors.
- 20 November 2017 - Caveat brief submitted to your Office.
- 5 December 2017 – Request for Tenders closed and evaluation process commenced.
- 19 December 2017 – Letter of Award issued to contractor Manteena.
- 11 January 2018 – MCPL submission of Disturbance or Interference with Services, Safety, or Traffic (DISST) for façade investigation.
- 16 January 2018 –Start-up/ mobilisation meeting conducted with contractor.
- 18 January 2018 – Disturbance or Interference with Services, Safety, or Traffic (DISST) in place for contractor investigations and confirmation of the sub structure.
- 22 January 2018 – MCPL commenced façade investigations.
- 01 February 2018 – Façade investigations by MCPL completed.
- 02 February 2018 – MCPL commenced shop drawings for replacement panels.

Cleared as complete and accurate: 21/02/2018
Cleared by: Deputy Director-General Ext: 52248
Contact Officer Name: Colm Mooney Ext: 79186
Lead Directorate: Health

ISSUE: HEALTH SERVICES UNION– ASBESTOS IN STAFF ROOM

Talking points:

- The health and safety of staff, patients and visitors at Canberra Hospital, and all ACT Health facilities, is incredibly important to ACT Health and we take our responsibilities very seriously.
- The room referred to in the Heath Servies Union (HSU) media release was subject to an inspection by qualified and licensed asbestos assessors on 22 January 2018, and has been rated as “Normal” with the likelihood of “no exposure to airborne asbestos under normal building use”.
- ACT Health acknowledges the presence of asbestos in some of our buildings constructed in the late 1960s and early 1970s.
- This is the case with many buildings with this age profile across Australia.
- In keeping with other property landlords across Australia, ACT Health have in place strict protocols to manage asbestos materials contained within our building stock.
- A key part of these protocols is the Building Asbestos Register, which is used to collate all information about the presence of asbestos material in our buildings.
- The register is regularly reviewed and updated by third party environmental experts to ensure that the latest information is available to staff and construction contractors at all times.
- Regular inspection and monitoring of areas of known or presumed asbestos locations is part of ACT Health’s ongoing commitment to the Health, Safety and Wellbeing of its staff, patients and visitors.
- As required by legislation, visual inspections are undertaken by qualified and licensed asbestos assessors to determine the current condition, risk rating and associated mitigation if required.
- The relocation of staff members from one side of a corridor to the other side is required to accommodate essential infrastructure upgrades to ensure that ACT Health continues to deliver the high quality services that the community expect.

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Cleared by: Executive Director Ext: 52248
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Lead Directorate: Health

- ACT Health, through its Health Infrastructure Services division, will continue to review its consultation process to ensure all impacted staff, patients and visitors are kept informed of disruptions arising from necessary ongoing improvement works at Canberra Hospital.
- ACT Health met with the HSU on 26 February 2018 and on 28 February 2018 to discuss their concerns about the relocation and Work Health Safety issues.
- On 2 March 2018 ACT Health with representatives from the company that undertook the asbestos inspections, met with the HSU and their workplace delegates to provide further information in respect of the asbestos in the workplace.
- ACT Health is always open to discussing issues that are of concern with staff and unions.

Background Information – may not be suitable for public disclosure

- **Will staff be moved back after the infrastructure upgrade?**
 - No. Latest advice from the Electrical Main Switch Board (EMSB) project contractor is that room will be fully utilised post upgrade works.
- **Does the room actually have running water?**
 - The alternative room does not have running water, however a watercooler and alcohol hand rub dispensers have been provided in lieu of running water. In addition a cold water tap has been ordered for the Transport room.
 - Additionally staff have been reminded that they can access staff canteen facilities as well as staff breakout areas located across the campus and closer to the work areas.
- **Can ACT Health indicate the process for including staff in discussions/consultation about moving staff into the room in question?**
 - Relocation was first raised with the area on 7 November 2017.
 - Disturbance or Interference with Services , Safety or Traffic (DISST) form was signed off on 13 November 2017.
 - Three follow up meetings took place with the area to review marked up drawings of areas impacted by planned works.
 - Frequent dialogue with area, including the development of All Staff Communications throughout January 2018 leading up to relocation works in early February 2018.

Cleared as complete and accurate: 07/03/2018
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Lead Directorate: Health

ISSUE: SWITCHBOARD INCIDENT**Talking Points:**

- Canberra Hospital's electrical main switchboards in Building 2 and Building 12 are approximately 45 and 25 years old respectively and have been identified as being at end of life.
- Within the 2016/17 Upgrading and Maintaining ACT Health Assets (UMAHA) capital appropriation the ageing switchboards and associated electrical infrastructure had been identified as an extreme risk to the continuity of service delivery at Canberra Hospital campus.
- \$23.510 million was allocated in the 2016-17 appropriation to upgrade the Building 2 and Building 12 electrical main switchboards and associated infrastructure.
- The contract to replace the Building 2 and Building 12 electrical main switchboards has been awarded to Shaw Building Group, with hepherd Electrical as their main electrical sub-contractor.
- In early April 2017, an equipment failure during planned electrical shutdown works ignited a fire in one section of the Building 2 Electrical Main Switchboard (EMSB). The fire resulted in extended electricity supply interruptions to key areas of the hospital and caused damage to the section of the EMSB.
- All works to reinstate the Building 2 EMSB to its pre fire configuration were completed by 28 April 2017.
- ACT Health has identified a high priority requirement to establish back-up switchboards for the Building 2 EMSB and the Building 12 EMSB to provide an independent electrical supply for critical areas and equipment. A scope variation to establish enhanced electrical system redundancy in conjunction with the replacement of the EMSBs was initiated by ACT Health.
- In addition to the enhanced electrical redundancy scope variation, two further mandatory and high value compliance variations have also arisen during the detailed EMSB design phase. These are:
 - ActewAGL's switchboard standards and switchboard supply/manufacturing arrangements have changed since the original tender; and

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Cleared by: Deputy Director-General Ext: 55248
Contact Officer Name: Colm Mooney Ext: 79186
Lead Directorate: Health

- Replacement of all Building 2 EMSB submain cables to provide a fully compliant electrical solution that is suitable for the anticipated life span of the buildings.

Key Information

- The Building 2 and Building 12 electrical distribution systems are complex integrated arrangements. To achieve the best possible design outcomes and to minimise the impact of works on clinical services, the tendered scope of works and the identified scope variations is being designed and implemented as a single solution.
- The EMSB Replacement works are progressing with the current priority being finalisation of the Building 2 EMSB detailed design including the additional replacement submain cables and the enhanced redundancy provisions.
- Incorporating the identified scope variations as outlined will result in an extended program of works and additional cost.
- Funding for the increased project cost will be covered from within the existing ACT Health UMAHA appropriation funds.
- Previously it was anticipated that replacement of the Building 2 electrical main switchboard would be completed by June 2018. With the additional works required, this completion date has been delayed to December 2018 subject to latent conditions and requirements to maintain uninterrupted delivery of clinical services.
- The target replacement date for the Building 12 electrical main switchboard remains February 2019 with overall project completion scheduled for March 2019.
- The Building 2 Business Continuity (Back-Up) Switchboard was completed in June 2017 and the Building 12 Business Continuity (Back-Up) Switchboard were completed in January 2018.

Background

Nil.

Cleared as complete and accurate: 07/03/2018
Cleared by: Deputy Director-General Ext: 55248
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Lead Directorate: Health

ISSUE: UMAHA UPDATE

Talking points:

- Upgrading and Maintaining ACT Health Assets (UMAHA) is a program of works valued at \$95.3 million over a period of three years which commenced in July 2016.
- 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.
- Projects associated with the UMAHA program will be delivered using a number of delivery models including Project Management Agreement, Construct only and Design and Construct contract forms.

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Contact Officer Name: Colm Mooney Ext: 79186
Lead Directorate: Health

- The UMAHA program of works developed from the AECOM report is not limited to Canberra Hospital but covers prioritised risk items across all ACT Health sites including Calvary Public Hospital.

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 Switchboard 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.

Background Information – may not be suitable for public disclosure

- Following 2017/18 Budget \$10.672 million of UMAHA funds was repurposed to support Canberra Hospital Ward 14A and 14B refurbishment and to provide funding to progress feasibility studies/business cases for major projects being delivered under the Building Health Services Program.
- During the early phase of planning and implementation of current UMAHA scope it is apparent that more capital work infrastructure is required to address issues uncovered. HIS are working closely with all other areas of ACT Health to ensure prioritisation of emerging projects using the disciplined structure of the HIS Risk register and alignment with Strategic Asset Management Plans, currently under development.
- As a consequence of emerging projects discovered through more detailed analysis of current UMAHA scope it is anticipated that an UMAHA Version 2 Business Case Submission will be processed in the 2018/19 Budget to ensure funds are available to address known infrastructure risks.

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Lead Directorate: Health

ISSUE: \$12 MILLION HEALTH CENTRE FOR ABORIGINAL AND TORRES STRAIT ISLANDER COMMUNITY

Talking points:

- The ACT Government remains committed to improving the health and wellbeing of Aboriginal and Torres Strait Islander peoples.
- \$12 million capital has been provided for a new health centre for the Aboriginal and Torres Strait Islander community in the ACT to provide culturally appropriate primary health services.
- This facility will enhance services provided by the Winnunga Nimmityjah Aboriginal Health Service facility in Narrabundah.
- I look forward to updating the Assembly as this work progresses.

Key Information

- ACT Health has held a number of productive discussions with Winnunga on design and construction, and will continue to meet with them to progress delivery of this election commitment.
- At present these meetings are focused around project governance, land use and the ultimate design and function the new building.

Background Information – may not be suitable for public disclosure

- The existing facility is owned by Winnunga under a concessional crown lease. While the building has been assessed as being in an acceptable condition, it is not highly functional for a contemporary community health facility.
- Funding was provided in the 2017-18 Budget context covering \$12 million in capital over four years.

	2017-18 \$'000	2018-19 \$'000	2019-20 \$'000	2020-21 \$'000	Total \$'000
Capital	1,000	5,000	5,600	400	12,000
Associated Expenses				120	120

Cleared as complete and accurate: 26/01/2018
 Cleared by: Executive Director Ext: 79723
 Contact Officer Name: Marc Emerson Ext: 50693
 Lead Directorate: Health

ISSUE: Abortion in the ACT

Talking points:

- The ACT Government is committed to supporting the health and wellbeing of all Canberrans, including enabling women to be able to make informed decisions about whether or not to terminate a pregnancy. Ensuring access to services that assist women before, during and after making their decision about termination of pregnancy is vital.
- The ACT Government has made a commitment to review the barriers women may face when wanting to access abortion services in Canberra. This review is expected to be completed by mid-2018.
- Abortion is the subject of criminal law in all states and territories except the ACT. In the Territory, 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). The ACT is progressive and does not criminalise health issues.
- Part 6 of the Health Act 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.
- Amendments to the Health Act to remove the requirement for a doctor to carry out an abortion and/or only in an approved medical facility are potentially technically straightforward, however they are likely to have limited impact on the costs of an abortion, and its important to make sure that clinically appropriate before and after care is available.
- Due to the sensitivity of this subject, any amendments to legislation would require thorough consultation and analysis.
- Currently in the ACT, women can access both medical and surgical pregnancy termination services from private providers.

Cleared as complete and accurate: 20/03/2018
Cleared by: Matt Richter Executive Director Ext: 79143
Contact Officer: Marilynne Read Senior Policy Officer Ext: 74440
Lead Directorate: Health

- In the ACT, regular abortions are not provided in either public or private hospitals. The exception to this is for pregnancies in the second trimester, usually where there are significant foetal abnormalities, which are performed at Canberra Hospital.
- The Centenary Hospital for Women and Children does not have the infrastructure or funding to provide publicly funded medical abortions. It has inappropriate waiting rooms (shared with pregnant women and children), insufficient treatment rooms and surgical space, and staffing levels that are not calibrated to general abortion services.
- Abortion clinic exclusion zones have been in the media. The Canberra Times reported on 9 March 2018 that three men had their charges of protesting in an exclusion zone outside the Marie Stopes clinic at 1 Moore Street, in late 2017, dismissed. The case will return to court later this month to determine the question of costs.
- Prosecutors argued that the men's conduct that day amounted to public protest, given their history of opposing abortion in public prayer vigils. The Magistrate found that the protesters were not involved in a "protest, by any means".

Key Information

- In late 2017, the Women's Centre for Health Matters held a community consultation on ACT women's sexual and reproductive health. The consultation gave ACT women the opportunity to share their views on access to health services and what barriers they face.
- The Women's Centre for Health Matters is currently holding focus groups with some of the women who responded to the survey.
- A date has not been finalised for the release of the report however, Women's Centre for Health matters will provide a brief on the interim results from the focus groups and survey analysis in early-mid April.
- The outcomes from the community consultation will inform the review on termination of pregnancy services in the ACT. The review will also consider what is available in other jurisdictions.

Background Information – may not be suitable for public disclosure

- For women in the ACT, private pregnancy termination services are available through the Marie Stopes Clinic located in Civic and Gynaecology Centres Australia (GCA) at their 'Canberra Abortion Clinic' in Queanbeyan.
- Marie Stopes and GCA offer surgical and medical terminations, while the Tabbot Foundation offers only medical terminations.
- Services available through the Tabbot Foundation are not currently available in the ACT, however ACT women are accessing these services through a pharmacy in Queanbeyan.

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Lead Directorate: Health

TRIM Ref:

- Cost can be a significant barrier to women accessing timely, appropriate abortions. Terminations performed before 12 weeks gestation cost on average between \$400 and \$500 after the Medicare rebate in Australia.
- ACT Health understands that a very small discount of approximately \$30 is offered by Marie Stopes to women with a Health Care Card. A small number of women may be being referred to GCA by community organisations each year for terminations at reduced cost, far fewer than the requests they receive for financial hardship consideration, which number on average one per week.

Abortion services across other jurisdictions

- Early-term surgical abortions are generally available around Australia and the procedure is partially funded under Medicare.
- Different jurisdictions take different approaches to the provision of abortion services.
- Only in Victoria, the ACT and Tasmania is abortion legal on request. In all other jurisdictions, criminal provisions apply unless other factors are present including risk to maternal health and wellbeing, pregnancy arising from sexual assault, or foetal abnormality.
- Medical terminations became more widely available in 2006 when Federal legislative changes meant that doctors could become authorised prescribers for the required medications.
- The Therapeutic Goods Administration (TGA) administers the process and all practitioners offering termination of pregnancy services to ACT women must comply with the TGA requirements before they may offer a medical termination service.

Tabbot Foundation

- The Tabbot Foundation provides medical terminations through an online e-health service.
- They currently charge \$250 for a medical termination and women do not have to attend an identifiable abortion clinic at any time during the process.
- Women using their service have their appointments online with physical services such as filling the prescription, ultrasound and blood tests accessed through general, local services, which adds around an extra \$200 to the total cost.
- In other jurisdictions, the medications may be posted directly to women to take at home.
- This element of the service is not possible in the ACT because Part 6 of the Act requires that all abortions carried out in the ACT, whether surgical or medical, must be carried out by a doctor and in an approved facility.
- The Tabbot Foundation has partnered with a participating pharmacy in Queanbeyan. It is possible that Canberra women may access their services online, then take the first of the two medications required at the pharmacy in Queanbeyan.

Cleared as complete and accurate: 20/03/2018
Cleared by: Matt Richter Executive Director Ext: 79143
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Lead Directorate: Health

TRIM Ref:

Review of legislation

- ACT Health has commenced work to review the Health Act to allow medical terminations in the ACT and has identified the specific amendments that will need to be made.
- Work that has taken place on the review to date includes:
 - seeking legal advice about the current provisions and other regulations that apply, and any unintended consequences of amending the legislation;
 - consulting with relevant health sector stakeholders and women's health service providers; and
 - examining regulations in other Australian jurisdictions.
- While the amendments to the Act are technically straightforward there are a number of broader complex issues that require further consideration. These issues include:
 - development and implementation of a robust regulatory regime focused on after care abortion support;
 - any potential impact on public health services and implications for funding community health care providers to expand their services; and
 - the need to work with key stakeholders to develop a plan to introduce the new legislative arrangements to community.
- In regards to any changes in legislation, it is important that the appropriate policy planning and consultation with relevant stakeholders is undertaken to ensure we are putting a robust regulatory framework in place.

Support services available to women in the ACT

- In the ACT, women can access the following termination of pregnancy support services:
 - Sexual Health and Family Planning ACT (SHFPACT)
ACT Health funds SHFPACT to provide, among other services, the unplanned pregnancy counselling service. This service provides unbiased, respectful, non-judgemental and non-directive counselling and aims to provide accurate information and support for women and their partners and/or families who require assistance.

All options are explored and discussed in a safe environment as needed by the individual woman. Referrals to termination of pregnancy services are made as needed, or as requested by the woman.

The counselling is provided by experienced sexual and reproductive health nurses who have undertaken extra training in counselling.

- The Junction Youth Health Service
ACT Health funds The Junction to provide health services for young people aged 12 to 25 years, and their children. Young people can access counsellors, nurses, and general practitioners for pregnancy advice and all of the appointments at The Junction are bulk-billed.

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TRIM Ref:

- Marie Stopes Australia
Marie Stopes provide women decision-based counselling by phone in a supportive and confidential environment.

When a woman elects to terminate her pregnancy, Marie Stopes also offers contraception options. Following the termination, 24 hour aftercare is provided along with a follow-up appointment.

Marie Stopes also provides sexual and reproductive health services to women and men. These services include; vasectomy, contraception, and long-acting reversible contraception.

- Gynaecology Centres Australia (GCA)
GCA provide safe and non-judgmental pregnancy termination to women, and offer reliable and effective contraception. Their policy is to provide comprehensive, concise and unbiased information to a woman considering termination of pregnancy.

Potential after-care support

- Post termination of pregnancy support for patients of Marie Stopes and GCA is provided through the Marie Stopes 24 hour, seven day a week phone line. This phone line is staffed by registered nurses.
- If medical terminations were made more widely available in the ACT, consideration would need to be given to legislative or policy directions to enforce 24 hour, seven day a week post termination support.
- This would need further investigation by ACT Health following the review into abortion services.

Implications in other clinics taking up this service

- Legislation would need to be amended to allow terminations to be undertaken outside of an *approved medical facility*.
- Anecdotally, if legislation was proposed to be changed to allow all GPs in the ACT to provide abortion services, GPs in the ACT have indicated a resistance to this change. This is primarily due to an increase in their insurance premiums (if the clinic elected to provide the service), and the likelihood of GPs and their clinics receiving unsolicited rhetoric.
- It would directly impact on the business of Marie Stopes, the only provider of terminations in the ACT.
- It may improve accessibility for women to have a termination of pregnancy if the procedure was available in more locations. Noting it may not change the total cost to women.

Costs around implementation

- Appropriate support arrangements need to be considered for women during each stage of the process; pre-termination, the procedure, and after-care support.

Cleared as complete and accurate: 20/03/2018
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Lead Directorate: Health

Nurse Practitioners

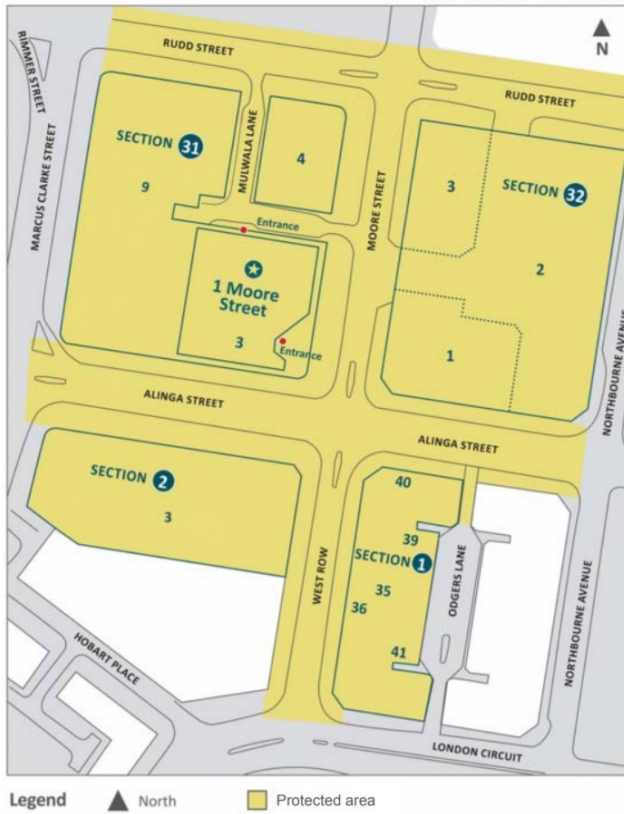
- A Nurse Practitioner's scope of practice is defined by the *Health Regulation 2004*.
- The medications a Nurse Practitioner is able to prescribe is set to their specific scope of practice. That is, each Nurse Practitioner has their own list that only they can prescribe from.
- Careful consideration will need to be given as to who can prescribe the medication and how it can be prescribed.

