

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 297 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 one question time brief 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.



Jodie Junk-Gibson
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ACT Health Directorate

4 July 2023

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ISSUE: ACCREDITATION

Talking points:

- The Australian Commission on Safety and Quality in Health Care introduced the National Safety and Quality Health Service Standards (National Standards) framework as part of the Australian Health Service Safety and Quality Accreditation Scheme in 2013.
- The Standards are designed to assist health service organisations to deliver safe and high quality care. They aim to:
 - reduce patient harm
 - provide a nationally consistent set of quality and safety measures, and
 - ensure a minimum standard of patient care delivered by health services across Australia.
- The Australian Council on Healthcare Standards (ACHS) conducted an organisation wide reaccreditation 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).
- This process involves awarding either a 'satisfactory met' or 'not met' to the actions within the National Standards.
- A formal and detailed report from ACHS Surveyors will be received by ACT Health approximately three weeks after the completion of the survey.
- If ACT Health receives a 'not met' against any of the actions, ACHS will provide ACT Health a remediation period of 90 days to address the Not Met Core Actions. Remediation is an opportunity for continual quality improvement, with activities implemented to improve the quality and safety of care provided.

Cleared as complete and accurate: 05/04/2018
Cleared by: Deputy Director-General Ext: 77880
Information Officer name:
Contact Officer name: Josephine Smith Ext: 50095
Lead Directorate: Health

TRIM Ref: GBC18/221 (COR18/5231)

- ACT Health is accredited against the National Standards until 13 July 2018.
- Accreditation is a point in time assessment, work continues across the organisation to ensure ACT Health continuously improves the quality and safety of person-centred care.
- To further support ongoing staff awareness of accreditation requirements and their safety and quality roles and responsibilities, ACT Health formally launched ACT Health's Quality Strategy on 15 March 2018. This strategy has been developed with the quality ambition for ACT Health to be recognised as a high performing health service that provides person-centred, safe and effective care.

[If asked about the Not Met Report]

- ACT Health is yet to receive the final National Standards accreditation outcome report from ACHS.
- However, I understand that ACT Health has only recently received an interim 'Not Met' report which provides recommendations for improvements against a number of National Standards actions. ACT Health will brief me on this report over the coming days.
- ACT Health and I as Minister take these matters very seriously. We are not waiting for a final report, and work has commenced to attend to any matters raised in the interim report.
- I am advised that ACT Health is in the process of finalising an Action Plan responding to the matters raised in the interim report.
- ACHS provides ACT Health a remediation period of 90 days to address any Not Met Core Actions. Can I reiterate that this remediation process is an opportunity for continual quality improvement.
- Once the formal and detailed report is received from ACHS, I will provide the Assembly with further advice on the outcomes of Accreditation.

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TRIM Ref: GBC18/221 (COR18/5231)

- Can I reiterate that Accreditation is a point in time assessment. As any hospital and health system should, work continues across the organisation to ensure ACT Health continuously improves the quality and safety of person-centred care.

Key Information

- The ACHS surveyors presented an “Accreditation Summation” session to ACT Health staff on 23 March 2018. This gave clinical and operational staff an overview of what might be expected in the final survey report.
- At summation, the surveyors provided a brief overview of their findings against each action, highlighting areas of excellence including the ACT Health Quality Strategy, the positive patient centred care delivered to regional patients through the Renal telehealth service, and the rapid person centred care provided to unwell oncology patients through the Rapid Assessment unit in radiation oncology
- Surveyors also identified challenges and areas for improvement in regards to the corporate and clinical governance of ACT Health highlighting the launch of the Quality Strategy as key to enhance ACT Health’s focus on safety and quality of person-centred care.
- ACHS will submit a formal report to ACT Health in the coming weeks. The outcomes will be used continually drive quality and safety improvements in the health service.

Background Information – may not be suitable for public disclosure

- ACT Health has received the ACHS Accreditation Not Met Actions Report on 4 April 2018 detailing the 33 core actions assessed as ‘Not Met’ within the following Standards:
 - Standard 1: Governance for Safety and Quality in Health Service Organisation with 17 core actions assessed as not met
 - Standard 3: Preventing and Controlling Healthcare Associated Infections with seven core actions assessed as not met
 - Standard 4: Medication Safety with four core actions assessed as not met
 - Standard 5: Patient Identification and Procedure Matching with three core actions assessed as not met
 - Standard 6: Clinical Handover with two core actions assessed as not met
- A detailed brief with a copy of the report will be submitted to the Minister for Health and Wellbeing this week.

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- Actions rated as not met must be addressed through an Advanced Completion process where ACT Health has 90 days to meet the Actions to be awarded accreditation. ACHS will revisit ACT Health 3 – 5 July to reassess any ‘not met’ actions. If all actions are met, the organisation will be awarded accreditation.
- The DDG QGR has commenced with the development of an Action Plan to address the Not Met Core Actions.
- A formal and detailed report from ACHS Surveyors will be received by ACT Health in approximately two weeks. A comprehensive brief on findings and outcomes will be provided to you post receipt of this report.
- Based on findings during survey week, on 26 March 2018, ACHS contacted the Commission to notify a significant patient safety risk. You received a brief detailing this risk and the action taken on 5 April 2018.

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GBC18/221

Portfolio/s: Health & Wellbeing**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 finalising 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: 27/03/2018
Cleared by: Deputy Director-General Ext:77121
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Lead Directorate: Health

TRIM Ref: GBC18/221

- As part of this strategy, ACT Health are in consultation with the Health Care Consumers Association to engage with patients, families and carers. It is expected that we will have a draft approach of future consumer requirements by July 2018. 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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GBC18/221

Portfolio/s: Health & Wellbeing**ISSUE: ACT HEALTH ORGANISATIONAL REFORM****Talking points:**

- This reform will bring ACT Health closer in line with other Australian jurisdictions, which have structurally separated their clinical services delivery from their departments of health which have their focus as policy and planning regulatory functions.
- This is an essential evolution for our growing population and expanding health system, and will bring greater clarity about the distinct roles and responsibilities of frontline staff and corporate staff.
- Staff who deliver frontline health services to the Canberra community will come under the umbrella of the distinct health delivery organisation.
- There will be a separate organisation responsible for strategic policy and planning which will set the strategic direction for health services in the ACT.
- Both organisations will continue ACT Health's commitment to the health of our community, as well as a commitment to quality, innovation, engagement and accountability.
- The separation will enable a clearer focus on efficiency and effectiveness for clinical operations, and free up capacity within the Health Directorate to undertake core strategy and system management functions.

Governance and Consultation

- Work is already underway in preparation for the formation of two organisations, which are planned to commence on 1 October 2018. The interim Director General has commenced a body of work to:
 - define the principles that will underpin the establishment of the two organisations,
 - conduct research into options for the relationship between the governance of the new entities,
 - seek professional advice on options, and

Cleared as complete and accurate: 04/04/2018
Cleared by: Executive Director Ext: 59010
Information Officer name: Jodie Chamberlain
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Lead Directorate: Health

- most importantly engage with staff and stakeholders throughout the process to ensure that we arrive at a model that will work on the ground for both staff and ACT Health consumers.
- An ACT Health Organisational Reform Reference Group, comprising the ACT Health Deputy Directors-General, has been established to guide planning and delivery of the new structure. This group is being supported by a new transition team, which commenced work recently. The team includes representatives from both the clinical and corporate sides of ACT Health. Additional human resources, industrial relations and legal advice will be brought into the team progressively. The team will work out of the Bowes Street building.
- The planning process will include seeking recommendations on the relationship between the service delivery organisation and the planning and policy organisation. It is essential that this relationship supports a model providing effective governance, management and accountability.
- The transition process will include consultation with staff, stakeholders and the community. This provides an important opportunity for these groups to contribute their expertise, recommendations and issues for consideration by the Organisational Reform Reference Group.
- Our goal is to enable and encourage staff, stakeholders and the community to invest in ownership of this reform.

Impacts for Patients/Consumers

- These proposed changes are primarily administrative in nature at this stage and are being developed with careful consideration to ensure that there will be no negative impacts on the services that we offer.
- The organisational reform will be fully implemented from 1 October 2018, but the transition will be a seamless one and people visiting one of the three public hospitals, our popular walk in centres or in any way accessing the many community based health services that we offer will not experience any disruption as a result of this announcement.
- The organisational reform will bring greater efficiencies for clinical and medical staff, and is being designed to improve service delivery and further reinforce the goals of the Territory-wide Health Services framework – person centric and community focused care, enhanced preventive health and improved Hospital services.

Cleared as complete and accurate:	04/04/2018	
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Lead Directorate:	Health	

Impacts for Staff

- I would like to reassure all ACT Health employees that staff will have the opportunity to be involved in the development of the new structure. Regular staff emails, staff forums at Bowes St and Canberra Hospital, monthly Executive Director briefings, and a dedicated transition page on the ACT Health intranet (launched on 6 April 2018) will keep staff informed.
- Staff are also encouraged to email healthreferencegroup@act.gov.au with suggestions, questions or concerns.
- No staff losses are anticipated as a direct result of the reform announcement.

Territory-wide Health Services Framework

- The clinical and service planning underway through the Territory-wide Health Services Framework will remain a key priority for government and we will continue to realign the governance of Canberra Hospital and Health Service (CHHS), establish clinical Centres, which will group clinical services through Centre Service Plans and Specialty Service Plans.
- This is a critical element of the overall Government priority to increase access to specialist health services in the ACT, both in the hospitals and in the community.
- The Territory-wide Health Services Framework aims to ensure ACT Health's delivery of an integrated and whole-of-system service delivery model to provide true person- and family-centred care. This is an exciting opportunity and staff have been strongly encouraged to provide feedback on the proposed grouping of Centres and Service Streams, and in the subsequent implementation of these important changes. The work of this ACT Health Organisational Reform Group will consider this already announced reform path and will ensure that the wider organisational reforms being considered are well aligned.
- Due to the proposed timing of the organisational reform (1 October 2018), it is anticipated that while work continues refining the Centres and Specialty Service Plans, implementation of these Framework items will be phased in from July 2018 to take full advantage of the development of the two new organisations and the recruitment of a new leadership team.

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Cleared by:	Executive Director	Ext: 59010
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Director-General Position

- Mr Michael De’Ath commenced in the role of interim Director-General, ACT Health Directorate on Monday 9 April 2018, while the recruitment process for a new Director-General and new senior executive positions is underway.
- As I noted during my announcement of the reform in March 2018, Ms Nicole Feely, the ACT Health Director-General at the time, has advised the government that she wishes to pursue new opportunities, having successfully led ACT Health over the past three years and positioned the organisation to take this important next step in its transformation.
- I thank Ms Feely for her commitment and focus. Her insight and expertise has skilfully repositioned the Directorate for the transition to a person-centred, integrated health service.
- I thank Nicole and wish her every success.

Key Information

- On 23 March 2018 the ACT Government announced a decision to separate ACT Health into two distinct organisations. From 1 October 2018, the ACT Government will separate operational health services from policy and planning functions.
- There will be one organisation solely responsible for ACT Health’s clinical operations. It will focus on the operational delivery of quality health services to our growing community.
- There will be a second organisation responsible for strategic policy and planning. This will set the strategic direction for health services in the ACT.

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Background Information – may not be suitable for public disclosure

- Media articles reporting on the organisational reform, and internal government communications have used the terms “Organisation” “Service” “Agency” and “Directorate” interchangeably, leading to some possible confusion regarding the exact nature and legal status of the two distinct areas.
- Further, media articles and communications have reference to either two new “directors-general”; two new “executive positions”; “the current Director-General position will no longer exist from 1 October 2018”.
- A recent freedom of information request may see the publication of reports prepared for ACT Health and Minister Fitzharris outlining consideration of Directorate governance structures.
- The recent Accreditation Audit highlighted governance across the Directorate as an area for improvement.
- While not directly related, the Auditor-General has recently announced an audit into allegations of breaches of the Public Sector Management Act inside ACT Health.

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GBC18/221

Portfolio/s: Health & Wellbeing**ISSUE: ACT HEALTH SYSTEM WIDE DATA REVIEW****Talking points:**

- The System-Wide Data Review has been completed by the Health Directorate and they are now finalising the outcome report.
- The Government will consider the final outcomes and recommendations of the Review once the Report is received.
- 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. This is why I called for this review to be undertaken.
- 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);

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- 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;
- 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;

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- 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 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
 - Deputy Director, Transformation and Collaborative Engagement, 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

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Portfolio/s: Health & Wellbeing

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 26 March 2018 is 86 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 26 March 2018	94%	70%	86%

- 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.
- 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

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

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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 –26 March 2018			
	Canberra Hospital	Calvary Public Hospital	ACT Public Hospitals
Average Patient Bed Days (utilising overnight beds)	594	193	787
Average Overnight Beds Available	633	277	910
Occupancy %	94%	70%	86%

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.
- 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

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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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GBC18/221

Portfolio/s: Health & Wellbeing**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 has been developed to emphasise the use of alternative services to the Emergency Department (ED) at CHHS and will be released in advance of the flu season.
- 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.

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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.

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Health & Wellbeing

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.

Cleared as complete and accurate: 27/03/2018
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- 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.

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.

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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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GBC18/221

Portfolio/s: Health & Wellbeing**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.

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- 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.

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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GBC18/221

Portfolio/s: Health & Wellbeing

ISSUE: CLADDING – CENTENARY HOSPITAL FOR WOMEN AND CHILDREN

Talking points:

- Works to replace the affected Polyethylene (PE) Aluminium Composite Panels (ACPs) on the Centenary Hospital for Women and Children (Centenary Hospital) are now well underway.
- Works are being undertaken in three stages and are scheduled to be completed by the end of July 2018 (*and not the end of June 2018 as reported by The Canberra Times last week*) 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.

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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.
- 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.

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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.
- 12 July 2017 - Briefing meeting held with DeFire, ACT Health and IFCW representatives to confirm scope and purpose of the report.

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- 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 – Shaw Building Group engaged to provide scaffold access and removal of sample panels to inform the Statement of Requirements being prepared by Aracadis.
- 11 October 2017 - Scaffolding erection commenced in areas of the Centenary for Façade engineer investigation.
- 12 October 2017 – First ACP panel removed for investigation.

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Information Officer name: Karen Doran
Contact Officer name: Colm Mooney Ext: 79186
Lead Directorate: Health

- 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.
- 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.
- 1 February 2018 – Façade investigations by MCPL completed.
- 2 February 2018 – MCPL commenced shop drawings for replacement panels.
- 28 February 2018 – MCPL site establishment.
- 9 March 2018 – Scaffold complete Stage 1 area, north eastern corner of building 11 and George Gregan areas.
- 12 March 2018 – Panel removal commenced Stage 1 areas.
- 15 March 2018 – Engineering inspection of exposed sub-structure in Stage 1 areas.
- 20 March 2018 – Panels re-installation commenced on north east corner.
- 28 March 2018 – Inspection of installed panels on north east corner.

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Portfolio/s: Health & Wellbeing**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 Health Services 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.

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Information Officer name: Janine Hammat
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Lead Directorate: Health

TRIM Ref: GBC18/221

- 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.
- 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 and 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.
- A letter has been provided to the union and staff on 28 March 2018 identifying that a suitable room has been found that will have a number of improvements undertaken in accordance with staff requests.
- Staff and the union have examined the space and it has met with general approval.
- In selecting this room ACT Health examined a number of options.
- 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.

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- **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.

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Portfolio/s: Health & Wellbeing**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.

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- 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
 - 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.

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Portfolio/s: Health & Wellbeing**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.

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- 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.
- 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.

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- 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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Portfolio: Health & Wellbeing

ISSUE: ABORTION IN THE ACT

Talking points:

- The ACT Government is committed to supporting and 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 currently provides that:
 - only a doctor may carry out an abortion;
 - an abortion is to be carried out in an approved medical facility;
 - the Minister may approve a medical facility or an appropriate part of a medical facility as suitable on medical grounds for carrying out abortions; and
 - no-one is under any duty to carry out or assist in carrying out an abortion.
- In relation to the current requirement that only a doctor can carry out an abortion (including both medical termination of pregnancy, and surgical termination of pregnancy), and for this to be conducted in an approved medical facility, this requires amendment to allow for non-surgical (medical termination of pregnancy) to be carried out in a manner that will reduce barriers to accessing a termination of pregnancy.

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- Amendments to the Health Act 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.
- In the ACT, termination of pregnancies are not usually 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 the 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 termination of pregnancy services.
- To minimise barriers to access, the government introduced a patient privacy zone around the health facility at 1 Moore Street in Civic in 2016. Women who have made the difficult decision to have terminate a pregnancy have the right to access the medical services they need without being forced to endure the judgement of others.
- I note the recent court ruling that silent vigil within the privacy zone is not considered a protest. I will continue to monitor the situation with a view to ensure women are not feeling harassed, threatened or judged when accessing that important health service.
- I welcome debate of the Health (Improving Access to Abortion) Amendment Bill that was tabled in the Assembly on 20 March 2018. While I am totally committed to looking at all options to remove barriers for Canberra women in accessing pregnancy termination services, any changes to these key regulated aspects are potentially very significant changes and must be given serious consideration –not just by Assembly members, but by clinicians.
- While the amendments to the Act are technically straightforward there are a number of broader complex issues that require further consideration. These issues include:

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- 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 (including care providers) is undertaken to ensure we are putting a robust regulatory framework in place.
- For this reason, I have asked my Department for advice on the reform proposals that Ms Le Couteur is proposing.
- There is a need clearly, to examine access arrangements to these services in the Territory and this is something the government has commenced work on and will continue to review to provide the best range of options.
- Part of this review will look at practice in the ACT as well as that which occur in other jurisdictions in relation to legislation and practice.
- I look forward to collaborating with the Women's Centre for Health matters to gain insight into additional barriers that are also present for women in the ACT, particularly those who are vulnerable, seeking a termination of pregnancy.

Key Information

- The Health (Improving Access to Abortion) Amendment Bill was tabled in the Assembly on 20 March 2018.
- The work ACT Health is undertaking to review the Health Act 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.
- 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.

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- The Women’s Centre for Health Matters is currently holding focus groups with some of the women who responded to the survey.
- It is advised that this will be released 9 April. The Women’s Centre for Health Matters will brief the Minister.
- The outcomes from the community consultation will assist in informing the review on termination of pregnancy services in the ACT.
- Initial discussions with Women’s Centre for Health Matters and clinical staff indicate that while there needs to be reduction in barriers to medical termination of pregnancy services (MTOP), that MTOPs are only suitable for women who are up to nine weeks in gestation. After nine weeks, a woman seeking a termination will require a surgical termination of pregnancy (STOP).
- Vulnerable women due to situational factors i.e. domestic violence, mental health, young age, refugee, or have a poor level of English may not be in a position to determine pregnancy outcome nor decision on whether to terminate the pregnancy or not within nine weeks of gestation thus will require a STOP.

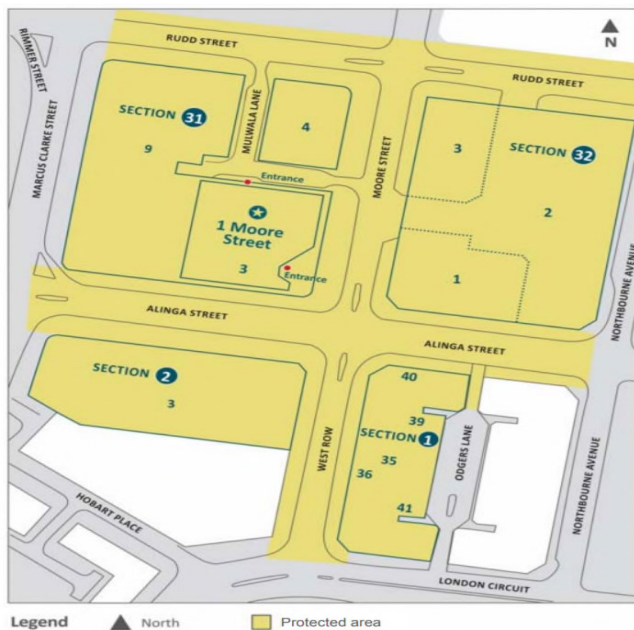
Background Information – may not be suitable for public disclosure

- 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.
- Online 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.
- 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.
- The Health (Improving Access to Abortion) Amendment Bill may improve accessibility for women to have a MTOP if the procedure was available in more locations. Noting it may not change the total cost to women.
- The bill however does not assist vulnerable women who may require a STOP due to the inability to have MTOP at nine weeks gestation.
- ACT Health has commenced work to review the Health Act to reduce barriers to MTOPs 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.

Exclusion zones in the ACT

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Lead Directorate: Health

- 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.
- 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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GBC18/221

Portfolio/s: Health & Wellbeing

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.

Cleared as complete and accurate:	28/03/2018	
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- 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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GBC18/221

Portfolio/s: Health & Wellbeing**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 (NDS).
- A targeted consultation with key non-government stakeholders on the draft Action Plan closed on 30 March 2018.
- The draft Action Plan will then be revised and made available for public consultation.
- ACT Health expects to finalise the Action Plan in the second half of 2018. 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". It is intended that the new ACT Drug Strategy Action Plan will perform this function.
- Stakeholders invited to comment on the current 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 Nimmityjah and Gugan Gulwan; and peak bodies in alcohol & other drug, mental health, social services, and youth sectors.

Cleared as complete and accurate: 29/03/2018
Cleared by: Executive Director Ext: 52245
Information Officer name:
Contact Officer name: Emily Harper Ext: 52245
Lead Directorate: Health

Background Information – may not be suitable for public disclosure

- The Alcohol, Tobacco and Other Drug Association ACT wrote to the Chief Health Officer on 26 March 2018 requesting that the proposed new expert Advisory Group for the Action Plan is convened before the plan is finalised. This is not considered necessary as All members of the previous Evaluation Group have been contacted directly already and given the opportunity to provide feedback on the draft Action Plan. The role of the Advisory Group will be to advise on the implementation of the Plan once it is agreed.

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Lead Directorate: Health

GBC18/221

Portfolio/s: Health & Wellbeing

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.

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- 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.
- 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:

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- 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.

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.

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

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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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Portfolio/s: Health & Wellbeing

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 consultation mechanism for opioid maintenance treatment services in the ACT, and has commenced a process for reviewing ongoing arrangements for

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the Opioid Treatment Advisory Committee in discussion with key stakeholders.

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.
- ACT Health met with key stakeholders on 27 March 2018 to review the ongoing role, functions and membership of the Opioid Treatment Advisory Committee.

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

- 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 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.
- The ACT Government cross directorate pill testing working group was reconvened in February to assess this proposal, and has been meeting with the relevant stakeholders regarding a potential trial of the pill testing service at the Groovin the Moo Canberra music festival on 29 April 2018. It is clear that a pill testing trial cannot proceed without the support of all relevant parties. Unfortunately, the support of all parties has not been provided on this occasion.
- The ACT Government reinforces that it is illegal to manufacture, possess, distribute and sell illicit drugs in the ACT. The ACT Government does not approve or condone illicit drug use. It is risky and dangerous to consume illicit drugs.
- The ACT Government is committed to harm minimisation, in line with the National Drug Strategy.
- The 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.

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Background Information – may not be suitable for public disclosure

- 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).
- Groovin the Moo is an all-ages event. ACT Health has evaluated legal advice on potential ramifications of pill testing being conducted at an all-ages event and concluded it would not be an impediment to the trial.
- 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.
- 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 of 17 and 18 March. The Tech Yes rave is considered to be the afterparty for the ACT Government sponsored 'Art not Apart' festival. The Tech Yes rave is not Government sponsored and was held on private land. All patients were treated for intoxication by an unknown substance believed to be MDMA. Three patients required transportation to hospital

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Portfolio/s: Health & Wellbeing**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 2018-19 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

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 2017-18 Performance Plans in 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;
- ACT Health is supporting Calvary on an initiative to manage Territory wide public Maternity services, so that the current and future demand for ACT public hospital maternity services is optimally managed; and
- ongoing management of Territory-wide elective surgery services.

Cleared as complete and accurate: 03/04/2018
Cleared by: Deputy Director-General Ext: 76751
Contact Officer Name: Catherine Shadbolt Ext: 70114
Lead Directorate: Health
TRIM Ref: GBC18/221

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 commenced in late February 2018 and by July 2018, Calvary Public expects to be welcoming new mothers into the refurbished maternity facilities.

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Portfolio/s: Health & Wellbeing**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;

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- 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

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.

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- 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.

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Portfolio/s: Health & Wellbeing

ISSUE: CANBERRA HOSPITAL CODES FOR CAPACITY ESCALATION PROCEDURES AND EMERGENCIES

Talking points:

- Canberra Hospital and Health Services (CHHS) 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.

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- 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

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- 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

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Portfolio/s: Health & Wellbeing

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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Portfolio/s: Health & Wellbeing**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 up to an additional \$6.4 million this year, 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 strategy that will play a significant role in ensuring we have the skills and expertise for elective surgery to meet the growth in demand into the future.

Key Information

- Nil

Background Information – may not be suitable for public disclosure

- Between 1 July and 28 February 2018, 9907 patients were added to and 9721 patients were removed from the ACT Elective Surgery Waiting List (ESWL), bringing the total number of people waiting on 28 February 2018 to 5329. This is an increase of 182 patients on the number waiting at 30 June 2017.
- Of the 5329 patients on the ESWL on 28 February 2018, 585 had waited longer than clinically recommended for their elective surgery. This is an increase of 101 patients compared to 30 June 2017.

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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 585 patients waiting longer than clinically recommended, against a target of 144 by 30 June 2018;
 - Currently, 34 per cent of general paediatric surgery patients are waiting longer than clinically recommended with 14 longwaits against a target of zero by 30 June 2018;
 - Currently, 79 per cent of patients added to the ESWL receive their surgery on time, against a target of 90 per cent by 30 June 2018. 81% of patients at CHHS and 74% at CPHB received their surgery one time, as of 28 February 2018.
 - Addressing longwait patients by doing their procedures drops the average percentage of on time surgeries, because these longer wait patients are included in the total calculation.
 - The percentage of on time surgeries is lower than this time last year, due to the greater backlog of longwait patients YTD compared with last year. Timeliness percentage is likely to drop further, as ACT Health continues to address the longwait backlog.
 - Monitoring and application of the Waiting Time and Elective Surgery Access Policy is ongoing.

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Portfolio/s: Health & Wellbeing

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;
 - 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).

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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.
- Referral 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.

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. These negotiations have ceased due to pricing constraints. ACT Health continues to maximise internal capacity to assist in improving waiting times for endoscopic procedures.
- 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

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 Lead Directorate: Health

	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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GBC18/221

Portfolio/s: Health & Wellbeing**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.
- 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.
- There has been increased inter-seasonal influenza activity in the ACT in 2018, with notifications between 1 January and 15 March approximately two times higher than during the same period in 2016 and 2017.
- 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 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, reviewing influenza activity reporting processes, and the commencement of vaccine purchasing and distribution.
- Vaccination is one of the best ways to prevent influenza infection.
- People who are at risk of developing severe influenza are eligible for funded annual influenza vaccination. Free seasonal influenza vaccine is provided for:
 - All children aged 6 months to under 5 years;
 - All Aboriginal and Torres Strait Islander people aged 15 years and over;

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Information Officer name:
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Lead Directorate: Health

- Individuals aged 6 months and over with medical conditions predisposing to severe influenza, including; cardiac disease, chronic respiratory conditions, diabetes and other metabolic disorders, renal disease, chronic neurological conditions, haematological disorders, immunocompromising conditions, and children aged 6 months to 10 years on long term aspirin therapy;
 - All individuals aged 65 years and over; and
 - Pregnant women.
- For adults aged 65 years and over, two higher-immunogenicity influenza vaccine formulations are available and funded under the National Immunisation Program. These are both available through GPs.
 - The Australian Technical Advisory Group on Immunisation recommends the flu vaccine for everyone from 6 months of age as anyone can get seriously ill from the flu. For those not eligible for free vaccine under the NIP or the ACT Government childhood influenza program, vaccine can be purchased on prescription, or through pharmacies.
 - 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 101 notifications between 1 January and 15 March 2018 – approximately two times higher than during the same period in 2016 and 2017.

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- Notifications so far in 2018 have been a mix of both influenza A and influenza B). 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 2016.
- 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. Distribution of the 2018 influenza vaccine will commence in mid April.
- 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.
- Vaccination is one of the best ways to prevent influenza infection. Flu vaccines are available from GPs and some local pharmacies.
- Under the National Immunisation Program, GPs provide free flu vaccine to a number of funded groups. GPs may charge a consultation fee. The funded groups are people aged 65 years and over, pregnant women, Aboriginal and Torres Strait Islander people aged 15 years and over, and people aged six months and over with certain underlying medical conditions.
- ACT children aged six months to less than five years will also be eligible for free influenza vaccine through their GP or ACT Health Early Childhood Immunisation clinics from April 2018. GPs may charge a consultation fee.

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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GBC18/221

Portfolio/s: Health & Wellbeing**ISSUE: MATERNITY SERVICES AT CENTENARY HOSPITAL AT CAPACITY****Talking points:**

- The demand on maternity services at Canberra Hospital has increased since the 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 2016-17 there were 3499 babies born, compared to 2743 in 2010-11. This is an increased annual growth rate of 4.59 percent.

Background Information – may not be suitable for public disclosure

- Canberra Hospital is the only level three tertiary hospital for the ACT and surrounding regions, and accepts patients that cannot be accepted by non-tertiary facilities due to their 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: 27/03/2018
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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.

Cleared as complete and accurate: 27/03/2018
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GBC18/221

Portfolio/s: Health & Wellbeing**ISSUE: ACT HEALTH TERRITORY-WIDE HEALTH SERVICES FRAMEWORK
2017-2027****Talking points:**

- Work on the Territory-wide Health Services Framework (the Framework) is progressing well and the Territory-wide Health Services Advisory Group is currently providing feedback on a revised draft of the Framework.
- The timeframe for implementation of the Framework is currently under review following the announcement that ACT Health will be split into two organisations from 1 October 2018.
- Implementation of the Framework 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 Centre 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.

Cleared as complete and accurate: 04/04/2018
Cleared by: Executive Director Ext: 59010
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- 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 (including GPs) has also commenced, with further consultation still to occur. 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. A sub-committee for NGO stakeholder engagement has also been established to guide this work.

Key Points

- Development and planning for implementation of the Territory-wide Health Services Framework is progressing well, however, the timeframe for implementation of the Framework is currently under review following the announcement that ACT Health will be split into two organisations from 1 October 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 has commenced, with further consultation still to occur. The Advisory Group is providing advice on how to best consult with these stakeholders and a sub-committee for NGO stakeholder engagement has also been established to guide this work.
- 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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GBC18/221

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.

Cleared as complete and accurate:	28/03/2018	
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Lead Directorate:	Health	

- 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:

28/03/2018

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GBC18/221

Portfolio/s: Health & Wellbeing**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.

Cleared as complete and accurate: 10/04/218
Cleared by: Executive Director Ext: 51086
Information Officer name: Janine Hammat
Contact Officer name: Sean McDonnell Ext: 51090
Lead Directorate: Health

- Three employees resigned from ACT Health before the completion of the formal investigation.
- ACT Health has terminated two staff following the completion of the investigation process.
- Two alleged bullying cases are ongoing.
- The remaining 15 cases were deemed as inappropriate behaviour and there was no evidence of bullying or harassment.
- 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.

Cleared as complete and accurate: 10/04/218
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GBC18/221

Health & Wellbeing

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.
- With the COAG Health Council Meeting this week further discussions are taking place.

Key Information

- The offer provided at COAG continues the existing funding arrangements, with the Australian Government contributing 45 per cent of hospital funding and a maximum growth cap of 6.5 per cent.
- The Australian Government 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 \$1 million 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.

Cleared as complete and accurate: 28/03/2018
Cleared by: Matthew Richter Executive Director Ext: 79143
Contact Officer Name: Therese Gehrig Ext: 78734
Lead Directorate: Health

Background Information – may not be suitable for public disclosure

- Negotiations are continuing with the Commonwealth to consider a sign-on bonus that may secure the ACT's agreement to sign the heads of Agreement and the next meeting of COAG.
- It is anticipated that the sign-on bonus will consist of a one off capital payment to the ACT.
- A number of capital projects have been identified and will need to be agreed with the Commonwealth.

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GBC18/221

Portfolio/s: Health & Wellbeing

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.

Cleared as complete and accurate: 27/03/2018
Cleared by: Deputy Director-General Ext: 42728
Information Officer name: Chris Bone
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Lead Directorate: Health

- 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.

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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GBC18/221

Portfolio/s: Health & Wellbeing

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 at 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:	27/03/2018	
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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.

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GBC18/221

Portfolio/s: Health & Wellbeing

ISSUE: SURGICAL PROCEDURES, INTERVENTIONAL RADIOLOGY AND EMERGENCY CENTRE (SPIRE)

Talking points:

- In response to the Canberra Times article of 13 March 2018, I confirm 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:	29/03/2018	
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Lead Directorate:	Health	

- 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	6,000

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, ten new hybrid theatres, ten theatres (shelled); three cardiac catheterisation laboratories, three interventional radiology suites and one 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.

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GBC18/221

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

- The Health Protection Service (HPS) is responsible for food safety regulation in the ACT. This includes managing the registration of food businesses, providing food safety information to food businesses, managing enforcement activities, and responding to foodborne illness outbreaks. HPS advise that the 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.
- An analysis of compliance data over recent years indicates food safety breaches have declined. This can be attributed to the effective use of the 'Engage, Educate, Enforce' compliance model. Emphasis is placed on education to encourage compliance.
- Public Health Officers are responsible for inspecting registered food businesses in the ACT, including those operating at markets, declared events such as the National Multicultural Festival, and undeclared events such as Skyfire.
- At the end of February 2018, there were 3139 registered food businesses. Risk classification of a food business is determined by their food preparation activities. Most ACT food businesses are classified as medium risk.
- ACT Health endeavours to follow-up all medium and high risk food businesses that have had a revoked prohibition order prior to their scheduled reinspection.

Cleared as complete and accurate: 27/03/2018
Cleared by: Executive Director Ext:51722
Information Officer name: Conrad Barr
Contact Officer name: Conrad Ext: 51722
Lead Directorate: Health

- 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 the actions taken to address the non-compliance.
 - The willingness of the proprietor to accept responsibility and their commitment to the maintenance of a food safety culture.
 - The level of food safety training for all staff.
- All food businesses closed by a prohibition order in 2017 and 2018 that reopened have been reinspected.
- Upon revocation of a prohibition order, businesses with further outstanding issues that do not pose a serious public health are issued an improvement notice. As such, these businesses have ongoing inspections until all items identified on the improvement notice are rectified.

Key Information:

- 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 is 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 is 21 per cent of inspected businesses
 - Issued eight Prohibition Orders –0.27 per cent of inspected businesses.
- The HPS works closely with registered food businesses and has developed resources to help businesses and their staff comply with food safety laws and standards, and to better understand food safety practices.
- HPS enforcement action is proportionate to the degree of public health risk. This ensures necessary enforcement action is taken to protect the community. All public complaints are taken seriously and investigated as a matter of priority. If a non-compliance that poses a serious public health risk is identified during an inspection, the HPS will issue the proprietor a prohibition order. The safety and wellbeing of the community is ACT Health’s first priority.

Cleared as complete and accurate: 27/03/2018
Cleared by: Executive Director Ext:51722
Information Officer name: Conrad Barr
Contact Officer name: Conrad Ext: 51722
Lead Directorate: Health

Background Information:

- The HPS has always undertaken food business regulation in line with national food standards, such as the Australia New Zealand Food Standards Code. Food business inspections are undertaken by professional Public Health Officers who are trained subject matter experts.
- There has been a noticeable reduction in the number of critical food safety breaches in the ACT over the past few years. This positive change has been aided by an improved working relationship between industry and regulators. It has also been assisted by continuous improvements being implemented by ACT Health with respect to published food safety information, tools for industry and inspectors, and improved internal procedures.
- In recent years, there have been several changes to the *Food Act 2001* aimed at improving food safety and regulation in the ACT. For instance in 2013, changes commenced that required registered food businesses to appoint a trained food 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: 27/03/2018
Cleared by: Executive Director Ext:51722
Information Officer name: Conrad Barr
Contact Officer name: Conrad Ext: 51722
Lead Directorate: Health

GBC18/221

Portfolio/s: Health & Wellbeing

ISSUE: AUDITOR GENERAL'S PERFORMANCE AUDIT

Talking points:

- XX

Key Information

- XXX

Background Information – may not be suitable for public disclosure

- XXX

Cleared as complete and accurate: 18/01/2018
Cleared by: Choose an item. **Must be an Information Officer (Executive)** Ext:

Information Officer name:
Contact Officer name: Ext:
Lead Directorate: Health

GBC18/221

Portfolio/s: Health & Wellbeing**ISSUE: NATIONAL WASTEWATER DRUG MONITORING PROGRAM REPORT****Talking points:**

- The Australian Criminal Intelligence Commission has released the fourth National Wastewater Drug Monitoring report.
- The ACT has participated in each release of the Wastewater Drug Monitoring Program Report. With each report we gain a more comprehensive understanding of the usage of both legal and illicit drugs within the ACT.
- Alcohol and nicotine continue to be the most consumed drugs in Australia, but pleasingly the ACT continues to have nicotine and alcohol consumption lower than the national average.
- While methylamphetamine is the most frequently used illicit drug in the report, ACT data shows significantly lower than national average rates of methylamphetamine use.
- The most recent data has indicated an increasing trend of oxycodone use in the ACT. These results are unsurprising and commensurate with the general rise in opioid prescribing across the country over recent years. The Government is concerned about rising rates of opioid prescribing and the related harms in the community.
- Our message to the community is always 'don't use drugs', however, illicit drug use in our community is a reality, and we are focussed on reducing the associated harm.

If asked:

- ACT data indicates heroin use is higher than the national average (exceeded only by Victoria). However, innovative services are available in the ACT to reduce the harms associated with heroin use, including peer-based naloxone training and provision to prevent deaths from opioid overdoses and the ACT needle and syringe program.

Cleared as complete and accurate: 09/04/2018
Cleared by: Executive Director Ext: 50883
Information Officer name:
Contact Officer name: Emily Harper Ext: 73533
Lead Directorate: Health

Key Information

- Wastewater data was collected from one waste water treatment plant site in the ACT, over 7 days in both October and December 2017. This captures wastewater for more than 150,000 people.
- The analysis measures the presence of the following major drugs:
 - methylamphetamine (ACT use is just over half the national average)
 - cocaine (ACT use is lower than Sydney, but higher than other capital cities, increasing trend of usage rates across the 4 reports)
 - 3,4-methylenedioxymethylamphetamine (MDMA) (ACT use is significantly and consistently lower than the capital city and national average)
 - heroin (ACT use is lower than Melbourne, but higher than other capital cities)
 - oxycodone (ACT use is lower than Hobart, but higher than other capital cities, and has almost doubled since the previous report)
 - fentanyl (ACT usage is consistently in line with the capital city average)
 - nicotine (ACT usage is consistently in line with or lower than the national average)
 - alcohol (ACT usage is consistently in line with or lower than the national average)
- The ACT has a wide range of services available to assist people who are dependent on alcohol and other drugs. This financial year we will invest around \$20 million in specialist alcohol and other drug treatment and support services.

Background Information – may not be suitable for public disclosure

- The National Wastewater Drug Monitoring Program does not detect cannabis.
- There is a spike in MDMA (ecstasy) use observed in the ACT data for December 2016 (this not repeated in earlier or subsequent data). This spike coincides with the Spilt Milk music festival held in early December 2016.
- This provides further evidence to support the ACT Government's position to endorse a trial of pill testing in the ACT, conducted by an independent consortium. This is not about encouraging drug use. It is about providing a health intervention prior to a young person taking a substance, which could be what changes their mind from taking the illicit substance and putting themselves at risk.

Cleared as complete and accurate: 09/04/2018
Cleared by: Executive Director Ext: 50883
Information Officer name:
Contact Officer name: Emily Harper Ext: 73533
Lead Directorate: Health

Portfolio/s Health & Wellbeing

ISSUE: CUDDLE COT DONATION AND STILL BIRTHS**Talking points:**

- Over the weekend (Sunday 8 April 2018), the Canberra Times ran a story on the generosity of a family who raised funds with their local Tumut community to purchase a cuddle cot and donate it to the Centenary Hospital for Women and Children.
- Cuddle Cots are used to help families deal with the loss of a stillborn baby, by helping to preserve stillborns by keeping them cool for a period of time, allowing families to spend time with them before saying goodbye. The Cuddle Cot that has been donated cost around \$6000.
- Any loss of a child is extremely distressing. All families who experience a perinatal death are cared for using guiding principles of creating memories and enabling them the time to spend with their baby. That's why equipment like cuddle cots are highly valued.
- The media article erroneously reported that the rate of stillbirths at the Centenary Hospital is higher than average. The term 'stillbirth' is a term commonly recognised by the public but what is actually being referred to is perinatal and neonatal deaths, which usually occur due to congenital abnormalities or extreme prematurity.
- The rate of perinatal deaths in the ACT is comparable to those nationally. According to the latest AIHW report on Australia's mothers and babies, released in October last year, rates of perinatal death in the ACT was 8.3 per 1,000 births, which is slightly lower than the Australian rate of 9.2 per 1,000 births.

Key Information

- A perinatal death is defined as:
 - Stillbirths (also called fetal deaths) - babies who have died after 20 weeks pregnancy and before birth, and
 - Neonatal deaths which is death occurring from birth within the first 28 days of life.

Cleared as complete and accurate: 10/04/2018
Cleared by: Deputy Director-General Ext: 42728
Information Officer name: Chris Bone
Contact Officer name: Liz Chatham Ext: 47941
Lead Directorate: Health

TRIM Ref: GBC18/221

GBC18/221

Portfolio/s: Health & Wellbeing**ISSUE: ARINS AND SEAS****Talking points:**

- There are currently 269 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 \$17.3 million, 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 269 ACT Health staff covered by ARIns and SEAs:
 - 142 doctors
 - 98 health professionals
 - 18 dentists
 - Two administrative staff
 - One nurse
 - Eight support staff (to correct an EA oversight)

Cleared as complete and accurate: 27/03/2018
Cleared by: Executive Director Ext:51086
Information Officer name:
Contact Officer name: Steven Linton Ext:75569
Lead Directorate: Health

TRIM Ref: GBC18/221

- The annual review process is likely to result in a reduction in 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 into 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 a strategy 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. This has not yet been endorsed and has not yet been shared with unions or employees in any detail, although there is awareness that the Director-General has asked for a review.

Cleared as complete and accurate: 27/03/2018
Cleared by: Executive Director Ext:51086
Information Officer name:
Contact Officer name: Steven Linton Ext:75569
Lead Directorate: Health

TRIM Ref: GBC18/221

GBC18/221

Portfolio/s: Health & Wellbeing**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.
- ACT Health are committed to forming a list of 42 patients to have bariatric surgery by the end of December 2018. Three patients were reviewed by a general surgeon for suitability for the procedure in March 2018, but have not yet been booked for surgery.
- A further 14 patients are on the list for consideration by the Bariatric Surgery Advisory Committee.
- 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.

Cleared as complete and accurate: 04/04/2018
Cleared by: Deputy Director-General Ext: 42728
Information Officer name: Chris Bone
Contact Officer name: Daniel Wood Ext: 43515
Lead Directorate: Health

TRIM Ref: GBC18/221

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. This process was unsuccessful.
- 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. These patients were to have their surgery within established lists.
- Bariatric surgery patients are typically categorised as category 2 or 3 and they may be displaced on the wait list by category 1 patients (typically patients being treated for cancer).
- Dedicated sessions are being identified at Calvary Health Care Bruce to complete these surgeries. The two general surgeons previously identified do not have capacity to increase their operating time for the new dedicated sessions. A third ACT Health general surgeon will be upskilled to perform bariatric surgery.

Cleared as complete and accurate: 04/04/2018
Cleared by: Deputy Director-General Ext: 42728
Information Officer name: Chris Bone
Contact Officer name: Daniel Wood Ext: 43515
Lead Directorate: Health

TRIM Ref: GBC18/221

GBC18/221

Portfolio/s: 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 often 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 took months and recently concluded with the ACT to receive a reduction of \$142,000 over four years from the previous Partnership Agreement.
- 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: 29/03/2018
Cleared by: Executive Director Ext: 51722
Information Officer name: Conrad Barr
Contact Officer name: Conrad Barr Ext: 51722
Lead Directorate: Health

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.

Cleared as complete and accurate:	29/03/2018	
Cleared by:	Executive Director	Ext: 51722
Information Officer name:	Conrad Barr	
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Lead Directorate:	Health	

- 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. Under the current NPAEV the payments to ACT Government will potentially increase significantly to \$622,500 p.a. The payments are dependent on the achievement of five benchmarks at a rate of approximately \$48,500, and one milestone which is worth approximately \$380,000. 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.

As the exact amount of the payments is calculated by the annual cost of Commonwealth vaccine purchases, payments for the ACT under the NPAEV are dependant on the number and cost of vaccines purchased in Australia and the ACT.

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.

Cleared as complete and accurate:	29/03/2018	
Cleared by:	Executive Director	Ext: 51722
Information Officer name:	Conrad Barr	
Contact Officer name:	Conrad Barr	Ext: 51722
Lead Directorate:	Health	

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 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: 29/03/2018
 Cleared by: Executive Director Ext: 51722
 Information Officer name: Conrad Barr
 Contact Officer name: Conrad Barr Ext: 51722
 Lead Directorate: Health

GBC18/221

Portfolio/s: Health & Wellbeing

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:	27/03/2018	
Cleared by:	Deputy Director-General	Ext: 42728
Information Officer name:	Chris Bone	
Contact Officer name:	Linda Kohlhagen	Ext: 42169
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: 27/03/2018
Cleared by: Deputy Director-General Ext: 42728
Information Officer name: Chris Bone
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Lead Directorate: Health

GBC18/220

Portfolio/s: Mental Health

ISSUE: ACT HEALTH ORGANISATIONAL REFORM

Talking points:

- This reform will bring ACT Health closer in line with other Australian jurisdictions, which have structurally separated their clinical services delivery from their departments of health.
- This is an essential evolution for our growing population and expanding health system, and will bring greater clarity about the distinct roles and responsibilities of frontline staff and corporate staff.
- Staff who deliver frontline health services to the Canberra community will come under the umbrella of the distinct health delivery organisation.
- There will be a separate organisation responsible for strategic policy and planning which will set the strategic direction for health services in the ACT.
- Both organisations will continue ACT Health's commitment to the health of our community, as well as a commitment to quality, innovation, engagement and accountability.
- The separation will enable a clearer focus on efficiency and effectiveness for clinical operations, and free up capacity within the Health Directorate to undertake core strategy and system management functions.

Impacts for Patients/Consumers

- These proposed changes are primarily administrative in nature at this stage and are being developed with careful consideration to ensure that there will be no negative impacts on the services that we offer.
- The restructure will be fully implemented from 1 October 2018, but the transition will be a seamless one and people visiting one of the three public hospitals, our popular walk in centres or in any way accessing the many community based health services that we offer will not experience any disruption as a result of this announcement.
- The restructure will bring greater efficiencies for clinical and medical staff, and is being designed to improve service delivery and further reinforce the goals of the Territory-wide Health Services framework –person centric and

Cleared as complete and accurate: 04/04/2018
Cleared by: Executive Director Ext: 59010
Information Officer name: Jodie Chamberlain
Contact Officer name: Jodie Chamberlain Ext: 59010
Lead Directorate: Health

community focused care, enhanced preventive health and improved Hospital services.

Impacts for Staff

- An ACT Health Organisational Reform Group, comprising the ACT Health Deputy Directors-General, has been established to guide planning and delivery of the new structure. This group is being supported by a new transition team, which commenced work recently. The team includes representatives from both the clinical and corporate sides of ACT Health. Additional human resources, industrial relations and legal advice will be brought into the team progressively. The team will work out of the Bowes Street building.
- I would like to reassure all ACT Health employees that staff will be kept informed on development of the new structure. This will include regular staff emails, staff forums at Bowes St and Canberra Hospital, monthly Executive Director briefings, and a dedicated transition page on the ACT Health intranet (currently under development). Staff are also encouraged to email healthreferencegroup@act.gov.au with suggestions, questions or concerns.
- No staff losses are anticipated as a direct result of the reform announcement.
- Engagement with external stakeholders and unions will also occur.

Territory-wide Health Services Framework

- The clinical and service planning underway through the Territory-wide Health Services Framework will remain a key priority for government and we will continue to realign the governance of the Canberra Hospital and Health Service (CHHS), establish clinical Centres, which will group clinical services through Centre Service Plans and Specialty Service Plans.
- This is a critical element of the overall Government priority to increase access to specialist health services in the ACT, both in the hospitals and in the community.
- The Territory-wide Health Services Framework aims to ensure ACT Health's delivery of an integrated and whole-of-system service delivery model to provide true person- and family-centred care. This is an exciting opportunity and staff have been strongly encouraged to provide feedback on the proposed grouping of Centres and Service Streams, and in the

Cleared as complete and accurate: 04/04/2018
Cleared by: Executive Director Ext: 59010
Information Officer name: Jodie Chamberlain
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Lead Directorate: Health

subsequent implementation of these important changes. The work of this ACT Health Organisational Reform Group will consider this already announced reform path and will ensure that the wider organisational reforms being considered are well aligned.

- Due to the proposed timing of the restructure (1 October 2018), it is anticipated that while work continues refining the Centres and Specialty Service Plans, implementation of these Framework items will be phased in from July 2018 to take full advantage of the development of the two new organisations and the recruitment of a new leadership team.

Director-General Position

- I would like to advise that Mr Michael De’Ath commenced on Monday 9 April 2018 as the interim Director-General, ACT Health Directorate while the recruitment process for a new Director-General and new senior executive positions is underway.
- As I noted during my announcement of the reform in March, Ms Nicole Feely, the ACT Health Director-General at the time, has advised the government that she will pursue new opportunities, having successfully led ACT Health over the past three years and positioned the organisation to take this important next step in its transformation.
- I thank Ms Feely for her commitment and focus. She has been instrumental in beginning this reform process within ACT Health, transforming strategy and positioning ACT Health for a sustainable financial future.
- Her strategic insight and operational expertise has skilfully repositioned the Directorate for the transition to a truly person-centred, integrated health service. I thank Nicole and wish her every success.

Key Information

- On 23 March 2018 the ACT Government announced a decision to separate ACT Health into two distinct organisations. From 1 October 2018, the ACT Government will separate operational health services from policy and planning functions.
- There will be one organisation solely responsible for ACT Health’s clinical operations. It will focus on the operational delivery of quality health services to our growing community.
- There will be a second organisation responsible for strategic policy and planning. This will set the strategic direction for health services in the ACT.

Background Information – may not be suitable for public disclosure

Cleared as complete and accurate:	04/04/2018	
Cleared by:	Executive Director	Ext: 59010
Information Officer name:	Jodie Chamberlain	
Contact Officer name:	Jodie Chamberlain	Ext: 59010
Lead Directorate:	Health	

- Media articles reporting on the restructure, and internal government communications have used the terms “Organisation” “Service” “Agency” and “Directorate” interchangeably, leading to some possible confusion regarding the exact nature and legal status of the two distinct areas.
- Further, media articles and communications have reference to either two new “directors-general”; two new “executive positions”; “the current Director-General position will no longer exist from 1 October 2018”.
- A recent freedom of information request may see the publication of reports prepared for ACT Health and Minister Fitzharris outlining consideration of Directorate governance structures.
- The recent Accreditation Audit highlighted governance across the Directorate as an area for improvement.
- While not directly related, the Auditor-General has recently announced an audit into allegations of breaches of the Public Sector Management Act inside ACT Health. This is covered in a separate Question Time Brief.

Cleared as complete and accurate: 04/04/2018
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GBC18/220

Portfolio/s: Mental Health**ISSUE: ACT HEALTH TERRITORY-WIDE HEALTH SERVICES FRAMEWORK
2017-2027****Talking points:**

- Work on the Territory-wide Health Services Framework (the Framework) is progressing well and the Territory-wide Health Services Advisory Group is currently providing feedback on a revised draft of the Framework.
- The timeframe for implementation of the Framework is currently under review following the announcement that ACT Health will be split into two organisations from 1 October 2018.
- Implementation of the Framework 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 Centre 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.

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- 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 (including GPs) has also commenced, with further consultation still to occur. 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. A sub-committee for NGO stakeholder engagement has also been established to guide this work.

Key Points

- Development and planning for implementation of the Territory-wide Health Services Framework is progressing well, however, the timeframe for implementation of the Framework is currently under review following the announcement that ACT Health will be split into two organisations from 1 October 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 has commenced, with further consultation still to occur. The Advisory Group is providing advice on how to best consult with these stakeholders and a sub-committee for NGO stakeholder engagement has also been established to guide this work.
- 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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GBC18/220

Portfolio/s: Mental Health

ISSUE: ACT HEALTH SYSTEM-WIDE DATA REVIEW

Talking points:

- The System-Wide Data Review has been completed by the Health Directorate and they are now finalising the outcome report.
- The Government will consider the final outcomes and recommendations of the Review once the Report is received.
- 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 which is why this review was undertaken.
- 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);

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- 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;
 - 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;

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- 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 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
 - Deputy Director, Transformation and Collaborative Engagement, 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

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Add reference number

Portfolio/s: Mental Health

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:	29/01/2018	
Cleared by:	Deputy Director-General	Ext: 51123
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Lead Directorate:	Health	

TRIM Ref:

- 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.

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- 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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Portfolio/s Mental Health

ISSUE: ACCREDITATION

Talking points:

- The Australian Commission on Safety and Quality in Health Care introduced the National Safety and Quality Health Service Standards (National Standards) framework as part of the Australian Health Service Safety and Quality Accreditation Scheme in 2013.
- The Standards are designed to assist health service organisations to deliver safe and high quality care. They aim to:
 - reduce patient harm;
 - provide a nationally consistent set of quality and safety measures; and
 - ensure a minimum standard of patient care delivered by health services across Australia.
- The Australian Council on Healthcare Standards (ACHS) conducted an organisation wide 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).
- At organisation wide re-accreditation assessment, ACHS assessed 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 has accreditation against the National Standards until July 2018.

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- Accreditation is a point in time assessment; work continues across the organisation to ensure ACT Health continuously improves the quality and safety of person-centred care.
- To further support ongoing staff awareness of accreditation requirements and their safety and quality roles and responsibilities, ACT Health formally launched ACT Health’s Quality Strategy on 15 March 2018. This strategy has been developed with the quality ambition for ACT Health to be recognised as a high performing health service that provides person-centred, safe and effective care.

Key Information

- The ACHS surveyors presented an “Accreditation Summation” session to ACT Health staff on 23 March 2018. This gave clinical and operational staff an overview of what might be expected in the final survey report.
- At summation, the surveyors provided a brief overview of their findings against each action, highlighting areas of excellence including the ACT Health Quality Strategy, the positive patient centred care delivered to regional patients through the Renal telehealth service, and the rapid person centred care provided to unwell oncology patients through the Rapid Assessment unit in radiation oncology
- Surveyors also identified challenges and areas for improvement in regards to the corporate and clinical governance of ACT Health highlighting the launch of the Quality Strategy as key to enhance ACT Health’s focus on safety and quality of person-centred care.
- ACHS will submit a formal report to ACT Health in the coming weeks. The outcomes will be used continually drive quality and safety improvements in the health service.

Background Information – may not be suitable for public disclosure

- ACT Health has received an interim report identifying that the organisation has received a “not met” for actions against specific National Standards:
 - Standard 1, Governance for Safety and Quality in Health Services in relation to organisational governance. In particular, these matters relate to organisational governance, accountabilities, risk management, business plans, decision making and timely response in progressing and implementing actions and recommendations.
 - Standard 3, Health Care Associated Infections prevention and management.

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- Standard 4, Medication Safety. Areas identified relate to the storage and management of certain high risk medications, and medication monitoring systems.
- Standard 5, Patient Identification.
- Standard 6, Clinical Handover.
- Actions rated as not met must be addressed through an Advanced Completion process where ACT Health has 90 days to meet the Actions to be awarded accreditation. ACHS will revisit ACT Health in 90 days to reassess any 'not met' actions. If all actions are met, the organisation will be awarded accreditation.
- A formal and detailed report from ACHS Surveyors will be received by ACT Health in approximately two weeks. A comprehensive brief on findings and outcomes will be provided to you post receipt of this report.
- Based on findings during survey week, on 26 March 2018, ACHS contacted the Commission to notify a significant patient safety risk. On 6 April 2018 a brief was provided to you detailing this risk and action taken.