Exclusion zones in the ACT

- The ACT Government's focus when delivering healthcare services is to put the person/patient at the centre of care.
- 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.
- In 2016 the ACT Government introduced a patient privacy zone around the health facility at 1 Moore Street in Civic.
- *The Health (Protected Area) Declaration 2016 (No 1)* was made under the *Health Act 1993*, s86 (Declaration of protected area), and was in effect between 22 March 2016 and 18 May 2016.
- *The Health (Protected Area) Declaration 2016 (No 2)* corrected a minor error in the first Declaration and came into effect on 19 May 2016.
- Protesting or behaviour that increases emotional distress or may prevent women from accessing legal and medically recognised health procedures is prohibited within the defined protest-free zone between 7am and 6pm on business days to align with the opening hours of the facility.
- The protest-free zone was developed in consultation with key stakeholders, such as the ACT Human Rights Commission and ACT Policing, to ensure the right balance between protecting a woman's right to access safe and legal health care and the rights of protesters.
- Exclusion zones also exist in Victoria and Tasmania, and are set at 150 metres from the clinic.
- The Age (Melbourne) has reported that a woman is contesting a fine she received for approaching a woman within the exclusion zone stating that she has a constitutional right to free speech.
- The Australian has reported that a man in Tasmania was fined for holding a sign within the exclusion zone, with the sign stating Articles from the Universal Declaration of Human Rights, and the Convention on the Rights of the Child.
- Due to the variety of health services available at 1 Moore Street, it has not been possible to undertake an evaluation of the impact the exclusion zone has made to women attending the Marie Stopes clinic.
- The exclusion zone at 1 Moore Street is pictured below:

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TRIM Ref:



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20/03/2018
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TRIM Ref:

ISSUE: CODEINE RESCHEDULING

Talking points:

- On 1 February 2018, over-the-counter medicines containing codeine (such as some pain and cold and flu medicines) became prescription only medication in all states and territories including the ACT.
- This change is the result of an extensive review and consultation undertaken by the Commonwealth Therapeutic Goods Administration (TGA) through the national medicines scheduling process.
- The ACT supports the Commonwealth decision to upschedule codeine. The scheduling change has been adopted automatically under ACT medicines legislation.
- The national codeine changes were made to protect the community from harms associated with its use.
- While low dose codeine has been used widely in the community for pain symptoms, the growing evidence of harms arising from over-the-counter codeine use and misuse are compelling and experts agree the harms greatly outweigh any benefit to consumers.
- There are safer alternative medicines available over-the-counter, which have been shown to be just as effective for treating mild to moderate pain.
- Community pharmacists have an important role to play in providing information and advice to consumers seeking acute symptom relief. Most acute pain, coughs and cold symptoms can be effectively managed with over-the-counter medicines that do not contain codeine.
- Medications are an important but relatively small part of the effective management of chronic pain. Ongoing pain should be discussed with a General Practitioner (GP) in the first instance.

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Lead Directorate: Health

- In more complex cases, GPs may refer their patients to the Pain Management Unit (PMU) at the Canberra Hospital. The PMU works collaboratively with patients and GPs to achieve optimal management of chronic pain. Urgent outpatient appointments for new referrals to the PMU are available in less than four weeks. The wait for routine, non-urgent appointments is approximately ten months.
- It is too early to comment on whether patient care or waiting times will be impacted by the rescheduling of codeine. ACT Health does not anticipate hospital emergency department, PMU or GP waiting times to be affected as a result of the changes. This is because effective alternative medicines that do not contain codeine are still available over-the-counter from pharmacies.
- ACT Health, including our drug and alcohol services, were prepared for the scheduling change. We have systems in place for ensuring that people presenting with pain or potential substance abuse disorders are effectively cared for.
- The Council of Australian Governments Health Council is unanimous in its support for the rescheduling in the interest of national consistency across states and territories.
- ACT Health has received a range of correspondence from clinical representative groups, including local stakeholders such as the Australian Medical Association ACT Branch, about the public health benefits of rescheduling codeine.
- The TGA has a full suite of resources available for consumers about the changes on its website www.tga.gov.au.

Key Information

- To support health practitioners through the changes, the Capital Health Network held an information evening on 1 February 2018. A situational update on ACT stockholdings is as follows:
 - Some brands of previously over-the-counter codeine containing analgesics (such as Panafen Plus, Panadeine, Panadeine Extra and Panadeine Rapid Soluble) have been discontinued from the Australian market and are not available in community pharmacies.
 - Cold and flu preparations containing codeine have been reformulated by product sponsors and are still available over-the-counter without the codeine ingredient.

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- Other brands of low dose codeine-paracetamol and codeine-ibuprofen combination products are still available with prescription through community pharmacies in ACT.
- Stock holdings within pharmacies have been impacted heavily due to the scheduling change and is highly variable between pharmacies.

Background Information – may not be suitable for public disclosure

- On 14 December 2016 the TGA announced a scheduling change for codeine under the Poisons Standard. The change means that over-the-counter medicines containing codeine would only be available on prescription from 1 February 2018.
- Recently, New Zealand Medsafe has made recommendations to upschedule cold and flu preparations and down schedule single active codeine preparations from 31 January 2020.
- Single active agent codeine is currently a schedule 8 (controlled) medicine in Australia. Any proposal to down schedule single active codeine from schedule 8 to schedule 3 in the ACT is not supported given the known harms and lack of benefit of low dose codeine for mild to moderate pain.
- The New Zealand Medsafe proposal is only a recommendation at this stage and is dependent on another committee recommending a change to the *Misuse of Drugs Act*.

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ISSUE: DRUG AND ALCOHOL POLICY**Talking points:**

- A key priority of the Government is to deliver a new ACT Drug Strategy Action Plan (the Action Plan) which will re-affirm the ACT Government's commitment to the National Drug Strategy 2017-2026.
- The draft Action Plan was released on 2 February 2018 for targeted Non-Government Organisation (NGO) consultation. It was previously circulated for comment to ACT Government Directorates.
- An expert Advisory Group will be established to provide input and advice on the implementation of the Action Plan. The Advisory Group will include representatives from relevant community and consumer organisations.

Key Information

- A key priority of the Government is to deliver as soon as possible a new Action Plan to replace the now expired ACT Alcohol Tobacco and Other Drug (ATOD) Strategy.
- The new Action Plan will align closely with the Government's preventative health agenda and relevant clinical service plans.
- The National Drug Strategy 2017–2026 commits jurisdictions to develop an “accompanying strategy action plan” within the harm minimisation framework provided by the national strategy. It is intended that the new ACT Drug Strategy Action Plan will perform this function.
- Stakeholders invited to comment on the draft DSAP include: NGO alcohol and other drug services; Capital Health Network; domestic violence services; the ACT Australian Medical Association and Pharmacy Guild branches; public health organisations; consumer representatives; Winnunga Nimmitjyah and Gugan Gulwan; and peak bodies in alcohol & other drug, mental health, social services, and youth sectors.

Background Information – may not be suitable for public disclosure

- Comments were initially requested by 16 March 2018, but this deadline has been extended by two weeks to 30 March 2018 to allow additional time for stakeholders who are also providing comment to ACT Health in relation to planning for the new Mental Health, Justice Health and Alcohol and Drug Services Centre.

Cleared as complete and accurate: 08/03/2018
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Lead Directorate: Health

ISSUE: NGUNNAWAL BUSH HEALING FARM

Talking points

- The aim of the Ngunnawal Bush Healing Farm (NBHF) was never intended to be a withdrawal program. Intention was for it be a healing process, as envisioned by UNEC Co-chair Ms Ros Brown, who stated that NBHF will be:

“A holistic centre in rural ACT to work with our youth, especially those 18-25 years old, away from the temptations of the city ... it will not be a place to detoxify or provide medical treatment for drug and alcohol addiction ... we will be working towards healing the mind, body and soul and opening a new world view for our youth.”

“It will not be a place to detoxify or provide medical treatment for drug and alcohol addiction ... we will be working towards healing the mind, body and soul and opening a new world view for our youth ... there will be a strong focus on Aboriginal spirituality, culture and principles through recreational pursuits”.

- While there is not a specific Aboriginal and Torres Strait Islander residential service in the ACT, there are residential providers who do provide services to Aboriginal and Torres Strait Islander clients.

Ongoing Service Provision

- The first intake of the pilot program was scoped to take between 10-15 participants. Over 31 individuals expressed interest in attending the pilot program.
- The location of the facility was determined by the United Ngunnawal Elders who also requested small client groups attend the programs.
- Accounting for rigorous criteria, family and caring responsibilities and employment opportunities, a small cohort of less than 10 consumers were accepted and completed the pilot program. Feedback from these consumers was overwhelmingly positive.
- It is anticipated the next intake of clients will commence by April/May 2018. In the meantime NBHF staff are continuing to engage with previous NBHF clients, future clients, referral pathways, service providers and other key stakeholders.

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

- The next program of the NBHF will potentially include previous service providers from the 2017 pilot program. These include:
 - Nutrition Australia;
 - CIT Reid – Yarauna Centre (Art and Vocational Programs)
 - Smart Recovery;
 - Healthy Country Program (Parks and Conservation ACT); and
 - Mindfulness Program
- The program which builds on the pilot program will provide a complete on country experience for 10-15 clients, where men and women will engage in separate programs and activities that are specific to cultural/ceremonial business and later re-group to unify their strengths when reconnecting to land and culture.
- This will ensure a strong focus on healthy mind, body and spirit, including yarning circles with community elders/cultural healers and respected role models.
- In the short to medium term, ACT Health will continue to manage the NBHF as it works towards transitioning the service to an Aboriginal community controlled organisation or non-government organisation.
- ACT Health is committed to developing a residential service at the NBHF by 2019 and will engage with the market in 2018 to try and identify potential provider(s) to deliver a residential service.
- While the facility is scoped for eight residential places at a time, once residential operating day programs are introduced there will be an opportunity to potentially deliver services to more than eight individuals at a time.

Key Information

Development of a NBHF Healing Framework

- In November 2017, the Healing Foundation provided a detailed proposal for development of an ACT Healing Framework (the Framework).
- The proposal details a plan to identify:
 - ACT Aboriginal and Torres Strait Islander communities healing priorities and aspirations;
 - A means to balance therapeutic support with approaches that strengthen cultural identity and connection for NBHF clients; and
 - Identify and embed principles to guide the practice of NBHF and partner agencies to support healing for NBHF clients.
- A Deed of Grant has been prepared to engage the Healing Foundation and is progressing through ACT Health Senior Executives for review and signature.
- The Framework supports change in the local community through identifying the healing priorities and establishing methods to enact them. It is expected the Framework will take effect in March 2018.

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NBHF Governance

- In September 2008, the NBHF Advisory Board was appointed by ACT Health to guide the establishment of the NBHF service. The last meeting of the NBHF Advisory Board was held on August 2017 and a workshop held in November 2017. A total of eight NBHF Advisory Board meetings and four workshops were held last year.
- The NBHF Advisory Board has not met since late 2017 due to the withdrawal of support by key members of the board.
- The terms of reference and functions of the NBHF Advisory Board are being reviewed in line with the *Governance Principles – Appointments, Boards and committees in the ACT*. A governance structure will be developed and consist of a non-statutory advisory board and cross agency committee.
- The role of the non-statutory advisory board is to provide feedback to ACT Health on the review key performance indicators for NBHF program objectives and outcomes; regular reporting on NBHF program updates and client feedback.
- A cross agency committee is also looking to be established, with the purpose of improving Aboriginal and Torres Strait Islander access to a wide range of services within the ACT.
- In the coming six weeks, ACT Health will look to identify an existing cross agency committee within ACT Government (i.e. Human Services Cluster and/or ACT Health Aboriginal and Torres Strait Islander Health Coordination Group) to align this work, before considering whether a new cross agency committee is necessary.
- ACT Health has employed a NBHF Program Director who governs the operational staff on site and program planning.

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Lead Directorate: Health

Background Information – may not be suitable for public disclosure

- On 4 September 2017, the Ngunnawal Bush Healing Farm (NBHF) was officially opened by the Minister for Health and Wellbeing and representatives of the ACT Aboriginal and Torres Strait Islander Elected Body and the United Ngunnawal Elders Council.
- ACT Health hosted a debrief workshop to discuss the pilot program with contracted service providers and NBHF staff. The workshop included a desktop review of feedback received. This information has been used to inform the ongoing processes at the NBHF.
- The pilot program commenced in November 2017 and ran for a period of five weeks. Due to delays in client intake the program had to be shortened.
- Programs were offered to male and female clients aged 18-40 years who identified as an Aboriginal and Torres Strait Islander person and who were free from alcohol and/or other drugs.
- While the pilot program has completed, staff at the NBHF continue to provide support to clients. Staff visit the Alexander Maconochie Centre, Bimberi Youth Detention Centre, the Adult Mental Health Unit and DHULWA Mental Health Unit.
- Staff also work with the Opioid Treatment Service at Canberra Hospital to highlight the number of potential Aboriginal and Torres Strait Islander clients on Opioid Replacement Therapy (ORT) and how they cope with their individual journeys.
- However the Co-chair of UNEC have expressed a view that clients on the ORT program will not be eligible for the NBHF program.
- The NBHF has also had a range of community and government groups visit in recent months. These include:
 - Koori women’s bootcamp;
 - Gundabooka Group;
 - OATSIA delegation;
 - AMC Education;
 - Yurbay (Aboriginal small business);
 - Directors from Education ACT;
 - The Healing Foundation;
 - PCYC;
 - ACT Human Rights Commission; and
 - A delegation from the office of the Director of Allied Health.
- Staff at the NBHF continue to receive requests from government and non-government agencies to hold various activities or events at the facility.

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ISSUE: OPIOID TREATMENT GUIDELINES

Talking points:

- On 31 July 2017 I requested that ACT Health undertake a review of the ACT Opioid Maintenance Treatment Guidelines as a matter of priority. This included looking at how they could operate in relation to the *National Guidelines for Medication-Assisted Treatment of Opioid Dependence 2014* (the National Guidelines).
- ACT Health has since completed a comprehensive review and consultation process with key stakeholders.
- On 21 February 2018, the National Guidelines were officially adopted under the Medicines, Poisons and Therapeutic Goods Regulation 2008 (MPTG Regulation).
- The changes also included:
 - updates to the Controlled Medicines Prescribing Standards to retain local unsupervised (take away) dosing limits, which were notified by the Chief Health Officer under the MPTG Regulation on 21 February 2018, and
 - publication of a new non-statutory document titled *Opioid Maintenance Treatment in the ACT: Local Policies and Procedures* (LPP) on the ACT Health website.
- The changes have been designed to improve governance of local guidelines, and to ensure ACT guidelines reflect nationally consistent clinical best practice.
- ACT Health is committed to ongoing consultation and engagement with the alcohol and other drug sector.
- ACT Health has committed to ensuring there remains an effective oversight committee for opioid maintenance treatment services in the ACT.

Cleared as complete and accurate: 13/03/2018
Cleared by: Deputy Director-General Ext: 50883
Contact Officer Name: Conrad Barr Ext: 54402
Lead Directorate: Health

Background Information – may not be suitable for public disclosure

- ACT Health briefed you regarding a proposal to repeal and replace the current guidelines with the National Guidelines in September 2017. You requested further consultation with the OTAC be undertaken before approving the updates.
- ACT Health subsequently undertook two extensive consultation rounds with key stakeholders from September 2017- January 2018. This included three face to face meetings with stakeholders on 28 September, 4 December 2017 and 25 January 2018. At the 4 December 2017 meeting, it was agreed to extend the consultation period as consumer representatives felt more time was necessary to review the changes.
- All key stakeholders are generally supportive of the changes. Most of the deliberations during consultation related to details within the new LPP document.

Cleared as complete and accurate: 13/03/2018
Cleared by: Deputy Director-General Ext: 50883
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Lead Directorate: Health

ISSUE: PILL TESTING

Talking points:

- The Government has received a proposal from the Safety Testing and Advisory Service At Festivals and Events (STA-SAFE) consortium to provide a pill testing service at an upcoming music festival.
- 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 does not approve or condone illicit drug use. It is risky and dangerous to consume illicit drugs. The pill testing service provides this message to everyone who accesses the service.

Key Information

- STA-SAFE is a consortium of harm reduction advocates and non-government organisations (NGO) led by Harm Reduction Australia (HRA). HRA is a national membership-based advocacy NGO that supports harm reduction strategies in relation to drug use.

Background Information – may not be suitable for public disclosure

- Cabinet agreed to provide a supportive policy environment for pill testing to occur at the Spilt Milk festival in November 2017 however pill testing did not occur due to tight timelines for paperwork required by the National Capital Authority (NCA) from the event promoter. Spilt Milk is held on NCA land.
- Pill testing has not yet occurred at a festival in the ACT. The evidence supporting the provision of pill testing services is still relevant.
- The cross government pill testing working group has been reconvened to assess the STA-SAFE proposal, and provide advice to Government.
- Groovin the Moo is an all-ages event. ACT Health is currently evaluating legal advice on potential ramifications of pill testing being conducted at an all-ages event.
- The Government is not softening its approach to illicit drugs and there are no proposed changes to ACT legislation. It remains illegal to possess, manufacture and distribute illicit drugs.

Cleared as complete and accurate: 08/03/2018
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Lead Directorate: Health

ISSUE: CALVARY HOSPITAL CONTRACT NEGOTIATIONS

Talking points:

- ACT Health has been working with Calvary Health Care ACT Ltd and the Little Company of Mary (LCM) Health Care Ltd on a range of contractual and funding matters for the 2016-17, 2017-18 and 2018-19 financial years.
- As negotiations and discussions are ongoing at this point in time, I am not able to comment any further.

Key Information

Performance Plans and Activity Based Funding

Activity Based Funding (ABF) is being implemented across the Territory and is a key element of the national health reform agenda. The implementation of ABF in to the Calvary Performance Plan will drive efficiencies in the public hospital and health system within the Territory.

ACT Health and Calvary have agreed the 2016-17 and 2017-18 Performance Plans in January and February 2018 respectively, which are on a block funding basis.

ACT Health and Calvary have commenced discussions in relation to the Performance Plan for 2018-19. The 2018-19 Performance Plan will be on an ABF basis, and will align to the Territory-Wide Health Services Plan and Framework.

Other Operational Matters and Projects

ACT Health works collaboratively with Calvary on operational matters and Territory-wide initiatives. Examples of this include:

- data governance working groups to improve reporting methodology across the public hospitals;
- a Territory-wide diagnostic imaging initiative lead by ACT Health; and
- ongoing management of Territory-wide elective surgery services.

ACT Health is also supporting Calvary on Territory-wide public maternity services, so that the current and future demand for ACT public hospital maternity services is optimally managed.

Cleared as complete and accurate: 05/03/2018
Cleared by: Deputy Director-General Ext: x76751
Contact Officer Name: Catherine Shadbolt Ext: x70114
Lead Directorate: Health
TRIM Ref: GBC18/110

A capital variation of \$2.59 million has been approved for a minor capital scope variation required for the Calvary Public Hospital – Expanded Hospital Services capital project. The funding will enable the delivery of maternity ward upgrades at Calvary Public, improve facilities, aesthetics and space, to make the maternity facilities more appealing to patients and families.

You made a media announcement of the imminent commencement of this refurbishment, reconfiguration and expansion project on Friday 16 February 2018 at Calvary Public. The project commences in late February 2018 and by July 2018, Calvary Public expects to be welcoming new mothers into the refurbished maternity facilities.