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Portfolio/s: Mental Health**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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TRIM Ref: GBC18/220

- 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.
- The report contained 20 recommendations which fall into five categories, which describe the functions that Synergia believe the Office will require to fulfil its mission. These five functions include:
 1. Developing and maintaining a territory wide approach to mental health in the ACT;
 2. Coordinating mental health policies, strategies and funding in the ACT;
 3. A focus on systemic reform and improvement across the continuum of mental health care, including physical health, drug and alcohol and the social determinants of health;
 4. The monitoring and reporting of services and outcomes relating to mental health in the ACT; and
 5. Community engagement to promote mental health and wellbeing.
- ACT Health has received approval from the Acting Director-General to proceed with a single select tender to develop a new contract with Synergia. This contract 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.
- ACT Health is currently negotiating the contract with Synergia, including key deliverables, dates and the value of the contract.

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

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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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Portfolio/s: Mental Health**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.

Cleared as complete and accurate: 28/03/2018
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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, then ACT Minister for Health was briefed 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 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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GBC18/220

Portfolio/s: Mental Health

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.
- The Audit Office made seven recommendations about:
 - Mental Health Services policies and procedures;
 - Records of communication with relevant parties;
 - Recovery planning;
 - Electronic clinical records;
 - Manual report procedures;
 - Suicide Vulnerability Assessment tool; and
 - Performance reporting

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- 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

Background Information – may not be suitable for public disclosure

- 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.
- 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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GBC18/220

Portfolio/s: Mental Health**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 as a Dhulwa Transitoin Unit.
- 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.

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Lead Directorate: Health

- Since the end of February 2018, the beds at BHRC are capped at 22 to prepare for the transition of residents to the UCPH or supported accommodation in the community.
- 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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GBC18/220

Portfolio/s: Mental 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.

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- 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.

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- 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.
- 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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GBC18/220

Portfolio/s: Mental Health

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.
- 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 are key strategic documents for ACT Health and will inform all work undertaken, including the procurement of 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.
- 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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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 and 16 March 2018, ACT Health facilitated forums for NGOs with updates about the TWHSF.
- ACT Health has commenced work ahead of the June 2019 expiry of agreements to ensure the continuity of services for the people of the ACT.

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GBC18/110

Portfolio/s: Mental 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 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.

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- 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.

Background Information – may not be suitable for public disclosure

- Since January 2017, Eating Disorders Program has recommended that five young people seek inpatient care in Sydney related to an eating disorder. The recommendation was based on the clinical assessment of their medical needs that could best be met in a specialised inpatient unit. There are currently no plans to open a specialised eating disorder inpatient unit in the ACT.
- On 27 March 2018, there were 32 people in the eating disorders program.

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GBC18/220

Portfolio/s: Mental Health**ISSUE: MISSION AUSTRALIA REPORT ON YOUTH****Talking points:**

- 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.
- The top four issues of concern for young people in the ACT and nationally 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.
- This report highlights the need for the continued support and development of youth mental services in the ACT.

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- 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 Annual Youth Survey Report was released in December 2017. These reports aim to provide a yearly snapshot of how the nation's young people, aged 15-19, feel about their own lives and broader national issues.
- 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.

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- 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.
- 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 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.

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Add reference number

Portfolio/s: Mental Health**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.

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- CAMHS also runs education and therapeutic group programs at The Cottage Adolescent Day Program for adolescents significantly impacted by mental illness.
- 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

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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 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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GBC18/220

Portfolio/s: Mental Health**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

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- 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.
- 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

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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.
- 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 Information – may not be suitable for public disclosure

- Current mental health workforce recruitment activity is as follows:
 - One senior registrar is expected to achieve College Fellowship and registration as specialists by early April 2018. They will then commence work in the AMHU.
 - One senior registrar achieved College Fellowship and commenced work as a specialist 26 March 2018 and is working at Calvary Public Hospital and will commence working in AMHU from 4 May 2018.
 - 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.

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- Locum consultants have boosted the senior medical staff numbers in CAMHS and the two overseas trained full time consultants will arrive before the end of the year, which will take the FTE to 3.9. A full time Career Medical Officer who has completed advanced training in child and adolescent psychiatry joined the Service in February 2018 and is anticipated to receive his Fellowship in early 2019, making him eligible for a consultant position. A further two Advance Trainees in child and adolescent psychiatry are working with the Service. These doctors should finish their training in 2018 and 2020 respectively. Additionally there are three basic trainees in psychiatry (junior medical officers) working in the CAMHS.
- 0.2 FTE Career Medical Officer in psychiatry has commenced with providing psychiatry services in the ED.
- A new Clinical Director for Primary Health, Justice Health Services commenced on 19 March 2018.
- Recruitment of a new Staff Specialist in addiction medicine will commence early April 2018.
- Candidates for a consultant position in Primary Health, Justice Health Services were interviewed in March 2018.
- Candidates for the Clinical Director for the Aboriginal Health position were interviewed in March 2018.
- Recruitment of the Chief Psychiatrist has been finalised. The person will commence in August 2018 pending Cabinet approval.
- Advertisements for a Consultant Liaison Psychiatrist and further Adult General Psychiatrist position were closed in March 2018. No applications were received and these positions have been readvertised.
- 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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Portfolio/s: Mental 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 died by suicide.
- ACT Health is not able to comment about coronial matters while they are before the ACT Coroner.
- ACT Health works closely with the ACT Coroner to actively support the coronial inquest process. We strive and are committed to improving the quality of services we provide to patients and the community to support the delivery of these services.

Key Information

- There were four deaths by suicide of inpatients at Canberra Hospital in the period January 2015 to November 2016. These deaths are the subject of a coronial investigation. Coroner Hunter will investigate these deaths together in one inquest. The ACT Government Solicitor (ACTGS) is representing the Territory.
- The Inquest dates 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.
- 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:	27/03/2018	
Cleared by:	Deputy Director-General	Ext: 51313
Information Officer name:	Katrina Bracher	
Contact Officer name:	Michelle Hemming	Ext: 55142
Lead Directorate:	Health	

GBC18/220

Portfolio/s: Mental Health**ISSUE: CORONIAL FINDINGS INTO THE DEATH OF STEVEN FREEMAN****Talking points:**

- Steven Freeman's death in May 2016 was a tragedy. The ACT Government acknowledges the grief, loss and sadness that his family has experienced.
- The Government also acknowledges the significant impact that his death has had on our Aboriginal and Torres Strait Islander community.
- The ACT Government has supported the coronial process and has worked closely with the Coroner to provide all relevant documents and evidence during the Inquest.
- The ACT Government will continue to work with Coroner Cook who is expected to hand down his findings on 11 April 2018.
- Since the death of Mr Freeman, the Government has made significant changes to improve detainee health, care and safety in the Alexander Maconochie Centre, including the commissioning of the Moss Review, which has led to an extensive reform program.

Key Information

- The coronial inquest into the death of Mr Freeman commenced on 27 February 2017 for six days and was re-convened on 10 August 2017 for a further two days.
- ACT Health anticipates that Coroner Cook will hand down his findings into the death of Mr Steven Freeman on 11 April 2018. However, the Territory is unable to foreshadow any of the Coroner's recommendation/s (if any).
- A number of issues were raised during the Inquest, including numerous aspects of the methadone program at the AMC, and correctional observations of detainees at musters and following dosing of medication. It is likely that these issues may form the basis of the Coroner's recommendations.

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GBC18/220

Portfolio/s: Mental Health**ISSUE: PHILLIP MOSS REVIEW AND HEALTH-SERVICES COMMISSIONER-INITIATED REVIEW INTO HEALTH SERVICES AT THE AMC****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.
- All recommendations made by Mr Moss have been agreed to wholly, or in principle. The Moss Implementation Inter-Directorate Working Group (IDPT) was established to progress actions in relation to recommendations of the Moss 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.
- On 9 March 2018, the Health Services Commissioner, Ms Karen Toohey, completed a Commission initiated consideration of the provision of health services within the AMC. The review considered the operation of the methadone program within the AMC as recommended by the Moss Review into the treatment of Mr Freeman.
- 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.

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- The report contains 16 recommendations:
 - 10 relate specifically to ACT Health ,
 - 2 relate specifically to ACT Correctives Services and
 - 4 are joint recommendations for ACT Health and ACT Corrective Services.
- ACT Health will work collaboratively with ACT Corrective Services on the on the progression of the the joint recommendations.

Key Information

- One of the Moss review recommendations was a commission-initiated consideration of matters relating to delivery of health services within the Alexander Maconochie Centre (AMC), including methadone prescription.
- 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.
- In December 2017, the Human Rights Commission provided a copy of the Draft report of the Opioid Replacement Treatment 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 Opioid Replacement Treatment (ORT) program at the AMC.
- In February 2018, MHJHADS were provided with another draft of the report for review, following the methadone medication error in February 2018.

Background

- As part of the review process, the Commission visited the AMC on 28 March 2017 and again on 4 April 2017. These visits were supported by both ACT Health and Justice and Community Safety Directorates.
- During these visits the Commission 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.
- 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.

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- Justice Health Service (JHS) has undertaken the following to improve the provision of health care to detainees at AMC:
 - Review of procedures for prescribing and monitoring the methadone program in AMC through a Quality Improvement Activity with subsequent identification and implementation of a more robust process;
 - Implementation by the Primary Care Team of a more assertive follow-up system for people discharged from Canberra Hospital to the AMC;
 - In November 2017 the new Mental Health electronic clinical record system was made available to all JHS staff at the AMC;
 - Improvement of the documentation process for Induction Assessments, including better documentation of illicit drug use, withdrawal and resultant management plans ; and
 - Review and re-design of many of the clinical forms currently used at AMC to assist in documenting the clinical care provided.

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Lead Directorate: Health

GBC18/220

Portfolio/s: Mental Health**ISSUE: AMC MEDICATION ERRORS – DECEMBER 2017****Talking points:**

- Following a report of five overdose cases of detainees at the Alexander Maconochie Centre (AMC), the Executive Director, Mental Health, Justice Helath and Alchol and Drug Services 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 – Ongiong - 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.

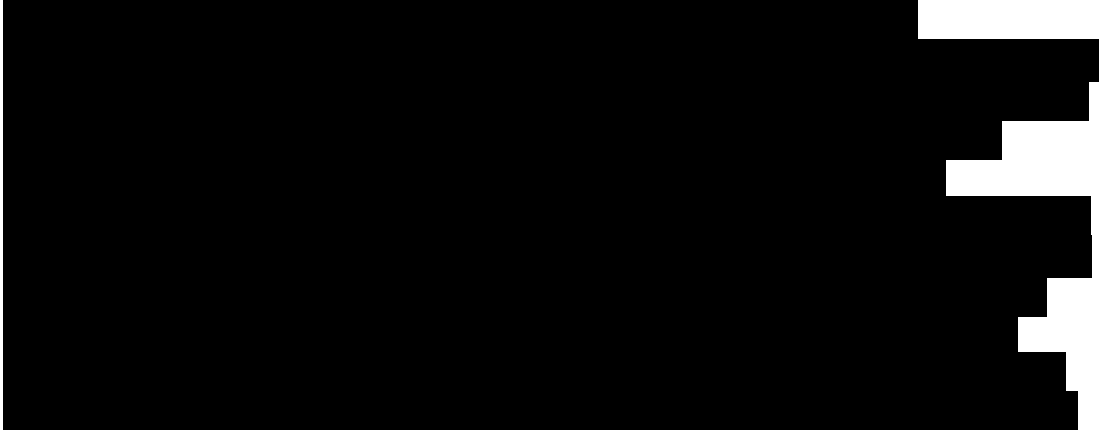
Cleared as complete and accurate: 27/03/2018
Cleared by: Deputy Director-General Ext: 42728
Information Officer name: Chris Bone
Contact Officer name: Katrina Bracher Ext: 50810
Lead Directorate: Health

4. ACT Health, particularly Canberra Hospital Pharmacy, should support clients at the AMC in understanding the importance of safe medication use, and the risks of trafficking contraband or unknown substances.
 - Action – Ongoing - 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

- [Redacted]

Incident 3

- [Redacted]

Incident 4

- [Redacted]

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GBC18/220

Portfolio/s: Mental Health**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 people 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.
- There have been timeline issues due to difficulty in trying to contact participants of the Report and addressing privacy and confidentiality issues.
- 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.

Cleared as complete and accurate: 28/03/2018
Cleared by: Deputy Director-General Ext: 53646
Information Officer name: Mary Wood
Contact Officer name: Jon Ord Ext: 57928
Lead Directorate: Health

- 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 an Annotated Summary of the Report so that the key findings can be shared with the ACT community.
- An Annotated Summary of the Report will be released publicly on the ACT Health website shortly.
- 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.

Cleared as complete and accurate: 28/03/2018
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- [Sensitive] The Office of Research in ACT Health has advised against releasing the report because of the questions surrounding the consent processes.
- [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.

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GBC18/220

Portfolio/s: Mental Health**ISSUE: WAY BACK SUPPORT SERVICE****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), is 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.

Key Information

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Lead Directorate:	Health	

- 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 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
 - (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 is currently being rolled out nationally as an established service by beyondblue. In addition to the current trial sites in the ACT and NSW, Way Back has commenced operations in two additional NSW sites as well as in QLD and VIC. A number of other sites are being planned.
- Additionally, the Australian Government is funding 12 suicide prevention trial sites in identified priority areas across Australia over three years (2016-17 to 2018-19). All suicide prevention trial sites are closely aligned with the Way Back service model and are being led by Primary Health Networks (PHNs) with support from the Department of Health and local organisations.
- 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

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- 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

- ACT Health has submitted a business case for Wayback Support Service.
- ACT Health is currently exploring the provision of an additional six months of transitional funding. This funding will provide continuity of service provision from the conclusion of the trial to the commencement of the service, should the business case be successful.

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Lead Directorate: Health

GBC18/279

Portfolio/s Health & Wellbeing

ISSUE: ACCREDITATION**Talking points:**

- The Australian Council on Healthcare Standards completed a comprehensive assessment of ACT Health's compliance with the National Safety and Quality Health Service Standards from 19-23 March 2018.
- During the organisation wide re-accreditation assessment, Australian Council on Healthcare Standards assessed ACT Health's implementation of the National Standards. This involves awarding either a 'satisfactory met' or 'not met' to the actions within the National Safety and Quality Health Service Standards.
- ACT Health received the formal Australian Council on Healthcare Standards 'Not Met' Action report on 4 April 2018.
- The Australian Council on Healthcare Standards 'Not Met' Action report details 176 core criteria as met with 37 assessed as 'Not Met' under five of the 10 National Standards.
- Of the 37 'Not Met' actions, 33 are 'Not Met' core National Standards actions and 4 are 'Not Met' developmental National Standards actions. Of the 4 'Not Met' developmental National Standards actions, one is in Standard 1, Governance; two in Standard 2, Partnering with Consumers, and one in Standard 4, Medication Safety.
- The Australian Council on Healthcare Standards provided ACT Health a remediation period of 90 days to address the 33 'Not Met' Core Actions. ACT Health will be reassessed on those 33 'Not Met' Core Actions through a process called Advanced Completion, with two Australian Council on Healthcare Standards surveyors conducting an Advanced Completion survey on-site at Canberra Hospital and Health Services during 3-5 July 2018.

Cleared as complete and accurate:	7/5/18	
Cleared by:	Deputy Director-General	Ext: 77880
Information Officer name:	Jane Murkin	
Contact Officer Name:	Josephine Smith	Ext: 50095
Lead Directorate:	Health	

- ACT Health will need to undertake improvement activity to ensure the 4 ‘Not Met’ developmental National Standards actions are met in the future. ACT Health will not be reassessed against these developmental actions during the Advance Completion process and the on-site survey in July 2018.
- All Core Actions must be assessed as ‘Satisfactorily Met’ at the Advanced Completion survey for ACT Health to be awarded accreditation.
- A National Standards Leadership Committee, chaired by the Interim Director-General with membership from the Deputy Director-General and Professional Lead cohort has been established to oversee development, progress and implementation of the Action Plan.
- It is important to emphasise that improving quality and safety is an ongoing process in the health system and that does not start or end with accreditation. There is significant work underway every day in our hospital that is focussed on quality and patient safety.
- ACT Health was last surveyed by Australian Council on Healthcare Standards in May 2015 and was successful in achieving accreditation against the National Standards until July 2018. ACT Health will remain accredited until completion of the current assessment process.

Key Information

- The ACHS surveyors presented an “Accreditation Summation” session to ACT Health staff on 23 March 2018. This gave clinical and operational staff an overview of what might be expected in the final survey report.
- At summation, the surveyors provided a brief overview of their findings against each action, highlighting areas of excellence including the ACT Health Quality Strategy, the positive patient centred care delivered to regional patients through the Renal telehealth service, and the rapid person centred care provided to unwell oncology patients through the Rapid Assessment unit in radiation oncology.
- ACT Health has received the draft comprehensive Accreditation Report from the Australian Council on Health Care Standards (ACHS) on 19 April 2018. ACT Health reviewed the report to ensure factual accuracy, although cannot change the recommendations or outcomes. Feedback was provided to ACHS on 3 May 2018 to enable finalisation of the report.

Cleared as complete and accurate: 7/5/18
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Lead Directorate: Health

- ACHS will submit the final report to ACT Health in the coming weeks. The outcomes will be used to continually drive quality and safety improvements in the health service.

Not Met report

- ACT Health has commenced significant work to address the not met core action report. This includes:
 - The establishment of the National Standards Leadership Committee. The role of the committee is to provide leadership oversight and effective governance to address the 'not met core action report'. Including the development of an action plan, audit processes which have been put in place, and the process for collation of required documentary evidence for the on-site reassessment 3-5 July 2018.
 - ACT Health has established an accreditation coordination team who have commenced development of a robust programme plan to track and report weekly to the National Standards Leadership Committee and the Minister for Health and Wellbeing. This plan includes a detailed action plan and traffic light progress.
- The Minister for Health and Wellbeing has commenced weekly meetings with ACT Health and has requested and is receiving weekly briefings on ACT Health's progress in addressing the not met core actions.
- Two all staff forums have been convened by ACT Health's Interim Director-General, with the forum held on 4 May attended by the Minister for Health and Wellbeing. The staff forums were held to provide an update on ACT Health's key priorities including accreditation.
- The Interim Director-General has liaised with the Australian Commission on Safety and Quality in Health Care and Australian Council on Health Care Standards to discuss the outcomes of the accreditation survey and the monitoring processes ACT Health is taking to address the not met core action report.
- The Commission have provided ACT Health with their full support and confidence in the approach ACT Health is undertaking to address the Not Met Core Actions and in achieving re-accreditation, including a visit to ACT Health in the coming weeks to support ACT Health throughout this process.

Cleared as complete and accurate: 7/5/18
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Lead Directorate: Health

Background Information – may not be suitable for public disclosure

- ACT Health will be advised of the outcome of the AC review and surveyor recommendation to ACHS on the last day of the on-site survey, 5 July 2018.
- The ACHS survey team have five working days from the last day of the on-site review to submit their report to ACHS, which is internally reviewed to determine the accreditation decision.
- A draft AC report is then provided to ACT Health in ten working days following the on-site survey, 19 July 2018. ACT Health have five working days from receipt of the report to review and provide a response to ACHS, 26 July. The final survey report should be received within 30 calendar days of the AC90 on-site review, which includes the accreditation decision. The expected date of receipt of the report is 5 August 2018.
- ACT Health remain accredited until finalisation of the AC90 process.
- As per ACT Health's Agreement with ACHS, and the ACHS Appeals Policy, ACT Health may appeal the accreditation decision within 28 days from receipt of the written advice of the accreditation decision.
- In the event that ACT Health were to appeal the decision, the original accreditation status awarded to ACT Health following the survey in May 2015 would remain in force until the appeal is finalised.
- In the event ACT Health does not receive reaccreditation, the Australian Commission on Safety and Quality in Health Care (Commission) have advised that the organisation will need to be reassessed against the National Standards within twelve months. There is no official waiting period before the ACT Health can be reassessed as long as the reassessment occurs within the twelve months period.
- During the intervening period the Commission has also advised that ACT Health's licensing and regulatory policy directives, with oversight by the Regulator will need to be followed until the organisation receives National Standard accreditation.
- In the event that the hospital is no longer accredited, the Chief Health Officer (as delegate of the Minister for Health and Wellbeing) would licence CHHS as a non-accredited health care facility under the *Health Care Facilities Code of Practice 2001* (the Code). The hospital will not close.
- As a non-accredited health care facility licence holder, the CHHS would be obligated to comply with all provisions of the Code. Authorised officers under the *Public Health Act 1997* may inspect CHHS from time to time to assess compliance with the Code.

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GBC18/279

Portfolio/s Health & Wellbeing

ISSUE: ACT HEALTH GOVERNANCE

Talking points:

- *Standard 1: Governance for Safety and Quality in Health Service Organisation* is one area in which the Australian Council on Health Care Standards (ACHS) have identified as requiring improvement.
- It is important to emphasise that improving quality and safety is an ongoing process in the health system and that doesn't start or end with accreditation. There is significant work underway every day in our hospital that is focussed on quality and patient safety.
- The re-accreditation process is an opportunity to identify areas of improvement to ensure we continue to deliver high quality and safe health care to the community. The improvements we are making as a result of this process will make our health services even better.
- The Interim Director-General has assured both myself and Minister Rattenbury that the issues and recommendations that relate to Governance will be dealt with as a priority, ensuring good governance is at the centre of all our important health care reforms moving forward.
- A new National Standards Leadership Committee has been established within the Directorate.
- The Committee is meeting weekly to specifically provide leadership and effective governance of the actions required to address the ACHS not met report.
- Work is underway to review and update the Directorate's Corporate Plan and Governance Framework to enable clear lines of reporting and accountability.

Cleared as complete and accurate: 02/05/2018
Cleared by: Deputy Director-General Ext: 52248
Information Officer name: Karen Doran
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Lead Directorate: Health

TRIM Ref: GBC18/279

- In addition, ACT Health's new Quality Strategy sets down the guiding principles and strategic priority areas for the next two, five and ten years.
- It will act as a platform to demonstrate ACT Health's improvements in safety and quality of care.
- A Quality Strategy Implementation Plan and Measurement Framework is currently under development and will be finalised in the second quarter of 2018.
- Once the implementation plan and measurement framework is developed, base line data will be collated to inform the specific percentages for each priority – person-centred care, safe care and effective care.

Key Information

- The issues identified in the report support the Government's decision to look at the overall governance of our health system and to separate ACT Health into two organisations.
- From 1 October 2018, there will be one organisation responsible for ACT Health's clinical operations and a second organisation responsible for strategic policy and planning.
- Both organisations will continue the reform work already underway to achieve ACT Health's commitment to the health of our community, as well as a commitment to quality, innovation, engagement and accountability.
- Separating the organisation reflects best practice and has already been done in larger jurisdictions interstate.
- I am confident that the creation of separate organisations will result in more robust governance and leadership across our entire health system.

Cleared as complete and accurate: 02/05/2018
Cleared by: Deputy Director-General Ext: 52248
Information Officer name: Karen Doran
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Lead Directorate: Health

TRIM Ref: GBC18/279

GBC18/279

Portfolio/s Health & Wellbeing

ISSUE: ACT HEALTH ACCREDITATION – ELECTRONIC SURGICAL SAFETY CHECKLISTS

Talking points:

- The Surgical Safety Checklist (SSC) was developed by the World Health Organization (WHO) to improve surgical safety and reduce mortality rates and the incidence of surgical complications.
- The surgeon or surgical registrar is responsible for initiating and leading SSC briefings while the patient is in the operating room and completion of the SSC form
- An electronic platform for completion of the SSC was implemented in CHHS in 2016. Compliance with fully completing the Electronic Surgical Safety Checklist (ESSC) was reported as low across all surgical specialties in CHHS with a rate of 40 per cent reported when data was first made available in August 2017.
- Quality Improvement process initiated in November 2017 with team members from Division of Surgery and QGR following mock survey with aim of documentation of the Surgical Safety Checklist will improve to 100 per cent of all relevant and appropriate cases in all specialities by July 2018.
- Sharing of audit results and performance to specialty and individual level have been shared with clinicians.
- For the last reporting period 23 April -29 April 2018 the overall compliance is reported as 91.13 per cent.

Cleared as complete and accurate: 02/05/2018
Cleared by: Executive Director Ext: 6244 3515
Information Officer name: Daniel Wood
Contact Officer name: Barbara Reid Ext: 6244 2728
Lead Directorate: Health

TRIM Ref: GBC18/279

- **How it happens:**

The SSC is completed electronically within the Clinical Portal by the medical officer identified in charge of the operating room and on completion is sent electronically to the Clinical Records Information System.

The process starts with the commencement of the Pre-operative Checklist on admission to a clinical area. The patient confirms their identity and planned procedure and consent with staff prior to transfer from the admission area to the operating suite or procedure room.

Step 1 “sign in/check in”- before the induction of anaesthesia –

The check-in process is undertaken with the patient by the anaesthetic nurse and/or anaesthetist in the anaesthetic bay, or procedure room, prior to anaesthesia.

Step 2 “time out/team time out”- before the incision of the skin or commencement of surgical procedure

performed by the operating team, which comprises of surgeons, anaesthesia professionals, nurses, technicians and other operating room personnel all of whom play a role in ensuring the safety and success of an operation. Where appropriate the patient is included in this process in the operating room. In emergency circumstances this step may be skipped.

Step 3 “sign out/check out”- before the patient leaves the operating room.

performed by the operating team at conclusion of surgical procedure and prior to the patient leaving the operating room. Where appropriate the patient is included in this process in the operating room.

Cleared as complete and accurate:	02/05/2018	
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TRIM Ref: GBC18/279

GBC18/279

Portfolio/s Health & Wellbeing

**ISSUE: ACT HEALTH ACCREDITATION – INFECTION CONTROL
(INCLUDING HEPA FILTERS AND LEGIONELLA)**

Talking points:

- The aim of the ACT wide Infection Prevention and Control Unit (IPCU) is to minimise infection risks for patients, health care workers, students and the general public.
- The IPCU is governed under the Australian Commission on Safety and Quality in Healthcare Standard 3 – Preventing and Controlling Healthcare Associated Infections.
- The intent of Standard 3 is to minimise the risk for patients in acquiring preventable infections and to enable the effective management of infections when they occur by using evidence based strategies.

Hand Hygiene

- Overall hand hygiene rates across Canberra Hospital and Health Services (CHHS) have improved and are significantly above the national benchmark. However, the rates for doctors are lower than other healthcare workers.
- Initiatives to increase hand hygiene rates for doctors have been introduced and are associated with an improved rate for the first audit of 2018, and further audits are underway, to ensure sustained improvement outcomes.
- Doctors will continue to be targeted throughout 2018 to ensure ongoing improvements.

Cleared as complete and accurate: 02/05/2018
Cleared by: Executive Director Ext: 6244 3603
Information Officer name: Girish Talaulikar
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Lead Directorate: Health

TRIM Ref: GBC18/279

Hepa Filter Maintenance and Legionella

- To date, there have been no cases of legionella infection acquired at CHHS.
- ACT Health continuously undertakes works to upgrade and maintain the infrastructure assets on the Canberra Hospital campus. Works are prioritised in accordance with a strategic asset management plan and risk assessment processes.
- ACT Health Facilities Management (FM) regularly undertake testing for the control of legionella bacteria in building water systems at ACT Health facilities, in accordance with the Code of Practice for Cooling Towers, Evaporative Condensers and Warm Water Storage Systems. Any high counts are appropriately escalated and managed in accordance with the Code of Practice.
- FM produce environmental reports, including water sampling testing and results, and Hepa Filter (air quality) reports. These reports were previously sent to the Infectious Disease Threat Planning Committee, but following a recommendation from the accreditation report, FM now provides their environmental reports to the Healthcare Associated Infections (HAI) standard committee. This committee is the means for reporting and escalating issues related to Standard 3.
- In addition, a Legionella Risk Management Team meet monthly to review and manage required outcomes.
- A Water Quality Management Plan will be developed prior to 30 May 2018. The plan will include recommendations on reduction of risks to Building 1 Level 4.

Cleared as complete and accurate: 02/05/2018
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TRIM Ref: GBC18/279

GBC18/279

Portfolio/s Health & Wellbeing

**ISSUE: ACT HEALTH ACCREDITATION –
CLINICAL HANDOVER/DISCHARGE SUMMARIES****Talking points:****Clinical Handover**

- An education program is being developed in relation to clinical handover. This program will include a face-to-face simulated learning workshop and is due to commence 14 May 2018.
- An audit plan is being developed to monitor compliance with Positive Patient Identification (PPID) and clinical handover. The plan will include resources to support staff to improve their practice in relation to clinical handover and PPID.
- In addition, audit tools have been developed to support real-time monitoring of clinical handover and PPID.
- Change champions across all disciplines will be identified in all clinical areas to support staff on a daily basis with clinical handover and PPID.

Non Mental Health Discharge Summaries

- A review of discharge letters from the Emergency Department (ED) is being undertaken as the ED Information System (EDIS) has limited connection to other systems, making the finalisation and distribution of discharge letters problematic. ACT Health is working towards a technical solution to this challenge.
- A meeting was held in Neonatology to review processes surrounding discharge summary completion and distribution. New administrative process put in place to help alleviate time delays, and an IT solution is being investigated. Similar actions are underway in Maternity.
- The rehabilitation area is reviewing processes for same-day admissions to ensure timely completion of discharge documentation.

Cleared as complete and accurate: 02/05/2018
Cleared by: Director Ext: 50893
Information Officer name: Jeff Fletcher
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Lead Directorate: Health

TRIM Ref: GBC18/279

- In order to ensure timely completion of discharge summaries over the long term, a comprehensive review and analysis is being undertaken to identify a sustainable approach to improvement.

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Information Officer name:	Jeff Fletcher	
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Lead Directorate:	Health	
TRIM Ref:	GBC18/279	

GBC18/279

Portfolio/s Health & Wellbeing

ISSUE: ACT HEALTH ACCREDITATION – CLEANLINESS (LINEN AND KITCHEN)

Talking points:

- The safety of patients, staff and visitors in our health facilities is the ACT Government's number one priority.
- Early in the survey process an issue with the build-up of soiled linen (after hours) was identified and immediate action was initiated to rectify this issue.
- Surveyors recommended a review of the storage and workflow of linen in the context of infection control/safety. Specific mentions related to the collection of soiled linen from the wards, management of the clean linen lift, Work, Health and Safety (WHS) standards, linen trolley covers and cleaning schedules.
- ACT Health has initiated several actions to address the surveyor recommendation including:
 - Additional soiled linen pick-ups implemented.
 - Improved practices regarding the use of the clean linen lift implemented.
 - Scheduled a WHS inspection commencing this week, with Inspection report recommendations to be followed up. Further clarity regarding WHS standard concerns has been requested from the surveyors to ensure all concerns are identified/understood and addressed accordingly.
 - Linen trolley covers are currently in place for all clean linen in transit. Further clarity regarding linen trolley cover non-compliance has been requested from the surveyors to determine the details of the non-compliance.
- A review of the area cleaning schedules has commenced. Schedules will be updated as required. The review and any updating of schedules will be completed by the end of May.

Cleared as complete and accurate:	02/05/2018	
Cleared by:	Executive Director	Ext: 6244 3603
Information Officer name:	Girish Talaulikar	
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Lead Directorate:	Health	

TRIM Ref: GBC18/279

- There has been an ongoing review to improve general cleaning in the kitchen following a Food Safety Audit in August 2017. This includes the implementation of cleaning schedules and other actions in conjunction with Facilities Maintenance to improve kitchen equipment and occupational safety issues including those which are identified in the report.
- Food safety at the hospital is a priority and this work is underway urgently.

Key Points

- ACT Health has contracted cleaning services for the past 18 years. ISS Health Services has been delivering these services since 2009, with the latest contract commencing in February 2017.
- The latest contract with ISS is a modern contract with performance-based quality outcome measures. This is to ensure that our health services are appropriately cleaned against health care standards for hygiene and infection control.

Cleared as complete and accurate: 02/05/2018
Cleared by: Executive Director Ext: 6244 3603
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Lead Directorate: Health

TRIM Ref: GBC18/279

GBC18/279

Portfolio/s Health & Wellbeing

**ISSUE: ACT HEALTH ACCREDITATION – MEDICATION
MANAGEMENT/DRUG STORAGE (FRIDGES)****Talking points:**

- Weekly rounds by the Chief Nursing and Midwifery Officer are being conducted to review clinical medication storage areas to ensure legislative requirements are being met. Matters requiring improvement are provided immediately to clinical staff, and thereafter to the relevant Executive Director and Director of Nursing/Midwifery in a formal report. These executive staff are then responsible for communicating findings to their clinical teams.
- A procurement process for the supply and installation of secure medication cupboards in theatres is currently under consideration by the Interim Director-General, ACT Health.
- TCH Medication fridges now have WiFi alarm connections which alert Pharmacy staff if the fridges move outside an acceptable temperature range. The manual checks undertaken by nursing and midwifery staff will continue until the end of May 2018, when the checking system becomes fully automated.

Cleared as complete and accurate: 02/05/2018
Cleared by: Executive Director Ext: 42147
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TRIM Ref: GBC18/279

GBC18/279

Portfolio/s: Health & Wellbeing

ISSUE: ACT HEALTH PUBLICATION OF DATA FOR CONSUMERS

Talking points:

- On 14 February 2017 I announced that ACT Health would undertake a System-wide Data Review, due to ACT Health being unable to provide data on emergency department performance, elective surgery waiting times and mental health for the 2017 Report on Government Services.
- 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.
- The System-wide Data Review has been finalised and as part of this review, the Health Directorate was 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.
- The System-wide Data Review has now been completed and ACT Health Staff will now be consulted on the findings of the Review. I look forward to making further comments about the Review as well as tabling the final Report and government response in the coming months.

Cleared as complete and accurate: 23/04/2018
Cleared by: Deputy Director-General Ext:77121
Information Officer name: Lynton Norris
Contact Officer name: Karen Chudleigh Ext:72324
Lead Directorate: Health

TRIM Ref: GBC18/279

Background Information

- On 14 February 2017, it was announced that an ACT Health System-wide Data Review would be undertaken. The Terms of Reference for the System-wide Data 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 Data Review, 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.

Cleared as complete and accurate: 23/04/2018
Cleared by: Deputy Director-General Ext:77121
Information Officer name: Lynton Norris
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Lead Directorate: Health

TRIM Ref: GBC18/279

GBC18/279

Portfolio/s: Health & Wellbeing**ISSUE: ACT HEALTH ORGANISATIONAL UPDATE****Talking points:**

- The proposal to restructure ACT Health was discussed and developed over a number of months and involved a number of phone and in-person conversations between myself and the Minister for Mental Health. Noting the informal nature of some of these discussions I am unable to provide a specific date for when the matter was first discussed with me.
- The changes to ACT Health I announced in March this year will bring ACT Health closer in line with other Australian jurisdictions, which have structurally separated their clinical services delivery from their departments of health which focus on policy, planning and regulatory functions.
- Other jurisdictions have changed in recent years to a model which separates frontline delivery from policy and planning, and the ACT will look to these examples and develop a model that works for the ACT Health system – now and into the future.
- This is an essential evolution for our growing population and expanding health system, and will bring greater clarity about the distinct roles and responsibilities of frontline staff and corporate staff.
- Staff who deliver frontline health services to the Canberra community will come under the umbrella of the separate health services delivery organisation.
- There will be a second separate organisation responsible for strategic policy and planning which will set the strategic direction for health services in the ACT.
- Both organisations will continue ACT Health's commitment to the health of our community, as well as a commitment to quality, innovation, engagement and accountability.
- The separation will enable a clearer focus on efficiency and effectiveness for clinical operations, and free up capacity within the Health Directorate to undertake core strategy and system management functions.

Cleared as complete and accurate:	07/05/2018	
Cleared by:	Director-General	Ext: 79532
Information Officer name:	Michael De'Ath	
Contact Officer name:	Nicole Kefford	Ext: 59371
Lead Directorate:	Health	

Governance and Consultation

- Work is already underway in preparation for the formation of two organisations, which are planned to commence on 1 October 2018. The interim Director-General has commenced a body of work to:
 - Seek expert independent review of the current organisation's form and function;
 - define the principles that will underpin the establishment of the two organisations;
 - conduct research into options for the relationship between the governance of the new organisations;
 - seek professional and extra-jurisdictional advice on options; and
 - most importantly, engage with staff and stakeholders throughout the process to ensure that we arrive at a model that will work on the ground for both staff and ACT Health consumers.
- The planning process will include developing recommendations on the relationship between the service delivery organisation and the planning and policy organisation. It is essential that this relationship supports a model providing effective governance, management and accountability.
- The transition process will include ongoing engagement with staff, stakeholders and the community. This provides an important opportunity for these groups to contribute their expertise, recommendations and issues for consideration.
- As I explained to ACT Health staff at the two staff forums last week my goal is to enable and encourage staff, stakeholders and the community to invest in this change process.
- I am pleased to say that that process of engagement has started - with my discussions with staff and the many conversations the Interim Director-General and his team are having across all parts of the organisation.

Impacts for Patients/Consumers

- These proposed changes are primarily administrative in nature at this stage and are being developed with careful consideration to ensure that there will be no negative impacts on the services that we offer.

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Lead Directorate:	Health	

- The organisational change will be fully implemented from 1 October 2018, and the transition will be a seamless one and people visiting one of the three public hospitals, our popular walk in centres or in any way accessing the many community based health services that we offer will not experience any disruption as a result of this announcement.
- The organisational change will bring greater efficiencies for clinical and medical staff, and is being designed to improve service delivery and further reinforce the goals of the Territory-wide Health Services framework – person centric and community focused care, enhanced preventive health and improved Hospital services.

Impacts for Staff

- I would like to reassure all ACT Health employees that staff will be engaged in relation to the development of the new structure. Regular staff emails, and as I mentioned the staff forums at Bowes Street and Canberra Hospital which have commenced, monthly Executive Director briefings, and a dedicated transition page on the ACT Health intranet (launched on 6 April 2018) will keep staff informed.
- I do not anticipate that there will be any significant changes to staff members below executive levels through this process.
 - Should it be determined that there could potentially be direct changes for other staff, appropriate consultation with those staff and their unions will be undertaken on any proposals before any decisions are made.
 - The Interim Director-General has advised that, if required, any impacted staff will be personally advised prior to any formal release of a document for consultation.
 - Every possible opportunity will be provided to staff and unions to provide feedback on the proposed changes to the organisational reforms.
 - Final decisions on new organisational structures will only be taken once there has been appropriate consultation.
- Staff are also encouraged to email healthreferencegroup@act.gov.au with suggestions, questions or concerns.

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Cleared by:	Director-General	Ext: 79532
Information Officer name:	Michael De'Ath	
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Lead Directorate:	Health	

Territory-wide Health Services Framework

- The clinical and service planning underway through the Territory-wide Health Services Framework will remain a key priority for government and we will continue to realign the governance of Canberra Hospital and Health Service (CHHS).
- This is a critical element of the overall Government priority to increase access to specialist health services in the ACT, both in the hospitals and in the community.
- The Territory-wide Health Services Framework aims to ensure ACT Health's delivery of an integrated and whole-of-system service delivery model to provide true person- and family-centred care. The wider organisational reforms being considered will be well aligned with the Territory-wide Health Services Framework priorities.
- Due to the proposed timing of the organisational change (1 October 2018), it is anticipated that while work continues in refining the Specialty Service Plans and structure of CHHS, implementation of these Framework items will be phased in from late 2018 to take full advantage of the development of the two new organisations and the recruitment of a new leadership team.

Director-General Position

- Mr Michael De'Ath commenced in the role of interim Director-General, ACT Health Directorate on Monday 9 April 2018, while the recruitment process for a new Director-General and new senior executive positions is underway.
- As I noted during my announcement of the reform in March 2018, Ms Nicole Feely, the ACT Health Director-General at the time, has advised the government that she wishes to pursue new opportunities.

Cleared as complete and accurate:	07/05/2018	
Cleared by:	Director-General	Ext: 79532
Information Officer name:	Michael De'Ath	
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Lead Directorate:	Health	

Key Information

- On 23 March 2018 the ACT Government announced a decision to separate ACT Health into two distinct organisations. From 1 October 2018, the ACT Government will separate operational health services from policy and planning functions.
- There will be one organisation solely responsible for ACT Health's clinical operations. It will focus on the operational delivery of quality health services to our growing community.
- There will be a second organisation responsible for strategic policy and planning. This will set the strategic direction for health services in the ACT.

Background Information – may not be suitable for public disclosure

- A recent freedom of information request may see the publication of reports prepared for ACT Health and for me outlining consideration of Directorate governance structures.
- The recent Accreditation Audit highlighted governance across the Directorate as an area for improvement.
- While not directly related, the Auditor-General has recently announced an audit into allegations of breaches of the Public Sector Management Act inside ACT Health.

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Lead Directorate:	Health	

GBC18/279

Portfolio/s: Health & Wellbeing**ISSUE: ACT HEALTH SYSTEM WIDE DATA REVIEW****Talking points:**

- On 14 February 2017 I announced that ACT Health would undertake a System-wide Data Review, due to ACT Health being unable to provide data on emergency department performance, elective surgery waiting times and mental health for the 2017 Report on Government Services.
- As members will recall, I committed to provide quarterly updates to the Assembly on the Data Review, so that my colleagues and the community continued to be informed about the progress of the Review.
- The System-wide Data Review has now been completed and ACT Health Staff will now be consulted on the findings of the Review. I look forward to making further comments about the Review as well as tabling the final Report and government response in the coming months.
- 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. This is why I called for this review to be undertaken.
- 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.
- I established a review panel with clear professional expertise to lead the work of the System-Wide Data Review, which included experts in technology, health delivery, academia, government transformation and data management, drawn from the ACT and national agencies. This ensured the integrity, transparency and robustness of the System-wide Data Review.

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Cleared by: Deputy Director-General Ext:77121
Information Officer name: Lynton Norris
Contact Officer name: Karen Chudleigh Ext:72324
Lead Directorate: Health

TRIM Ref: GBC18/279

- I would like to take this opportunity to thank the members of the Review Panel for their contribution to this work.

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;
 - Developing end to end documentation for all national data collections, from collection point right through to reporting. Demonstrating transparency of data management processes and mitigating gaps in collection;

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

- The Review Panel members are:
 - Lynton Norris, Deputy Director-General, Performance, Reporting and Data, ACT Health
 - Chris Bone, Deputy Director-General, Canberra Hospital and Health Services, ACT Health
 - Peter O’Halloran, Chief Information Officer, ACT Health
 - Alana Lundy, Deputy Director, Transformation and Collaborative Engagement, Shared Services ICT
 - Jenny Hargreaves, Senior Executive, Australian Institute of Health and Welfare, Hospitals, Resourcing and Classifications Group
 - Archie Clements, in his role as Director, Research School of Population Health, ANU College of Medicine, Biology and Environment

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Lead Directorate: Health

TRIM Ref: GBC18/279

GBC18/279

Portfolio/s: Health & Wellbeing

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 3 May 2018 is 86 per cent, with Canberra Hospital at 94 per cent and Calvary at 68 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 3 May 2018	94%	68%	86%

- 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.
- 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

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

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Cleared by: Deputy Director-General Ext: 77121

Contact Officer Name: Mark Dykgraaf Ext: 43125

Lead Directorate: Health

minutes available per day. The calculation fluctuates depending on the level of demand being experienced across the hospitals.

Key Information

Occupancy calculation breakdown 2017 – 3 May2018			
	Canberra Hospital	Calvary Public Hospital	ACT Public Hospitals
Average Patient Bed Days (utilising overnight beds)	593	189	782
Average Overnight Beds Available	633	277	910
Occupancy %	94%	68%	86%

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.
- 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

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 Lead Directorate: Health

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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Lead Directorate: Health

GBC18/279

Portfolio/s: Health & Wellbeing**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.
- 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 Emergency Department year on year. It is expected based on current projects that the coming winter season will be busier than 2017.
- In the 2017 winter season, CHHS opened additional beds and deployed additional staffing in a number of key areas. This same strategy will be employed to meet increased demand during the 2018 winter season.
- 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.
- Planning is complete for the coming winter season. The plan covers the period from 1 July 2018 to 30 November 2018.

Key Information

- A media campaign has been developed to emphasise the use of alternative services to the Emergency Department (ED) at CHHS and will be released in advance of the flu season. The strategy has two parts:
 - Communication activities designed to educate the general public about the array of after-hours primary health care options available in the ACT.
 - A targeted social media campaign designed to educate parents and caregivers of '0-4 year olds (parents and carers) and 18-24 year olds about the role of emergency departments in the delivery of after-hours health care in the ACT and alternatives to ED services. The social media campaign will focus on addressing the factors that motivate 18-24 year olds and parents and caregivers of 0-4 year

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olds to present at an ED when they (or their child) have a non-urgent illness or injury after-hours.

- Parents and caregivers of 0-4 year olds will be directed to after-hours GP services, the Pregnancy, Birth and Baby telephone helpline and online service/Health Direct. Communication to this audience will focus on promoting the benefits of these services (accessibility, expertise, connections with other health services/health professionals).
- Messaging for 18-24 year olds will focus on promoting GPs, nurse-run walk-in centres and/or Health Direct, with a focus on promoting the benefits (convenience, affordability and accessibility) of these services.
- Secondary messages:
 - EDs are for emergencies. Please consider if your situation is a genuine emergency before going to the emergency department.
 - If you do have an emergency go to your closest ED. If you live on the north side, Calvary Public Hospital in Bruce is your closest option. If you live on the south side, The Canberra Hospital is your closest option.
 - If you or someone you know has an immediate life threatening condition, such as breathing difficulties, chest pain, severe trauma, allergic reactions, head or neck or eye injuries call '000' or go to the ED.
 - If your condition isn't serious or life threatening, see your GP or other health service.

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Health & Wellbeing

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.
- Canberrans 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.

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- 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.

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.

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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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Portfolio/s: Health & Wellbeing**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 Building 12 fire stopping, ACT Health engaged Head Contractor, Shape Group Australia, on 10 January 2018. Early works, including electrical investigations, have commenced, with rectification works having also commenced early May 2018 (last week).
- ACT Health's priority remediation focus will be given to critical inpatient areas, such as the Intensive Care Unit and Theatres on Level 3 in Building 12.
- A wider package of work will follow on from the completion of the critical areas, or earlier in the event that critical areas are inaccessible due to clinical requirements. These works will include fire stopping on Levels 1, 2 and 4 of Building 12, building fire system tuning and upgrades as part of the Upgrading and Maintaining ACT Health Assets (UMAHA) scope.
- A provisional cost of Building 12 passive fire remediation works is estimated to be in the order of \$1 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.
- A consultant has been engaged to develop a building 12 construction zone safety strategy that will address emergency management during the passive fire remediation works.
- 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.

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Background Information – may not be suitable for public disclosure

- 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.
- 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:**

- Works to replace the affected Polyethylene (PE) Aluminium Composite Panels (ACPs) on the Centenary Hospital for Women and Children (Centenary Hospital) are now well underway.
- Works are being undertaken in three stages and are scheduled to be completed by the end of July 2018 subject to weather, the lead time on manufacture and supply of panels and the requirement to plan works around clinical operational constraints.
- 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.
- 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.

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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.
- ACT Health is liaising closely with the Whole of Government Working Group to ensure cross government alignment and consistency in the management of ACPs.

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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.

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.

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- 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 – Shaw Building Group engaged to provide scaffold access and removal of sample panels to inform the Statement of Requirements being prepared by Aracadis.
- 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.

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- 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.
- 1 February 2018 – Façade investigations by MCPL completed.
- 2 February 2018 – MCPL commenced shop drawings for replacement panels.
- 28 February 2018 – MCPL site establishment.
- 9 March 2018 – Scaffold complete Stage 1 area, north eastern corner of building 11 and George Gregan areas.
- 12 March 2018 – Panel removal commenced Stage 1 areas.
- 15 March 2018 – Engineering inspection of exposed sub-structure in Stage 1 areas.
- 20 March 2018 – Panels re-installation commenced on north east corner.
- 28 March 2018 – Inspection of installed panels on north east corner.
- 29 March 2018 – Completion of the north eastern corner and area above western fire escape door.
- 9 April 2018 – work commenced in the small play ground area and external northern court yards, which encompass the majority of stage 2 works.

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- 13 April 2018 - Engineering inspection of exposed sub-structure in Stage 2 areas.
- 19 April 2018 – Completion of George Gregan play area which is the final works for stage 1.
- 26 April 2018 – Confirmed commencement of stage 3 works – Final stage of replacement works.

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Portfolio/s: Health & Wellbeing**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 Health Services 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.

Cleared as complete and accurate: 23/04/2018
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Lead Directorate: Health

TRIM Ref: GBC18/279

- The relocation of staff members from one side of a corridor to the other side was required to accommodate essential infrastructure upgrades to ensure that ACT Health continues to deliver the high quality services that the community expect.
- 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 and 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 to the asbestos in the workplace.
- A letter has been provided to the union and staff on 28 March 2018 identifying that a suitable room has been found that will have a number of improvements undertaken in accordance with staff requests.
- Staff and the union have examined the space and it has met with general approval.
- In selecting this room ACT Health examined a number of options.
- ACT Health met with the HSU on 19 April 2018 and informed them of progress that is being made in refreshing the new space and it is hoped that it is ready for staff to move into soon. The HSU and staff are being kept up to date on progress on refurbishment.
- 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.

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- **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.

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Portfolio/s: Health & Wellbeing

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.
- 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.
- The scope of the original project has increased to include:
 - Enhanced business continuity switchboards to support clinical operations during replacement works;
 - Enhanced electrical system redundancy as part of new replacement switchboards;
 - Replacement of submain electrical cables to achieve building compliance; and
 - The impact of changes to ACTEWAGL switchboard standards.
- Funding for the increased project cost will be covered from within the existing ACT Health UMAHA appropriation funds.
- The current forecast completion date for the Building 2 EMSB revised scope of works is anticipated to be June 2019.
- Building 12 EMSB revised scope of works are undergoing a comprehensive program review with project completion for Building 12 expected to be November 2019.

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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.
- The anticipated project completion dates are subject latent conditions and to clinical operational constraints, as part of complicated refurbishment works in a live 24/7 hospital environment, where patient, staff and visitor safety are always the highest priority.

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Portfolio/s: Health & Wellbeing

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:
 - Electrical Main Switch Board (EMSB) replacements in Building 2 and Building 12;
 - Building 12 gas meter relocation;
 - Helipad structural upgrades; and
 - Building 1 windows.
- Of the four extreme risks, two were funded outside or partly outside of the UMAHA appropriation – Helipad (ACT Health Clinical Services Development) and Gas Meter (Continuity of Health Services Plan – Essential Infrastructure).
- UMAHA program of works scope includes the development of a strategic asset framework and strategic asset management plans for built assets, ICT assets, medical and non medical equipment assets.
- UMAHA program of works is a vehicle to consolidate all infrastructure activities under one organisation i.e. Health Infrastructure Services (HIS) to ensure alignment of planned/reactive maintenance, capital project delivery and strategic asset management.
- The scope of the UMAHA Business Case and expenditure of remaining funds except for the EMSB works is on track for delivery by June 2019.

Background Information – may not be suitable for public disclosure

- In 2017 Cabinet approved two budget transfers out of UMAHA (references: 17/196 BUD/HEA/COU06 and COU07). The first of \$4.8M towards feasibility planning for the Surgical Procedures, Interventional Radiology and Emergency (SPIRE) project. The second of \$6.5M for a funding contribution for Cancer Inpatient Wards 14A and 14B refurbishment.
- These budget transfers were taken from the unallocated UMAHA Delivery Model Contingency and therefore did not result in a decrease or deferral of the core scope under the program. However, the transfers did result in a lower contingency amount being available for allocation within UMAHA if required.

Cleared as complete and accurate: 30/04/2018
Cleared by: Deputy Director-General Ext: 52248
Information Officer name: Karen Doran
Contact Officer name: Colm Mooney Ext: 71986
Lead Directorate: Health

TRIM Ref: GBC18/279

- 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 Phase 2 business case submission will be progressed in the 2018/19 Budget to ensure funds are available to address known infrastructure risks.

Cleared as complete and accurate: 30/04/2018
Cleared by: Deputy Director-General Ext: 52248
Information Officer name: Karen Doran
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Lead Directorate: Health

TRIM Ref: GBC18/279

GBC18/279

Portfolio: Health & Wellbeing**ISSUE: ABORTION****Talking points:**

- The ACT Government is committed to supporting and enabling women to make informed decisions about whether or not to 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).
- Part 6 of the Health Act defines abortion as causing a woman's miscarriage by:
 - a drug;
 - using an instrument; or
 - by any other means.
- Part 6 of the Health Act currently provides that:
 - only a doctor may carry out an abortion;
 - an abortion is to be carried out in an approved medical facility;
 - the Minister may approve a medical facility or an appropriate part of a medical facility as suitable on medical grounds for carrying out abortions; and
 - no-one is under any duty to carry out or assist in carrying out an abortion.
- The evidence supports the regulation of facilities at which surgical terminations are carried out on medical grounds and for reasons of safety and quality.
- In regards to any changes in legislation, it is important that the appropriate policy consideration and consultation with relevant stakeholders (including care providers) is undertaken to ensure we get it right.

Cleared as complete and accurate: 03/05/2018
Cleared by: Deputy Director-General Ext: 51123
Information Officer name: Mary Wood
Contact Officer name: Marilynne Read Ext: 74440
Lead Directorate: Health

- For this reason, I have asked my Department for advice on the reform proposals that Ms Le Couteur is proposing.
- There is a need clearly, to examine access arrangements to abortion services in the Territory and this is something the government has commenced work on and will continue to review to provide the best range of options.
- Part of this review will look at practice and legislation in the ACT as well in other jurisdictions.
- I look forward to collaborating with the key stakeholders to gain insight into barriers for women in the ACT, particularly those who are vulnerable and seeking a termination of pregnancy.
- To minimise one such barrier to access, the government introduced a patient privacy zone around the health facility at 1 Moore Street in Civic in 2016. Women who have made the difficult decision to have terminate a pregnancy have the right to access the medical services they need without being forced to endure the judgement of others.
- I note the recent court ruling that silent vigil within the privacy zone is not considered a protest. I will continue to monitor the situation with a view to ensure women are not feeling harassed, threatened or judged when accessing that important health service.
- I welcome debate on the Health (Improving Access to Abortion) Amendment Bill that was tabled in the Assembly on 20 March 2018. While I am committed to looking at all options to remove barriers for Canberra women in accessing pregnancy termination services, any changes to regulation are potentially very complex and must be given serious consideration –not just by Assembly members, but by clinicians.
- While the amendments to the Act are technically straightforward there are a number of broader complex issues that require further consideration. These issues include:
 - ensuring suitable 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.

Cleared as complete and accurate: 03/05/2018
Cleared by: Deputy Director-General Ext: 51123
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Key Information

- The *Health (Improving Access to Abortion) Amendment Bill* was tabled in the Assembly on 20 March 2018.
- The Women's Centre for Health Matters is currently holding focus groups with some of the women who responded to their sexual and reproductive health survey.
- The outcomes from the community consultation will assist in informing the review on termination of pregnancy services in the ACT.
- Initial discussions with Women's Centre for Health Matters and clinical staff indicate that while there needs to be reduction in barriers to medical termination of pregnancy services (MTOP), that MTOPs are only suitable for women who are up to nine weeks in gestation. After nine weeks, a woman seeking a termination will require a surgical termination of pregnancy (STOP).
- Vulnerable women due to situational factors i.e. domestic violence, mental health, young age, refugee, or have a poor level of English may not be in a position to determine pregnancy outcome nor decision on whether to terminate the pregnancy or not within nine weeks of gestation thus will require a STOP.