Cleared as complete and accurate: 05/03/2018
Cleared by: Deputy Director-General Ext: x76751
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Lead Directorate: Health
TRIM Ref: GBC18/110

ISSUE: CALVARY WARD MANAGEMENT

Talking points:

- The Calvary Bruce Private Hospital opened on 21 September 2017 and is a valuable addition to the health service network of the Territory.
- Previously, the private hospital at Calvary was co-located within the public hospital facility, and utilised 2.5 theatres.
- The new private hospital has created vacant clinical space in the public hospital, in the form of additional operating theatre capacity and vacant bed stock.
- Additionally, the Aged Care Rehabilitation Unit (ACRU) at Calvary will be transferring to the new University of Canberra Hospital (UCH). The UCH is scheduled to open in July 2018.
- Calvary and ACT Health have been working together to consider how the additional clinical space within the public hospital best be utilised.
- This will occur within the context of future planning for public hospital services within the Territory, to ensure vacant space is best utilised into the future for improved and sustainable access to acute public hospital services.

Key Information

Since 1987 the Calvary Bruce Private Hospital (Calvary Private) has been co-located within the Calvary Public Hospital Bruce (Calvary Public). Calvary Private has historically been located on Level 6 of the Xavier building, and utilised theatres within the public hospital.

On 21 September 2017, a new stand-alone hospital for Calvary Private was opened which has resulted in a number of clinical areas and administrative areas within Calvary Public being vacated.

Specifically, this includes the following:

- Xavier Building Level 6 Ward;
- Marian Building Level 3 Day Surgery Area;
- Operating Theatres (equivalent to 2.5 theatres and associated recovery capacity);
- Endoscopy Suite Capacity; and
- Xavier Building Level 1 (small administrative area).

Calvary has provided ACT Health with a number of options for utilisation of the available space in the form of Business Cases for consideration through the 2018-19 Budget Process.

Xavier Building Level 6 Ward

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Cleared by: Deputy Director-General Ext: x76751
Contact Officer Name: Catherine Shadbolt Ext: x70114
Lead Directorate: Health
TRIM Ref: GBC18/110

A capital variation of \$2.59 million has been approved for a minor capital scope variation required for the Calvary Public Hospital – Expanded Hospital Services capital project. The variation will enable the delivery of maternity ward upgrades at Calvary Public (including 8 additional beds), improve facilities, aesthetics and space, to style the maternity facilities more appealing to patients and families.

You made a media announcement of the imminent commencement of this refurbishment, reconfiguration and expansion project on Friday 16 February 2018 at Calvary Public. The project commenced in late February 2018 and by July 2018 Calvary Public expects to be welcoming new mothers into the refurbished maternity facilities.

The maternity ward at Calvary Public is temporarily moving from the Marian Building to the Xavier Building whilst the maternity improvement project is being completed.

Operating Theatres and Endoscopy Suite Capacity

In 2015-16 Calvary Public were provided with capital funding to improve its Theatre Suite and replace associated equipment. This capital project is currently in the final construction stage and is expected to be completed around the end of March 2018. Following completion of the project, consideration may be given on how best to utilise capacity in available operating theatres and endoscopy suites, with reference to Territory-wide Health Services Framework and its speciality service plans.

Vacant space due to ACRU relocating to UCH

Two business cases addressing vacant space due to the ACRU relocating to UCH are currently being considered through the business case process for the 2018-19 Budget:

- Mental Health Upgrade – Keaney Building: Upgrade of Calvary Public’s Keaney Building to deliver a stand-alone Mental Health Inpatient unit with co-located older persons and inpatient adult mental health services.

Note, the older person’s mental health service is located in the Keaney building. The inpatient adult mental health service will transfer to the Keaney building occupying the space vacated by the ACRU moving to UCH.

- Calvary Expansion Emergency Department (ED): The expansion of the ED is to address current service constraints, accommodate interim and projected growth in ED presentations and improve both patient and work flow.

Note, the inpatient adult mental health service is located adjacent to the Calvary ED. Once vacated, this space will be utilised for the expansion of the ED. Hence, the above two capital projects are interdependent.

These proposed capital projects will address vacant space at Calvary Public which will result from the ACRU relocating to UCH in 2018 (estimated July 2018).

The small administrative space in Xavier Building level 1 has no proposed use at present.

Cleared as complete and accurate: 05/03/2018
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Lead Directorate: Health
TRIM Ref: GBC18/110

ISSUE: CANBERRA HOSPITAL CODES FOR CAPACITY ESCALATION PROCEDURES AND EMERGENCIES

Talking points:

- Canberra Hospital and Health Services (CHHS) provides tertiary level care and hospital services to Canberra and its surrounding regions.
- ACT Health uses 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.
- CHHS uses the Capacity Escalation Procedure to describe patient flow pressures in a Level 1 to Level 3 numerical system. The procedure sets out the hospital's overarching approach to identifying and responding to capacity pressures during periods of high demand.

Key Information

- ACT Health uses emergency management codes based on Australian Standard 4083-2010 Planning for emergencies - Health care facilities and the *Emergencies Act 2004*. These codes form part of business as usual operations and can be activated whenever they are required.
- Emergency Codes are categorised as follows:
 - Code Yellow – Internal Disaster: any internal incident that threatens to overwhelm or disrupt services, typically due to a failure of key infrastructure or utilities.
 - Code Red – Fire: any fire or potential fire related emergencies. CHHS has several different types of alarm systems to notify of fire or smoke. When an alarm is raised, notification takes place through the fire panel system and the fire doors automatically close.
 - 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.

Cleared as complete and accurate: 05/03/2018
Cleared by: Chris Bone Deputy Director-General Ext: 42169
Contact Officer Name: Mark Dykgraaf Ext: 45221
Lead Directorate: Health

- Code Brown – External Disaster: any incident originating outside an ACT Health facility that threatens to overwhelm or disrupt operational capabilities. Canberra Hospital is a major receiving hospital for mass casualties in the ACT and south-eastern region of NSW. ACT Government emergency arrangements are described in a variety of ACT legislation and plans, including the ACT Emergency Plan and ACT Health Emergency Plan. These plans provide an overarching governance structure for large emergencies.
- Code Purple – Bomb Threat or suspicious package. Bomb threats directed at ACT Health facilities or suspicious packages received are handled in accordance with internationally recognised procedures. All threats are treated as genuine until an investigation proves otherwise.
- Code Orange – Evacuation: the movement of patients, staff, clients, carers and visitors away from areas at risk in a rapid, safe and coordinated manner. Evacuation of an area or building may be prompted by a range of events, such as storm damage, flooding, fire, bomb threat, hostage situations, or any event that presents an immediate risk to the health and safety of staff, patients and visitors.
- Code Blue – Medical Emergency: a medical situation that has the potential to be life threatening or cannot be managed with the available resources at hand. Can be activated on in-patients, visitors, staff members and members of the public. The mobile response team includes staff trained in advanced life support skills, equipment and pharmaceuticals.
- The Capacity Escalation Procedure outlines three levels of alert:
 - Alert Level 1: beds are available for new admissions and patient flow is being achieved. The trigger is two or more of the following:
 - Hospital at 90-94 per cent occupancy
 - Five or less bed booked patients in the Emergency Department (ED)
 - Intensive Care Unit (ICU) at funded capacity
 - Alert Level 2: limited availability of beds and patient flow is compromised. The trigger is two or more of the following:
 - Hospital at 95-99 per cent occupancy
 - Six to ten bed booked patients in ED
 - ED resuscitation room full
 - ICU over capacity
 - Isolation beds unavailable
 - Ambulance off loads in ED corridor
 - Alert Level 3: bed availability is critical despite use of surge beds and services are disrupted. The trigger is two or more of the following:

Cleared as complete and accurate: 05/03/2018

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Deputy Director-General

Ext: 42169

Contact Officer Name:

Mark Dykgraaf

Ext: 45221

Lead Directorate:

Health

- Hospital at 100 per cent occupancy
- More than 11 bed booked patients in ED
- All surge beds open
- Unable to decant resuscitation room
- Unable to admit patients from other hospitals
- Isolation beds unavailable and cohorting not possible
- ICU over funded capacity
- Considering cancellation of elective surgery

Background Information

- Nil.

Cleared as complete and accurate: 05/03/2018
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ISSUE: CORONIAL INQUEST INTO SUICIDES AT CANBERRA HOSPITAL

Talking points:

- The ACT Government has sincere sympathy for the families and friends of people who have committed 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 are committed to improving the services we provide to the community and the processes we have in place 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 will investigate these deaths together in one inquest. The ACT Government Solicitor (ACTGS) is representing the Territory.
- The dates reserved for the inquest are 10-13 and 17-20 April 2018, and 1-4 May 2018.

Background Information – may not be suitable for public disclosure

- ACT Health staff attended a directions hearing on 13 October 2017 which was predominantly procedural. Counsel Assisting the Coroner advised the Court that the dates and processes had been discussed with the families of the people whose deaths are the subject of the inquest, and that there will continue to be communication with them throughout the process. ACT Health understands that the families are in agreement with the timeframes.
- Coroner Hunter and legal representatives attended a site visit at the Adult Mental Health Unit on 10 November 2017 with the ACTGS in attendance. The purpose of the site visit was for Coroner Hunter to develop a better understanding of the environment where two of the deaths occurred.
- On 22 February 2018, a further directions hearing was held, which was predominantly procedural and confirmed the draft witness and issues list.

Cleared as complete and accurate: 02/03/2018
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ISSUE: ELECTIVE SURGERY WAITING LIST**Talking points:**

- ACT Health is committed to reducing the number of people waiting beyond clinically recommended timeframes for surgery. Overall, there have been challenges in managing demand for elective surgery in the last twelve months, with more people being added to the waiting list than removed from it.
- ACT Health 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.
- However, we are still seeing a growth in the need for more emergency and elective surgery. To build on the good work that has been done in recent years, we have announced that the ACT Government is funding an additional \$6.4 million for more 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 specialities where wait times are longer. ACT Health is addressing this issue through a workforce attraction strategy that will play a significant role in ensuring we have the skills and expertise for elective surgery to meet the growth in demand.

Key Information

- Nil

Background Information – may not be suitable for public disclosure

- 8610 patients were added to the ACT Elective Surgery Waiting List (ESWL) between 1 July and 31 January 2018, and 8426 were removed, bringing the total number of people waiting on 31 January 2018 to 5315. This is an increase of 168 patients on the number waiting at 30 June 2017.
- Of the 5315 patients on the ESWL on 31 January 2018, 562 had waited longer than clinically recommended for their elective surgery. This is an increase of 78 patients compared to 30 June 2017.

Cleared as complete and accurate: 06/03/2018
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- Under the 2017-18 Elective Surgery Plan, activity targets have been set to reduce the number of patients waiting longer than clinically recommended. Comments against the performance indicators are as follows:
 - There are currently 584 patients waiting longer than clinically recommended, against a target of 144 by 30 June 2018;
 - Currently, 33 per cent of general paediatric surgery patients are waiting longer than clinically recommended against a target of zero by 30 June 2018;
 - Currently, 80 per cent of patients added to the ESWL receive their surgery on time, against a target of 90 per cent by 30 June 2018; and
 - Reinforcement and monitoring of the Waiting Time and Elective Surgery Access Policy is ongoing.

Cleared as complete and accurate: 06/03/2018
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ISSUE: GASTROENTEROLOGY WAITING LIST MANAGEMENT

Talking points:

- The Gastroenterology and Hepatology Unit (GEHU) at Canberra Hospital continues to experience high demand. There has been a significant increase, a doubling, in referrals from the National Bowel Cancer Screening Program over the past few years. A proportion of these patients, around 75 per cent, require an endoscopic procedure.
- ACT Health continues its work to improve waiting times for endoscopic procedures, including:
 - Working with the Southern New South Wales Local Health District to have some procedures undertaken at Queanbeyan District Hospital;
 - Outsourcing endoscopy procedures;
 - Improving the capacity of the current service by reviewing the way patient lists are booked, staff are rostered, and procedure rooms are utilised; and
 - Considering increasing activity through weekend endoscopy lists.

Key Information

- An endoscopic procedure means a colonoscopy or a gastroscopy (a scope being inserted through the mouth to the stomach). Patients on the endoscopic wait list could be waiting for one or both of these procedures.
- In order to manage demand and meet clinical guidelines, the GEHU has a waitlist for endoscopy. At the end of December 2017, the average wait time for the past 12 months across all ACT Public Hospitals (inclusive of Canberra Hospital and Calvary Public Hospital Bruce) for urgent colonoscopies is 76 days and for non-urgent colonoscopies is 413 days.
- Patients on the endoscopy wait list are allocated a triage category by a gastroenterologist, dependent on the urgency of their clinical condition. The categories are:
 - Category 1 – the procedure should be completed within 30 days (urgent);
 - Category 2 – the procedure should be completed within 90 days; and
 - Category 3 – the procedure should be completed within 365 days (non-urgent).

Cleared as complete and accurate: 06/03/2018
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- Patients are referred to the GEHU by their General Practitioner, specialist, or through the National Bowel Cancer Screening Program. The endoscopy waitlist is separate to the outpatient waitlist, which consists of any patient waiting for a clinic (non-procedural) appointment with a specialist and/or registered nurse.
- Referrals from the National Bowel Cancer Screening Program increased from 160 in 2014 to 333 in 2017.
- Referrals are expected to further increase as the uptake of the National Bowel Cancer Screening program broadens and Commonwealth recommendations of wider bowel screening in the population are introduced. Two more age cohorts were added to the program in 2017.
- The ACT had the third highest participation rate of the National Bowel Cancer Screening program in Australia at 41.8 per cent, behind Tasmania (44.3 per cent) and South Australia (45.8 per cent) and higher than the national average (38.9 per cent).
- The ACT had the second highest median time between positive screen and diagnostic assessment of people aged 50-74 in Australia at 64 days, behind South Australia at 65 days. National median time between positive screen and diagnostic assessment is 53 days.

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Background Information – may not be suitable for public disclosure

- In 2017, ACT Health began negotiations with a private provider in the ACT for the outsourcing of endoscopic procedures, in order to reduce the waiting list. ACT Health is working to finalise arrangements by the end of March 2018.
- The following table shows:
 - the number of patients Ready for Care and
 - the number of Patients waiting longer than clinically recommended time frames on the Gastroenterology Waiting list for the requested time periods.

period	Clinical Urgency	Clinically recommended time frames (days)	Ready for care Patients on Wait list	Patients waiting longer than clinically recommended time frames
30 June 2016	1	30	785	684
	2	90	1535	1108
	3	365	1536	586
31 December 2016	1	30	364	261
	2	90	1843	1613
	3	365	1779	871
30 June 2017	1	30	430	223
	2	90	1614	1340
	3	365	1741	1061
31 December 2017	1	30	695	506
	2	90	1595	1345
	3	365	1648	1147

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ISSUE: GRATTAN INSTITUTE REPORT ON THE JANUARY EFFECT

Talking points:

- On 4 February 2018 the Grattan Institute released a report – *All complications should count: Using our data to make hospitals safer*. There is reference to the “January effect” in this report.
- On 15 January 2018, prior to the release of the report, an article was published on the Grattan Institute website - *Why you should avoid hospitals in January* by Stephen Duckett and Greg Moran.
- The article identifies that the rate of complications in Australian hospitals is higher in January.
- The article *Why you should avoid hospitals in January* states that in Australia, on average at least one complication occurs in just under 11 per cent of hospital admissions. This increases by half a percentage point in January.
- The points for consideration for all hospitals is the effect of new doctors, nurses and allied health professionals commencing and the ensuing team disruption. Along with senior staff taking their leave over the January period, there can be less supervision which is considered to contribute to this problem.

Key Information

- In January 2015, approximately 74,000 hospital patients in Australia had a complication of care, approximately 3,000 more patients than would have been expected if there were no “January Effect”.
- The article and report does not include any ACT-specific information.
- The solutions identified in the article is that if the problem is related to:
 - Disrupted teamwork: improved handover and induction processes, either as part of a formal induction period or a structured experience for new staff joining a unit.

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Cleared by: Deputy Director-General Ext: 77880
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TRIM Ref: GBC18/110

- Poorly prepared junior staff: a more structured induction period to include more time to learn the specific practices of units they are joining.
- Diminished supervision: start dates for new staff could be pushed back a month or so, along with senior staff leave being more evenly spread over the year.
- The Grattan Institute report *All complications should count: Using our data to make hospitals safer*, highlights that harm occurs to patients in hospital. Even in the best of hands, there is a risk that a patient's care does not go according to plan and that 'adverse events' occur in more than 10 per cent of hospital admissions in Australia (ranging across hospitals from 2.9 per cent to 16.6 per cent). At least half of these 'adverse events' are considered to have been preventable.
- The recommendations in this report are -
 - All states and territories establish goals for reducing the overall rate of complications in public and private hospitals.
 - All states and territories give hospitals and clinicians the ability to interrogate the state hospitals data (without individual patients being able to be identified), so they can see how their performance measures up against the best-performing hospitals and clinicians. All hospitals develop strategies to identify opportunities to improve.
 - All states and territories publish reports on excess complications, by specialty and institution (including private hospitals).
 - Major Private Health insurers provide their members with comparative information on complication rates.

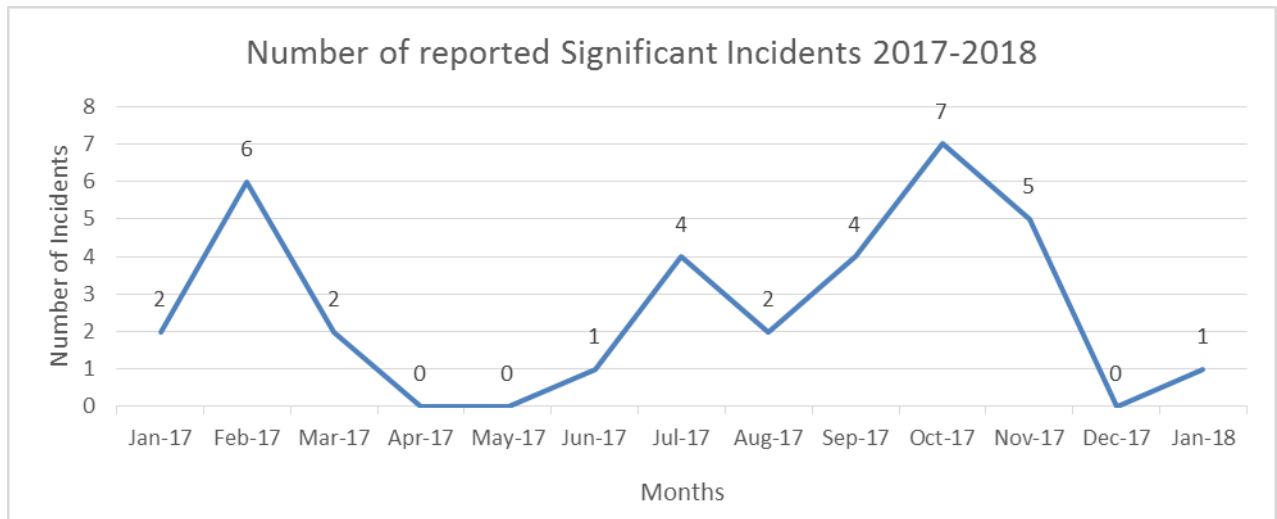
Background Information – may not be suitable for public disclosure

- The Deputy Director General for the Quality, Governance and Risk, has commissioned a monthly Clinical Incident Management Report that is tabled at the Executive Directors Council Quality and Safety Committee.
- This report summarises the clinical significant incidents for each month. It provides evidence of accountability and the investigation processes for significant clinical incidents for Canberra Hospital and Health Services.
- Significant incidents are defined as follows:
 - All national core sentinel events;
 - Patient death unrelated to the natural course of the underlying illness and differing from the immediate expected outcome of patient management;
 - Death of a client in custody (under Mental Health order (e.g. EA, ED3, ED7 or PTO) or police custody); and

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- Major and permanent loss of function (sensory, motor, physiological or intellectual) unrelated to the natural course of the underlying illness and differing from the expected outcome of patient management.
- There was one significant incident in January 2018 that is currently undergoing an investigation.
- A summary of significant Incidents in 2017 and the first month of 2018 by month is below:



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ISSUE: INFLUENZA SEASON UPDATE

Talking points:

- Influenza is highly contagious, so individuals that are unwell should try to avoid spreading their 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.
- There has been increased inter-seasonal influenza activity in the ACT in 2018, with notifications between 1 January and 2 March approximately two times higher than during the same period in 2016 and 2017.
- The 2017 ACT influenza season was larger and lasted longer than any influenza season in the previous five years and since the 2009 pandemic year. Flu trends in the ACT during the 2017 season were generally consistent with trends observed nationally.
- The increase in influenza notifications in 2017 may be associated with an earlier season onset, increased health-seeking behaviour, increased verification, the introduction of rapid tests and reduced vaccine effectiveness. Despite increased activity, the disease was not any more severe than previous years. More deaths were reported nationally, however this is consistent with the higher number of cases in the community.
- Planning for the 2018 influenza season is underway. Activities proposed for 2018 include the annual Aged Care Forum and Immunisation Education Session for immunisation providers, development and distribution of outbreak management resources to residential care facilities, development of communication strategies as a part of the ACT Health Winter Plan, development of plans so the hospitals have sufficient capacity to address increased demand for services, ensuring surge capacity for increased disease

Cleared as complete and accurate: 08/03/2018
Cleared by: Deputy Director-General Ext: 50883
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surveillance activities, reviewing influenza activity reporting processes, and planning for the commencement of vaccine purchasing and distribution.