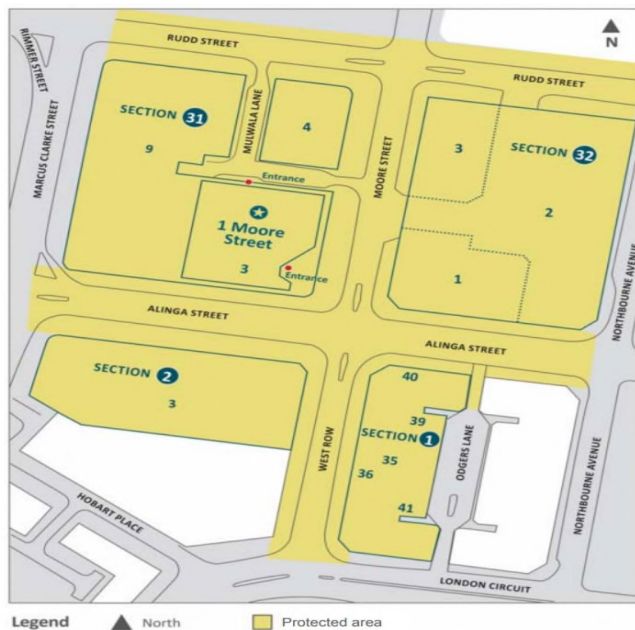
Background Information – may not be suitable for public disclosure

- 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.
- Online 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.
- 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.
- The *Health (Improving Access to Abortion) Amendment Bill* may improve accessibility for women to have a MTOP if the procedure was available in more locations. Noting it may not change the total cost to women.
- The Bill however does not assist vulnerable women who may require a STOP due to the inability to have a MTOP at nine weeks gestation.
- ACT Health has commenced work to review the Health Act to reduce barriers to MTOPs 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.

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Lead Directorate: Health

Exclusion zones in the ACT

- 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.
- 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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GBC18/279

Portfolio/s: Health & Wellbeing**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.

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Cleared by: Executive Director Ext: 51722
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- 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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GBC18/279

Portfolio/s: Health & Wellbeing**ISSUE: DRUG STRATEGY ACTION PLAN****Talking points:**

- ACT Health is currently revising the draft Drug Strategy Action Plan (the Action Plan) following a targeted consultation with key non-government stakeholders which closed on 30 March 2018.
- The Action Plan will be finalised in the second half of 2018 following public consultation.
- An expert Advisory Group, including representation from community and consumer organisations, will be established to provide input and advice on implementation of the Action Plan.
- The Advisory Group will also play an important role in identifying emerging drug use patterns and informing future priorities.

Key Information

- A key priority of the Government is to deliver a new Action Plan which will re-affirm the ACT Government's commitment to the National Drug Strategy 2017-2026 (NDS).
- The Action Plan will replace the now expired ACT Alcohol, Tobacco and Other Drug Strategy, and will align closely with the Government's preventive health agenda and relevant clinical service plans.
- 11 of 27 non-government stakeholders invited to make submissions on the draft Action Plan made submissions. Government stakeholders had been previously consulted.

Background Information – may not be suitable for public disclosure

- The Alcohol, Tobacco and Other Drug Association ACT (ATODA) wrote to the Chief Health Officer on 26 March 2018 requesting that the proposed new expert Advisory Group for the Action Plan is convened before the plan is finalised.
- Several stakeholders, including ATODA, repeated this request in their written submissions on the draft Action Plan.
- ACT Health does not consider it necessary to convene the Advisory Group before the plan is finalised: organisations represented on the former Drug Strategy Evaluation Group have been contacted directly to provide written comment on draft Action Plan. Stakeholders will have further opportunity for input during the public consultation.

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- The 11 organisations which made submissions to the recent consultation were: ACT Ministerial Advisory Council on Women; ATODA; Canberra Alliance for Harm Minimisation and Advocacy (CAHMA); Capital Health Network; CatholicCare Canberra & Goulburn; Families and Friends for Drug Law Reform (ACT); Foundation for Alcohol Research & Education (FARE); Health Care Consumers' Association (HCCA); Mental Health Community Coalition (MHCC) ACT; Public Health Association Australia (PHAA); and Winnunga Nimmityja.

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GBC18/279

Portfolio/s: Health & Wellbeing**ISSUE: NATIONAL ALCOHOL STRATEGY****Talking points:**

- The Australian Government Department of Health is leading the development of the National Alcohol Strategy (the Strategy) 2018-2026.
- Public consultation on the draft the Strategy closed on 11 February 2018.
- The Department of Health is currently considering the consultation feedback.
- ACT Health and the Justice and Community Safety Directorates have been providing input into the development of the Strategy and will continue to play an active role in finalising the Strategy through membership of the National Drug Strategy Committee (NDSC) and the Ministerial Drug and Alcohol Forum (MDAF).

Key Information

- The draft Strategy provides a national framework to prevent and minimise alcohol-related harms among individuals, families and communities.
- The Strategy is a sub-strategy of the National Drug Strategy (NDS) 2017–2026, which was finalised in 2017.
- It is anticipated that, once finalised, the Strategy may inform further local level activities to prevent and minimise alcohol-related harms in the ACT.
- Alcohol, tobacco and other drug governance arrangements in Australia reflect shared responsibility between health and justice/law enforcement portfolios.

Background Information

- The Australian Government Minister for Health wrote to you on 13 March 2018 proposing a revised timeline for the Strategy, with finalisation in late 2018.

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Lead Directorate: Health

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Portfolio/s: Health & Wellbeing**ISSUE: NGUNNAWAL BUSH HEALING FARM****Talking points:**

- The Ngunnawal Bush Healing Farm (NBHF) staff continue to offer both cultural, social and emotional support in addition to advocacy and case management for 2017 pilot program clients and new referrals.
- NBHF staff are currently working with approximately 30 potential clients in the lead up to and development of the next formal day program. Clients have been sourced from a range of programs within the ACT and NBHF staff are currently working closely with key stakeholders.
- In addition to this support for existing clients, NBHF staff continue to strengthen links and partnerships with organisations and members of the Aboriginal and Torres Strait Islander community.
- NBHF staff have supported a number of Aboriginal and/or Torres Strait Islander peoples experiencing crisis at Dhulwa, Alexander Maconochie Centre, and Adult Mental Health Unit. This support also includes a number of school visits as well as service visits from current and future NGO partners, including Gugan Gulwan.
- NBHF staff have finalised the next non-residential program and ACT Health is currently in the process of executing contracts with a number of new providers to roll it out.
- ACT Health is currently in final negotiations with providers. These group programs are expected to commence in June 2018.
- Programs to be included NBHF through the next program are:
 - Nutritional and food preparation;
 - Horticulture and bush tucker;
 - Blacksmithing and toolmaking;
 - Physical fitness and Wellbeing;
 - Music therapy;
 - Cultural walks and talks;
 - Horse therapy;
 - Relapse Prevention;
 - Leadership and self-empowerment training;
 - Outdoor Education; and
 - Cartoon therapy.

Cleared as complete and accurate: 09/05/2018
Cleared by: Executive Director Ext: 79143
Information Officer name: Matthew Richter
Contact Officer name: Oliver Kickett Ext: 52672
Lead Directorate: Health

Key Information

- At this time, ACT Health will continue to oversee the operations of the NBHF. The Government hopes to transition the service to an Aboriginal community controlled organisation or non-government organisation at an appropriate time.
- ACT Health has engaged the Aboriginal and Torres Strait Islander Healing Foundation to deliver a Healing Framework for the Ngunnawal Bush Healing Farm. A series of Knowledge Circles is planned throughout 2018.

Background Information – may not be suitable for public disclosure

- Following the official opening of NBHF on 4 September 2017, ACT Health delivered a pilot program which commenced in November 2017 and ran for a period of five weeks. Programs were offered to male and female clients aged between 18-40 years who identified as an Aboriginal and Torres Strait Islander person and who were free from alcohol and/or other drugs.
- The program at the NBHF included: foundational skills, nutritional program, ACT Parks Healthy country program, and a relapse prevention program. Feedback from clients was overwhelmingly supportive of the programs.
- ACT Health conducted a desktop review of the pilot program which was completed in February 2018. The desktop review of the pilot program highlighted:
 - a strong interest from clients to come back and join the next program;
 - more flexibility required with the program to tailored to the individual needs was critical to clients;
 - clients formed positive relationships with NBHF staff and contracted service providers;
 - clients enjoyed the field trips, learning more about local Aboriginal history and sought further opportunities to learn more about other Aboriginal and/or Torres Strait Islander cultures; and
 - restrictions on the use of a 4WD vehicle during the program made it difficult to visit all areas of the NBHF property.

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GBC18/279

Portfolio/s: Health & Wellbeing**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 consultation mechanism for opioid maintenance treatment services in the ACT, and has commenced a process for reviewing ongoing arrangements for

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the Opioid Treatment Advisory Committee in discussion with key stakeholders.

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.
- ACT Health met with key stakeholders on 27 March 2018 to review the ongoing role, functions and membership of the Opioid Treatment Advisory Committee.

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GBC18/279

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

- Australia's first trial of a pill testing service went ahead at Groovin the Moo Canberra on Sunday 29 April 2018.
- The service was provided by the Safety Testing and Advisory Service at Festivals and Events (STA-SAFE) and was supported by the ACT Government, the festival promoters (Cattleyard Promotions) and the University of Canberra, where the festival was held.
- A report is being prepared by STA-SAFE regarding the trial, however the ACT Government understands that at least two potentially lethal chemicals were identified in the 85 tests that were performed. Following testing, a number of patrons utilised the amnesty bins to discard their pills instead of consuming them.
- 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.
- An evaluation of the trial is currently underway, with results to be released in the near future. The ACT Government reinforces that it is illegal to manufacture, possess, distribute and sell illicit drugs in the ACT. The ACT Government does not approve or condone illicit drug use. It is risky and dangerous to consume illicit drugs.
- The ACT Government is committed to harm minimisation, in line with the National Drug Strategy.
- The Government considers that pill testing as a component of harm reduction measures is a sensible approach to limiting the dangers of illicit drug use at ACT music festivals. This position is in no way softening the Government's stance on illegal drugs.

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Lead Directorate: Health

Background Information – may not be suitable for public disclosure

- The Government received a proposal from the Safety Testing and Advisory Service At Festivals and Events (STA-SAFE) consortium early in 2018 to provide a pill testing service at the music festival Groovin the Moo Canberra.
- The cross-directorate pill testing working group was reconvened in February 2018 to assess the proposal from STA-SAFE. The working group is chaired by the Chief Health Officer, and includes representatives from ACT Health, Justice and Community Safety, ACT Policing and the ACT Ambulance Service.
- Groovin the Moo is an all-ages event. ACT Health evaluated legal advice on potential ramifications of pill testing being conducted at an all-ages event and concluded it would not be an impediment to the trial.
- 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.

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GBC18/279

Portfolio/s: Health & Wellbeing

ISSUE: CALVARY HOSPITAL CONTRACT NEGOTIATIONS

Talking points:

- Last Friday, together with the Chair and CEO of the Little Company of Mary. I was pleased to announce that a new agreement would be negotiated with Calvary Public Hospital, to plan for a shared future that ensures health care services on the north side are modern, integrated and meeting the needs of our growing community.
- Developing a truly territory-wide health system will be the focus of this new agreement with Calvary Public Hospital, including how we best balance the delivery of services across all our public hospitals, including Canberra Hospital, Calvary Public Hospital and the University of Canberra Hospital.
- These negotiations with Calvary are a recognition of the role Calvary has played in delivering quality health services to Canberrans. This includes working together to optimise health delivery across the ACT, including future upgrades and new infrastructure investment.
- I also recognised that Calvary plays a key role in palliative care here in the ACT, and we will continue to ensure Clare Holland House has the resources it needs to provide end of life care, which is important to our community.

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 2017-18 Performance Plan in February 2018, which is 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.

Cleared as complete and accurate: 23/04/2018
Cleared by: Deputy Director-General Ext: 76751
Contact Officer Name: Catherine Shadbolt Ext: 70114
Lead Directorate: Health
TRIM Ref: GBC18/279

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;
 - ACT Health is supporting Calvary on an initiative to manage Territory wide public Maternity services, so that the current and future demand for ACT public hospital maternity services is optimally managed; and
 - ongoing management of Territory-wide elective surgery 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.
- 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.

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TRIM Ref:	GBC18/279	

GBC18/279

Portfolio/s: Health & Wellbeing**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;

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- 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

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 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.

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Cleared by: Deputy Director-General Ext: 76751
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- 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.

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GBC18/279

Portfolio/s: Health & Wellbeing**ISSUE: CANBERRA HOSPITAL CODES FOR CAPACITY ESCALATION PROCEDURES AND EMERGENCIES****Talking points:**

- Canberra Hospital and Health Services (CHHS) 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.

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- 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

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- 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

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GBC18/279

Portfolio/s: Health & Wellbeing**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 died by suicide.
- ACT Health is not able to comment about coronial matters while they are before the ACT Coroner.
- ACT Health works closely with the ACT Coroner to actively support the coronial inquest process. We strive and are committed to improving the quality of services we provide to patients and the community to support the delivery of these services.

Key Information

- There were four deaths by suicide of inpatients at Canberra Hospital in the period January 2015 to November 2016. These deaths are the subject of a coronial investigation. Coroner Hunter will investigate these deaths together in one inquest. The ACT Government Solicitor (ACTGS) is representing the Territory.
- The Coronial Inquest will be heard in two stages. The first stage of the Inquest was held on 10-13 and 17-20 April 2018, and 1-4 May 2018.
- The first stage to hear the factual elements that are relevant to the cause and manner of each death and the evidence from ACT Health staff and what each person did with regard to the provision of care and treatment or their involvement with the four people.
- The second stage is to address the systems issues, including policies and procedures underlying the care provided to the four people. The date for this second stage has not yet been set.

Background Information – may not be suitable for public disclosure

- As of 26 April 2018, there have been eight days of evidence given in this Inquest and Coroner Hunter has made interim findings in relation to two deaths. Two matters are still underway.
- 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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- 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.
- ACT Health staff attended a directions hearing on 13 October 2017 which was predominantly procedural.

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GBC18/279

Portfolio/s: Health & Wellbeing

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 up to an additional \$6.4 million this year, 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

Key Information

- Nil

Background Information – may not be suitable for public disclosure

- Between 1 July and 31 March 2018, 11,285 patients were added to and 11,119 patients were removed from the ACT Elective Surgery Waiting List (ESWL), bringing the total number of people waiting on 31 March 2018 to 5,367 . This is an increase of only 80 patients on the number waiting at 31 July 2017.
- Of the 5,367 patients on the ESWL on 31 March 2018, 597 had waited longer than clinically recommended for their elective surgery. This is an increase of 133 patients compared to to 30 June 2017.
- Under the 2017-18 Elective Surgery Plan, activity targets have been set to attempt to reduce the number of patients waiting longer than clinically recommended.

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- These targets successes are limited by the availability of the necessary workforce, and specialist surgeons and anaesthetists.
- Comments against the performance indicators are as follows:
 - There are currently 597 patients waiting longer than clinically recommended, against a target of 144 by 30 June 2018;
 - Currently, 34 per cent of general paediatric surgery patients are waiting longer than clinically recommended with 14 longwaits against a target of zero by 30 June 2018;
 - Currently, 78 percent of patients added to the ESWL receive their surgery on time, against a target of 90 per cent by 30 June 2018. 81 percent of patients at Canberra Hospital Health Services and 75 percent at Calvary Public Hospital Bruce received their surgery one time, as of 31 March 2018.
 - Addressing longwait patients by doing their procedures drops the average percentage of on time surgeries, because these longer wait patients surgeries being completed are makes up a greater percentage of the total numbers in the calculation.
 - The percentage of on time surgeries is lower than this time last year, due to the greater backlog of longwait patients YTD compared with last year. Timeliness percentage is likely to drop further, as ACT Health continues to address the longwait backlog.
 - Monitoring and application of the Waiting Time and Elective Surgery Access Policy is ongoing.

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GBC18/279

Portfolio/s: Health & Wellbeing**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;
 - 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 was 76 days and for non-urgent colonoscopies was 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).

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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.

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. These negotiations have ceased due to pricing constraints. ACT Health continues to maximise internal capacity to assist in improving waiting times for endoscopic procedures.
- The following table shows (see next page):
 - 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.

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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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GBC18/279

Portfolio/s: Health & Wellbeing**ISSUE: INFLUENZA SEASON****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.
- 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.
- There has been increased inter-seasonal influenza activity in the ACT in 2018, with notifications between 1 January and 15 March approximately two times higher than during the same period in 2016 and 2017.
- Promotional activities have commenced including encouraging immunisation and disease control measures. We are also providing an Influenza Immunisation Education sessions for immunisation providers.
- Planned activities include the Annual Aged Care Forum, development and distribution of information resources to residential care facilities, health professionals and other community groups, and development of hospital surge capacity plans to address increased demand for services.
- The Federal Minister for Health, the Hon Greg Hunt, announced on 22 April 2018 that the Commonwealth Government will mandate influenza vaccination for aged care workers. It will be mandatory for all Aged Care Providers to offer the flu vaccine to all workers.
- Vaccination is one of the best ways to prevent influenza infection.

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Cleared by: Executive Director Ext: 54402
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- People who are at risk of developing severe influenza are eligible for funded annual influenza vaccination. Free seasonal influenza vaccine is provided for:
 - All children aged six months to under five years;
 - All Aboriginal and Torres Strait Islander people aged 15 years and over;
 - Individuals aged six months and over with medical conditions predisposing to severe influenza, including; cardiac disease, chronic respiratory conditions, diabetes and other metabolic disorders, renal disease, chronic neurological conditions, haematological disorders, immunocompromising conditions, and children aged six months to ten years on long term aspirin therapy;
 - All individuals aged 65 years and over; and
 - Pregnant women.
- For adults aged 65 years and over, two higher-immunogenicity influenza vaccine formulations are available and funded under the National Immunisation Program. These are both available through GPs.
- The Australian Technical Advisory Group on Immunisation recommends the flu vaccine for everyone from six months of age as anyone can get seriously ill from the flu. For those not eligible for free vaccine under the NIP or the ACT Government childhood influenza program, vaccine can be purchased on prescription, or through pharmacies.
- 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 is now available through GPs and ACT Health Early Childhood Immunisation clinics.
- 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.

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- More than 31,000 doses of Government funded seasonal influenza vaccine have been distributed to immunisation providers in the ACT between 9 and 20 April 2018.

Key Information

- There has been increased inter-seasonal activity in the ACT, with 101 notifications between 1 January and 15 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 and influenza B. 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 2016.
- 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. Distribution of the 2018 influenza vaccine will commence in mid April.
- 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.
- Vaccination is one of the best ways to prevent influenza infection. Flu vaccines are available from GPs and some local pharmacies.
- Under the National Immunisation Program, GPs provide free flu vaccine to a number of funded groups. GPs may charge a consultation fee. The funded groups are people aged 65 years and over, pregnant women, Aboriginal and Torres Strait Islander people aged 15 years and over, and people aged six months and over with certain underlying medical conditions.
- ACT children aged six months to less than five years will also be eligible for free influenza vaccine through their GP or ACT Health Early Childhood Immunisation clinics from April 2018. GPs may charge a consultation fee.

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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GBC18/279

Portfolio/s: Health & Wellbeing**ISSUE: MATERNITY SERVICES AT CENTENARY HOSPITAL AT CAPACITY****Talking points:**

- I would like to reassure you that the Centenary Hospital for Women and Children provides high quality care and safe services for women of the ACT and surrounding area.
- Demand on maternity services at Canberra Hospital has increased since Centenary opened in August 2012.
- ACT Health uses strategies to address this escalating demand, including:
 - Development of a Maternity Escalation Policy including using 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;
 - 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.
- To ensure maternity services across the region are used effectively and efficiently, Calvary Public Hospital Bruce and Centenary actively encourage the community and General Practitioners to use the services on offer at Calvary and Queanbeyan Hospital where appropriate.
- ACT Health and Calvary are working together to develop the Territory Wide Maternity Services Plan and to refurbish the Calvary Public Maternity Service. The \$2.6 million upgrade will increase Calvary's capacity from 15 to 18 maternity beds. Work is expected to be completed in July 2018.

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Key Information

- In 2016-17 there were 3499 babies born at Centenary, compared to 2743 at Canberra Hospital in 2010-11. This is an increased annual growth rate of 4.59 percent.
- While birthing numbers at Centenary have been increasing, numbers at Calvary have been decreasing. There were 1759 births at Calvary in 2013-14, 1800 in 2014-15, 1755 in 2015-16 and 1577 in 2016-17. This is thought to be reflective of the community's response to the opening of Centenary's state of the art maternity services.
- Canberra Hospital is the only level three tertiary hospital for the ACT and surrounding regions, and accepts patients that cannot be accepted by non-tertiary facilities due to their clinical indications. Continued and increased occupancy, acuity and demand pressures impact on Canberra Hospital's capacity to provide tertiary level maternity care.
- Noting that birth activity is variable and not controllable, the 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.
- On 17 April 2018, the Government and ACT Health received an anonymous letter which stated it was from staff at Centenary, raising concern about the impact of demand on patient safety and work environment for staff and non-specific claims about bullying and harassment. Following this, executive leadership at Centenary held several staff forums to reinforce staff supports already in place
- The same letter was sent to the Canberra Times, which published an article on 26 April 2018. On 19 April 2018, Centenary executive wrote to all staff addressing concerns raised.

Background Information – may not be suitable for public disclosure

- The current increasing demand at Centenary is creating potential clinical, industrial and reputational risk, as the service struggles to work beyond its designated capacity. This is particularly in the high risk areas of Birthing and Neonatology. Strategies to manage demand have been very effective. However, from time to time care such as inductions is delayed.
- Centenary Hospital have a very strong quality and safety framework and are committed to continuous improvement. All adverse events are reviewed through the Morbidity and Mortality departmental meetings, maternity quality and safety meetings. Benchmarking indicates we are performing well against like organisations. We have also recently reduced the third and fourth degree tear rate working through a collaborative program with midwives and obstetricians.

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- Where there is an adverse event, staff are encouraged to make use of a range of support services including Employee Assistance Program.
- ACT Health are developing an open letter to families to reassure them of the safety of the service.

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GBC18/279

Portfolio/s: Health & Wellbeing**ISSUE: ACT HEALTH TERRITORY-WIDE HEALTH SERVICES FRAMEWORK
2017-2027****Talking points:**

- Work on the Territory-wide Health Services Framework (the Framework) is progressing and the Territory-wide Health Services Advisory Group has provided feedback resulting in a revised draft of the Framework.
- Once ready, the revised Framework will be put to the Advisory Group for endorsement. It is expected this will occur by end June 2018.
- The timeframe for implementation of the Framework is currently under review following the announcement that ACT Health will be separated into two organisations from 1 October 2018.
- Feedback to date from ACT Health staff and the community sector indicates a high level of support for the stated objectives of the Framework, which aims to work more collaboratively and improve service integration to support better outcomes and experience for their patients and clients.
- The development of the first draft Specialty Services Plans (SSPs) 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.
- Initial consultation on the SSPs with the community and primary care sectors (including GPs) has also commenced, with further consultation still to occur. The Territory-wide Health Services Advisory Group has been contributing valuable input into how this process should be undertaken.

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Key Points

- Development and planning for implementation of the Territory-wide Health Services Framework is progressing well, however, the timeframe and the final scope for implementation of the Framework is currently under review following the announcement that ACT Health will be split into two organisations from 1 October 2018; and in response to recommendations from the NSQHS Standards Survey Report.

Background Information – may not be suitable for public disclosure

- The Territory-wide Health Services Framework will guide the development and redesign of health care services across the Territory over the next decade. I released the draft Framework on 19 September 2017.
- Under the Framework, ACT Health will establish new documented Specialty Service Plans (SSPs) 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.
- The recent Accreditation process and subsequent responses being coordinated to address the NSQHS Standards Survey “Not Met” recommendations has created some delays in further progressing the SSPs as CHHS resources are focused on meeting the standards. Responding to the recommendations may also have implications for the final design of the future CHHS realignment.
- The broader non-government sector has raised some concerns regarding the apparent lack of written material and information about the SSPs, and they are seeking greater opportunities for consideration of the role of community based services.

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GBC18/279

Portfolio/s: Health & Wellbeing**ISSUE: CORONIAL FINDINGS INTO THE DEATH OF STEVEN FREEMAN****Talking points:**

- Steven Freeman's death in May 2016 was a tragedy. The ACT Government acknowledges the grief, loss and sadness that his family has experienced.
- The ACT Government also acknowledges the significant impact that his death has had on our Aboriginal and Torres Strait Islander community.
- The Government has supported the coronial process and has worked closely with the Coroner to provide all relevant documents and evidence during the Inquest.
- Since the death of Mr Freeman, the Government has made significant changes to improve detainee health, care and safety in the Alexander Maconochie Centre, including the commissioning of the Moss Review, which has led to an extensive reform program.
- On 11 April 2018, Coroner Cook handed down his findings in this matter, and did not make adverse findings against any individual person or the Territory. Coroner Cook made comment on a number of matters of public safety, which were found to have arisen in connection with the Inquest and made seven recommendations.
- ACT Health and ACT Corrective Services will work collaboratively to provide a response to the Coroner concerning the recommendations.

Key Information

- Nil

Background – may not be suitable for public disclosure:

- Coroner Cook made the following seven recommendations:

Recommendation 1

The ACT Government should review the then existing practices and to remove inconsistencies in policies and procedures relied upon by correctional officers so as to ensure prisoner safety and welfare checks through musters and headcounts which require eye contact and facial recognition to be complied with. The extent of compliance with those

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procedures, given their purpose is to ensure the safety and wellbeing of a detainee, should be evaluated and tested periodically to ensure they are effective and practical and minimise compliancy through their routine.

Recommendation 2

The ACT Government should consider the viability or effectiveness that a daily structured compulsory physical education and training session might have on a prisoner focusing on the prisoner's well-being and rehabilitation coupled with drug rehabilitation counselling. Any consideration of such course would need, I acknowledge, to be factored into current alcohol and drug support programs within the AMC and the various sentencing period for detainees.

Recommendation 3

The ACT Government should ensure that minimising the infiltration of illicit substances into custodial facilities remains at the forefront of screening technology.

Recommendation 4

ACT Health should consider obtaining, either by consent from a prisoner or through reliance on legislation a prisoners medical records and all relevant reports from alcohol and drug perspective created prior to incarceration for incorporation into the detainee's electronic medical file for the purposes of an AMC induction or prior to any assessment for access to pharmacotherapy treatment. Further, for detainees who are placed on pharmacotherapy, such as the MMP, that in the interest of the health and safety of the detainee and his or her wellbeing, information of this type should be shared with ACT Corrective Services conducting prisoner headcounts and musters for the very purpose of determining a detainees' location, safety and wellbeing. Equally, any independent urinalysis results undertaken by ACT Corrective Services should be placed on the detainee's medical record to enable medical staff to have a complete picture of the detainee's use of illicit substances as well as those substances prescribed through the Hume Health Centre.

Recommendation 5

The ACT Standard Operating Procedures should be reviewed and the focus should be on prescribing individualised treatment setting out the parameters for commencement doses of methadone for instance by anywhere from 5mg to 20mg with the ability to increase daily on medical review only.

Recommendation 6

The ACT Standard Operating Procedure should be reviewed to ensure that those who have only recently commenced on the methadone program not be allowed to self-prescribe increases for a set period of time to ensure they are in a physiological sense, capable of accommodating the increased amount of methadone. Further and in the alternative, the ACT Government should consider whether not it is even appropriate to allow such increases to occur for a Schedule 8 drug.

Cleared as complete and accurate:	26/04/2018	
Cleared by:	Deputy Director-General	Ext: 42728
Information Officer name:	Chris Bone	
Contact Officer name:	Katrina Bracher	Ext: 55142
Lead Directorate:	Health	

Recommendation 7

Justice Health Services to consider whether or not adopting the National Guidelines to replace its ACTOMTG and incorporating random urinalysis or blood tests where there is no objective medical history of opioid dependence prior to placement on the MMP.

Cleared as complete and accurate:	26/04/2018	
Cleared by:	Deputy Director-General	Ext: 42728
Information Officer name:	Chris Bone	
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Lead Directorate:	Health	

GBC18/279

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 each unit has been provided with a comprehensive report and recommendations for culture improvement.
- Training and resources have been developed to upskill managers on leading and supporting staff through organisational change. The current focus is on supporting the transition to the University of Canberra Hospital.
- It is intended that a new overarching Culture Strategy is developed and will align to the ACT Health's Quality Strategy, Workforce Strategy and delivery of person-centred, safe and effective care.
- Given ACT Government's recent organisational reform announcement the timing of the next Staff Culture Survey is yet to be decided.

Cleared as complete and accurate:

24/04/2018

Cleared by:

Executive Director

Ext: 51086

Information Officer name:

Janine Hammat

Contact Officer name:

Ric Taylor

Ext: 55320

Lead Directorate:

Health

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:

24/04/2018

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Lead Directorate:

Health

GBC18/279

Portfolio/s: Health & Wellbeing

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.

Cleared as complete and accurate:	23/04/2018	
Cleared by:	Executive Director	Ext: 51086
Information Officer name:	Janine Hammat	
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Lead Directorate:	Health	

- Three employees resigned from ACT Health before the completion of the formal investigation.
- ACT Health has terminated two staff following the completion of the investigation process.
- Two alleged bullying cases are ongoing.
- The remaining 15 cases were deemed as instances of inappropriate behaviour and there was no evidence of bullying or harassment.
- ACT Health has in place a policy of zero tolerance towards bullying and harassment.

Cleared as complete and accurate: 23/04/2018
Cleared by: Executive Director Ext: 51086
Information Officer name: Janine Hammat
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Lead Directorate: Health

GBC18/279

Health & Wellbeing

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

- The ACT Chief Minister signed the Heads of Agreement between the Commonwealth and the States and Territories on public hospital funding and health reform on 27 April 2018.
- The Heads of Agreement outlines the strategic priorities for health reform to be included in a new five year National Health Agreement.
- By signing the Heads of Agreement the ACT now has funding certainty for our public hospitals for 2020-2025.
- The Commonwealth has advised that the ACT will receive approximately \$2.6 billion in funding for our public hospitals over five years.

Key Information

- The offer provided at COAG continues the existing funding arrangements, with the Australian Government contributing 45 per cent of hospital funding and a maximum growth cap of 6.5 per cent.
- There was earlier media coverage that the ACT did not sign the Heads of Agreement for a new National Healthcare Agreement at COAG on Friday 9 February 2018.
- The Australian Government 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 \$1 million 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.
- COAG has agreed that a new National Health Agreement will be completed by the end of 2018.

Background Information – may not be suitable for public disclosure

- The ACT has successfully negotiated a sign on bonus of \$8 million for future investment in health.
- The projects to be funded through this bonus payment have been agreed between the Commonwealth and the ACT and details will be announced at a later date.

Cleared as complete and accurate: 07/05/2018
Cleared by: Matthew Richter Executive Director Ext: 79143
Contact Officer Name: Therese Gehrig Ext: 78734
Lead Directorate: Health

GBC18/279

Portfolio/s: Health & Wellbeing**ISSUE: EATING DISORDER SERVICES IN THE ACT****Talking points:**

- The ACT Health Eating Disorder Program (EDP) 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.
- The EDP is an ACT community-based service that provides assessment and therapy programs for people with an eating disorder as their primary presenting diagnosis. These eating disorders include Bulimia Nervosa, Anorexia Nervosa or Binge Eating Disorder.
- 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.

Cleared as complete and accurate: 23/04/2018
Cleared by: Deputy Director-General Ext: 42728
Information Officer name: Chris Bone
Contact Officer name: Katrina Bracher Ext: 50810
Lead Directorate: Health

- 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.

Background Information – may not be suitable for public disclosure

- Transfers to Sydney for inpatient care for related to an eating disorder are very rare. There are currently no plans to open a specialised eating disorder inpatient unit in the ACT.

Cleared as complete and accurate: 23/04/2018
Cleared by: Deputy Director-General Ext: 42728
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Lead Directorate: Health

GBC18/279

Portfolio/s: Health & Wellbeing

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 review of the provision of health services at 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
 - Throughcare 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:	23/04/2018	
Cleared by:	Deputy Director-General	Ext: 42728
Information Officer name:	Chris Bone	
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Lead Directorate:	Health	

Key Information

- ACT Health was formally notified that the Human Rights Commission (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.

Background

- Justice Health Service (JHS) has undertaken the following to improve the provision of health care to detainees at AMC:
 - Review of procedures for prescribing and monitoring the methadone program in AMC through a Quality Improvement Activity with subsequent identification and implementation of a more robust process;
 - Implementation by the Primary Care Team of a more assertive follow-up system for people discharged from Canberra Hospital to the AMC;
 - In November 2017 the new Mental Health electronic clinical record system was made available to all JHS staff at the AMC;
 - Improvement of the documentation process for Induction Assessments, including better documentation of illicit drug use, withdrawal and resultant management plans; and
 - Review and re-design of many of the clinical forms currently used at AMC to assist in documenting the clinical care provided.

Cleared as complete and accurate: 23/04/2018
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Lead Directorate: Health

GBC18/279

Portfolio/s: Health & Wellbeing**ISSUE: SURGICAL PROCEDURES, INTERVENTIONAL RADIOLOGY AND EMERGENCY CENTRE (SPIRE)****Talking points:**

- I confirm 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.
- 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 design for the SPIRE Project.
- The Proof of Concept design will inform a detailed business case for Government's consideration in the 2019-20 Budget context. The procurement allows for potential design development beyond Proof of Concept, hence the potential for the engagement to be for up to two years.

Cleared as complete and accurate: 07/05/2018
Cleared by: Executive Director Ext: 59071
Information Officer name: Vanessa Brady
Contact Officer name: Vanessa Brady Ext: 59071
Lead Directorate: Health

- 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	6,000

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.
 - 20 new theatres and procedure rooms, including ten new hybrid theatres and ten new theatres (shelled). The Canberra Hospital currently has 13 theatres which will be retained, and at the completion of SPIRE, the Canberra Hospital will have 33 theatres in total.
 - Three new Cardiac Catherisation Laboriators and one Electro-Physiology Laboratory.
 - Three new Interventional Radiology Suites.
 - A new 44 bed Intensive Care Unit (increase from 31 beds) and four bed Paediatric Intensive Care Unit.
 - A new 32-bed Coronary Care Unit (increase from 19 beds).
 - Two new Inpatient Units totalling 64 beds, 90 per cent single rooms.
 - Shelled floor for Teaching, Training and Research.
 - A new roof-top helicopter landing site.
 - A 100-space basement carpark.

Cleared as complete and accurate: 07/05/2018
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 Lead Directorate: Health

GBC18/279

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

- The Health Protection Service (HPS) is responsible for food safety regulation in the ACT. This includes managing the registration of food businesses, providing food safety information to food businesses, managing enforcement activities, and responding to foodborne illness outbreaks. HPS advise that the 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.
- An analysis of compliance data over recent years indicates food safety breaches have declined. This can be attributed to the effective use of the 'Engage, Educate, Enforce' compliance model. Emphasis is placed on education to encourage compliance.
- Public Health Officers are responsible for inspecting registered food businesses in the ACT, including those operating at markets, declared events such as the National Multicultural Festival, and undeclared events such as Skyfire.
- At the end of March 2018, there were 3,136 registered food businesses. Risk classification of a food business is determined by their food preparation activities. Most ACT food businesses are classified as medium risk.
- ACT Health endeavours to follow-up all medium and high risk food businesses that have had a revoked prohibition order prior to their scheduled reinspection.

Cleared as complete and accurate: 24/04/2018
Cleared by: Executive Director Ext:51722
Information Officer name: Conrad Barr
Contact Officer name: Conrad Ext: 51722
Lead Directorate: Health

- 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 the actions taken to address the non-compliance;
 - The willingness of the proprietor to accept responsibility and their commitment to the maintenance of a food safety culture; and
 - The level of food safety training for all staff.
- All food businesses closed by a prohibition order in 2017 and 2018 that reopened have been reinspected.
- Upon revocation of a prohibition order, businesses with further outstanding issues that do not pose a serious public health are issued an improvement notice. As such, these businesses have ongoing inspections until all items identified on the improvement notice are rectified.

Key Information:

- In the period 1 July 2016 to 30 June 2017, Public Health Officers:
 - Conducted 2,559 inspections of food businesses, including at Declared Events
 - Issued 472 Improvement Notices – that is 18 percent of inspected businesses
 - Issued eight Prohibition Orders –0.31 percent of inspected businesses.
- In the period 1 July 2015 to 30 June 2016, Public Health Officers:
 - Conducted 2,953 inspections of food businesses, including at Declared Events
 - Issued 621 Improvement Notices – that is 21 percent of inspected businesses
 - Issued eight Prohibition Orders –0.27 percent of inspected businesses.
- The HPS works closely with registered food businesses and has developed resources to help businesses and their staff comply with food safety laws and standards, and to better understand food safety practices.
- HPS enforcement action is proportionate to the degree of public health risk. This ensures necessary enforcement action is taken to protect the community. All public complaints are taken seriously and investigated as a matter of priority. If a non-compliance that poses a serious public health risk is identified during an inspection, the HPS will issue the proprietor a prohibition order. The safety and wellbeing of the community is ACT Health’s first priority.

Cleared as complete and accurate: 24/04/2018
Cleared by: Executive Director Ext:51722
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Contact Officer name: Conrad Ext: 51722
Lead Directorate: Health

Background Information:

- The HPS has always undertaken food business regulation in line with national food standards, such as the Australia New Zealand Food Standards Code. Food business inspections are undertaken by professional Public Health Officers who are trained subject matter experts.
- There has been a noticeable reduction in the number of critical food safety breaches in the ACT over the past few years. This positive change has been aided by an improved working relationship between industry and regulators. It has also been assisted by continuous improvements being implemented by ACT Health with respect to published food safety information, tools for industry and inspectors, and improved internal procedures.
- In recent years, there have been several changes to the *Food Act 2001* aimed at improving food safety and regulation in the ACT. For instance in 2013, changes commenced that required registered food businesses to appoint a trained food 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: 24/04/2018
Cleared by: Executive Director Ext:51722
Information Officer name: Conrad Barr
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Lead Directorate: Health

GBC18/279

Portfolio/s: Health & Wellbeing**ISSUE: NATIONAL WASTEWATER DRUG MONITORING PROGRAM REPORT****Talking points:**

- The Australian Criminal Intelligence Commission (ACIC) has released the fourth National Wastewater Drug Monitoring report.
- The ACT has participated in each release of the Wastewater Drug Monitoring Program Report. With each report we gain a more comprehensive understanding of the usage of both legal and illicit drugs within the ACT.
- Alcohol and nicotine continue to be the most consumed drugs in Australia, but pleasingly the ACT continues to have nicotine and alcohol consumption lower than the national average.
- While methylamphetamine is the most frequently used illicit drug in the report, ACT data shows significantly lower than national average rates of methylamphetamine use.
- The most recent data has indicated an increasing trend of oxycodone use in the ACT. The wastewater testing cannot distinguish medical and non-medical use. However, according to ACT pharmacy supply data, there has not been an increase in the supply of oxycodone in the ACT. In fact, between July 2017 and March 2018, there has been approximately a 10 per cent decrease in the supplies of Oxycodone from ACT pharmacies.
- Our message to the community is always 'don't use drugs', however, illicit drug use in our community is a reality, and we are focussed on reducing the associated harm.

Cleared as complete and accurate: 09/04/2018
Cleared by: Executive Director Ext: 50883
Information Officer name:
Contact Officer name: Emily Harper Ext: 73533
Lead Directorate: Health

If asked:

- ACT data indicates heroin use is higher than the national average (exceeded only by Victoria). However, innovative services are available in the ACT to reduce the harms associated with heroin use, including peer-based naloxone training and provision to prevent deaths from opioid overdoses and the ACT needle and syringe program.

Key Information

- Wastewater data was collected from one waste water treatment plant site in the ACT, over seven days in October and and December 2017. This captures wastewater for more than 150,000 people.
- The analysis measures the presence of the following major drugs:
 - methylamphetamine (ACT use is just over half the national average)
 - cocaine (ACT use is lower than Sydney, but higher than other capital cities, increasing trend of usage rates across the four reports)
 - 3,4-methylenedioxymethylamphetamine (MDMA) (ACT use is significantly and consistently lower than the capital city and national average)
 - heroin (ACT use is lower than Melbourne, but higher than other capital cities)
 - oxycodone (ACT use is lower than Hobart, but higher than other capital cities, and has almost doubled since the previous report)
 - fentanyl (ACT usage is consistently in line with the capital city average)
 - nicotine (ACT usage is consistently in line with or lower than the national average)
 - alcohol (ACT usage is consistently in line with or lower than the national average)
- The ACT has a wide range of services available to assist people who are dependent on alcohol and other drugs. This financial year we will invest around \$20 million in specialist alcohol and other drug treatment and support services.

Background Information – may not be suitable for public disclosure

- The National Wastewater Drug Monitoring Program does not detect cannabis.
- There is a spike in MDMA (ecstasy) use observed in the ACT data for December 2016 (this not repeated in earlier or subsequent data). This spike coincides with the Spilt Milk music festival held in early December 2016.

Cleared as complete and accurate: 09/04/2018
Cleared by: Executive Director Ext: 50883
Information Officer name:
Contact Officer name: Emily Harper Ext: 73533
Lead Directorate: Health

- This provides further evidence to support the ACT Government's position to endorse a trial of pill testing in the ACT, conducted by an independent consortium. This is not about encouraging drug use. It is about providing a health intervention prior to a young person taking a substance, which could be what changes their mind from taking the illicit substance and putting themselves at risk.

Cleared as complete and accurate: 09/04/2018
Cleared by: Executive Director Ext: 50883
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Lead Directorate: Health

GBC18/279

Portfolio/s Health & Wellbeing

ISSUE: CUDDLE COT DONATION AND STILLBIRTHS**Talking points:**

- On Sunday 8 April 2018, the Canberra Times ran a story on the generosity of a family who raised funds with their local community in Tumut, to purchase a cuddle cot valued at around \$6000. The family donated the Cuddle Cot to the Centenary Hospital for Women and Children.
- Cuddle Cots are used to help families deal with the loss of a stillborn baby, by preserving stillborns for a period of time, allowing families to spend time with them before saying goodbye.
- Any loss of a child is extremely distressing. All families who experience a perinatal death are cared for using guiding principles of creating memories and enabling them the time to spend with their baby. That is why equipment like Cuddle Cots are highly valued.

Key Information

- The Canberra Times article erroneously reported that the rate of stillbirths at the Centenary Hospital is higher than average. The term 'stillbirth' is a term commonly recognised by the public but what is actually being referred to is perinatal and neonatal deaths, which usually occur due to congenital abnormalities or extreme prematurity.
- The rate of perinatal deaths in the ACT is comparable to those nationally. According to the latest AIHW report on Australia's mothers and babies, released in October last year, rates of perinatal death in the ACT was 8.3 per 1,000 births, which is slightly lower than the Australian rate of 9.2 per 1,000 births.
- A perinatal death is defined as:
 - Stillbirths (also called fetal deaths), which is babies who die after 20 weeks pregnancy and before birth; and
 - Neonatal deaths, which is death occurring from birth within the first 28 days of life.

Cleared as complete and accurate: 23/04/2018
Cleared by: Deputy Director-General Ext: 42728
Information Officer name: Chris Bone
Contact Officer name: Liz Chatham Ext: 47941
Lead Directorate: Health

TRIM Ref: GBC18/279

GBC18/279

Portfolio/s: Health & Wellbeing

ISSUE: WAIT TIMES TO SEE A SPECIALIST AND ACCESS TO ELECTIVE SURGERY

Talking points:

Access to see a specialist

- It is important to acknowledge that not all people on the wait list to see a specialist will require surgery, because surgery is not the solution in all cases.
- Patients who don't require surgery may instead be treated through non-surgical means, either by a multi-disciplinary team, which may include a specialist, or referral back to a GP.
- The number of people waiting to see a specialist who eventually require surgery varies greatly according to speciality. The average across all specialities is around one third.
- There are a number of specialty-specific challenges that are impacting on waiting times, including workforce issues. To address this, ACT Health is:
 - developing a targeted workforce strategy to attract more doctors to the ACT;
 - developing and implementing specific strategies to improve on all areas where patients are waiting longer than the clinically recommended time for treatment;
 - examining better ways to ensure patients have had the best-possible management and investigation of their condition prior to referral to a specialist, by working with GPs to develop shared health pathways;
 - Improving referral information to better delineate patients in more urgent need of attention; and
 - Referring appropriate patients to hospital outpatients with clear referral indications and alternate treatment options for GPs, through health pathways.

Cleared as complete and accurate:	02/05/2018	
Cleared by:	Deputy Director-General	Ext: 42728
Information Officer name:	Chris Bone	
Contact Officer name:	Andrew Mitchell	Ext: 76277
Lead Directorate:	Health	

- ACT Health also knows it needs to better work with GPs to ensure they have the information they need to know what other treatment options are on offer for patients.

Elective Surgery wait times

- Like all jurisdictions, there are challenges in managing demand for elective surgery. In recent years, the Government has had a deliberate focus on reducing the number of patients who are waiting longer than clinically recommended for their surgery.
- To continue to manage demand, the Government is investing additional funding which will see more than 13,000 elective surgeries achieved in the current financial year. At the end of March 2018, 9463 surgeries had been completed.
- Another impact on our elective surgery waiting times is the increase in unplanned surgeries across the ACT as a result of emergency and trauma presentations.
- The rate of emergency surgery at Canberra Hospital is rising. The hospital performed 7,828 cases in the 2013-14 financial year and is forecast to perform 10,174 cases in 2017-18. This represents at least half of all surgery at Canberra Hospital, and is growing at nearly twice the rate of elective surgery.
- There is a need to maintain sufficient capacity at Canberra Hospital for emergency surgery. This is managed by performing elective surgery at other sites, such as Calvary and through purchasing services in the private sector.
- It is also notable that around 30 percent of patients waiting for surgery in the ACT are from NSW or other jurisdictions. There were over 1700 patients with a postcode other than the ACT out of more than 5300 patients on the ACT Health elective surgery waitlist.
- ACT is working in partnership with NSW to develop shared strategies and more diverse treatment options and streamlined pathways for both ACT and NSW patients. ACT receives remuneration for treating NSW patients through the crossborder agreement currently.

Cleared as complete and accurate: 02/05/2018
Cleared by: Deputy Director-General Ext: 42728
Information Officer name: Chris Bone
Contact Officer name: Andrew Mitchell Ext: 76277
Lead Directorate: Health

Key Information

- Access to timely information for consumers is a priority for ACT Health. This is to ensure people have the information and knowledge they need to better manage their health.
- A key aspect of the System-wide Date Review, which I will/have tabled in the Assembly this week, is to provide advice on the publication of data for consumers that facilitates improved understanding of ACT Health information and performance.
- ACT Health is working closely with the Health Care Consumers Association on best practice consumer reporting and expects to have an approach finalised in the coming months. This will include a new approach to publishing wait times to see a specialist.

Background Information – may not be suitable for public disclosure

- Nil.

Cleared as complete and accurate: 02/05/2018
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Information Officer name: Chris Bone
Contact Officer name: Andrew Mitchell Ext: 76277
Lead Directorate: Health

ISSUE: FEDERAL BUDGET

Talking points:

National Health Reform funding

- The 2018-19 Federal Budget is the second year under the interim funding agreement for National Health Reform Funding which operates over three years from 2017-18 to 2019-20.
- The 2018-19 Commonwealth Budget estimates for the ACT are higher than the soft funding cap of 6.5 per cent, due to the redistribution of available funding under the national funding cap.
- ACT Health estimate that National Health Reform Funding will continue at approximately 6.3 per cent in 2018-19, increasing to 6.5 per cent, per annum, over the forward estimates in line with expected increases in both activity and price (as per below).
- This 2018-19 Commonwealth Budget fully funds a new five-year public hospital agreement with the states and territories between 2020-21 and 2024-25. The increase in activity has been projected in line with the existing interim funding agreement.

Commonwealth Estimates				
17-18	18-19	19-20	20-21	21-22
\$m	\$m	\$m	\$m	\$m
362.9	385.7	411.4	438.8	468.0
	6.27%	6.66%	6.66%	6.65%
<i>*2017-18 includes a reduction due to rebasing from 2015-16 and 2016-17 of \$40.1m</i>				
ACT Health Estimates				
17-18	18-19	19-20	20-21	21-22
\$m	\$m	\$m	\$m	\$m
362.9	385.7	410.8	437.5	465.9
	6.28%	6.50%	6.50%	6.50%

Note on table above:

The 2018-19 Commonwealth Budget amount for 2017-18 was \$403.0 million. This figure has been adjusted by \$40.1 million to \$362.9 million to remove the impact of the outstanding 2015-16 and 2016-17 settlements for actual services delivered, so to reflect real year-on-year funding growth.

Cleared as complete and accurate: 09/05/2018
 Cleared by: Karen Doran Deputy Director-General Ext: 54689
 Information Officer name: Trevor Vivian
 Contact Officer name: Ext: 71818
 Lead Directorate: Health

Alcohol and other drug

- We welcome the \$40 million over three years from 2018-19 nationally to support professional development in primary care for the treatment and support for alcohol and drug abuse and residential rehabilitation services.

Access to medicines

- The Budget includes new and amended listings on the Pharmaceutical Benefits Scheme (PBS).
- While overall funding for the PBS has increased, there are a number of new measures aimed at increasing efficiencies and reducing the costs of the PBS.
- It is unclear at this stage what impact these initiatives will have on those in our community who rely on PBS drugs to treat their conditions.
- ACT Health is particularly concerned with the \$40 million reduction in funding nationally for MedicineWise over four years. This is an important service for primary health care and we look forward to the Commonwealth's announcement to a replacement service.
- It is pleasing to see the addition of the HIV prevention drug, Pre-Exposure Prophylaxis (PrEP) to the PBS.
- A trial of PrEP trial commenced in the ACT in September 2017 as an expanded arm of the NSW PrEP trial (EPIC-NSW). The ACT Government provided just over \$112,000 in funding to support the trial locally.
- With PrEP now listed on the PBS, all medical practitioners, including general practitioners, are able to prescribe PrEP medications for individuals at high risk of HIV.

Indigenous health

- The Budget introduces a new funding model for indigenous primary health care.
- ACT Health understands that this new agreement may negatively affect Winnunga's ability to access funding as Winnunga has to date, had difficulty securing new primary health care funding from the Federal Government.

Medical research

- The ACT is leader in health research and we welcome the investment in medical research.
- We welcome the \$275.4 million nationally for the Medical Research Future Fund and the \$1.3 billion nationally for a national health and Medical Industry Growth Plan.
- In particular, initiatives that could benefit the ACT include the funding for Genomics research and the expanded clinical trials program

Cleared as complete and accurate: 09/05/2018
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Lead Directorate: Health

Palliative Care

- The Budget is providing \$32.8 million nationally over four years for palliative care for elderly Australians living in residential aged care facilities.
- This is contingent on matched funding from jurisdictions. The Government will look at the criteria for this and welcomes the opportunity to collaborate in this space.

Workforce and GPs and bulkbilling

- The Budget has \$83 million nationally over five years from 2017-18 to achieve stronger rural, regional and remote health outcomes by aligning the distribution of the health workforce to areas of greatest need and building the capability of Australia's medical practitioner workforce.
- Access to bulk billing and GPs is not just an issue for rural Australia, it is critically important for all health systems that the Commonwealth invest more in primary health care.

Digital health measures

- The funding for My Health Record that will continue into 2018-19 is supplemented by an additional \$5 million nationally over two years to support national deployment of the child digital health record and a national pre-natal digital screening standard and digital tools.
- The funding is part of a broader infant and maternal health package (\$77.9 million) to ensure our children get the best possible start in life.

Essential Vaccines

- We welcome the announcement that free antenatal pertussis (whooping cough) vaccines for pregnant women in their third trimester will be added to the National Immunisation Schedule.
- The ACT Government have been providing this vaccination free to ACT pregnant women since April 2015, with funding to continue to provide this vaccine allocated in the 2017-18 ACT Budget.
- Government also welcomes the listing of two new drugs for the prevention of Influenza in older people and a new drug to replace current Meningococcal vaccinations on the National Immunisation schedule.
- With these vaccines now being made available through the National Schedule from July 2018. The inclusion of Meningococcal vaccinations on the schedule doesn't not impact the 2018-19 Buseinss Case for the same vaccine as it only applies to 12 month olds.

Cleared as complete and accurate: 09/05/2018
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Lead Directorate: Health

GBC18/279

Portfolio/s: Health & Wellbeing

ISSUE: DEATH CAP MUSHROOMS

Talking points:

- With the recent cool and wet weather, Death Cap mushrooms have been found around Canberra.
- Death Cap mushrooms are extremely poisonous. People should not pick or eat any wild mushrooms as they can be extremely difficult for even experienced collectors to distinguish Death Cap mushrooms from an edible mushroom.
- Cooking Death Cap mushrooms does not make them safe.
- Anyone who suspects that they might have eaten Death Cap mushrooms should seek urgent medical attention at a hospital emergency department.
- Information on Death Cap mushrooms is available on the ACT Health Website including posters and flyers in multiple languages.
- Wild mushrooms growing in public areas can be reported to Access Canberra on 13 22 81.

Key Information

- The Death Cap mushroom is a deadly poisonous fungus that often grows near established oak trees, and are found when there is wet and warm weather.
- In the past 18 years, ACT Health is aware of four fatalities associated with Death Cap mushrooms in the ACT.

Background Information – may not be suitable for public disclosure

- On 1 May 2018, TCCS advised ACT Health (Health Protection Service) that Death Cap mushrooms have been found at Stirling Oval.

Cleared as complete and accurate: 04/05/2018
Cleared by: Executive Director Ext: 54402
Information Officer name: Conrad Barr
Contact Officer name: Conrad Barr Ext: 54402
Lead Directorate: Health

Portfolio: Chief Minister

ISSUE: Costing of Questions on Notice

Talking points:

- The government recognises the vital role that Questions on Notice (QoN) play in the functioning of the Legislative Assembly. We must also acknowledge that, in some cases, QoNs can require significant resources to respond to and may impact delivery of services to the community.
- To transparently communicate the level of resourcing needed to respond to each QoN, each response will now include details of the time taken and approximate cost to prepare the response.
- This will also support an understanding of why, on rare occasions, some questions may not be answered due to the unreasonable diversion of resources needed to prepare a response.

Key Information

- This practise began with Questions on Notice Paper No. 16 (23 February 2018).
- Times reflect the total time taken to prepare and provide each response. Where applicable, this includes time spent by administrative support staff to identify and coordinate input from other business units, as well as time taken during review and clearance processes.
- Costings are approximate and are based on the the hourly rates corresponding to the classification/level of the particular staff members involved in preparing each response.
- Times and costings are calculated using a standardised whole of government tool that is compelled for each QON. Aside from time taken to prepare the original tool there is no additional time or cost required to calculate or include times or costings with responses to QONs.
- Guidance on how directorates should handle QONs that they believe will have an impact on their ability to deliver services for the community is published openly on the CMTEDD website.

Cleared as complete and accurate: 01/05/2018
Cleared by: Executive Director Ext: 50230
Contact Officer Name: Sam Engele Ext: 50230
Lead Directorate: Chief Minister, Treasury and
Economic Development

TRIM Ref:

Background Information – may not be suitable for public disclosure

- The volume of QONs taken during the Ninth Assembly has increased significantly compared to previous Assemblies. More QONs were received during the first 11 months of the Ninth Assembly than during the entirety of the Eight Assembly. The average number of separate questions within each QON has also increased.
- Of the 59 QONs from QON Paper 15 that were answered, the median time required to respond was 3.5 person-hours. Weighted by staff classification, this equated to a median cost of approximately \$329 per question.
- One in seven questions from NP15 required more than 10 person-hours to answer. The most resource intensive question required 55 person-hours. In two instances a Minister decided not to answer a QON due to the diversion of resources that would be required. JACSD estimated that responding to those two QONs would have required 300 person-hours each.

Cleared as complete and accurate: 01/05/2018
Cleared by: Executive Director Ext: 50230
Contact Officer Name: Sam Engele Ext: 50230
Lead Directorate: Chief Minister, Treasury and
Economic Development

TRIM Ref:

GBC18/279

Portfolio/s Health & Wellbeing

ISSUE: CONSULTANCY CONTRACTS LED BY ACT HEALTH

Talking points:

- ACT Health engages consultants regularly to undertake work and provide expert advice in all areas of health care delivery and planning, including health infrastructure planning and design to meet the health care needs of our growing city.
- It is not unusual for Government Departments both Federal and State to engage consultants for this type of work.
- There are a number of different types of consultants ACT Health engages for specialist technical advice on projects such as these. They include:
 - Cost consultants including commercial and economic advisers;
 - Architects;
 - Master planners;
 - Health facility planners; and
 - Engineers including traffic and parking; structural; aeronautical (SPIRE), civil, geotechnical, façade and mechanical, electrical or hydraulic.

Key Information

- Spending on consultants varies for year to year.
- Based on what is labelled as a consultant (or similar) on the Notifiable Invoices Register, ACT Health spent \$9,698,788.92 on consultants in the 2017 calendar year. This was up from \$4,593,550.26 in 2016.