- This flu season the ACT Government has committed to funding free influenza vaccine for young children aged six months of age to under five years. The free vaccine will be available through GPs and ACT Health Early Childhood Immunisation clinics from April 2018.
- Young children under five years are at increased risk of hospitalisation and severe illness, including death, from influenza. Flu vaccination in young children under five years has been shown to reduce the risk of flu-associated hospitalisation and death in this group. Young children also contribute significantly to influenza transmission in the community and vaccination of this age group can provide protection to vulnerable people in our community and others who cannot receive the vaccine.

Key Information

- There has been increased inter-seasonal activity in the ACT, with 86 notifications between 1 January and 2 March 2018 – approximately two times higher than during the same period in 2016 and 2017.
- Notifications so far in 2018 have been a mix of both influenza A (n=46, 53.5 per cent) and influenza B (n=40, 46.5 per cent). Of influenza A samples that have been subtyped (n=19), 68 per cent have been A/H1 and 32 per cent have been A/H3. There has been one outbreak of influenza in an aged care facility (influenza A/H1 detected) in 2018.
- Between 1 January and 31 December 2017, 3,099 notifications of influenza were reported to ACT Health. There were approximately twice as many notifications in 2017 compared to the same period in 2016.
- In the ACT, flu activity peaked twice this season, with an initial peak in mid-August and a secondary peak in early September. This bi-modal pattern was not observed nationally or in any other jurisdiction.
- Of all cases notified between 1 January and 31 December 2017 in the ACT, 62 per cent were influenza A, 37 per cent were influenza B, and one per cent of cases were co-infected with influenza A and B. Of those influenza A cases that were further subtyped, over 90 per cent were typed as A/H3.
- The notification rate per 100,000 population was highest in those aged 70 years and older.
- Between 3 April and 24 October 2017, FluCan reported that 560 people were admitted to ACT public hospitals with influenza infection. Overall, 485 people (86.6

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per cent) were admitted to general wards and 75 people (13.4 per cent) were admitted to the Intensive Care Unit/High Dependency Unit.

- Comparatively, fewer hospitalisations for influenza were reported by FluCAN in 2016. This is also consistent with the higher number of community cases in 2017.
- Between 1 July 2017 and 31 December 2017, there were 16 outbreaks of influenza-like illness reported in ACT residential care facilities. These outbreaks have affected 293 residents and 80 staff, and resulted in 28 hospitalisations and 19 deaths. Influenza was detected as the cause of 14 of the 16 outbreaks (other respiratory viruses were responsible for the other two outbreaks). This is not significantly different compared to last year, where there were 19 outbreaks notified in the same time period which affected a total of 347 residents and 99 staff, resulting in 36 hospitalisations and 12 deaths.
- In 2017 in the ACT more than 57,000 doses of the seasonal influenza vaccine were delivered to providers for administration under the National Immunisation Program.
- Based on national data, the estimated effectiveness of the 2017 seasonal influenza vaccine was low for influenza A(H3N2), which was the most common virus in circulation throughout the season. The estimated effectiveness for other less common circulating viruses was moderate.
- Due to changes in the circulating A(H3N2) strain during 2017, the 2018 seasonal influenza vaccine will include a different strain of A(H3N2). The new A(H3N2) strain is predicted to be a better match, and therefore provide better protection, against the strain that is likely to affect Australians in the 2018 influenza season.
- ACT children aged six months to less than five years will be eligible for free influenza vaccine through their GP or ACT Health Early Childhood Immunisation clinics from April 2018.

Background Information – may not be suitable for public disclosure

- Laboratory confirmed influenza is a notifiable disease in the ACT and nationally. Seasonal influenza causes annual epidemics of varying severity in the Winter and Spring months, with sporadic cases generally occurring outside of these times.
- FluCAN is a real-time sentinel hospital surveillance system for acute respiratory disease requiring hospitalisation. Both ACT public hospitals participate in FluCAN.

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ISSUE: MATERNITY SERVICES AT CENTENARY HOSPITAL AT CAPACITY

Talking points:

- The demand on maternity services at Canberra Hospital has increased since Centenary Hospital for Women and Children (Centenary) opened in August 2012.
- ACT Health has devised strategies to address this escalating demand, including
 - Utilising the Birth Centre for overflow;
 - Extending the hours of the Maternity Assessment Unit (MAU), and providing this service from the Birth Suite after hours;
 - Rostering additional doctors and midwives and introducing Assistants in Midwifery to maternity services;
 - Calvary Public Hospital Bruce (Calvary) and Centenary actively encourage the community and General Practitioners to use the services on offer at Calvary and Queanbeyan Hospital where appropriate;
 - A policy that involves referring women to the most appropriate ACT hospital or NSW hospitals for care where required and clinically appropriate; and
 - A midwifery attraction and retention strategy.

Key Information

- In 2015-16 there were 3497 babies born, compared to 2743 in 2010-11. This is an increased annual growth rate of 5.4 per cent. Birth data is not yet confirmed for 2016-2017, but a continuation of this trend is indicated.

Background Information – may not be suitable for public disclosure

- 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 due to the patient's clinical indications. Continued and increased occupancy, acuity and demand pressures impact on Canberra Hospital's capacity to provide tertiary level maternity care.

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- Currently ACT has the highest rate of non-acceptance of transfer for patients with complex pregnancy cases, according to information provided by the NSW Pregnancy and Newborn Services Network and the Perinatal advice Line. This means that women who should be provided with care in the ACT are being transferred to NSW for that care.
- Noting that birth activity is variable and not controllable, Centenary Birth Suite (excluding the birth centre) is at capacity on a regular basis. The use of the Birth Centre as overflow ensures Centenary is able to maintain a safe environment for mother and baby.
- Over the past two years birthing numbers at Calvary have diminished largely due to the community's response to the opening of the state of the art maternity services at Centenary. Calvary birth numbers decreased from 1759 births in 2013-14 to 1577 births in 2016-17, reflecting a downward trend since the establishment of Centenary. Despite active encouragement by Calvary and CHWC of the community and General Practitioners to use the services on offer at Calvary, births at Calvary have continued to decline. The level of care at both hospitals remains of a high standard.
- To better manage demand and ensure maternity services across the region are effectively and efficiently utilised, Centenary and Calvary are considering strategies to address inequitable maternity demands between the two hospitals, such as a single entry system, the refurbishment of the Calvary maternity facility, and longer term demand management plans under Territory-wide Services planning.

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**ISSUE: ACT HEALTH TERRITORY-WIDE HEALTH SERVICES FRAMEWORK
2017-2027****Talking points:**

- Development and planning for implementation of the Territory-wide Health Services Framework is progressing well and we are on track for changes to be implemented from 1 July 2018.
- This will include the establishment of Centres, which will strategically group specialty services together to ensure there is integration across the continuum of care. Under this model, specialties will be required to work more collaboratively, however existing services will not be required to physically move or be co-located. This is why the Centres are sometimes described as being ‘virtual’.
- The Centres will also set out a new way of governing our health services. For example, specialties within the same Centre might work together to identify shared quality improvement activities, current and future priorities and resource requirements across the Centre, coordinated discharge planning in partnership with relevant community organisations, and staff development activities.
- Feedback to date from ACT Health staff and the community sector indicates a high level of support for the Centres approach. People are eager to work more collaboratively and improve service integration to support better outcomes and experience for their patients and clients.
- The development of Specialty Services Plans (SSPs) to underpin the work of the Centres is also progressing well. SSPs provide a high level roadmap for each service capturing current service activity, information about service gaps, and opportunities for improvement and future innovation.
- There has been considerable consultation with clinical staff on development of the SSPs, including staff from ACT Health and Calvary.

Cleared as complete and accurate: 14/03/2018
Cleared by: Executive Director Ext:59010
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Lead Directorate: Health

- Consultation on the SSPs with the community and primary care sectors will commence in the coming weeks. The Territory-wide Health Services Advisory Group has been contributing valuable input into how this process should be undertaken and is very engaged in the reform process.
- The draft Framework is currently in the process of being finalised.

Key Points

- Development and planning for implementation of the Territory-wide Health Services Framework is on track with changes to be implemented from 1 July 2018.
- There has been considerable consultation with ACT Health and Calvary staff on the development of Specialty Service Plans and feedback has been very positive.
- Consultation on the Specialty Service Plans with the community and primary care sectors will commence in the coming weeks. The Advisory Group is providing advice on how to best consult with these stakeholders.
- Feedback to date indicates that stakeholders are positively engaged in the reform process.

Background

- The Territory-wide Health Services Framework will guide the development and redesign of health care services across the Territory over the next decade. The draft Framework was released by the ACT Minister for Health and Wellbeing on 19 September 2017.
- Under the Framework, ACT Health will establish new clinical Centres which will be underpinned by documented Specialty Service Plans and Models of Care. Combined, these documents will consider patient care requirements in the context of the needs of the population, current and future demand, prevention, other specialty services, advances in treatment and technology, and the responsible and efficient use of resources.
- A Territory-wide Health Services Advisory Group (the Advisory Group) has been established to inform the Territory-wide health services planning work. The Advisory Group comprises 11 members from a broad range of health and community organisations across the Territory. Membership of the Advisory Group was announced in December 2017 and the group has met twice, 31 January 2018 and 14 March 2018.

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Portfolio/s Health & Wellbeing

ISSUE: ACT HEALTH STAFF CULTURE SURVEY

Talking points:

- Over a number of years ACT Health has been closely monitoring and examining its workplace culture and ways to encourage best practice in making sure staff and patients have a respectful and supportive health care environment.
- Executive teams have developed Workplace Culture Action Plans for divisions/branches which are updated and reported on quarterly.
- ACT Health's Respect at Work training program has been revised and now comprises two components – an e-learning program which staff must complete before attending the face-to-face workshop.
- An external consultant was procured and has been working with two units with poor culture as identified by the survey. The assessment/scoping phase of the work has been completed and the consultant is currently finalising the detailed plan for culture improvement for each unit.
- Training and resources have been developed to upskill managers on leading and supporting staff through organisational change.
- A new overarching Culture Strategy is under development and will align to the ACT Health's Quality Strategy, Workforce Strategy and delivery of person-centred, safe and effective care.
- A timeframe for the next Staff Culture Survey is being considered, with a provisional date of November 2018 (three years since the 2015 survey).

Background Information – may not be suitable for public disclosure

- ACT Health has conducted organisation-wide workplace culture surveys in 2005, 2007, 2009, 2012 and 2015. These surveys have provided a rich source of information for executives, managers and staff, and have been used to drive a wide range of culture improvement initiatives.
- In the past, survey data has not been released publically but used internally to better understand and improve culture at unit and organisational levels. The new Freedom of Information legislation, however, is expected to make the release of survey data the default approach from now on.

Cleared as complete and accurate: 06/03/2018
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TRIM Ref: GBC18/110

ISSUE: WORKPLACE BULLYING AND HARASSMENT

Talking points:

- Since 2011, ACT Health has embedded the principles of the ACT Public Service's Respect, Equity and Diversity (RED) Framework and has developed training programs to educate staff on respectful workplace behaviours and educate managers on how to manage complaints of inappropriate behaviour
- Avenues for staff to raise incidents of bullying and harassment in the workplace include:
 - Staff can raise issues with People and Culture (HR), Employee Services who can provide advice on dealing with alleged instances of bullying;
 - Staff can discuss the alleged bullying with their Senior Manager;
 - Staff can raise 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, reported through Riskman, are managed in accordance with the relevant Enterprise Agreements and workplace policies; and
 - ACT Health has an established network of over 100 RED Officers in all professions. Staff may contact their local RED officer to discuss alleged bullying claims.
- The launch of the new Quality Strategy presents a further opportunity to reinforce and emphasise the importance of achieving person-centred, safe and effective care and the importance of addressing unreasonable behaviours.
- In 2016-17, we have seen ACT Health take action on bullying claims, with 22 allegations being investigated.
- Three employees resigned from ACT Health before the completion of the formal investigation.

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TRIM Ref: GBC18/110

- ACT Health has terminated two staff following the completion of the investigation process.
- Two alleged bullying cases are ongoing.
- ACT Health has in place a policy of zero tolerance towards bullying and harassment and embraces the ACT Government's established Respect, Equity and Diversity (RED) Framework to assist managers and employees in dealing with issues of bullying and harassment in the workplace.

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TRIM Ref: GBC18/110

ISSUE: COAG HEALTH FUNDING**Talking points:**

- There has been recent media coverage that the ACT did not sign the new National Healthcare Agreement at COAG on Friday 9 February 2018.
- The current National Healthcare Agreement expires on 30 June 2020.
- COAG agreed last year that the new agreement would be finalised by the end of this calendar year.
- The proposed agreement is for five years, when States were expecting a new ten year agreement.
- The offer included in the five year agreement was not good enough for the ACT to sign.
- As the Minister for Health and Wellbeing, I will be working closely with the Chief Minister to continue to negotiate positively with the Australian government to achieve the best possible health funding outcome for the ACT.

Key Information

- The offer provided at COAG continues the existing funding arrangements, with the Australian Government contributing 45 percent of hospital funding and a maximum growth cap of 6.5 percent.
- The Australian Government has put \$50 million on the table at COAG for a Health Innovation Fund as an incentive for States to sign at COAG.
- Based on the ACT population share, this represented less than one million dollars for the ACT and was not an attractive offer for the ACT.
- The offer did not include any additional funding to address long term health reform that would invest in early intervention and reduce pressures on acute health services.

Background Information – may not be suitable for public disclosure

- Currently there are no dates for future COAG or CAF meetings.

Cleared as complete and accurate: 16/03/2018
Cleared by: Matthew Richter Executive Director Ext: 79143
Contact Officer Name: Therese Gehrig Ext: 78734
Lead Directorate: Health

ISSUE: EATING DISORDER SERVICES IN THE ACT

Talking points:

- The ACT Health Eating Disorder Program is committed to providing services to young people and their families in a timely manner. The program provides treatment in community settings, and when required, to inpatients.
- When a patient with an eating disorder requires inpatient treatment, they are usually admitted to either the Paediatrics Ward at the Centenary Hospital for Women and Children, or an inpatient mental health ward at Canberra or Calvary Hospital, depending on the age and individual medical and psychiatric needs of the person.
- Thankfully, admission to a specialised eating disorder in-patient unit is rarely required. In cases where admission to a specialised eating disorder in-patient unit is required, ACT Health liaises closely with interstate services to arrange appropriate treatment, and ensure continuity of care. ACT Health has well-established pathways to ensure that care is appropriate coordinated.

Key Information

- ACT Health also provides:
 - assistance to GPs through direct contact with individual practices and ongoing sector collaboration with the Capital Health Network (CHN); and
 - a GP Psychiatry Phone Consultation service, which gives GPs access to timely advice for non-urgent issues, to support their treatment and care of people with mental health issues.
- In March 2018, waiting times to enter the MHJHADS Eating Disorder program range from four to ten weeks, dependent on clinical urgency, taking into consideration factors such as severity of illness, capacity to access other services, and impact of eating disorder on overall functioning and age.
- Part of the intake process involves supporting patients and families to consider all available support and treatment options while waiting to access the program.
- It is important to note that there are a number of private practitioners who treat eating disorders, and can be accessed through a mental health plan, which is available with many private insurance policies.

Cleared as complete and accurate: 05/03/2018
Cleared by: Deputy Director-General Ext:42728
Contact Officer Name: Bruno Aloisi Ext:51313
Lead Directorate: Health

Background Information – may not be suitable for public disclosure

- Since January 2016, three young people have been transferred to Sydney for inpatient care for related to an eating disorder. There are currently no plans to open a specialised eating disorder inpatient unit in the ACT.
- On 5 March 2018, there were 29 people in the eating disorders program.

Cleared as complete and accurate: 05/03/2018
Cleared by: Deputy Director-General Ext:42728
Contact Officer Name: Bruno Aloisi Ext:51313
Lead Directorate: Health

ISSUE: HEALTH SERVICE COMMISSIONER – INITIATED REVIEW INTO HEALTH SERVICES AT THE ALEXANDER MACONOCHIE CENTRE

Talking points:

- The Health Services Commissioner, Ms Karen Toohey, has completed a Commission initiated consideration of the provision of health services within the Alexander Maconochie Centre (AMC). The review considered the operation of the Opioid Replacement Therapy (ORT) program at the AMC as recommended by the Moss Review.
- The report focuses on a number of aspects of the 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
 - Through care and transition to ORT in the community.
- Of the report's 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.
- The Government will table its response to the report in the Assembly in June.
- ACT Health will work collaboratively with ACT Corrective Services on the on the progression of the the joint recommendations.

Cleared as complete and accurate: 05/03/2018
Cleared by: Deputy Director-General Ext:42728
Contact Officer Name: Bruno Aloisi Ext:51313
Lead Directorate: Health

Key Information

- In December 2017, the Human Rights Commission (HRC) provided a copy of its draft report of the ORT program at the AMC to ACT Health as part of limited confidential distribution to a small number of key stakeholders. The draft report was also provided to other stakeholders for feedback.
- In January 2018, ACT Health provided feedback to the HRC on the draft report. The feedback included comments that the draft report was a balanced and objective assessment of the current practices of the ORT program at the AMC.

Background

- In February 2018, ACT Health was provided with a further draft report for review, following reports of a methadone medication error at the AMC.
- ACT Health was formally notified that the HRC was conducting a review of health services at the AMC on 15 February 2017.
- As part of this process, the HRC visited the AMC on 28 March 2017 and 4 April 2017. These visits were supported by the ACT Health and Justice and Community Safety Directorates.
- During these visits the HRC observed medication administration by nurses, including the new electronic methadone administration system, iDose, interviewed detainees and staff, and reviewed health records.
- ACT Health complied with HRC requests for various documents from ACT Health about opioid replacement therapy, primary health care services and mental health services.

Cleared as complete and accurate: 05/03/2018
Cleared by: Deputy Director-General Ext:42728
Contact Officer Name: Bruno Aloisi Ext:51313
Lead Directorate: Health

ISSUE: Better care when you need it – Surgical Procedures, Interventional Radiology and Emergency Centre (SPIRE) – perceived ‘delay’ as published in the Canberra Times

Talking points:

- In response to the Canberra Times article of 13 March 2018, I can confirm that ACT Health is progressing due diligence for the SPIRE project, including health planning requirements, early design work and feasibility studies.
- Consistent with the 2017-18 Budget forecast, the project program estimates construction completion and commissioning to be complete in the 2023-24 financial year.
- SPIRE will include a staged delivery, with the early works commencing in 2018-19 (Car Park), then the new structure followed by refurbishment of Building 12. Timelines for this delivery sequence will be confirmed in the detailed business case.
- The current scope for Government’s consideration is significantly more comprehensive than the original project and includes additional amenity. The additional scope includes additional theatres, interventional radiology suites and dedicated space for teaching training and research. This additional scope will be considered by Government in the 2018-19 Budget process.
- In addition, a key enabling project for SPIRE is a new Canberra Hospital Northern Car Park with up to 500 car parks. Subject to the 2018-19 Budget deliberations, this project will commence site works in the next 12-18 months.
- On 8 March 2018, CMTEDD’s Infrastructure Finance and Capital Works (IFCW) released a Request for Registration of Interest for a consultant to deliver a Proof of Concept (PoC) design for the SPIRE Project.