Cleared as complete and accurate: 04/05/2018
Cleared by: Deputy Director-General Ext: 52248
Information Officer name:
Contact Officer name: Emm Dale Ext: 71818
Lead Directorate: Health

TRIM Ref: GBC18/279

GBC18/279

Portfolio/s: Health & Wellbeing**ISSUE: ARINS AND SEAS****Talking points:**

- There are currently 269 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 \$17.3 million, 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 269 ACT Health staff covered by ARIns and SEAs:
 - 142 doctors
 - 100 health professionals
 - 16 dentists
 - Two administrative staff
 - One nurse
 - Eight support staff (to correct an EA oversight)

Cleared as complete and accurate: 24/04/2018
Cleared by: Executive Director Ext:51086
Information Officer name: Janine Hammat
Contact Officer name: David Wedgwood Ext: 71776
Lead Directorate: Health

TRIM Ref: GBC18/279

- The annual review process is likely to result in a reduction in 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 into 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 has developed a strategy to minimise these risks with specific regard to the arrangements applying to medical practitioners. This will 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. This has recently been endorsed but has not yet been shared with unions or employees in any detail, although there is awareness that the Director-General has asked for a review. A committee and communication plan is being developed in partnership with CMTEDD.

Cleared as complete and accurate: 24/04/2018
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Information Officer name: Janine Hammat
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Lead Directorate: Health

TRIM Ref: GBC18/279

GBC18/279

Portfolio/s: Health & Wellbeing**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. Assessment of the clinical pathway and model of care is ongoing.

Key Information

- Bariatric surgery provides a surgical option for patients accessing treatment for obesity through 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.
- The Government committed to providing public bariatric surgery from February 2015 but there have been unavoidable and unforeseen delays in establishing the service.
- Bariatric surgery patients are typically categorised as category 2 or 3 and as such, they may be displaced on the elective surgery wait list by category 1 patients (typically patients being treated for cancer).
- Therefore, dedicated sessions are being identified at Calvary Health Care Bruce to complete these surgeries.
- 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: 23/04/2018
Cleared by: Deputy Director-General Ext: 42728
Information Officer name: Chris Bone
Contact Officer name: Daniel Wood Ext: 43515
Lead Directorate: Health

TRIM Ref: GBC18/279

GBC18/279

Portfolio/s: Health & Wellbeing**ISSUE: NATIONAL PARTNERSHIP AGREEMENTS****Talking points:**

- Under the Intergovernmental Agreement on Federal Financial Relations (IGA FFR), the Commonwealth consolidated a wide range of Commonwealth-State agreements, including National Agreements and National Partnerships.
- The National Partnerships payments to the States are facilitated by the following types of agreements:
 - National Partnership Agreements (NPAs), which provide time limited funding for specific projects and service delivery reforms;
 - Implementation Plans, which are required if there are jurisdictional differences in context or approach to implementation under the NPAs; and
 - Project Agreements (PAs) which are a simpler form of NPAs, for low value and/or low risk projects.
- The finalisation of the NPAs or PAs often 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 took months and recently concluded with the ACT to receive a reduction of \$142,000 over four years from 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.

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.

Cleared as complete and accurate: 07/05/2018
Cleared by: Executive Director Ext: 79143
Information Officer name: Inez Nimpuno
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Lead Directorate: Health

The 2017-18 Commonwealth Budget announced funding of \$64.4 million nationally for a further four year extension from 1 July 2017 to 30 June 2021 to enable BreastScreen Australia to continue to actively engage women aged 70 to 74 years in the breast screening program. It is anticipated that the States and Territories will receive \$60.3 million over the next four years, and the remaining \$4.1 million will be dedicated to BreastScreen Australia research and evaluation activities, particularly for the evaluation of the results from initial four year period.

Formal negotiations between the Commonwealth Department of Health and States and Territories have concluded and the proposed PA 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 PA allocates total funding to the ACT of \$955,000 over four years, a total reduction of \$142,000 from the previous Agreement. BreastScreen ACT is on target to screen the required number of women in the 70 -74 year cohort and for the 2017 – 2018 financial year.

- 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* (NBCSP) to continue the *Participant Follow-up Function* of the NBCSP. This program provides follow-up services for participants who return a positive test result but have not continued on to appropriate medical care.

Recently, the Commonwealth provided a draft of a new *2018-2022 Schedule D of the Specified Projects NP* for all States and Territories for review and comment.

ACT Health prepared a response which includes concerns related to the adequacy of the Commonwealth funding to meet the increased demand; the level of funding commitments by jurisdictions; and the lack of measurement indicators. ACT Health is expecting the Commonwealth to respond in order to settle on a reasonable position going forward for the ACT. The second round of consultation following the next draft of the new 2018-2022 Schedule D of the Specified Projects NP is expected to occur in the near future.

- PA on Vaccine Preventable Diseases Surveillance Program

A PA to continue with this program from 1 July 2017 to 30 June 2020 has been agreed to. 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. The 2017 annual report was submitted, ACT met all deliverables and exceeded performance targets.

Cleared as complete and accurate:	07/05/2018	
Cleared by:	Executive Director	Ext: 79143
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Lead Directorate:	Health	

- 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 PA for the OzFoodNet Program. The Schedule for 2016-20 has been agreed to. 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. Under the current NPAEV the payments to ACT Government will potentially increase significantly to \$622,500 p.a. The payments are dependent on the achievement of five benchmarks at a rate of approximately \$48,500 and one milestone which is worth approximately \$380,000. 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.

As the exact amount of the payments is calculated by the annual cost of Commonwealth vaccine purchases, payments for the ACT under the NPAEV are dependant on the number and cost of vaccines purchased in Australia and the ACT.

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.

Cleared as complete and accurate: 07/05/2018
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Lead Directorate: Health

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 ACT Health's Dental Health Program 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, you signed the new NPA. In late April 2018, ACT Health has finalised the implementation plan which will require your approval to be provided to the Commonwealth. The first and second performance reports have already been provided to the Commonwealth, and the third performance report will be due at the end of May 2018 to the Commonwealth.

- 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 on 12 April 2018, the ACT will receive \$715,000 Commonwealth funding over four years. Funding is scheduled to be paid annually following submission of progress reports to the Commonwealth as per following:

2017 - 18	\$50,000 9 April 2018 \$205,327 by end of financial year
2018-19	\$153,225 by end of financial year
2018-20	\$153,225 by end of financial year
2020-21	\$153,225 by end of financial year

Cleared as complete and accurate: 07/05/2018
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 Information Officer name: Inez Nimpuno
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 Lead Directorate: Health

Heads of Agreement and National Healthcare Agreement

- The Heads of Agreement outlines the strategic priorities for health reform to be included in a new five year National Health Agreement, namely the National Healthcare Agreement.
- The ACT Chief Minister signed the Heads of Agreement between the Commonwealth and the States and Territories on public hospital funding and health reform on 27 April 2018.
- By signing the Heads of Agreement the ACT now has funding certainty for its public hospitals for 2020-2025.
- The Commonwealth has advised that the ACT will receive approximately \$2.6 billion
- Under the current National Health Agreement, the ACT has received the following:
 - \$310,957,961 for services delivered in 2014-15
 - \$324,704,198 for services delivered in 2015-16
 - \$344,495,915 for services delivered in 2016-17
- The following is not for public disclosure:

The ACT has successfully negotiated a sign on bonus of \$8 million, for signing the Heads of Agreement, for future investment in health. The projects to be funded through this bonus payment will be agreed between the Commonwealth and the ACT and details will be announced at a later date.

Cleared as complete and accurate:	07/05/2018	
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GBC18/279

Portfolio/s: Health & Wellbeing

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.
- Recruitment is underway to fill nursing and allied health positions, with a number of key positions already filled. Up to 300 staff will undergo extensive training and orientation to the new facility to familiarise them with the new building's layout.

Cleared as complete and accurate: 26/04/2018
Cleared by: Deputy Director-General Ext: 42728
Information Officer name: Chris Bone
Contact Officer name: Linda Kohlhagen Ext: 42169
Lead Directorate: Health

- 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 a community open day in closer to July when the facility will open.

Background Information – may not be suitable for public disclosure

- Discussions are continuing 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.
- WorkSafe ACT has brought nine charges against Multiplex Constructions and RAR Cranes over a fatality that occurred on the UCH worksite in August 2016. The matters are expected to come before the court in May 2018.

Cleared as complete and accurate: 26/04/2018
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Lead Directorate: Health

GBC18/280

Portfolio/s Mental Health

ISSUE: ACCREDITATION**Talking points:**

- The Australian Council on Healthcare Standards completed a comprehensive assessment of ACT Health's compliance with the National Safety and Quality Health Service Standards from 19-23 March 2018.
- During the organisation wide re-accreditation assessment, the Australian Council on Healthcare Standards assessed ACT Health's implementation of the National Standards. This involves awarding either a 'satisfactorily met' or 'not met' to the actions within the National Safety and Quality Health Service Standards.
- ACT Health received the formal Australian Council on Healthcare Standards 'Not Met' Action report on 4 April 2018.
- The Australian Council on Healthcare Standards 'Not Met' Action report details 176 core criteria as met with 37 assessed as 'Not Met' under five of the 10 National Standards.
- Of the 37 'Not Met' actions, 33 are 'Not Met' core National Standards actions and 4 are 'Not Met' developmental National Standards actions. Of the 4 'Not Met' developmental National Standards actions, one is in Standard 1, Governance; two in Standard 2, Partnering with Consumers, and one in Standard 4, Medication Safety.
- The Australian Council on Healthcare Standards provided ACT Health a remediation period of 90 days to address the 33 'Not Met' Core Actions. ACT Health will be reassessed on those 33 'Not Met' Core Actions through a process called Advanced Completion, with two Australian Council on Healthcare Standards surveyors conducting an Advanced Completion survey on-site at Canberra Hospital and Health Services during 3-5 July 2018.

Cleared as complete and accurate: 07/05/2018
Cleared by: Deputy Director-General Ext: 77880
Information Officer name: Jane Murkin
Contact Officer name: Josephine Smith Ext: 50095
Lead Directorate: Health

TRIM Ref: GBC18/280

- ACT Health will need to undertake improvement activity to ensure the 4 ‘Not Met’ developmental National Standards actions are met in the future. ACT Health will not be reassessed against these developmental actions during the Advance Completion process and the on-site survey in July 2018.
- All Core Actions must be assessed as ‘Satisfactorily Met’ at the Advanced Completion survey for ACT Health to be awarded accreditation.
- ACT Health has been progressing work against all of the ‘Not Met’ criteria and specific recommendations, including three that relate to the ligature and self-harm risk in mental health units. An action plan has been developed to manage these recommendations
- ACT Health is in the process of finalising draft terms of reference for the establishment of a Mental Health Review Advisory Body to oversee the review of all CHHS Mental Health Inpatient Units, Alcohol and Drug, Justice Health facilities and the implementation of subsequent recommendations.
- The Independent external review of the acute inpatient mental health facilities will commence in May 2018 and will involve attendance to the mental health facilities and review the safety aspects of:
 - Model of Care,
 - Policies and procedures (are we using the existing tools correctly)
 - Patient cohort
 - Workforce, skill mix
 - Unique admission criteria to each unit
 - Physical environment, and
 - Service demand.
- The independent external review will occur during 21-23 May 2018 and the team from Northwestern Mental Health, Victoria comprises of:
 - Dr David Fenn, Interim Director of Clinical Governance
 - Peter Kelly, Director of Operations
 - Cosino Birsci, Facilities Manager

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Lead Directorate: Health

TRIM Ref: GBC18/280

- A National Standards Leadership Committee, chaired by the Interim Director-General with membership from the Deputy Director-General and Professional Lead cohort has been established to oversee development, progress and implementation of the Action Plan.
- It is important to emphasise that improving quality and safety is an ongoing process in the health system and that does not start or end with accreditation. There is significant work underway every day in our hospital that is focussed on quality and patient safety.
- ACT Health was last surveyed by Australian Council on Healthcare Standards in May 2015 and was successful in achieving accreditation against the National Standards until July 2018. ACT Health will remain accredited until completion of the current assessment process.

Key Information

- The ACHS surveyors presented an “Accreditation Summation” session to ACT Health staff on 23 March 2018. This gave clinical and operational staff an overview of what might be expected in the final survey report.
- At summation, the surveyors provided a brief overview of their findings against each action, highlighting areas of excellence including the ACT Health Quality Strategy, the positive patient centred care delivered to regional patients through the Renal telehealth service, and the rapid person centred care provided to unwell oncology patients through the Rapid Assessment unit in radiation oncology.
- ACT Health has received the draft comprehensive Accreditation Report from the Australian Council on Health Care Standards (ACHS) on 19 April 2018. ACT Health reviewed the report to ensure factual accuracy, although cannot change the recommendations or outcomes. Feedback was provided to ACHS on 3 May 2018 to enable finalisation of the report.
- ACHS will submit the final report to ACT Health in the coming weeks. The outcomes will be used to continually drive quality and safety improvements in the health service.

Not Met report

- ACT Health has commenced significant work to address the not met core action report. This includes:

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- The establishment of the National Standards Leadership Committee. The role of the committee is to provide leadership oversight and effective governance to address the 'not met core action report'. Including the development of an action plan, audit processes which have been put in place, and the process for collation of required documentary evidence for the on-site reassessment 3-5 July 2018.
- ACT Health has established an accreditation coordination team who have commenced development of a robust programme plan to track and report weekly to the National Standards Leadership Committee and the Minister for Health and Wellbeing. This plan includes a detailed action plan and traffic light progress.
- The Minister for Health and Wellbeing has commenced weekly meetings with ACT Health and has requested and is receiving weekly briefings on ACT Health's progress in addressing the not met core actions.
- Two all staff forums have been convened by ACT Health's Interim Director-General, with the forum held on 4 May attended by the Minister for Health and Wellbeing. The staff forums were held to provide an update on ACT Health's key priorities including accreditation.
- The Interim Director-General has liaised with the Australian Commission on Safety and Quality in Health Care and Australian Council on Health Care Standards to discuss the outcomes of the accreditation survey and the monitoring processes ACT Health is taking to address the not met core action report.
- The Commission have provided ACT Health with their full support and confidence in the approach ACT Health is undertaking to address the Not Met Core Actions and in achieving re-accreditation, including a visit to ACT Health in the coming weeks to support ACT Health throughout this process.

Background Information – may not be suitable for public disclosure

- ACT Health will be advised of the outcome of the AC review and surveyor recommendation to ACHS on the last day of the on-site survey, 5 July 2018.
- The ACHS survey team have five working days from the last day of the on-site review to submit their report to ACHS, which is internally reviewed to determine the accreditation decision.
- A draft AC report is then provided to ACT Health in ten working days following the on-site survey, 19 July 2018. ACT Health have five working days from receipt of the report to review and provide a response to ACHS, 26 July. The final survey report should be received within

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30 calendar days of the AC90 on-site review, which includes the accreditation decision. The expected date of receipt of the report is 5 August 2018.

- ACT Health remain accredited until finalisation of the AC90 process.
- As per ACT Health's Agreement with ACHS, and the ACHS Appeals Policy, ACT Health may appeal the accreditation decision within 28 days from receipt of the written advice of the accreditation decision.
- In the event that ACT Health were to appeal the decision, the original accreditation status awarded to ACT Health following the survey in May 2015 would remain in force until the appeal is finalised.
- In the event ACT Health does not receive reaccreditation, the Australian Commission on Safety and Quality in Health Care (Commission) have advised that the organisation will need to be reassessed against the National Standards within twelve months. There is no official waiting period before the ACT Health can be reassessed as long as the reassessment occurs within the twelve months period.
- During the intervening period the Commission has also advised that ACT Health's licensing and regulatory policy directives, with oversight by the Regulator will need to be followed until the organisation receives National Standard accreditation.
- In the event that the hospital is no longer accredited, the Chief Health Officer (as delegate of the Minister for Health and Wellbeing) would licence CHHS as a non-accredited health care facility under the *Health Care Facilities Code of Practice 2001* (the Code). The hospital will not close.
- As a non-accredited health care facility licence holder, the CHHS would be obligated to comply with all provisions of the Code. Authorised officers under the *Public Health Act 1997* may inspect CHHS from time to time to assess compliance with the Code.

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Portfolio/s: Mental Health

ISSUE: ACT HEALTH ACCREDITATION – DISCHARGE SUMMARIES IN MENTAL HEALTH

Talking points:

- When a person is discharged from an inpatient facility, a discharge summary is sent to their General Practitioner (where one has been identified) and/or other health professionals (such as a private psychiatrist). The summaries outline the nature of the admission as well as recommended treatment options for ongoing care. If the person does not have an identified health professional on discharge, the discharge summary is not shared. However, at a later time and for continuity of care, an identified health provider can request and receive the person's discharge summary.
- Ideally, a copy of the discharge summary, or some modified version, would be finalised and also given to the person prior to their discharge. However, currently at the Adult Mental Health Unit (AMHU), it is acknowledged that timely completion of discharge summaries remains an issue due to a range of factors including the medical workforce shortages, higher administrative demands since the implementation of the *Mental Health Act 2015* and often competing clinical demands.
- MHJHADS are liaising with Dr Jeff Fletcher, Chief Medical Officer and the Clinical Records Unit to streamline the discharge summary processes including any technological or administrative solutions that may expedite the discharge summary completion.
- 56 hours of overtime have been scheduled for Junior Medical Officers to complete the outstanding 2017 discharge summaries for Mental Health over three weekends (Saturday 28 April, Saturday 5 May and Saturday 12 May)
- An additional two Saturdays will be organised next week (40 hours in total).

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- Close monitoring of the numbers of discharge summaries being completed is being undertaken with frequent reporting to relevant areas to enable escalation to occur.
- Mental Health have contacted current Psychiatric Registrars to also assist in the completion of the incomplete discharge summaries from 2017.
- A temporary IT solution has been put in place to ensure the delivery of discharge summaries to the Mental Health record (MAJICeR) – to assist in the timeliness of completion and delivery of the discharge summaries.
- A more permanent solution to the communication between the Clinical Portal and MAJICeR has been approved and is progressing.
- In order to ensure timely completion of discharge summaries over the long term, a comprehensive review and analysis is being undertaken to identify a sustainable approach to improvement.

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GBC18/280

Portfolio/s Mental Health

ISSUE: ACCREDITATION – COMMISSIONING AN INDEPENDENT EXTERNAL REVIEW INTO THE SAFETY OF PATIENTS IN INPATIENT UNITS (INCLUDING ADVISORY BODY)

Talking points:

- On 27 April 2018, the ACT Health National Standards Steering Committee endorsed the Terms of Reference for the independent external review of CHHS Mental Health Inpatient Unit, Alcohol and Drug and Justice Health facilities to assess the level of safety and risk to consumers of the service.
- The Independent external review of the acute inpatient mental health facilities will commence in May 2018 and will involve attendance to the Adult Mental Health Unit, Brian Hennessy Rehabilitation Centre, Dhulwa and mental health short stay unit and review the safety aspects of:
 - Model of Care,
 - Policies and procedures (are we using the existing tools correctly)
 - Patient cohort
 - Workforce, skill mix
 - Unique admission criteria to each unit
 - Physical environment, and
 - Service demand.
- The independent external review will occur during 21-23 May 2018 and the team from Northwestern Mental Health, Victoria have been appointed to conduct the review. The team comprises of:
 - Dr David Fenn, Interim Director of Clinical Governance
 - Peter Kelly, Director of Operations
 - Cosino Birsci, Facilities Manager

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Lead Directorate: Health

TRIM Ref: GBC18/280

- During 14-16 May 2018, staff from MHJHADS (Executive Director, the Acting and nominal Operational Director of Adult Acute Mental Health Services, Acting Assistant Director of Nursing and the Clinical Nurse Educator) will visit Northwestern Mental Health to see their inpatient units and review the policies and systems in place.

Mental Health Advisory body

- ACT Health has been progressing work against all of the Not Met criteria and specific recommendations, including three that relate to the ligature and self-harm risk in mental health units. One of those recommendations was to:

Action 1.8.2 Core (2) - Establish a Mental Health Review Advisory body which incorporates Alcohol and Drug and Justice Health to oversee the review and the implementation of the subsequent recommendations.

- The role of the Mental Health Advisory body would be a time-limited body, convened to oversee implementation of any recommendations from “the Independent External Review”.
- The membership has been proposed with an Independent Chair, and includes consumer and carer representatives, other external representatives and key clinicians.
- The Advisory Body is expected to meet following the completion of the independent review to identify the response to the recommendations.

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Portfolio/s Mental Health

ISSUE: ACCREDITATION – PASSIVE SMOKING AT THE AMC**Talking points:**

- The health and safety of staff and detainees remains paramount in the delivery of services at the AMC.
- ACT Health is working closely with Justice and Community Services Directorate (JACS) to address risks associated with exposure of staff to passive smoking in the course of their duties at the Alexander McConochie Centre (AMC).
- Appropriate risk mitigation measures are being identified to ensure the health and safety of staff and detainees at the AMC. A report will be available for consideration by key stakeholders by 31 May 2018.
- Risk mitigation measures are likely to require a planned approach with appropriate change management and implementation lead time to ensure that other WHS risks are not introduced in the process.

Key Information

- At present staff and detainees are permitted to smoke in designated places at AMC.
- ACT Health staff are being exposed to passive smoke in the course of their duties including the delivery of medical services within the grounds of the AMC.
- The issue of staff exposure to passive smoking is subject of a recommendation under the recent ACT Health Accreditation under a 'not met' criterion.

Background Information – may not be suitable for public disclosure

- The elimination/mitigation of passive smoking risks is best achieved by introducing a non-smoking campus at the AMC. The allocation of designated smoking areas away from staff and detainees is an alternative that may be considered in a tiered approach to a non-smoking campus.

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TRIM Ref: GBC18/280

- The lead in time to become a non-smoking campus is approximately 2 years as identified in other jurisdictions in Australia.
- All risk mitigation measures to address passive smoking risks need to be carefully considered and planned as they have the potential to cause other WHS risks including occupational violence.

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ISSUE: ACT HEALTH ACCREDITATION – LIGATURE POINTS

Talking points:

- The following work has occurred to address the significant risk regarding ligature points:
 - On 4 April 2018 a Risk Review Workshop was held with representatives from MHJHADS, Health Infrastructure Services and Quality Governance and Risk. A risk assessment from that workshop was drafted and the actions and the aim of the workshop was to:
 - Confirm organisational description of the risk;
 - Document the risk in the Riskman system;
 - Confirm risk mitigation strategies in place;
 - Confirm risk ratings post identifying mitigation strategies;
 - Confirm and Review the documentation of the risk; and
 - Consider formal escalation of the risk to either CHHS or the ACT Health risk register.
- Infrastructure scope of works have been completed and the ligature minimisation work has been broken into 2 stages:
 - Stage 1 commenced on 23 April 2018 with the removal of the ensuite doors that represent the highest ligature risk, to date 17 of the ensuite doors have been removed; and
 - Stage 2 works will commence in May 2018 and will involve the development and approval for a prototype room to confirm all proposed fittings and room modifications to address other known areas of ligature risks.

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Lead Directorate:	Health	

- An Independent external review of the acute inpatient mental health facilities will commence in May 2018. The independent external review will attend mental health facilities and review the safety and efficiency of:
 - Model of Care,
 - Policies and procedures (are we using the existing tools correctly)
 - Patient cohort
 - Workforce, skill mix
 - Unique admission criteria to each unit, and
 - Physical environment
 - Service demand.
- Establishment of a Mental Health Advisory body whose role will be to oversee the independent, expert review and the implementation of the recommendations. This Advisory body will be convened in June 2018 following the completion of the external review.

[If asked about Suicides or Coronial Matters]

- The coroner is currently conducting an inquest into the deaths of four patients at Canberra Hospital.
- I would like to express my condolences to the family and friends of these people.
- It is not appropriate for me to make any further comment about the inquest at this time.
- The findings of the accreditation survey have highlighted some very serious issues, and I am very disappointed that this is the case. ACT Health has put in place a number of measures to address the issues raised with a view to resolving them as a matter of urgency.
- There will be cross over between the inquest and the accreditation process. Therefore at this stage, I am not in a position to comment further.
- I will make further comments once I am in a position to do so.

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GBC18/280

Portfolio/s Mental Health

ISSUE: ACT HEALTH GOVERNANCE**Talking points:**

- *Standard 1: Governance for Safety and Quality in Health Service Organisation* is one area which the Australian Council on Health Care Standards (ACHS) have identified as requiring improvement.
- It is important to emphasise that improving quality and safety is an ongoing process in the health system and that doesn't start or end with accreditation. There is significant work underway every day in our hospital that is focussed on quality and patient safety.
- The re-accreditation process is an opportunity to identify areas of improvement to ensure we continue to deliver high quality and safe health care to the community. The improvements we are making as a result of this process will make our health services even better.
- The Interim Director-General has assured both myself and Minister Fitzharris that the issues and recommendations that relate to Governance will be dealt with as a priority, ensuring good governance is at the centre of all our important health care reforms moving forward.
- A new National Standards Leadership Committee has been established within the Directorate.
- The Committee is meeting weekly to specifically provide leadership and effective governance of the actions required to address the ACHS not met report.
- Work is underway to review and update the Directorate's Corporate Plan and Governance Framework to enable clear lines of reporting and accountability.

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- In addition, ACT Health’s new Quality Strategy sets down the guiding principles and strategic priority areas for the next two, five and ten years.
- It will act as a platform to demonstrate ACT Health’s improvements in safety and quality of care.
- A Quality Strategy Implementation Plan and Measurement Framework is currently under development and will be finalised in the second quarter of 2018.
- Once the implementation plan and measurement framework is developed, base line data will be collated to inform the specific percentages for each priority – person-centred care, safe care and effective care.

Key Information

- The issues identified in the report support the Government’s decision to look at the overall governance of our health system and to separate ACT Health into two organisations.
- From 1 October 2018, there will be one organisation responsible for ACT Health’s clinical operations and a second organisation responsible for strategic policy and planning.
- Both organisations will continue the reform work already underway to achieve ACT Health’s commitment to the health of our community, as well as a commitment to quality, innovation, engagement and accountability.
- Separating the organisation reflects best practice and has already been done in larger jurisdictions interstate.
- I am confident that the creation of separate organisations will result in more robust governance and leadership across our entire health system.

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TRIM Ref: GBC18/280

GBC18/280

Portfolio/s: Mental Health**ISSUE: ACT HEALTH ORGANISATIONAL UPDATE****Talking points:**

- The changes to ACT Health announced by myself and Minister Fitzharris in March this year will bring ACT Health closer in line with other Australian jurisdictions, which have structurally separated their clinical services delivery from their departments of health which have their focus as policy, planning and regulatory functions.
- Other jurisdictions have changed in recent years to a model which separates frontline delivery from policy and planning, and the ACT will look to these examples and develop a model that works for the ACT Health system – now and into the future.
- This is an essential evolution for our growing population and expanding health system, and will bring greater clarity about the distinct roles and responsibilities of frontline staff and corporate staff.
- Staff who deliver frontline health services to the Canberra community will come under the umbrella of the separate health services delivery organisation.
- There will be a second separate organisation responsible for strategic policy and planning which will set the strategic direction for health services in the ACT.
- Both organisations will continue ACT Health's commitment to the health of our community, as well as a commitment to quality, innovation, engagement and accountability.
- The separation will enable a clearer focus on efficiency and effectiveness for clinical operations, and free up capacity within the Health Directorate to undertake core strategy and system management functions.

Cleared as complete and accurate:	07/05/2018	
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Governance and Consultation

- Work is already underway in preparation for the formation of two organisations, which are planned to commence on 1 October 2018. The interim Director-General has commenced a body of work to:
 - Seek expert independent review of the current organisation's form and function;
 - define the principles that will underpin the establishment of the two organisations;
 - conduct research into options for the relationship between the governance of the new organisations;
 - seek professional and extra-jurisdictional advice on options; and
 - most importantly, engage with staff and stakeholders throughout the process to ensure that we arrive at a model that will work on the ground for both staff and ACT Health consumers.
- The planning process will include developing recommendations on the relationship between the service delivery organisation and the planning and policy organisation. It is essential that this relationship supports a model providing effective governance, management and accountability.
- The transition process will include ongoing engagement with staff, stakeholders and the community. This provides an important opportunity for these groups to contribute their expertise, recommendations and issues for consideration.
- As Minister Fitzharris explained to ACT Health staff at the two staff forums last week the goal is to enable and encourage staff, stakeholders and the community to invest in this change process.
- The process of engagement has started with staff forums and the many conversations the Interim Director-General and his team are having across all parts of the organisation.