Cleared as complete and accurate: 14/03/2018
Cleared by: Executive Director Ext: 59071
Contact Officer Name: Vanessa Brady Ext: 59071
Lead Directorate: Health

TRIM Ref:

- The PoC will be delivered by October 2018 and will inform a detailed business case for Government’s consideration in the 2019-20 Budget context. The procurement allows for potential design development beyond PoC, hence the potential for the engagement to be for up to two years.
- ACT Health expects to commence early works in 2018-19 (including the Car Park), and commence SPIRE site preparations in 2020.

Key Information

- SPIRE is a commitment of this Government from the 2016 election, and received funding in the 2017/18 Budget for feasibility (development of a strategic business case to seek funding for capital investment).

2017-18 Budget

	2017-18	2018-19	2019-20	2020-21	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Capital Provision	0	0	30,000	200,000	230,000
Feasibility Expenses	3,000	3,000	0	0	100

Background information (may not be suitable for public release):

- Subject to Budget Cabinet consideration, the SPIRE scope will include:
 - An Emergency Department Expansion with 120 treatment spaces (increase from 71 spaces) including short stay unit beds, resus bays, dedicated maternity, paediatric and older persons’ services.
 - 33 theatres and procedure rooms comprising 13 existing theatres, 10 new hybrid theatres, 10 theatres (shelled); three x cardiac catheterisation laboratories, three interventional radiology suites and 1 electrophysiology laboratory.
 - Critical Care and Coronary Care comprising 44 adult ICU beds (increase from 31), four paediatric ICU beds (two commencing through Centenary Hospital Expansion) and 32 coronary care unit beds (increase from 19).
 - Inpatient Wards totalling 64 beds, 90 per cent single rooms, comprising 32 surgical inpatient beds and 32 surgical inpatient beds (shelled).
 - Shelled floor for Teaching, Training and Research.
 - A 100-space basement carpark.

Cleared as complete and accurate: 14/03/2018
 Cleared by: Executive Director Ext: 59071
 Contact Officer Name: Vanessa Brady Ext: 59071
 Lead Directorate: Health

TRIM Ref:

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 directorate has adequate tools and resources to address and manage registered food businesses' compliance with food safety requirements.
- Despite recent media reports to the contrary ACT Health has never implemented a scores on doors rating scheme. ACT Health relies on a range of other tools and actions to increase food business compliance rates.
- 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 Skyfire.
- There are currently 3126 registered food businesses. Risk classification of the food business is determined by their food preparation activities. Most ACT food business are classified as medium risk.
- ACT Health 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 and their actions taken to address the non-compliance.
 - The willingness of the proprietor to accept responsibility and their commitment the maintenance of a food safety culture.
 - The level of food safety training by all staff.
- All closed food businesses 2017 that reopened have been reinspected.
- Business that have had further outstanding issues on the revocation of a prohibition order but do not pose a serious public health are issued with an improvement notice. As such these business have ongoing inspections until all of the items identified on the improvement notice are rectified.

Cleared as complete and accurate: 20/03/2018
Cleared by: Deputy Director-General Ext: 71781
Contact Officer Name: Conrad Barr Ext: 51722
Lead Directorate: Health

Key Information:

- In the period 1 July 2016 to 30 June 2017, Public Health Officers:
 - Conducted 2559 inspections of food businesses, including at Declared Events
 - Issued 472 Improvement Notices – that’s 18 per cent of inspected businesses
 - Issued eight Prohibition Orders –0.31 per cent of inspected businesses.
- In the period 1 July 2015 to 30 June 2016, Public Health Officers:
 - Conducted 2953 inspections of food businesses, including at Declared Events
 - Issued 621 Improvement Notices – that’s 21 per cent of inspected businesses
 - Issued eight Prohibition Orders –0.27 per cent of inspected businesses.
- Food safety breaches are on the decline. This can be attributed to the effective use of the ‘Engage, Educate, Enforce’ compliance model. Emphasis is placed on education to encourage compliance.
- 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 posing a serious public health risk is identified through our inspections the HPS will issue a prohibition notice on the food business. The safety and well-being of the community is ACT Health’s first priority.

Background Information:

- 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 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.

Cleared as complete and accurate: 20/03/2018
Cleared by: Deputy Director-General Ext: 71781
Contact Officer Name: Conrad Barr Ext: 51722
Lead Directorate: Health

ISSUE: PILL TESTING – ART NOT APART

Talking points:

- Between 12am and 4am, on Sunday, 17 March 2018, the ACT Ambulance Service responded to a venue in Fyshwick on four occasions in relation to suspected cases of alcohol and drug overdose. Three people were transported to hospital for further assessment.
- The Tech Yes rave is considered to be the afterparty for the ACT Government sponsored 'Art Not Apart' festival which was held on the weekend.
- The Tech Yes rave is not Government sponsored and was held on private land.
- All patients were intoxicated by an unknown substance believed to be MDMA.
- Three patients were transported to hospital.

Key Information

- The ACT Ambulance Service has confirmed that they were called to attend to four people at the Tech Yes rave at Fyshwick on the weekend. The Tech Yes rave is considered to be the afterparty for the ACT Government sponsored 'Art not Apart' festival. All patients were treated for intoxication by an unknown substance believed to be MDMA. Three patients required transportation to hospital.
- The ACT Government reinforces that it is illegal to manufacture, possess, distribute and sell illicit drugs in the ACT.
- The ACT Government is also committed to harm minimisation, in line with the National Drug Strategy.
- The ACT Government has previously advised that it does not oppose pill testing services being provided at an ACT music festival by a third party. 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: 20/03/2018
Cleared by: Choose an item. Ext:
Contact Officer Name: Emily Harper Ext: 52245
Lead Directorate: Health

TRIM Ref: GBC18/110

Background Information – may not be suitable for public disclosure

- Pill testing is a harm reduction strategy where patrons can get a sample of a drug they intend to consume tested to ascertain its contents. It also provides an opportunity for these patrons to receive information and interventions relating to drug use from trained personnel.
- The cross-directorate pill testing working group was reconvened in February 2018 to assess a proposal from the Safety and Testing Advisory Service at Festivals and Events (STA-SAFE) consortium regarding the conduct of a pill testing trial at a music festival in the ACT. The working group is chaired by the Chief Health Officer, and includes representatives from ACT Health, Justice and Community Safety (JACSD), ACT Policing and the ACT Ambulance Service (ACTAS).

Cleared as complete and accurate: 20/03/2018
Cleared by: Choose an item.
Contact Officer Name: Emily Harper
Lead Directorate: Health

Ext:
Ext: 52245

TRIM Ref: GBC18/110

ISSUE: ARINS AND SEAS

Talking points:

- There are currently 268 staff in ACT Health covered by Attraction and Retention Incentives (ARIns) and Special Employment Arrangements (SEAs).
- Total expenditure on ARIns/SEAs in 2016/17 was \$17,311,022.14, the vast majority of which went to doctors.
- 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.

Key Information

- ARIns are provided for under all ACTPS enterprise agreements.
- The ARIn model was introduced in the 2013 bargaining round. It replaces the broadly similar SEA provisions.
- The major area of use in ACT Health is in respect to senior medical staff, generally in areas where necessary skills are subject to very limited availability, or where a speciality is essential to service delivery.
- They have also been used to address gaps in enterprise agreement provisions pending consideration and discussion of potential changes to those enterprise agreements.

Background Information – may not be suitable for public disclosure

- There are currently 268 ACT Health staff covered by ARIns and SEAs:
 - 141 doctors
 - 98 health professionals
 - 18 dentists
 - Two administrative staff
 - One nurse
 - Eight support staff (to correct an EA oversight)

Cleared as complete and accurate: 06/03/2018
Cleared by: Deputy Director-General Ext: 77880
Contact Officer Name: Steven Linton Ext: 75569
Lead Directorate: Health

TRIM Ref: GBC18/110

- The annual review process is likely to result in a reduction to the number of these arrangements.
- Total expenditure on ARIns/SEAs in 2016/17 was \$17,311,022.14, the vast majority of which went to doctors.
- While designed to address attraction and retention issues, they have in the past been used extensively to provide conditions top-ups for groups, including ongoing entitlements. Examples include provision for the payment of senior doctors for undertaking additional work on weekends – often associated with ‘surgical blitzes’ – as well as provisions dealing with market issues in certain professions – such as mental health psychologists, perfusionists and pharmacy.
- Going forward, these ongoing arrangements are being considered for incorporation in relevant enterprise agreements.
- Several of the medical practitioners covered by SEA/ARIn arrangements have raised concerns as to the legality of attempts to review, and potentially reduce or remove, existing entitlements. It is expected that at least some doctors will bring legal action against the Territory should their ARIns be reduced or ceased.
- Given the range of medical services reliant on staff who are covered by existing SEAs/ARIns, including anaesthesia, intensive care, emergency, rescue and retrieval, radiation oncology and medical imaging, there is considerable concern about the potential impact on the ability of ACT Health to deliver services if these arrangements become the subject of legal action, and/or affect our ability to attract and retain appropriate skills in the health services.
- ACT Health is currently developing an approach designed to minimise these risks with specific regard to the arrangements applying to medical practitioners. This may involve freezing payments for a number of these arrangements, to allow for increases in base pay to absorb the amount of the ARIn over time.

Cleared as complete and accurate: 06/03/2018
Cleared by: Deputy Director-General Ext: 77880
Contact Officer Name: Steven Linton Ext: 75569
Lead Directorate: Health

TRIM Ref: GBC18/110

ISSUE: BARIATRIC SURGERY

Talking points:

- The Government has provided funding to establish a public bariatric surgery service.
- Clinical eligibility for this surgery is determined by doctors in the Obesity Management Service (OMS), followed by an assessment with a general surgeon, who performs the procedure.
- Canberra Hospital began delivering bariatric surgery in late 2017. By the end of January 2018, three surgeries had been completed.
- A further three patients have been identified by the OMS for review by the surgical consultant to establish their clinical eligibility for this procedure.
- Assessment of the pathway and model of care is ongoing.

Key Information

- Bariatric surgery provides a surgical option for people struggling with obesity and is closely linked to the OMS.
- In 2017, the OMS Model of Care was revised to strengthen the criteria and clinical pathway for patients who may benefit from bariatric surgery, including post-operative review and management.
- ACT Health is looking to identify a further number of patients whose surgery would be completed by December 2018.

Cleared as complete and accurate: 06/03/2018
Cleared by: Chris Bone Deputy Director-General Ext: 6244 2728
Contact Officer Name: Daniel Wood Ext: 6244 3515
Lead Directorate: Health

Background Information – may not be suitable for public disclosure

- In October 2013, the ACT Government released the Towards Zero Growth Healthy Weight Action Plan (Towards Zero Growth), which set the target of ‘zero growth’ for obesity in the ACT by 2020. The Action Plan identified initiatives including \$1.03 million over four years for bariatric surgery.
- Towards Zero Growth identified six themes where regulatory control and preventative initiatives would be implemented, including: food environments, schools, workplaces, urban planning, social inclusion and evaluation.
- The Government committed to providing public bariatric surgery from February 2015 based on informal, yet sound agreements between ACT Health and the entity who was then the sole provider of these services. However, there were delays in establishing the service. Infrastructure requirements and a relatively small number of cases led ACT Health to consider a tender to the private sector.
- In 2016, discussions occurred with two General Surgeons who conduct private bariatric surgery in the ACT. In 2017, the surgeons committed to conducting bariatric surgery for public patients at Canberra Hospital.
- ACT Health are committed to forming a list of 42 patients to have bariatric surgery by the end of December 2018.

Cleared as complete and accurate: 06/03/2018
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Lead Directorate: Health

Portfolio/s Health & Wellbeing

Health & Wellbeing

ISSUE: NATIONAL PARTNERSHIP AGREEMENTS

Talking points:

- Under the Intergovernmental Agreement on Federal Financial Relations (IGR FFR), the Commonwealth consolidated a wide range of Commonwealth-State agreements.
- These agreements are complemented by two forms of time limited-funding streams to be spent in the relevant sector/s. The funding streams are:
 - National Partnership Agreements (NPAs), which provide time limited funding for specific projects and service delivery reforms; and
 - Project Agreements (PAs) which are a simpler form of NPAs, for low value and/or low risk projects.
- The finalisation of these agreements may take considerable time, for example, the Commonwealth announced a new NPA on Public Dental Services for Adults in December 2016. The ACT was, however, only in a position to sign off on the agreement in December 2017 after concluding negotiations.
- Delays can occur particularly when jurisdictions need to negotiate funding levels and achievable outcomes. The Commonwealth's response to jurisdictions' negotiations on the PA on Expansion of the BreastScreen Australia Program has not been timely. Negotiations have recently concluded with the ACT to receive a reduction of \$142,000 over four years from the funding provided on the previous PA.
- It is important to note that, despite delays or funding reductions, ACT Health has continued to provide the required services and has met agreed targets.
- 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.

Cleared as complete and accurate: 01/03/2018
Cleared by: Deputy Director-General Ext: 79723
Contact Officer Name: Matt Richter Ext: 79143
Lead Directorate: Health

TRIM Ref:

Key Information**Expiring and continuing NPAs and PAs in the ACT:**

- PA on Expansion of the BreastScreen Australia Program

This PA commenced in 2014 and expired on 30 June 2017. Under this PA, the ACT received the total allocated funding of \$1,097,000.

The 2017-18 Commonwealth Budget announced funding of \$64.4 million nationally for a further four year extension to enable BreastScreen Australia to continue to actively engage women aged 70 to 74 years in the breast screening program. Of the \$64.4 million, the States and Territories will receive \$60.3 million over the next four years, and \$4.1 million will be dedicated to BreastScreen Australia research and evaluation activities, particularly for the evaluation of the results from the age group expansion.

Formal negotiations between the Commonwealth Department of Health and States and Territories have concluded and the proposed Project Agreement for the Expansion of the BreastScreen Australia Program for the four-year period to 30 June 2021 has been forwarded to all States and Territories for signing.

- The proposed Project Agreement allocates total funding to the ACT of \$955,000 over four years, a reduction of \$142,000 from the previous Agreement. Given BreastScreen ACT has already achieved the required screening target for the 70 -74 year cohort and is under budget, the funding offered is sufficient.

- National Bowel Cancer Screening Program - participant follow-up function (Schedule D of the Specified Projects NP)

The 2017–18 Mid-Year Economic and Fiscal Outlook provides Commonwealth funding of \$35.1 million, over four years from 2018–19, to States and Territories to continue the National Bowel Cancer Screening Program to continue the Participant Follow-up Function of the National Bowel Cancer Screening Program. This program provides follow-up services for participants who return a positive test result but have not continued on to appropriate medical care. The Commonwealth did not provide any indication regarding breakdown of funding.

- PA on Vaccine Preventable Diseases Surveillance Program

A new PA to continue with this program from 1 July 2017 to 30 June 2020 has recently been agreed by the ACT Health Minister. The Commonwealth Budget 2017-18 announced that total funding for the ACT under the new PA is \$111,000 over three years, from 2017-18 to 2019-20.

- OzFoodNet (Schedule C of the Specified Projects NP)

This initiative supports the delivery of OzFoodNet, a national system of enhanced foodborne disease surveillance. This Schedule replaces the previous Project Agreement for the OzFoodNet Program. A new Schedule for 2016-20 has been

Cleared as complete and accurate: 01/03/2018
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Contact Officer Name: Matt Richter Ext: 79143
Lead Directorate: Health

TRIM Ref:

finalised and agreed to by the ACT Health Minister. The ACT will receive \$576,000 in funding across the four year period.

- NPA on Essential Vaccines (NPAEV)

The ACT has agreed to and signed a new NPAEV which is valid until 30 June 2021. This replaces a previous NPAEV which did not allow payments to be made beyond 2016-17.

Under the previous NPAEV, the ACT received approximately \$200,000 annually as incentive payments. The incentive payments associated with the new NPAEV are dependent on the achievement of five benchmarks and one milestone. It is anticipated that the one milestone will be easily attainable, however achievement of the five benchmarks will require further effort and resources which will consume most of the additional funding received under the NPAEV.

The Commonwealth Budget 2017-18 announced that approximately \$12.5 million is to be allocated to the ACT to cover 2016-17 to 2020-21 delivery of the immunisation program including cost of the vaccinations, promotional elements and staffing.

- Project Agreement - Additional Assistance for Public Hospitals

Under this PA, the ACT has signed an agreement with the Commonwealth: Agreement for minimum Commonwealth funding for public hospital services in the Australian Capital Territory. The ACT Chief Minister signed the agreement on 28 March 2017.

This agreement supports guaranteed minimum Commonwealth funding for ACT public hospital services each year for the period 2017-18 to 2019-20. The Commonwealth funding is for additional assistance for public hospitals in the event that growth in National Health Reform Agreement (NHRA) funding is lower than growth in Consumer Price Index and national population in a given year.

Payment occurs following the completion of reconciliation under the NHRA. All payment will be outside of the National Health Funding Pool and will not be considered in subsequent years.

New Upcoming NPAs/PAs:

- NPA on Public Dental Services for Adults

In December 2016, the Commonwealth announced its proposal for the new NPA on Public Dental Services for Adults would commence from 1 January 2017, with proposed Commonwealth funding of almost \$2.2 million to be made available for the ACT over 2.5 years (from 1 January 2017 to 30 June 2019). This means that the average funding for the ACT will be \$870,000 per annum, which is a significant funding reduction from \$2.3 million per annum received by the ACT under the previous NPA on Adult Public Dental Services (the previous NPA).

Under the new NPA, the Dental Health Program under ACT Health is required to maintain the same level of activity as in the previous NPA, however, with much less

Cleared as complete and accurate: 01/03/2018
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TRIM Ref:

funding, higher performance targets and less value attributed to Dental Weighted Activity Units (a measure of dental service activity expressed as a common unit which is used in all Commonwealth funded dental programs).

The ACT will be able to achieve the target required under the new NPA due to a revised model of care implemented on 1 July 2017. In December 2017 the Minister for Health and Wellbeing signed the new NPA. During the month of March, the implementation plan will be provided to the Commonwealth accompanied with the first performance report which the ACT achieved their target.

- Agreement on Encouraging more clinical trials in Australia

ACT Health is a member of the Clinical Trials Program Reference Group (CTPRG) established in mid-2017 as an extension of the previous Clinical Trials Jurisdictional Working Group (CTJWG). The Commonwealth Budget 2017-18 announced funding of \$7 million nationally over four years to support clinical trial system redesign at the jurisdictional level.

The ACT was successful in its bids for funding to the Commonwealth on two of the five priority action areas endorsed by AHMAC: coordination units for management of clinical trial activities; and enhancement of data and knowledge systems.

Following the signing of the project agreement and its bilateral project schedules imminently, the ACT will receive \$715,000 Commonwealth funding over four years. Funding is scheduled to be paid as per following:

2017 - 18	\$50,000 on signing \$205,327 by end of financial year
2018-19	\$153,225
2018-20	\$153,225
2020-21	\$153,225

Cleared as complete and accurate: 01/03/2018
Cleared by: Deputy Director-General Ext: 79723
Contact Officer Name: Matt Richter Ext: 79143
Lead Directorate: Health

TRIM Ref:

ISSUE: UNIVERSITY OF CANBERRA HOSPITAL

Talking points:

- Major construction works at Canberra's dedicated rehabilitation hospital are now complete. Multiplex formally handed over the site to ACT Health on 14 February 2018.
- The name of the new facility is University of Canberra Hospital, Specialist Centre for Rehabilitation, Recovery and Research (UCH). It will support quality health services through state-of-the-art technologies and innovative therapy spaces.
- The building has been designed and purpose-built for rehabilitation services, supporting people recovering from surgery or injury, or experiencing mental illness.
- UCH has been specially designed to support recovery, and includes a hydrotherapy pool, rehabilitation courtyards, gymnasiums and kitchens. At full capacity it will have 140 overnight inpatient beds, 75 day places and additional outpatient services.
- This is a major milestone for health in the ACT and marks the culmination of almost seven years of planning, community consultation and construction work to deliver Canberra's third public hospital.

Key Information

- The name reflects the dedicated role the hospital will play within the ACT's broader health system, which is focused on delivering the right care, at the right time, in the right place. It describes the services offered at the new hospital, making it clearer to the community that it does not have an emergency department, because it is a specialist rehabilitation, recovery and research hospital.
- With the formal handover of the building to ACT Health, operational commissioning is underway to prepare the hospital and its staff to deliver clinical and support services from July this year.

Cleared as complete and accurate: 06/03/2018
Cleared by: Chris Bone Deputy Director-General Ext: 6244 2728
Contact Officer Name: Linda Kohlhagen Ext: 6244 3515
Lead Directorate: Health

- Recruitment is underway to fill nursing and allied health positions, with a number of key positions have already been filled. Up to 300 staff will undergo an extensive training and orientation to the new facility to ensure they become familiar with the new building's layout.
- Other key commissioning activities include scenario testing, testing and training of emergency response procedures, and final facility preparations in anticipation for accepting patients. During this period, equipment and furniture will be installed throughout the building and ICT systems will be configured.
- With the countdown to the opening of UCH well underway, in the coming months ACT Health will be focused on ensuring patients and the broader community are well informed of the services that will be offered at the new hospital. Planning is underway to hold community open days closer to July when the facility will open.

Background Information – may not be suitable for public disclosure

- Discussions are occurring with the United Ngunnawal Elders Council to select an appropriate Ngunnawal word to name the building. This will be announced closer to the official opening of the hospital later this year.

Cleared as complete and accurate: 06/03/2018
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**ISSUE: ACT HEALTH TERRITORY-WIDE HEALTH SERVICES FRAMEWORK
2017-2027**

Talking points:

- Development and planning for implementation of the Territory-wide Health Services Framework is progressing well and we are on track for changes to be implemented from 1 July 2018.
- This will include the establishment of Centres, which will strategically group specialty services together to ensure there is integration across the continuum of care. Under this model, specialties will be required to work more collaboratively, however existing services will not be required to physically move or be co-located. This is why the Centres are sometimes described as being ‘virtual’.
- The Centres will also set out a new way of governing our health services. For example, specialties within the same Centre might work together to identify shared quality improvement activities, current and future priorities and resource requirements across the Centre, coordinated discharge planning in partnership with relevant community organisations, and staff development activities.
- Feedback to date from ACT Health staff and the community sector indicates a high level of support for the Centres approach. People are eager to work more collaboratively and improve service integration to support better outcomes and experience for their patients and clients.
- The development of Specialty Services Plans (SSPs) to underpin the work of the Centres is also progressing well. SSPs provide a high level roadmap for each service capturing current service activity, information about service gaps, and opportunities for improvement and future innovation.
- There has been considerable consultation with clinical staff on development of the SSPs, including staff from ACT Health and Calvary.
- Consultation on the SSPs with the community and primary care sectors will commence in the coming weeks. The Territory-wide Health Services

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Lead Directorate: Health

Advisory Group has been contributing valuable input into how this process should be undertaken and is very engaged in the reform process.

- The draft Framework is currently in the process of being finalised.

Key Points

- Development and planning for implementation of the Territory-wide Health Services Framework is on track with changes to be implemented from 1 July 2018.
- There has been considerable consultation with ACT Health and Calvary staff on the development of Specialty Service Plans and feedback has been very positive.
- Consultation on the Specialty Service Plans with the community and primary care sectors will commence in the coming weeks. The Advisory Group is providing advice on how to best consult with these stakeholders.
- Feedback to date indicates that stakeholders are positively engaged in the reform process.

Background

- The Territory-wide Health Services Framework will guide the development and redesign of health care services across the Territory over the next decade. The draft Framework was released by the ACT Minister for Health and Wellbeing on 19 September 2017.
- Under the Framework, ACT Health will establish new clinical Centres which will be underpinned by documented Specialty Service Plans and Models of Care. Combined, these documents will consider patient care requirements in the context of the needs of the population, current and future demand, prevention, other specialty services, advances in treatment and technology, and the responsible and efficient use of resources.
- A Territory-wide Health Services Advisory Group (the Advisory Group) has been established to inform the Territory-wide health services planning work. The Advisory Group comprises 11 members from a broad range of health and community organisations across the Territory. Membership of the Advisory Group was announced in December 2017 and the group has met twice, 31 January 2018 and 14 March 2018.

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ISSUE: ACT HEALTH SYSTEM-WIDE DATA REVIEW

Talking points:

- The System-wide Data Review is due to be completed by the Directorate at the end of this month (March 2018). The Government will then consider the final outcomes and recommendations of the Review.
- The data reporting issues found in ACT Health are administrative in nature and do not affect the quality of the health services that we deliver to the community.
- There continues to be no impact on ACT Health's day to day service delivery.
- The delivery of high quality health services to the Canberra community is a key priority of the ACT Government. High quality data and reporting are the foundations of an informed hospital and health care system that is accountable, transparent and responsive.
- I have committed to being open and transparent with Members throughout this process. I have demonstrated this by:
 - Quarterly updates to the ACT Legislative Assembly with the last update provided in February 2018;
 - The ACT Government and ACT Health welcoming the agreement by the Auditor-General's Office to include ACT Health Data and Reporting on their 2017-18 Audit Program, which was previously requested by the ACT Health Director-General; and
 - Engagement of an independent auditor to assess and baseline the current status of each of the 175 external audit and review recommendations. This robust independent assessment will continue throughout the life of the System-wide Data Review including a quarterly review to validate the effectiveness of the implementation of the recommendations.
- Work to date on the System-wide Data Review has predominately focused on repair and investigation of data integrity issues, system issues and business processes, whilst at the same time providing the

opportunity to renew existing performance, reporting and data structures.

- The System-wide Data Review has enabled the Directorate to constructively learn, build capability and expertise, and address root cause and systemic issues.

Key Information

- Notable outcomes of the Review include:
 - Meeting external reporting obligations such as the 2018 Report on Government Services (RoGS) 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 Directorate-wide front door ‘Reporting Co-ordination Unit’, 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 their metadata registry ‘MeTEOR’ as a data repository for all definitions and standards. Whilst this work has only just commenced, this 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;

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TRIM Ref: COR18/3453

- 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, an ‘Enterprise Data Warehouse’, that is innovative and a first for the ACT Government that has the potential to be expanded and adapt to changing community health needs.
- Future work includes:
 - Mental Health Services – implementing new performance indicators and reports across all services ranging from day to day operational reports to those presented in this place;
 - Elective Surgery Waiting Lists – an analysis of the impact of activity based funding methodologies on the elective surgery management practices;
 - University of Canberra Public Hospital – designing new performance metrics including the potential for automated costing;
 - Consumers Information – developing options for improving public reporting and innovative technologies available moving forward; and
 - Real-time data for Clinicians – trialling new technologies and analysis tools for clinicians to inform and improve patient outcomes.

Background Information – may not be suitable for public disclosure

- In 2016 ACT Health was unable to meet deadlines for several national data collections due to the ongoing identification of data management and reporting issues.
- In 2016 PricewaterhouseCoopers (PwC) were engaged to analyse a number of ACT Health data and reporting processes such as the annual and quarterly reports. This engagement found a number of data quality issues with the ACT Health data and reporting resulting in a further engagement with PwC to develop a range of methodologies for the production of data and associated reports from Business Performance and Information Decision Support Branch. PwC developed:
 - processes to extract data from source systems; complex code for the production of indicators from various data sets; and
 - standards to encompass definitions and methodologies for producing each indicator; and, cross referenced ACT Health’s internally derived figures.
- This initial development work and subsequent recommendations by PwC form the basis that will underpin the ACT Health system-wide review activities. PwC methodologies and

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recommendations where practical will be assessed and expanded across all ACT Health reported data and not just a subset of reports.

- On 14 February 2017 Minister for Health and Wellbeing, Minister Fitzharris, announced that an ACT Health system-wide review of data would be undertaken.
- On 28 March 2017 Minister Fitzharris made a Ministerial Statement in the ACT Legislative Assembly and tabled Terms of Reference for the ACT Health System-wide Review of Data.
- There is significant sensitivity about ACT Health’s ability to report accurate data. The Terms of Reference support a transparent and timely approach.
- The Review Panel members are the:
 - Deputy Director-General, Performance, Reporting and Data, ACT Health
 - Deputy Director-General, Canberra Hospital and Health Services, ACT Health
 - Chief Information Officer, ACT Health
 - Chief Technology Officer, Shared Services ICT
 - Chief Executive Officer, National Health Funding Body
 - Senior Executive, Australian Institute of Health and Welfare, Hospitals, Resourcing and Classifications Group
 - Director, Research School of Population Health, ANU College of Medicine, Biology and Environment

Pillars of work	Scheduled completion date
<p><u>Pillar 1</u> A summary of the extent, and where possible, the root cause or causes of the current data issues.</p>	30 September 2017 – Currently progressing through approval process
<p><u>Pillar 2</u> Establish revised governance processes and protocols for data management, reporting and analysis. Features of these processes and protocols will include: <u>Phase One:</u></p> <ul style="list-style-type: none"> • Defined work schedules and steps for key reporting obligations • Formalised change processes for source systems, datasets and data queries to ensure that the impact of changes to any source systems are identified and addressed within the datasets • Clear delineation of responsibility for managing different stages of the extraction, transformation and reporting and analysis of data • Clearly defined quality assurance and clearance steps for all data reporting and analysis 	30 June 2017 – External auditor recently completed desktop review of Milestone One Report and minor amendments are being addressed.

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Pillars of work	Scheduled completion date
<p><u>Pillar 2</u> Phase Two - in parallel with the determination of a framework for the re-building of the ACT Health data warehouse, reporting and analysis systems and functions:</p> <ul style="list-style-type: none"> • Appropriate access controls and audit information for all data sets • Establishing standardised queries for reporting purposes that are to be used at all times for generation of specific reports • Establish a framework for publication of datasets for each time period 	<p>31 March 2018</p>
<p><u>Pillar 3</u> Develop a Framework for the: Phase One: Provision of essential data reports derived directly from source systems as an interim process. This will ensure that ACT Health internal and external reporting requirements can be maintained and will comprise:</p> <ul style="list-style-type: none"> • Identifying the range of essential internal and external reports, and ceasing any reports that are not essential • Confirming the priority order and timeframes for external reporting • Mapping the data definitions against the source systems to identify the systems required to generate the report • Replicating these systems for reporting purposes and writing queries to generate the reports from the replicated data 	<p>30 June 2017 - External auditor recently completed desktop review of Milestone One Report and minor amendments are being addressed.</p>
<p><u>Pillar 3</u> Develop a Framework for the: Phase Two: Replacement of the ACT Health data warehouse, reporting and analysis systems and functions. This will include how we propose to:</p> <ul style="list-style-type: none"> • reconstruct the warehouse to ensure that it accurately extracts and transforms data from the relevant source systems • deliver and publish datasets for each time period • develop Application Programming Interfaces (APIs) to publish data in real-time for required data sets (such as Emergency Department waiting times) 	<p>30 September 2017 – Currently progressing through approval process</p>

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<ul style="list-style-type: none"> integrate relevant de-identified data into the ACT Government Data Lake re-write the data queries required to accurately generate reports 	
Pillar 4 Implementation of all Framework outcomes	31 March 2018
Pillar 5 Provide a detailed road-map to address existing recommendations from the Auditor-General and ACT Health external advisers. This will comprise: <ul style="list-style-type: none"> a single report outlining all recommendations ACT Health's acceptance, or not, of each recommendation prioritisation of each recommendation, including an estimated date of completion a report detailing progress status against each recommendation 	30 June 2017 - Complete
Pillar 6 Provide advice on the publication of data for consumers that facilitates improved understanding of ACT Health information, performance, quality and safety, including options for real-time provision of information.	30 September 2017 – Currently progressing through approval process

ISSUE: Response to Vicki Dunne MLA about ROGS data

Talking points:

- In her media release on 31 January 2018, Ms Dunne stated that there had not been “enough acute mental health beds to meet growing demand” and that “staffing levels have fallen behind in demand”.
- According to the Productivity Commissions’ 2018 Report on Government Services the number of acute mental health beds per 100,000 in the ACT was below the national average. In 2015-16 the ACT had 18.6 acute beds compared to the national average of 22.4 beds.
- Since the 2015-16 reported bed numbers, there have been more acute inpatient beds available through: the introduction of the Dhulwa mental health units, which include an additional 10 available beds; and the six acute inpatient beds of the Mental Health Short Stay Unit at the Canberra Hospital. It is expected these beds will be included in future ROGS reports.
- Mrs Dunne’s media release quotes a full-time equivalent of 32.7 FTE staffing for mental health services per 100,000 people, compared to the national average of 54.6 per 100,000 nationally. However, this statistic only accounts for acute inpatient staff.
- For a more complete picture, the 2018 Productivity Commission’s Report on Government Services reports the full-time equivalent of staff in mental health services, which includes inpatient, community and residential, in the ACT during 2015-16 was 112.2 per 100,000. This was above the national average of 108.0 per 100,000 population.
- Not addressed in Ms Dunne’s media statements are some of the positive figures that the ACT has achieved:
 - The ACT readmission rate in 2015-16 of 14.5 percent is comparable to the national average of 14.6 percent.
 - Post discharge follow-up from an acute inpatient admission in 2015-16 at 73.7 percent remains above the national average at 68.2 percent.

Cleared as complete and accurate: 05/03/2018
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Lead Directorate: Health

- ACT Health invested more in community organisations supporting mental health in 2015-16 than any jurisdiction in Australia, with 20 percent of total mental health expenditure compared to a national average of 7.6 percent.

Key Information

- The 10 year comparison that Ms Dunne makes, focuses on patient bed days per 1000 people, increasing by one third versus number of full-time staff per 100,000 increasing by 'only' 16 percent in inpatient units. This does not take into account the increase in the population of the ACT over that 10 year period. The ACT population increased by 16 percent over that same period, which matches the staff increase.
- Whilst in isolation the staff FTE for mental health inpatient services was below the national average, there are a higher number of community staff, 60.1 compared to national average of 45.3, and residential staff, 19.5 compared to a national average of 8.1. These figures represent more support for people with mental illness in the community rather than solely focusing on acute inpatient services and provides a more holistic delivery of care.
- The people most likely to be admitted to hospital are at the more severe end of acute care needs and require longer lengths of stay and may take longer to recover. This is reflected in the increased number of beds days. With the available resources in the community, people less likely to need acute inpatient care have alternative options.
- The current use of community sector organisations for step-up-step-down service pre- and post-admission to inpatient services is not reflected in the acute inpatient data for dedicated mental health beds. More could certainly be done in this space going forward. Adolescents admitted to hospital for mental health issues and not admitted to a specialised mental health facility are not included in the data reported for specialised acute adult and older person's mental health facilities.
- There are no specialised mental health inpatient facilities specifically for adolescents are this time. ACT Health is currently determining the future needs for a dedicated acute inpatient beds for children and adolescents.

Background Information – may not be suitable for public disclosure

- Each year the Productivity Commission releases its Report on Government Services (ROGS), which provides information on the equity, effectiveness and efficiency of government services in Australia.
- Vicki Dunne, MLA and Shadow Minister for Health made a media release on 31 January 2018, criticising the growth and performance of mental health services in the ACT using ROGS data. A number of these comparisons cherry picked data from ROGS which, when understood in a wider context, are not as negative as they are made to appear.
- The title of this media release refers to the establishment of the Office for Mental Health, which Ms Dunne has criticised in the past.

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TRIM Ref:

ISSUE: Office for Mental Health Establishment

Talking points:

- As the Minister for Mental Health, the establishment of an Office for Mental Health (the Office) is a key priority for me. I believe that such a body has the potential to make real and lasting change for mental health consumers, carers and their families.
- My four key objectives in developing this Office are to:
 1. Provide comprehensive oversight and increased understanding of the Mental Health system and how it could be improved in the ACT;
 2. Ensure person-centred and needs-based approaches across government initiatives;
 3. Improve the coordination, integration and targeting of services and facilities; and
 4. Drive a reduction in mental illness incidence, frequency and impact through the development and oversight of a comprehensive Mental Health and Wellbeing Framework.
- In 2017, 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.
- This report includes several recommendations for how the Office should look. I am currently reviewing the report and these recommendations.

Key Information

- A large part of Synergia's engagement included multiple opportunities for public consultations. The first round of consultations included forums with mental health consumers, carers and key stakeholders to gather feedback about a preferred model for the Office. This consultation process included an online forum, which went live in December 2017 and closed on 9 February 2018. This forum ensured that everyone, including those who could not make the consultations, could participate and give their feedback.

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- A second round of consultations was held in late January and early February 2018. These forums again included mental health consumers, carers and key stakeholders, who were presented an updated options paper of the proposed future model, role and function of the Office to obtain their feedback.
- ACT Health is currently preparing a Cabinet Submission discussing the key recommendations of the report and their implications.
- ACT Health has received a proposal from Synergia to arrange a new contract in relation to the establishment of the Office.
- ACT Health is considering this proposal which would see the creation of an ‘establishment team’, whose work would include developing an evaluation plan, a work plan a communication strategy for the Office to clarify the role of the Office with the ACT community.

Background Information – may not be suitable for public disclosure

- The Parliamentary Agreement for the 9th Legislative Assembly for the ACT identifies the establishment of an ACT Office for Mental Health to oversee mental health services in the ACT as a strategic priority.
- A Request for Quote process was conducted by ACT Health to engage a consultant to help with the design and development of the Office. Each of the proposals submitted to ACT Health were scored by an evaluation panel. Following this process, Synergia was selected as the preferred provider.
- In the first half of 2017, ACT Health undertook a desktop review of existing mental health commissioning models across Australia and internationally. This review was to help guide thinking on how the Office could best deliver positive change to the mental health and wellbeing of all Canberrans.
- A consultation paper, referred to as the Conversation Starter, was distributed to key stakeholders by ACT Health in August 2017, as the first step towards a targeted conversation with the community on the design of the Office.
- The results of the desktop review and the feedback from the Conversation Starter were provided to Synergia after their contract was signed to support their work.

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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 new service is scheduled to commence operations in May 2018 with a graduated roll-out of teams throughout 2018.

Key Information

- The following implementation actions have been undertaken since December 2017:
 - Circulation of the workforce plan consultation paper to staff and information sessions across the program;
 - Initial consultation with union representatives on the proposed workforce plan; and
 - A limited trial of the Access Assessment and Triage function in the City Mental Health Team.
- Workforce planning is well underway. The staff preferencing process will commence in late March 2018 with the expectation that the first round will be complete by mid-April 2018.
- Quality Improvement projects have commenced to allow pilot testing of each of the functions of the new MoC. This process will allow clinical and operational governance systems and referral pathways to be evaluated while maintaining a safe platform of service delivery.

Background Information – may not be suitable for public disclosure

- 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.
- In June 2014, then ACT Minister for Health was briefed on the need to embark on the development and implementation of a new ACMHS MoC.

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- The work on the new MoC is being 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.
- The Steering Committee has endorsed the ACMHS MoC which will soon proceed to a stage of public consultation.
- 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 & 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.

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ISSUE: AUDITOR GENERAL'S REPORT INTO MENTAL HEALTH SERVICES

Talking points:

- A private consultancy firm (Stret Pty Ltd) was engaged by the ACT Audit Office to conduct the audit of services provided by Mental Health, Justice Health, Alcohol and Drug Services (MHJHADS).
- The scope of the audit included the administrative arrangements and processes associated with the transitioning of adult clients between (to and from) acute mental health services and community mental health services.
- The audit process commenced in late 2016 and the final report from the Audit Office was provided to the Speaker of the ACT Legislative Assembly on 23 June 2017.
- The Government Response was tabled on 24 October 2017 and the Government agreed to all seven recommendations.
- ACT Health continues to action the recommendations in line with the timeframes as articulated in the Government Response.

Key Information

- The major components of the audit were:
 - random review of a number of clinical records held by MHJHADS;
 - review of relevant policy, procedural and other documentation; and
 - interviews with a range of staff (including clinicians, managers, other staff).
- ACT Health were provided with a proposed draft report on 2 June 2017 to allow the opportunity to verify the accuracy and completeness of information contained. ACT Health were able to provide additional information and comment on the interpretation of material, conclusions and practicalities of implementing proposed recommendations. MHJHADS provided feedback.
- The Audit Office made seven recommendations about:
 - Mental Health Services policies and procedures;
 - Records of communication with relevant parties;
 - Recovery planning;
 - Electronic clinical records;

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- Manual report procedures;
 - Suicide Vulnerability Assessment tool; and
 - Performance reporting
- The report contains negative comments related to:
 - Clinical Records Documentation practices by staff;
 - Policies and Procedure development and governance processes;
 - Staff compliance against policy statements; and
 - Data and Information management processes
 - The Audit report contains discussion about interpretation of the *Mental Health Act 2015* (the Act). Following analysis, consideration may need to be given regarding minor amendments to the Act to improve clarity of intent.
 - The Audit Office operates principally under the *Auditor-General Act 1996*, which defines the Auditor-General's mandate, responsibilities, powers and reporting requirements. The Audit Office supports the Auditor-General in undertaking audits of management performance and the financial statements of public sector bodies.
 - The Auditor-General and Audit Office have complete independence from government in determining the performance audit program, what to audit, how to audit and what to report.
 - The objectives of a performance audit are twofold. The first objective is to provide the ACT Legislative Assembly with an independent assessment of the quality of management of public resources. The second objective is to identify and promote better management practices.

Background Information – may not be suitable for public disclosure

- As part of the 2016-17 program of performance conducted by the ACT Audit Office, a review of mental health services and supports was undertaken. The objective of this performance audit was to provide an independent opinion to the Legislative Assembly on the effectiveness of the management of the transition process for adult clients who move between acute mental health services and community mental health services, as well as the transition from acute mental health services into the primary health and community sector.
- The scope of the audit included:
 - planning and discharge processes for clients transitioning from acute to community mental health services;
 - community mental health services administrative processes for managing and supporting clients;
 - information management systems for managing and supporting client transitions, including data collection and management arrangements; and
 - monitoring, review and evaluation mechanisms to support and enhance client transitions.

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ISSUE: BRIAN HENNESSY REHABILITATION CENTRE – FUTURE USE AND SUPPORTED ACCOMMODATION

Talking points:

- Many of the mental health rehabilitation services currently delivered at Brian Hennessy Rehabilitation Centre (BHRC) are planned to transition to the University of Canberra Hospital (UCH) upon its opening in mid-2018.
- The ACT Government has reinforced our commitment that BHRC will not close until all the residents have suitable, supported accommodation in the community.
- An options analysis completed in 2017 of the accommodation needs of long term BHRC residents identified gaps in the market for long term supported accommodation. Therefore, the Government has deferred the closure of BHRC while suitable accommodation can be sourced.
- The 2017-18 Budget included \$500,000 for minor works at BHRC as an interim solution.

Key Information

- ACT Health has submitted a business case for consideration in the 2018-19 budget for repurposing of the Extended Care Unit at BHRC for transitional supported accommodation.
- In November 2017, ACT Health provided a forward plan regarding both the future uses for BHRC, and improving access to community based supported accommodation options in the community.
- ACT Health are undertaking a cross directorate initiative with ACT Housing to explore options for long term residential accommodation for BHRC residents. This involves the construction of three houses for at least 12 people as well as live in support workers. One site in Florey has been identified for the development of the first of these supported accommodation houses.
- Plans are in progress for the transition of BHRC residents. Some will be transitioned to rehabilitation programs at UCH. The remainder will be transitioned to suitable accommodation in the community, supported by community sector organisations with specialist in-reach mental health care provided by MHJHADS clinical staff.
- From the end of February 2018, the beds at BHRC will be capped at 22 to prepare for the transition of residents to the UCPH or supported accommodation in the community.

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- BHRC staff continue to work with residents, their families and guardians to explore options for their successful transition to an appropriate level of supported care in the community.

Background Information – may not be suitable for public disclosure

- There are three different cohorts of residents at BHRC:
 - those in active rehabilitation;
 - those who are under a court order; and
 - those who need supported accommodation.
- MHJHADS staff have been actively working with residents and their families/carers to determine the type of ongoing support required by each individual resident.
- All residents at BHRC are likely to be 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.
- To date, advice provided by the National Disability Insurance Agency (NDIA) is that people with a psycho social disability would be unlikely to be deemed eligible to access Specialist Disability Accommodation (SDA) funding. SDA funding provides housing solutions and is for the dwelling itself; it does not cover support costs, which are assessed and funded separately under NDIS.
- Access to this fund through the NDIA is extremely limited and the challenge is to demonstrate that a person's psychosocial disabilities can be clearly addressed through a specific building design, as is the case for many people with physical disabilities.
- Concerns have been expressed by some of the families of residents of BHRC and the University of the Third Age community group about the lack of appropriate supported accommodation options for BHRC residents. These concerns will continue to be addressed through ongoing meetings and community forums.

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Lead Directorate: Health

ISSUE: Impact of NDIS in Mental Health Community**Talking points:**

- The National Disability Insurance Scheme (NDIS) commenced on 1 July 2014 and by October 2016, \$4.1 million of community mental health funding was transitioned to the NDIS. In this time, a total of 205 people in the ACT, formerly supported by ACT Health funded programs, were transitioned to NDIS packages.
- \$10.4 million of service funding agreements will continue to be provided by ACT Health for community sector mental health services, including Step Up Step Down, in home psychosocial support, mental health promotion, respite, advocacy, self-help support groups, counselling, as well as Aboriginal and Torres Strait Islander social and emotional wellbeing services.
- As part of the transition process it was recognised that there may be some people found ineligible for NDIS funding who may require access to other funding to meet their needs. A psychosocial disability support fund with recurring funding of \$500,000 was quarantined from the community sector growth funding in the 2015-16 ACT Budget to meet identified needs.
- ACT Health wrote to all relevant community managed organisations inviting them to identify individuals who may be eligible for this fund and to apply. To date, no requests have been received by ACT Health for psychosocial disability support funding from currently funded providers.
- The National Psychosocial Supports (NPS) Program was an agenda item at the Council of Australian Governments (COAG) meeting held on 4 August 2017. The purpose of this item was for Ministers to agree to proposed funding and implementation arrangements between the Commonwealth and States and Territories and determine the next steps to ensure establishment funding can be provided to Primary Health Networks (PHNs) from January 2018.

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Cleared by: Executive Director Ext: x79143
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Lead Directorate: Health

TRIM Ref:

- ACT Health remains in negotiation with the Commonwealth Government about the National Psychosocial Support Measure Bilateral Agreement and how it will operate in the ACT. Once the Bilateral Agreement is signed then the details of the program will be negotiated between ACT Health and the Capital Health Network, before becoming active.
- On 9 October and 15 November 2017 the ACT Government, represented by ACT Health, participated in the meetings of the National Psychosocial Support Working Group (NPSWG) to progress the work of the NPS Program. The Commonwealth Government will provide \$80 million nationally over four years for psychosocial disability support. This \$80 million will require matched funding from States and Territories in order to be accessed.

Key Information

- ACT Health is currently in negotiations with the Commonwealth about establishing a bilateral agreement to address funding for psychosocial needs.
- Commonwealth funding rules (see below) indicate that the ACT won't have to 'top-up' funds, as the \$500,000 of psychosocial disability support funding provided by ACT Health is sufficient for population based distribution of the measure.

Background Information – may not be suitable for public disclosure

- The 2017-18 Commonwealth Budget provided \$80 million over four years for community mental health services – otherwise known as psychosocial support – to assist people with severe mental illness resulting in psychosocial disability who are not eligible for the NDIS. This measure is known as the National Psychosocial Support Program.
- The measure initially required the commitment of 'new funding' to be provided by jurisdictions. However, parameters have since been broadened and existing funding allocated for this purpose post NDIS transition will also count towards this initiative.
- The NPSWG have drafted a paper for the COAG Health Council for endorsement of the following:
 - definition for psychosocial support funding;
 - funding distribution model; and
 - clarity on the requirements for States and Territories to receive Commonwealth funding.
- The definition of psychosocial support funding is:
 - supports and services that are purchased to work in partnership with individuals who are significantly affected by severe mental illness with associated psychosocial impairment who are not eligible for NDIS.

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TRIM Ref:

- Funding distribution method:
 - the agreed option was for unweighted distribution based on population spread only. As opposed to a weighted distribution based on population spread, with moderate weighting for Indigenous and socio economic status (as well as rurality).
- Conditions to receive Commonwealth funding:
 - jurisdictions will need to demonstrate that they have invested additional psychosocial funding (i.e. an increase compared to pre-NDIS transition arrangements) sufficient to match the proposed NPS Program allocation for their jurisdiction; and
 - if a jurisdiction is not able to demonstrate that they have invested additional psychosocial funding sufficient to match the proposed NPS Program allocation, then they will need to “top-up” their funding to meet the NPS Program allocation for their jurisdiction.

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TRIM Ref:

ISSUE: Service Funding Agreements for Community Organisations

Talking points:

- ACT Health contracts a significant amount of services from Non-Government Organisations (NGO). This strategy enables the delivery of specific services to the ACT community, assisting people to stay well and easing the pressure on our public hospitals.
- In 2017-18, ACT Health will provide more than \$42 million in funding to NGOs, of which \$10.3 million is provided to NGOs to deliver community based mental health services.

Key Information

- ACT Health contracts mental health services with the community sector in the following domains:
 - step-up step-down residential;
 - in-home psychosocial support;
 - mental health promotion;
 - mental health respite;
 - mental health advocacy;
 - self-help support groups;
 - counselling; and
 - Aboriginal and Torres Strait Islander social and emotional wellbeing.
- The future administration of mental health contracts between ACT Health and community managed organisations will be subject to the finalisation of the role and scope of the Office for Mental Health.
- The *Territory-wide Health Services Framework 2017-27* (TWHSF) will shape the direction of ACT Health and outline the kinds of services and care that are needed to support the ACT community into the future. The TWHSF and its related documents will be key strategic documents for ACT Health will inform all work undertaken, including the procurement of services.
- Every service ACT Health delivers, or contracts to deliver, will need to be aligned with the *TWHSF*. This will be a methodical process over time and involve discussions with the wider mental health sector.

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TRIM Ref:

Background Information – may not be suitable for public disclosure

- In 2017, ACT Health developed the TWHSF to ensure that best health care services are delivered across the Territory in an efficient, sustainable and innovative way.
- On 22 January 2018, the Director General of ACT Health facilitated a forum for NGOs with updates about the TWHSF.
- Another forum for NGOs was held on 16 March 2018.

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Lead Directorate: Health

TRIM Ref:

ISSUE: EATING DISORDER SERVICES IN THE ACT

Talking points:

- The ACT Health Eating Disorder Program is committed to providing services to young people and their families in a timely manner. The program provides treatment in community settings, and when required, to inpatients.
- When a patient with an eating disorder requires inpatient treatment, they are usually admitted to either the Paediatrics Ward at the Centenary Hospital for Women and Children, or an inpatient mental health ward at Canberra or Calvary Hospital, depending on the age and individual medical and psychiatric needs of the person.
- Thankfully, admission to a specialised eating disorder in-patient unit is rarely required. In cases where admission to a specialised eating disorder in-patient unit is required, ACT Health liaises closely with interstate services to arrange appropriate treatment, and ensure continuity of care. ACT Health has well-established pathways to ensure that care is appropriately coordinated.

Key Information

- ACT Health also provides:
 - assistance to GPs through direct contact with individual practices and ongoing sector collaboration with the Capital Health Network (CHN); and
 - a GP Psychiatry Phone Consultation service, which gives GPs access to timely advice for non-urgent issues, to support their treatment and care of people with mental health issues.
- In March 2018, waiting times to enter the MHJHADS Eating Disorder program range from four to ten weeks, dependent on clinical urgency, taking into consideration factors such as severity of illness, capacity to access other services, and impact of eating disorder on overall functioning and age.
- Part of the intake process involves supporting patients and families to consider all available support and treatment options while waiting to access the program.
- It is important to note that there are a number of private practitioners who treat eating disorders, and can be accessed through a mental health plan, which is available with many private insurance policies.

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Lead Directorate: Health

Background Information – may not be suitable for public disclosure

- Since January 2016, three young people have been transferred to Sydney for inpatient care for related to an eating disorder. There are currently no plans to open a specialised eating disorder inpatient unit in the ACT.
- On 5 March 2018, there were 29 people in the eating disorders program.

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ISSUE: Mission Australia Report on Youth**Talking points:**

- The Mission Australia Annual Youth Survey Report was released in December 2017. Each year, these reports aim to provide a yearly snapshot of how the nations young people, aged 15-19, feel about their own lives and broader national issues.
- For the first time in the survey's sixteen year history young people identified mental health as the most important issue in Australia today. Concerns about mental health have doubled since 2015 and tripled since 2011. Nationally, mental health was the top concern with 33.7 percent of young people considering it the most important issue in Australia today. The results from the ACT echoed the national concerns, with 30.1 percent of respondents stating that mental health was a major issue facing Australia today.
- Nationally many of the personal concerns reported by young people relate to their own mental health, including coping with stress, body image and depression.
- The top four issues of concern for young people from the ACT were associated with their mental health and wellbeing: coping with stress; school or study problems; body image; and depression.
- The ACT Government recognises the importance of good mental health, the importance of investing in prevention and promotion of support services and also in the need to provide coordinated and accessible services to those in our community who need help, particularly for young people.
- In the 2017-18 Budget the ACT Government committed more than \$3 million to youth-focused mental health initiatives. This funding includes expanding counselling services for children, improving hospital-based services for young people, and providing more support to community providers such as headspace to deliver early intervention programs. Additionally, Menslink will receive \$100,000 from ACT Health over 2017-18 and 2018-19 to provide support to counselling for schoolboys aged 10-12 years.

Cleared as complete and accurate: 05/02/2018
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Lead Directorate: Health

- This report highlights the need for the continued support and development of youth mental services in the ACT. The ACT Government has demonstrated its readiness to address mental health issues such as this in the ACT through the establishment of the portfolio for Minister for Mental Health and the Parliamentary Agreement, which outlines young people's mental health as a priority.

Key Information

- The top three issues of concern for young people from the ACT were coping with stress, school or study problems and body image, with depression being the fourth major concern:
 - 48.6 percent of respondents from the ACT indicating that they were either extremely concerned (21.9 percent) or very concerned (26.7 percent) about coping with stress.
 - 38.3 percent of young people were concerned about school or study problems (extremely concerned: 15.9 percent; very concerned: 22.4 percent).
 - Body image was also an important issue of concern for 33.3 percent of respondents (extremely concerned: 14.2 percent; very concerned: 19.1 percent).
 - Approximately one in four respondents were either extremely concerned (11.5 percent) or very concerned (13.1 percent) about depression.
- In the ACT the three most commonly cited barriers to young people's post-school goals were academic ability, mental health and admission/job requirements (21.6 percent, 16.6 percent and 14.5 percent respectively).
- The proportion of people in the ACT who reported mental health as a barrier was higher than the national average of 13.2 percent. Additionally more than double the proportion of females than males reported mental health and admission/job requirements as a barrier, which may impact on the achievement of their study/work goals after school (23.0 percent compared with 9.8 percent and 20.1 percent compared with 8.9 percent, respectively).

Background Information – may not be suitable for public disclosure

- The Mission Australia Youth Survey Report 2017, provides an important understanding of the aspirations, values, concerns and ambitions of young people in the ACT and nationally.
- The 2017 survey was distributed nationally through schools and organisations. A total of 24,055 young people, aged 15-19, responded nationally with 745 of those responses coming from the ACT.

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- The 2016 Mission Australia and Black Dog Institute Youth Mental Health Report stated of the 22,000 young people, aged 15-19 years, who responded to the 2016 Youth Survey that just under one in four met the criteria for having a probable serious mental illness. The Kessler Six (K6) psychological distress scale was used in 2016 Youth Survey to evaluate the levels of psychological distress in young people. Responses to the K6 were used to classify respondents into two groups – those with a 'probable serious mental illness' and those with 'no probable serious mental illness'. The K6 psychological distress data was not included in the Mission Australia Youth Survey Report 2017.
- In addition to the Youth Survey Report 2017, Mission Australia also published a Youth Mental Health and Homelessness Report 2017 (Homelessness Report) in August 2017. This report considered the responses to the 2015 Youth Survey from 15-19 year olds to look at a number of factors which may increase a young person's vulnerability to homelessness. While this report does not break down its responses by jurisdiction there are still some interesting results from the ACT perspective.
- The Homelessness Report found that young people with a probable serious mental illness are 3.5 times more likely to spend time away from home, due to feeling unable to return, than young people without a probably serious mental illness.
- The Homelessness Report uses this as an indicator of couch surfing behaviour, which is a known risk for future homelessness and is defined as secondary homelessness.
- The Homelessness Report suggests that these findings demonstrate the strong links between youth homelessness and mental illness. These are important findings for the ACT and underline the importance of providing quality mental health services to young people.
- It is important to note that the Mission Australia Youth Survey 2017 is a self-reported concern and experience survey and may not represent the actual prevalence of diagnosed youth mental illness. The most recent Australian Child and Adolescent Survey of Mental Health and Wellbeing, conducted in 2013–14 showed that almost 1 in 7 young people aged 4–17 (13.9 percent) met the clinical criteria for 1 or more mental disorders in the previous 12 months.

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TRIM Ref:

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 12 bed child and adolescent mental health unit. ACT Health has commenced preliminary work on the new unit, which has an estimated completion date of 2022.
- In the meantime, the Perinatal Mental Health Consultation Service (PMHCS) expanded in November 2017 to improve specialist psychiatry services for new Canberra mothers, and the Child and Adolescent Mental Health Services (CAMHS) Consultation Liaison Services extended its services to seven days a week in January 2018.
- 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.
- headspace Canberra is a youth mental health service primarily funded through the Australian Government. headspace offers assistance to young people 12-25 years of age with emerging mild to moderate mental health and/or substance use problems as well as their family and friends. headspace Canberra provides innovative evidence-based early intervention services for young people residing in the ACT.

Key Information

- 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 Child and Adolescent Mental Health Service (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.

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- The clinical preference for adolescents is community based care. Mental illness is a distressing and frightening experience for many young people. Engagement with treatment is more likely if it is delivered in an environment where they feel most comfortable, surrounded by family and friends. The CAMHS community teams provide comprehensive assessment and clinical management for children and young people with moderate to severe mental health issues.
- Dependent on diagnostic criteria, and level of safety risk to themselves and others, young person 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 the CAMHS team to ensure appropriate developmental and therapeutic approaches are taken in order to support the young person and their family.
- 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. There were 12 young people in 2016 and three young people in 2017 transferred to interstate facilities.
- 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. In 2017 the program was delivered at two primary schools, Lyons and Narrabundah Primary.
 - 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. Headspace Canberra is a Commonwealth funded consortium of government and non-government service providers, including CAMHS.
 - As part of that consortium, CAMHS provides in-kind support to Headspace Canberra in the form of a part time liaison mental health clinician and a part time consultant psychiatrist. These staff provide consultation to Headspace staff, psychiatric review, diagnosis, treatment and medical options.
- 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

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headspace to enhance its clinical capacity and reduce wait times for early intervention mental health services.

- Through this new funding headspace Canberra are now delivering ‘onespace’ sessions for young people aged 12-25 that focus on the young person’s current needs and concerns.
- onespace sessions will provide young people and their family and friends an additional service stream that will be 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 will be provided by Allied Health Professionals from ACT Government funding and will be offered to young people and their family and friends requiring low to moderate support as a therapeutic option.
- A high performing and well-resourced headspace in the ACT benefits ACT Health, enabling young people to seek care earlier and reduce demand on ACT Health’s mental health services. It enables ACT Health to ‘transition’ young people during their recovery where clinically appropriate, ensuring that ACT Health services can focus on those efforts on the more severe end of the spectrum.

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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.
- In response to the workforce challenges within MHJHADS a divisional workforce committee is overseeing the development of a Workforce Strategy. A number of initiatives have been undertaken including:
 - active recruitment in both mainstream and electronic media as well as professional journals with a direct line contact officer to handle employment enquiries;
 - the development of a successful recruitment campaign for the commissioning of the rehabilitation beds in Dhulwa Mental Health Unit;
 - the continuation of the post graduate mental health nursing scholarship program with the University of Canberra and the provision of adequate levels of clinical support to assist in retention;
 - the creation of a psychology registrar program directed at improving the ability of MHJHADS to recruit psychologists who have full registration as a psychologist and have completed an approved psychology Masters or Doctorate degree in psychology;
 - new Graduate Nursing and Allied Health programs that ensure new graduates receive appropriate levels of support and ongoing training;
 - the promotion and support for clinical supervision for all disciplines; and
 - the adoption of intern psychologist placements with appropriate support and training as well as the use of Attraction and Retention Initiatives (ARIs) to assist retention of senior psychologists.

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- The specific challenges that are being addressed in the divisional workforce committee are:
 - recruitment of experienced forensic health professionals;
 - attraction of Child Psychiatrists to Canberra, which is also a national workforce issue; and
 - a new initiative seeking the employment of 20 psychologists in ACT schools may have an impact on the retention of psychologist within MHJHADS as they seek to apply for those positions due to more attractive salary and leave provisions.
- 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.

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.
- A number of initiatives have been undertaken by the divisional workforce committee including:
 - active recruitment in both mainstream and electronic media as well as professional journals;
 - commencing analyses of workforce shortages in other public mental health services to improve understanding of the contributing factors in recruitment and retention difficulties;
 - developing a proposal for an Attraction and Retention Incentive for newly and currently employed senior medical officers, to improve competitiveness against the awards and conditions of other jurisdictions;
 - keeping existing psychiatry staff informed about recruitment efforts and progress and practical measures to improve work efficiency such as the purchase of voice activated software for clinical documentation and correspondence. The ACT is not alone in experiencing difficulty in attracting senior medical staff into both the public and private sectors of mental health care. Both sectors have had difficulties in retaining consultant workforce; and
 - considering the Victorian Psychiatric Workforce plan, as a possible framework for an ACT-specific plan.

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- 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.
- The Working Group will develop a strategic plan which takes account of recruitment and retention strategies; projected population needs; workforce numbers and sub-specialty skill mix (informed by currently available planning tools); and local factors that are having an impact upon recruitment and retention of psychiatrists within the ACT public mental health system. The Working Group has agreed to consider the Victorian Psychiatric Workforce plan, as a possible framework for an ACT- specific plan.
- In addition to the Working group, the Office of the Chief Psychiatrist is working with a number of recruitment agencies to recruit to locum and permanent staffing positions, with the aim of improving staffing to levels that allow continued safe clinical care and reasonable access to leave for staff.

Background – may not be suitable for public disclosure

- Current mental health workforce recruitment activity is as follows:
 - Two senior registrars are expected to achieve College Fellowship and registration as specialists by the end of March 2018. They will then commence work in the AMHU.
 - Two consultant positions in Older Persons Mental Health Service are expected to be offered this month. If accepted both doctors are likely to commence by mid year.
 - Two consultant applicants for positions in the Forensic Mental Health Service have been interviewed and deemed suitable. One will be need to be employed via the Area of Need (overseas) pathway which can take 12 -18 months to complete. At this point it is unclear if the second applicant will accept a position when it is offered this month.
 - Two Child and Adolescent staff specialists were recruited under Area of Need in 2017 are anticipated to arrive by mid-2018. They will work in Child and Adolescent Mental Health Services (CAMHS).
 - 1.2 FTE Career Medical Officers in psychiatry have commenced with one providing psychiatry services in the ED and the second in CAMHS.
 - A new Clinical Director for Primary Health, Justice Health Services will commence on 19 March 2018, replacing the incumbent.
 - Recruitment of a new Staff Specialist in addiction medicine will commence by the end of March 2018.

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- Candidates for a consultant position in Primary Health, Justice Health Services are being interviewed in March 2018.
- Candidates for the Clinical Director for the Aboriginal Health position are being interviewed in March 2018.
- Recruitment of the Chief Psychiatrist has been finalised. The person will commence in August 2018 pending Cabinet approval.
- 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, allowing for an employment notice period, registration, medical credentialing requirements and international relocation;
 - interstate applicants take three to six months to place, allowing for an employment notice period and relocation; and
 - local applicants take six to eight weeks to place, to allow for an employment notice period.

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ISSUE: CORONIAL INQUEST INTO SUICIDES AT CANBERRA HOSPITAL

Talking points:

- The ACT Government has sincere sympathy for the families and friends of people who have committed 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 are committed to improving the services we provide to the community and the processes we have in place 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 will investigate these deaths together in one inquest. The ACT Government Solicitor (ACTGS) is representing the Territory.
- The dates reserved for the inquest are 10-13 and 17-20 April 2018, and 1-4 May 2018.

Background Information – may not be suitable for public disclosure

- ACT Health staff attended a directions hearing on 13 October 2017 which was predominantly procedural. Counsel Assisting the Coroner advised the Court that the dates and processes had been discussed with the families of the people whose deaths are the subject of the inquest, and that there will continue to be communication with them throughout the process. ACT Health understands that the families are in agreement with the timeframes.
- Coroner Hunter and legal representatives attended a site visit at the Adult Mental Health Unit on 10 November 2017 with the ACTGS in attendance. The purpose of the site visit was for Coroner Hunter to develop a better understanding of the environment where two of the deaths occurred.
- On 22 February 2018, a further directions hearing was held, which was predominantly procedural and confirmed the draft witness and issues list.

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**ISSUE: PHILLIP MOSS REVIEW AND THE HEALTH SERVICE
COMMISSIONER INITIATED REVIEW****Talking points:**

- On 10 November 2016, the report of the Independent Inquiry into the Treatment in Custody of Mr Freeman (the Moss Report) was publically released by me in my capacity as the Minister for Corrections. The Government's response to the Inquiry was tabled in the ACT Legislative Assembly on 16 February 2017.
- Eight of the nine 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 Report. The last meeting occurred on 13 February 2018.
- ACT Health has worked with JACS 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.

Key Information

- One of the recommendations was a commission-initiated consideration of matters relating to delivery of health services within the Alexander Maconochie Centre (AMC), including methadone prescription.
- In December 2017 and February 2018, the Health Services Commissioner provided a draft copy of the Opioid Replacement Treatment Program report to ACT Health for feedback. ACT Health provided feedback to the Health Services Commissioner on both drafts. The Health Services Commissioner's report was publicly released on 9 March 2018.
- 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;

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- 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.

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ISSUE: AMC MEDICATION ERRORS – DECEMBER 2017

Talking points:

- Following a report of five overdose cases of detainees at the Alexander Maconochie Centre (AMC) Canberra Hospital requested a review of the five cases as well as a medication audit more broadly in the AMC, of the general prescription of quetiapine and clonazepam (brand name Rivotril, used to treat seizure disorders)
- The report has been finalised and includes five recommendations to help reduce the likelihood of future incidents of this nature.
- On 28 February 2018, Justice Health Services (JHS) and ACT Corrective Services (ACTCS) met to discuss the report, the identified issues and the recommendations, and have agreed on a way forward.

Key information

- The five recommendations are:
 1. Consider the installation of personal lockable lockers in each detainee's room to increase the security and safety around self-managed medications and consequently decrease the ability for other detainees to take medications that are not prescribed for them.
 - Action - ACTCS will review viability and benchmarking.
 2. JHS continue to complete Self Medication Risk Assessments on all detainees prior to deeming a detainee suitable to self-manage their own medications.
 - Action – completed. The self-medication program offers suitable people the opportunity to be actively involved in their health care while in a custodial setting. The procedure outlines the process for risk assessment, which medications are safe to be included in the program and what to do when a detainee uses their medication in any manner other than as prescribed.
 3. ACT Health and ACTCS maintain vigilance and reinforce protocols around the observation of detainees that are on supervised medications in order to minimise inappropriate medication use wherever possible.
 - Action – this has been reinforced with JHS and ACTCS Staff. ACTCS have recently updated the related procedure and continue with education, training and support of all custodial staff.

Cleared as complete and accurate: 02/03/2018
Cleared by: Deputy Director-General Ext:42728
Contact Officer Name: Bruno Aloisi Ext:51313
Lead Directorate: Health

4. ACT Health, particularly Canberra Hospital Pharmacy, should support clients at the AMC in understanding the importance of “Safer Prescribing” and the risks of trafficking contraband or unknown substances.

- Action - Pharmacy is assessing resources on how to provide supports for detainees around health literacy, safe medication use and appropriate health decisions.

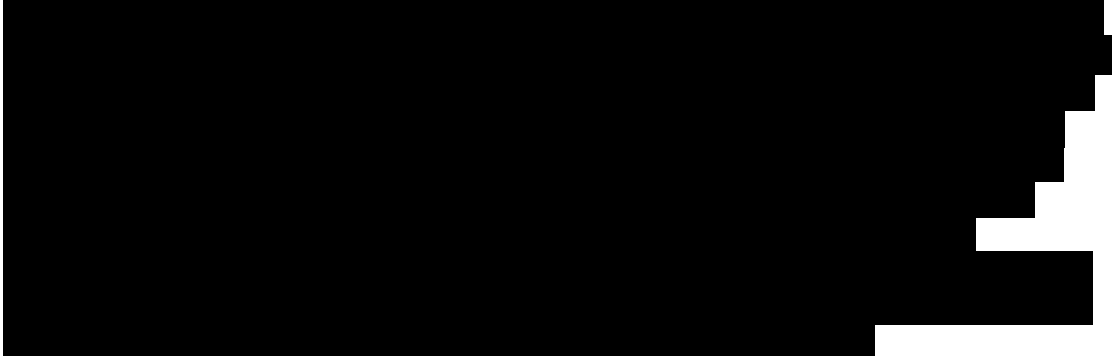
5. Wherever possible, ACTCS should continue to share drug interdiction information on two levels:

- De-identified – so that systematic improvements to the JHS medication distribution system can be undertaken, and
 - Identified – so that targeted health education programs around medication safety can be offered.
- Action - ACTCS have invited JHS to security meetings in order to share relevant security information including identification of illicit substances. JHS review detainee medications based on evidence provided by ACTCS and where required counsel detainees about appropriate medication use. JHS also shares relevant information with JHS related to inappropriate medication use.

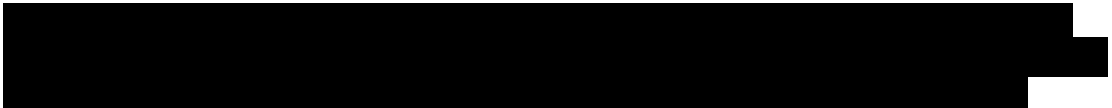
Background information - may not be suitable for public disclosure

- On 30 December 2017, the Canberra Times reported on a ‘spate of drug overdoses’ inside the AMC over the Christmas period but did not identify any specific medications or drugs involved.
- Further media requests in January 2018 from the same Canberra Times reporter suggested that the drug pregabalin (brand name ‘Lyrica’, used to treat pain) and quetiapine (brand name “Seroquel, used to treat severe and chronic mental health conditions) were ‘popular’ contraband items as identified on the AMC’s contraband register.

Incident 1

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Incident 2

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Lead Directorate: Health

[REDACTED]

Incident 3

- [REDACTED]

Incident 4

- [REDACTED]

Cleared as complete and accurate: 02/03/2018
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ISSUE: HEALTH SERVICE COMMISSIONER – INITIATED REVIEW INTO HEALTH SERVICES AT THE ALEXANDER MACONOCHIE CENTRE

Talking points:

- The Health Services Commissioner, Ms Karen Toohey, has completed a Commission initiated consideration of the provision of health services within the AMC. The review considered the operation of the Opioid Replacement Therapy (ORT) program at the AMC as recommended by the Moss Review.
- The report focuses on a number of aspects of the 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
 - Through care and transition to ORT in the community.
- Of the report's 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.
- The Government will table its response to the report in the Assembly in June.
- ACT Health will work collaboratively with ACT Corrective Services on the progression of the the joint recommendations.

Key Information

- In December 2017, the Human Rights Commission (HRC) provided a copy of its draft report of the ORT program at the AMC to ACT Health as part of limited confidential distribution to a small number of key stakeholders. The draft report was also provided to other stakeholders for feedback.

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- In January 2018, ACT Health provided feedback to the HRC on the draft report. The feedback included comments that the draft report was a balanced and objective assessment of the current practices of the ORT program at the AMC.

Background

- In February 2018, ACT Health was provided with a further draft report for review, following reports of a methadone medication error at the AMC.
- ACT Health was formally notified that the HRC was conducting a review of health services at the Alexander Maconochie Centre (AMC) on 15 February 2017.
- As part of this process, the HRC visited the AMC on 28 March 2017 and 4 April 2017. These visits were supported by the ACT Health and Justice and Community Safety Directorates.
- During these visits the HRC observed medication administration by nurses, including the new electronic methadone administration system, iDose, interviewed detainees and staff, and reviewed health records.
- ACT Health complied with HRC requests for various documents from ACT Health about opioid replacement therapy, primary health care services and mental health services.

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**ISSUE: SUICIDE AND CONTRIBUTING FACTORS IN THE ACT –
REPORT 2014-16**

Talking points:

- Any death by suicide is one too many. We can all play a role in preventing suicide by reducing the stigma around suicide and encouraging those around us to seek help when they need it.
- In 2013, ACT Health commissioned the *Report 2014-2016: Suicide and Contributing Factors in the ACT* (the Report) on suicide and contributing factors in the ACT population.
- The Report was developed between 2014-2016.
- The Report explores the impact of suicide on the community from the point of view of people who have a lived experience of suicide. The Report did this through interviews with clinicians and people with lived experiences of suicide.
- The Report was commissioned to inform suicide prevention policy making. It is not an investigation into services. The Report was not intended to point out successful interventions or policies. Rather, the Report highlights the impacts of grief and some of the challenges with the coronial process.
- 280 were identified to have died in the ACT as a result of suicide over an eight year period, from 2006-2013. This data was sourced from the National Coronial Information System.
- ACT Health aimed to publically release the report in December 2017. ACT Health accepted community requests for the release of the report to be delayed until after Christmas 2017.
- Further delay occurred when advice was sought from the Office of Research about whether or not the Report complies with all of the relevant ethics standards.
- There were also timeline issues around trying to contact participants of the Report, as well as addressing privacy and confidentiality issues.

Cleared as complete and accurate: 05/03/2018
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- Based on the advice from the Office of Research the Report will not be released due to concerns about privacy and confidentiality. ACT Health is currently finalising a summary of the Report so that the key findings can be shared with the ACT community.
- The ACT Government recognises the impact suicide and mental illness can have on people in our community. That is why we have created a dedicated ministerial portfolio for Mental Health, and are in the process of establishing an Office of Mental Health.
- A key priority identified for the Office for Mental Health will be suicide prevention.
- ACT Health has engaged the Black Dog Institute to introduce the LifeSpan project from 2018-19. The LifeSpan project is a whole of system, evidence based project, which aims to understand suicide and its causes, to better develop prevention activity.

Key Information

- The Report was initially funded from the community mental health growth budget in 2013-14 (\$75,000) and from an identified suicide prevention budget in 2014-15 (\$77,775).
- In the Report, the researchers analysed many years of coronial information to locate all Canberrans who died of self-inflicted injury over a particular period.
- The Report provides an insight into suicide in the ACT and some of the differences between the ACT and other jurisdictions in a snapshot of the Territory between 2006 and 2013.

Background Information – may not be suitable for public disclosure

- [Sensitive] Participants were not informed that their stories would be included in a public report.
- [Sensitive] It was discovered that research consent processes may not have been correctly followed through the process of trying to locate participants in the research, to prepare them for its public release.
- [Sensitive] The researchers involved in the report have not been able to be contacted to confirm their research processes because they no longer work for ACT Health nor the Australia National University. Additionally, for this reason, research records were unable to be accessed.
- [Sensitive] The Office of Research in ACT Health has advised against releasing the report because of the questions surrounding the consent processes.

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- [Sensitive] The entirety of the Final Report has not been approved for public release due to the following reasons:
 - Identifiable information pertaining to the small number of participants is not suitable for release;
 - Service data has not been approved for release due to limited data integrity;
 - The Report does not propose to provide a comprehensive conclusive understanding of the core issues and does not provide robust methodology to draw reliable conclusions as a stand-alone analysis;
 - The nature of the report varies from the original Ethics approval for the research activity; and
 - The report was incomplete in a number of content areas .

Cleared as complete and accurate: 05/03/2018
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TRIM Ref:

ISSUE: The Way Back Support Service in the ACT

Talking points:

- The Way Back Support Service ACT Trial (Way Back) is a non-clinical, time-limited (up to three months), assertive follow-up service for people who have attempted suicide.
- Way Back, was designed by beyondblue and funded in the ACT by the ACT Government. Way Back, has been designed to provide follow up support for people who have attempted suicide. However, subject to service demands, the trial may extend service to people who have experienced a suicidal crisis.
- The purpose of the trial is to develop a model of service that prevents further suicide attempts by assisting people to access appropriate supports and education.
- A local service provider, Woden Community Service (WCS), has been engaged by beyondblue to deliver Way Back in the ACT.
- Client intake commenced in October 2016.
- Referrals to the service primarily come from the Canberra Hospital Emergency Department, the ACT Mental Health Crisis Assessment and Treatment Team and the Calvary Hospital Emergency Department.
- Way Back reports a high level of demand for a follow up service in the ACT. Preliminary data indicates that 118 people were successfully engaged with the service between November 2016 and November 2017.
- In recognition of the high level of demand, in February 2018, ACT Health provided \$65,000 of additional funding to beyondblue. This increase in funding provides for an additional 1 FTE support co-ordinator for the six month period leading up to the end of the current trial in October 2018.

Cleared as complete and accurate: 05/03/2018
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TRIM Ref:

Key Information

- The trial of the ACT Way Back Support Service concludes in October 2018. However, Woden Community Service (WCS) will cease taking on new clients from June 2018 to allow for the 3 month after care service period.
- ACT Health's funding commitment has been:
 - (2015-2018) trial project funds - \$446,000
 - (2016-17) research and development funding - \$250,000
 - (2017-18) one-off payment to provide extra resourcing for the remainder of the life of the trial - \$65,000
- In the 2017-18 Budget, an additional \$250,000 was committed to additional suicide prevention/postvention services in the ACT.

Service description

- The Way Back service has been designed to be scaled up nationally. In addition to the current three trial sites in the ACT, NSW, and NT, additional Commonwealth funded sites will be announced over the course of 2018.
- Way Back support coordinators provide follow-up support to people for up to three months after a suicide attempt or suicidal crisis.
- Following consent and referral by hospital staff, support coordinators contact the client as soon as possible and work with them to negotiate and implement a safety plan that strengthens their mental health and promotes recovery.
- Support coordinators keep in touch with clients via a range of approaches tailored to suit the individual's needs and preferences. This may include phone, email, SMS, and/or face-to-face contact.
- With the client's consent, the Way Back service provides family members and supporters with suicide prevention information and resources to help them better understand the experiences of their loved one and how to support them in their recovery.
- Family members and supporters also receive advice on how to look after their own mental health and wellbeing.
- Support coordinators liaise closely with clinical services that may be part of the client's care. If suicidal behaviour escalates, the support coordinators facilitate access to specialist psychiatric care, Emergency Department contact and/or admission to mental health inpatient units.
- Funding of the Way Back trial aligns with the ACT Government's 2016 Election commitment to trial Black Dog's LifeSpan program.
 - LifeSpan will provide for a system-wide approach to suicide prevention using nine strategies to prevent suicide tailored to suit the ACT.
 - Way Back complements LifeSpan's first of nine strategies, which is to 'improve emergency and follow-up care available for suicidal crises'.

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- The Way Back trial 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 (element 4) – promote increased access to services for those vulnerable to suicidal behaviours and remove barriers to care; and
 - treatment (element 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 also aligns with the current Parliamentary Agreement commitment related to suicide reduction.

Way Back Research and Development Funding

- The 2016-17 research and development funding of Way Back provides:
 - Component One: (\$80,000) This component focuses on developing processes and systems to collect accurate and reliable hospital ED data on suicide attempts and people presenting amidst a suicidal crisis.
 - This research is being conducted by the Nous Group.
 - ACT Health has provided relevant data to the Nous Group.
 - A final report will be delivered on 30 June 2018.
 - Component Two: (\$119,549) This component focuses on developing tools, processes and systems to collect accurate and reliable information on client outcomes (clinical and non-clinical) and their satisfaction with The Way Back.
 - This research is being conducted by the Australian National University.
 - A draft client survey/measure is to be developed based on this analysis.
 - A Final Report and survey/measure will be delivered on 30 June 2018.

Background Information – may not be suitable for public disclosure

- [Sensitive] ACT Health has submitted a brief for your consideration that will suggest options for the remaining \$185,000 (from the \$250,000 commitment in 2017-18).

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