Impacts for Patients/Consumers

- These proposed changes are primarily administrative in nature at this stage and are being developed with careful consideration to ensure that there will be no negative impacts on the services that we offer.

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- The organisational reform will be fully implemented from 1 October 2018, but the transition will be a seamless one and people visiting one of the three public hospitals, our popular walk in centres or in any way accessing the many community based health services that we offer will not experience any disruption as a result of this announcement.
- The organisational reform will bring greater efficiencies for clinical and medical staff, and is being designed to improve service delivery and further reinforce the goals of the Territory-wide Health Services framework – person centric and community focused care, enhanced preventive health and improved Hospital services.

Impacts for Staff

- I would like to reassure all ACT Health employees that staff will be engaged in relation to the development of the new structure. Regular staff emails, and as I mentioned the staff forums at Bowes Street and Canberra Hospital which have commenced, monthly Executive Director briefings, and a dedicated transition page on the ACT Health intranet (launched on 6 April 2018) will keep staff informed.
- I do not anticipate that there will be any significant changes to staff members below executive levels through this process.
 - Should it be determined that there will be impacts on staff members (below executive levels), full and appropriate consultations will ensue.
 - This will involve consultations with unions and staff members impacted.
 - The Interim Director General has advised that, if required, any impacted staff will be personally advised prior to any formal release of a document for consultation.
 - Every possible opportunity will be provided to staff and unions to provide feedback on the proposed changes to the organisational reforms.
 - Final decisions on new organisational structures will only be taken once there has been appropriate consultation.
- Staff are also encouraged to email healthreferencegroup@act.gov.au with suggestions, questions or concerns.

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Territory-wide Health Services Framework

- The clinical and service planning underway through the Territory-wide Health Services Framework will remain a key priority for government and we will continue to realign the governance of Canberra Hospital and Health Service (CHHS).
- This is a critical element of the overall Government priority to increase access to specialist health services in the ACT, both in the hospitals and in the community.
- The Territory-wide Health Services Framework aims to ensure ACT Health's delivery of an integrated and whole-of-system service delivery model to provide true person- and family-centred care. The wider organisational reforms being considered will be well aligned with the Territory-wide Health Services Framework priorities.
- Due to the proposed timing of the organisational reform (1 October 2018), it is anticipated that while work continues in refining the Specialty Service Plans and structure of CHHS, implementation of these Framework items will be phased in from late 2018 to take full advantage of the development of the two new organisations and the recruitment of a new leadership team.

Director-General Position

- Mr Michael De'Ath commenced in the role of interim Director-General, ACT Health Directorate on Monday 9 April 2018, while the recruitment process for a new Director-General and new senior executive positions is underway.
- As I noted during my announcement of the reform in March 2018, Ms Nicole Feely, the ACT Health Director-General at the time, has advised the government that she wishes to pursue new opportunities.

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Key Information

- On 23 March 2018 the ACT Government announced a decision to separate ACT Health into two distinct organisations. From 1 October 2018, the ACT Government will separate operational health services from policy and planning functions.
- There will be one organisation solely responsible for ACT Health's clinical operations. It will focus on the operational delivery of quality health services to our growing community.
- There will be a second organisation responsible for strategic policy and planning. This will set the strategic direction for health services in the ACT.

Background Information – may not be suitable for public disclosure

- A recent freedom of information request may see the publication of reports prepared for ACT Health and for me outlining consideration of Directorate governance structures.
- The recent Accreditation Audit highlighted governance across the Directorate as an area for improvement.
- While not directly related, the Auditor-General has recently announced an audit into allegations of breaches of the Public Sector Management Act inside ACT Health.

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GBC18/280

Portfolio/s: Mental Health**ISSUE: ACT HEALTH TERRITORY-WIDE HEALTH SERVICES FRAMEWORK
2017-2027****Talking points:**

- Work on the Territory-wide Health Services Framework (the Framework) is progressing and the Territory-wide Health Services Advisory Group has provided feedback resulting in a revised draft of the Framework.
- Once ready, the revised Framework will be put to the Advisory Group for endorsement. It is expected this will occur by end June 2018.
- The timeframe for implementation of the Framework is currently under review following the announcement that ACT Health will be separated into two organisations from 1 October 2018.
- Feedback to date from ACT Health staff and the community sector indicates a high level of support for the stated objectives of the Framework, which aims to work more collaboratively and improve service integration to support better outcomes and experience for their patients and clients.
- The development of the first draft Specialty Services Plans (SSPs) 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.
- Initial consultation on the SSPs with the community and primary care sectors (including GPs) has also commenced, with further consultation still to occur. The Territory-wide Health Services Advisory Group has been contributing valuable input into how this process should be undertaken.

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Lead Directorate: Health

Key Points

- Development and planning for implementation of the Territory-wide Health Services Framework is progressing well, however, the timeframe and the final scope for implementation of the Framework is currently under review following the announcement that ACT Health will be split into two organisations from 1 October 2018; and in response to recommendations from the NSQHS Standards Survey Report.

Background Information – may not be suitable for public disclosure

- The Territory-wide Health Services Framework will guide the development and redesign of health care services across the Territory over the next decade. Minister Fitzharris released the draft Framework on 19 September 2017.
- Under the Framework, ACT Health will establish new documented Specialty Service Plans (SSPs) 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.
- The recent Accreditation process and subsequent responses being coordinated to address the NSQHS Standards Survey “Not Met” recommendations has created some delays in further progressing the SSPs as CHHS resources are focused on meeting the standards. Responding to the recommendations may also have implications for the final design of the future CHHS realignment.
- The broader non-government sector has raised some concerns regarding the apparent lack of written material and information about the SSPs, and they are seeking greater opportunities for consideration of the role of community based services.

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GBC18/280

Portfolio/s: Mental Health**ISSUE: ACT HEALTH SYSTEM WIDE DATA REVIEW****Talking points:**

- On 14 February 2017 Minister Fitzharris announced that ACT Health would undertake a System-Wide Data Review, due to ACT Health being unable to provide data on emergency department performance, elective surgery waiting times and mental health for the 2017 Report on Government Services.
- As members will recall, Minister Fitzharris committed to provide quarterly updates to the Assembly on the Data Review, so that colleagues and the community continued to be informed about the progress of the Review.
- The System-Wide Data Review was completed on time by ACT Health and Minister Fitzharris will make a Ministerial Statement on Thursday, 10 May 2018.
- 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. This is why Minister Fitzharris called for this review to be undertaken.
- 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.
- Minister Fitzharris established a review panel with clear professional expertise to lead the work of the System-Wide Data Review, which included experts in technology, health delivery, academia, government transformation and data management, drawn from the ACT and national agencies. This ensured the integrity, transparency and robustness of the System-Wide Data Review.

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Lead Directorate: Health

TRIM Ref: GBC18/280

- I would like to thank the members of the Review Panel for their contribution to this work.

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;
 - 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

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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

- The Review Panel members are:
 - Lynton Norris, Deputy Director-General, Performance, Reporting and Data, ACT Health
 - Chris Bone, Deputy Director-General, Canberra Hospital and Health Services, ACT Health
 - Peter O’Halloran, Chief Information Officer, ACT Health
 - Alana Lundy, Deputy Director, Transformation and Collaborative Engagement, Shared Services ICT
 - Jenny Hargreaves, Senior Executive, Australian Institute of Health and Welfare, Hospitals, Resourcing and Classifications Group
 - Archie Clements, in his role as Director, Research School of Population Health, ANU College of Medicine, Biology and Environment

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GBC18/280

Portfolio/s: Mental Health**ISSUE: RESPONSE TO VICKI DUNNE MLA ABOUT ROGS DATA****Talking points:**

- In a media release issued on 31 January 2018, Mrs Dunne stated that according to the Productivity Commission's 2018 Report on Government Services (ROGS), there had not been "enough acute mental health beds to meet growing demand" and that "staffing levels have fallen behind in demand."
- This media release included the claim that "in the past ten years, the beds per 100,000 people have fallen by 17.6 per cent [in the ACT]."
- Looking at the ROGS data, ACT Health was unable to establish where this decrease of 17.6 percent originated.
- According to ROGS table 13A.13, in 2006-7 the number of beds per 100,000 people provided in acute hospitals with psychiatric units or wards in the ACT was 20.7. The corresponding number for 2015-16 was 18.6, compared to the national average of 22.4 beds.
- In the Legislative Assembly on 10 April 2018, Mrs Dunne corrected the record that her initial figure of a decline of 17.6 percent had been incorrect. Using the above figures, from 2006-07 to 2015-16 there had been a decline of 10.1 percent.
- 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 ten 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 original media release also quoted 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 mental health staff.

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- 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 staff, 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 some of the other 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.
 - 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

- 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. ACT Health is currently determining the future needs for a dedicated acute inpatient beds for children and adolescents.

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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.
- 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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GBC18/280

Mental Health**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 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.
- The report includes several recommendations for how the Office should look.
- The model of the Office is currently being decided by Government in the lead up to the establishment of the Office by 1 July 2018.

Key Information

- The content and recommendations of Synergia's final report were informed by extensive community and stakeholder consultations conducted by Synergia. This included consultation with the Coordinator-General for Family Safety, the Human Rights Commission, the Aboriginal and Torres Strait Islander Elected Body, the

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Capital Health Network, the Mental Health Community Coalition, the Mental Health Consumer Network, Carers ACT and members of the public in community forums.

- ACT Health has prepared a Cabinet Submission about the establishment of the Office for Cabinet consideration on 29 May 2018. An exposure draft of the Submission is currently being circulated to all Directorates to receive feedback before the Cabinet date.
- A presentation about the establishment of the Office and its model has also been prepared for the Human Services and Social Inclusion Subcommittee of Cabinet on 30 April 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 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.
- Synergia’s final report contained 20 recommendations which fall into five categories, which describe the functions that Synergia believe the Office will require to fulfil its mission. These five functions include:
 1. Developing and maintaining a territory wide approach to mental health in the ACT;
 2. Coordinating mental health policies, strategies and funding in the ACT;
 3. A focus on systemic reform and improvement across the continuum of mental health care, including physical health, drug and alcohol and the social determinants of health;
 4. The monitoring and reporting of services and outcomes relating to mental health in the ACT; and
 5. Community engagement to promote mental health and wellbeing.

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Portfolio/s: Mental Health**ISSUE: ADULT COMMUNITY MENTAL HEALTH SERVICES****Talking points:**

- The Adult Community Mental Health Services (ACMHS) Model of Care (MoC) was endorsed on 17 October 2017.
- The proposed timeline forecasts a staged, transition period of implementation.
- Workforce planning, policy and procedure development, communication and training, evaluation and planning of future phases for further improvement and sustainability support are all underway.
- The first new service, the Assertive Community Outreach Service (ACOS) is scheduled to commence operations in June 2018 with a graduated roll-out of the remaining new teams throughout 2018.
- Permanent ACMHS staff have submitted their preferences for positions in the new MoC workforce profile, with allocations to be determined through an internal selection process that is currently underway.

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. Staff provided their preferences for positions within the new MoC workforce profile in April 2018 and final allocation to positions will be determined by mid May 2018 subsequent to the internal selection process that is currently underway.

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- 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.
- 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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GBC18/280

Portfolio/s: Mental Health**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. 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.

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 as a Dhulwa Transition Unit.
- 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.

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- Since the end of February 2018, the beds at BHRC have been capped at 22 to prepare for the transition of residents to the UCPH or supported accommodation 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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Portfolio/s: Mental 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 recurrent funding of \$500,000 was quarantined from the community sector growth funding in the 2015-16 ACT Budget to meet identified needs.
- The Commonwealth Government has also committed to provide \$80 million nationally over four years for psychosocial disability support. This \$80 million requires matched funding from States and Territories in order to be accessed.
- 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 has been completed a partnership will be established between ACT Health and the CHN to determine how best to deliver/commission services utilising the funding provided by both the Commonwealth and the ACT.

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- Once the Bilateral Agreement is signed then the details of the program will be negotiated between ACT Health and the CHN, before becoming active.

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 defined scope of the target group is: "people with severe mental illness and associated psychosocial functional impairment not otherwise appropriately supported through the NDIS". This element requires a clear set of criteria and joint sharing of information with the NDIS to determine eligibility, if direct care to a consumer is part of the services provided under this agreement. There is some possibility people may receive funding under different programs for the same clinical needs if information is not shared between government agencies
- 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.
- 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

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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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Portfolio/s: Mental Health

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.
- 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.

Background Information – may not be suitable for public disclosure

- ACT Health has commenced work ahead of the June 2019 expiry of agreements to ensure the continuity of services for the people of the ACT.

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Portfolio/s: Mental Health**ISSUE: EATING DISORDER SERVICES IN THE ACT****Talking points:**

- The ACT Health Eating Disorder Program (EDP) 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.
- The EDP is a community-based service that provides assessment and therapy programs for people with an eating disorder as their primary presenting diagnosis. Eating disorders include Bulimia Nervosa, Anorexia Nervosa or Binge Eating Disorder.
- 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.
- Over the coming months I will be working with ACT Health to develop an action plan for eating disorders, and we will be working with experts in the community sector and people with lived experience to inform this important work.

Key Information

- ACT Health also provides:

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- 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.
- 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.

Background Information – may not be suitable for public disclosure

- Referrals of ACT residents to specialised inpatient units in larger jurisdictions are very rare. There are currently no plans to open a specialised eating disorder inpatient unit in the ACT.
- ACT Health, at my request, is starting some work on eating disorders in the ACT. This is to understand current levels of demand and the scope of services currently available in the ACT.
- ACT Health will soon be forming a working group to consider the evidence, which will include clinical staff and people who have experienced eating disorders and used services.
- The working group will produce an action plan in a few months. This will then provide me with advice on what our next steps should be.

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Portfolio/s: Mental Health**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 in 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.
- 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.
- Dependent on diagnostic criteria, young people aged 16 to 18 years can receive inpatient treatment at the Adult Mental Health Unit Vulnerable Persons Suite. Clinical care is provided in close consultation with CAMHS to ensure appropriate developmental and therapeutic approaches are taken in order to support the young person and their family.

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Key Information

- The clinical preference for adolescents is community based care. The CAMHS community teams provide comprehensive assessment and clinical management for children and young people with moderate to severe mental health issues.
- If a young person requires longer or more intensive inpatient treatment, service at a suitable facility in another State or Territory is sought, due to the highly specialised nature of inpatient child and adolescent services. The number of transfers is very low.
- A number of programs are run in conjunction with other directorates and the non-government sector including:
 - The Primary School Mental Health Early Intervention program: a partnership with the Education Directorate to deliver the Understanding and Responding to Feeling and Behaviours in Schools program.
 - An assertive outreach program established through the 2016-17 budget initiative Mental Health Follow Up for Young People and Intensive Clinical Rehabilitation Service. This program provides assertive outreach and intensive mental health treatment and care for young people aged 14-25 years in the ACT who are at high risk of developing or are currently experiencing early onset psychosis. It also supports highly vulnerable young people aged 14 -18 years experiencing severe anxiety or depression with multiple barriers to accessing office based treatment.
 - Headspace Canberra: a youth-specific mental health service which aims to reduce the impact of mental health problems on young people aged 12-25 years by enabling early access to and engagement with quality and integrated services, providing treatment for mild to moderate mental health problems.
- On 22 February 2018, ACT Health entered into a Service Funding Agreement with headspace National. ACT Health provided initial funding of \$200,000 to enable headspace to enhance its clinical capacity and reduce wait times for early intervention mental health services. Through this new funding headspace Canberra delivers 'onespace' sessions for young people aged 12-25.
- 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.

Cleared as complete and accurate: 23/04/2018
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Information Officer name: Chris Bone
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Lead Directorate: Health

GBC18/280

Portfolio/s: Mental Health

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 response to these challenges the ACT Health MHJHADS workforce committee is overseeing the development of a Workforce Strategy. A number of initiatives have been undertaken including:
 - active recruitment in mainstream and electronic media, and professional journals, and a recruitment campaign for the commissioning of 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 adoption of intern psychologist placements with appropriate support and training, and the creation of a psychology registrar program to improve the recruitment of psychologists with full registration and 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;
 - developing a proposal for the use of Attraction and Retention Initiatives (ARIs) to improve competitiveness against the awards and conditions of other jurisdictions and assist retention of senior psychologists;
 - analyses of workforce shortages to improve understanding of the contributing factors in recruitment and retention difficulties; and

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- 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.
- 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. 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.
- All vacant medical positions are advertised through the ACTPS jobs website and other relevant sites. Where there are no suitable Australian qualified applicants the 'Area of Need' allows for overseas applicants to be considered for vacant medical positions.
- The timeframes for recruitment of psychiatrists and specialist mental health professionals can vary depending on where the successful candidate comes from. Overseas applicants can take up to 12-18 months to place, and interstate applicants take three to six months to place. Local applicants can often commence employment within six to eight weeks.

Background Information – may not be suitable for public disclosure

- Nil

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Lead Directorate: Health

GBC18/280

Portfolio/s: Mental 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 died by suicide.
- ACT Health is not able to comment about coronial matters while they are before the ACT Coroner.
- ACT Health works closely with the ACT Coroner to actively support the coronial inquest process. We strive and are committed to improving the quality of services we provide to patients and the community to support the delivery of these services.

Key Information

- There were four deaths by suicide of inpatients at Canberra Hospital in the period January 2015 to November 2016. These deaths are the subject of a coronial investigation. Coroner Hunter will investigate these deaths together in one inquest. The ACT Government Solicitor (ACTGS) is representing the Territory.
- The Coronial Inquest will be heard in two stages. The first stage of the Inquest was held on 10-13 and 17-20 April 2018, and 1-4 May 2018.
- The first stage to hear the factual elements that are relevant to the cause and manner of each death and the evidence from ACT Health staff and what each person did with regard to the provision of care and treatment or their involvement with the four people.
- The second stage is to address the systems issues, including policies and procedures underlying the care provided to the four people. The date for this second stage has not yet been set.

Background Information – may not be suitable for public disclosure

- As of 26 April 2018, there have been eight days of evidence given in this Inquest and Coroner Hunter has made interim findings in relation to two deaths. Two matters are still underway.
- 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: 26/04/2018
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- 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.
- ACT Health staff attended a directions hearing on 13 October 2017 which was predominantly procedural.

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GBC18/280

Portfolio/s: Mental Health**ISSUE: CORONIAL FINDINGS INTO THE DEATH OF STEVEN FREEMAN****Talking points:**

- Steven Freeman's death in May 2016 was a tragedy. The ACT Government acknowledges the grief, loss and sadness that his family has experienced.
- The ACT Government also acknowledges the significant impact that his death has had on our Aboriginal and Torres Strait Islander community.
- The Government has supported the coronial process and has worked closely with the Coroner to provide all relevant documents and evidence during the Inquest.
- Since the death of Mr Freeman, the Government has made significant changes to improve detainee health, care and safety in the Alexander Maconochie Centre, including the commissioning of the Moss Review, which has led to an extensive reform program.
- On 11 April 2018, Coroner Cook handed down his findings in this matter, and did not make adverse findings against any individual person or the Territory. Coroner Cook made comment on a number of matters of public safety, which were found to have arisen in connection with the Inquest and made seven recommendations.
- ACT Health and ACT Corrective Services will work collaboratively to provide a response to the Coroner concerning the recommendations.

Key Information

- Nil information

Cleared as complete and accurate: 26/04/2018
Cleared by: Deputy Director-General Ext: 42728
Information Officer name: Chris Bone
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Lead Directorate: Health

Background – may not be suitable for public disclosure:

- Coroner Cook made the following seven recommendations:

Recommendation 1

The ACT Government should review the then existing practices and remove inconsistencies in policies and procedures relied upon by correctional officers so as to ensure prisoner safety and welfare checks through musters and headcounts which require eye contact and facial recognition to be complied with. The extent of compliance with those procedures, given their purpose is to ensure the safety and wellbeing of a detainee, should be evaluated and tested periodically to ensure they are effective and practical and minimise compliancy through their routine.

Recommendation 2

The ACT Government should consider the viability or effectiveness that a daily structured compulsory physical education and training session might have on a prisoner focusing on the prisoner's well-being and rehabilitation coupled with drug rehabilitation counselling. Any consideration of such course would need, I acknowledge, to be factored into current alcohol and drug support programs within the AMC and the various sentencing period for detainees.

Recommendation 3

The ACT Government should ensure that minimising the infiltration of illicit substances into custodial facilities remains at the forefront of screening technology.

Recommendation 4

ACT Health should consider obtaining, either by consent from a prisoner or through reliance on legislation a prisoners medical records and all relevant reports from alcohol and drug perspective created prior to incarceration for incorporation into the detainee's electronic medical file for the purposes of an AMC induction or prior to any assessment for access to pharmacotherapy treatment. Further, for detainees who are placed on pharmacotherapy, such as the MMP, that in the interest of the health and safety of the detainee and his or her wellbeing, information of this type should be shared with ACT Corrective Services conducting prisoner headcounts and musters for the very purpose of determining a detainees' location, safety and wellbeing. Equally, any independent urinalysis results undertaken by ACT Corrective Services should be placed on the detainee's medical record to enable medical staff to have a complete picture of the detainee's use of illicit substances as well as those substances prescribed through the Hume Health Centre.

Recommendation 5

The ACT Standard Operating Procedures should be reviewed and the focus should be on prescribing individualised treatment setting out the parameters for commencement doses

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of methadone for instance by anywhere from 5mg to 20mg with the ability to increase daily on medical review only.

Recommendation 6

The ACT Standard Operating Procedure should be reviewed to ensure that those who have only recently commenced on the methadone program not be allowed to self-prescribe increases for a set period of time to ensure they are in a physiological sense, capable of accommodating the increased amount of methadone. Further and in the alternative, the ACT Government should consider whether not it is even appropriate to allow such increases to occur for a Schedule 8 drug.

Recommendation 7

Justice Health Services to consider whether or not adopting the National Guidelines to replace its ACTOMTG and incorporating random urinalysis or blood tests where there is no objective medical history of opioid dependence prior to placement on the MMP.

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GBC18/280

Portfolio/s: Mental Health

ISSUE: PHILLIP MOSS REVIEW AND HEALTH-SERVICES COMMISSIONER-INITIATED REVIEW INTO HEALTH SERVICES AT THE AMC

Talking points:

- On 10 November 2016, I publically released the report of the Independent Inquiry into the Treatment in Custody of Mr Freeman (the Moss Report) 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. All recommendations made by Mr Moss have been agreed to wholly, or in principle. The Moss Implementation Inter-Directorate Working Group (IDPT) was established to progress actions in relation to recommendations of the Moss Report.
- 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.
- On 9 March 2018, the Health Services Commissioner, Ms Karen Toohey, completed a Commission initiated consideration of the provision of health services at the Alexander Maconochie Centre (AMC). The review considered the operation of the methadone program within the AMC as recommended by the Moss Review into the treatment of Mr Freeman.
- The review contains 16 recommendations:
 - Ten relate specifically to ACT Health;
 - Two relate specifically to ACT Correctives Services; and
 - Four are joint recommendations for ACT Health and ACT Corrective Services.
- ACT Health is working collaboratively with ACT Corrective Services on the on the progression of the the joint recommendations.

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Key Information

- One of the Moss review recommendations was a commission-initiated consideration of matters relating to delivery of health services within the Alexander Maconochie Centre (AMC), including methadone prescription.
- ACT Health was formally notified that the Health Services Commissioner was conducting a review of health services at the AMC on 15 February 2017.
- The report focuses on a number of aspects of the Opioid Replacement Therapy (ORT) program, including:
 - The role of ORT in the prison context.
 - Assessment and prescription practice in the ORT program.
 - Induction onto methadone.
 - Dosing practice.
 - managing the risk of diversion of methadone; and
 - Through care and transition to ORT in the community.
- ACT Health assisted the Commission with their review, by providing requested documentation and engaging with the Commission in review and feedback of the report.
- As part of the review process, the Commission visited the AMC on 28 March 2017 and 4 April 2017. These visits were supported by both ACT Health and Justice and Community Safety Directorates.
- During these visits the Commission observed medication administration by nurses, including the new electronic Methadone administration system, iDose. The Commission also interviewed detainees and staff and reviewed health records.

Background – May not be suitable for public disclosure

- Justice Health Service (JHS) has undertaken the following to improve the provision of health care to detainees at AMC:
 - Review of procedures for prescribing and monitoring the methadone program in AMC through a Quality Improvement Activity with subsequent identification and implementation of a more robust process;
 - Implementation by the Primary Care Team of a more assertive follow-up system for people discharged from Canberra Hospital to the AMC;
 - In November 2017 the new Mental Health electronic clinical record system was made available to all JHS staff at the AMC;
 - Improvement of the documentation process for Induction Assessments, including better documentation of illicit drug use, withdrawal and resultant management plans ; and
 - Review and re-design of many of the clinical forms currently used at AMC to assist in documenting the clinical care provided.

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Lead Directorate: Health

GBC18/280

Portfolio/s: Mental Health**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 people 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.
- There have been timeline issues in the release of the Report due to difficulty in trying to contact research participants and addressing privacy and confidentiality issues.
- 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.

Cleared as complete and accurate: 24/04/2018
Cleared by: Deputy Director-General Ext: 53646
Information Officer name: Mary Wood
Contact Officer name: Jon Ord Ext: 57928
Lead Directorate: Health

- Based on the advice from the Office of Research the Full Report will not be released due to concerns about privacy and confidentiality. ACT Health have finalised an Abridged Summary of the Report so that the key findings can be shared with the ACT community.
- A number of community organisations and participants have received a copy of the Abridged Summary and have received advise on the public release of the document.
- The Abridged Summary was publicly released on the ACT Health website on 24 April 2018.
- 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 we are in the process of establishing an Office for Mental Health and Wellbeing.
- A key priority identified for the Office for Mental Health and Wellbeing 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 during the process of trying to locate participants of the research, to prepare them for its public release.

Cleared as complete and accurate: 24/04/2018
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Information Officer name: Mary Wood
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Lead Directorate: Health

- [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.
- [Sensitive] The entirety of the Report has not been approved for public release for the following reasons:
 - the Report contains sensitive and potentially re-identifiable information pertaining to the small number of participants that is not suitable for release;
 - 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;
 - service data has not been approved for release due to issues with data integrity;
 - the nature of the final Report may vary from the original ethics approvals; and
 - the Report was incomplete in a number of content areas.

Cleared as complete and accurate: 24/04/2018
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Information Officer name: Mary Wood
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Lead Directorate: Health

GBC18/280

Portfolio/s: Mental Health**ISSUE: WAY BACK SUPPORT SERVICE****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), is 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: 03/05/2018
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Lead Directorate: Health

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 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
 - (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.
- ACT Health is currently negotiating with beyondblue to extend the pilot trial for approximately five months. This possible extension would provide continuity of service provision by delaying the wind down of the trial as the ACT Government considers whether it will fund the Wayback Support Service as an ongoing program in the the ACT. This consideration is being undertaken as part of the 2018-19 budget process and is budget in confidence.

Service description

- The Way Back service is currently being rolled out nationally as an established service by beyondblue. In addition to the current trial sites in the ACT and NSW, Way Back has commenced operations in two additional NSW sites as well as in QLD and VIC. A number of other sites are being planned.
- Additionally, the Australian Government is funding 12 suicide prevention trial sites in identified priority areas across Australia over three years (2016-17 to 2018-19). All suicide prevention trial sites are closely aligned with the Way Back service model and are being led by Primary Health Networks (PHNs) with support from the Department of Health and local organisations.
- 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

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

- 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'.
 - 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

- ACT Health has submitted a business case for Wayback Support Service.
- ACT Health is currently exploring the provision of an additional six months of transitional funding. This funding will provide continuity of service provision from the conclusion of the trial to the commencement of the service, should the business case be successful.

Cleared as complete and accurate: 03/05/2018
Cleared by: Deputy Director-General Ext: 53646
Information Officer name: Mary Wood
Contact Officer name: Jon Ord Ext:57928
Lead Directorate: Health

Portfolio: Chief Minister

ISSUE: Costing of Questions on Notice

Talking points:

- The government recognises the vital role that Questions on Notice (QoN) play in the functioning of the Legislative Assembly. We must also acknowledge that, in some cases, QoNs can require significant resources to respond to and may impact delivery of services to the community.
- To transparently communicate the level of resourcing needed to respond to each QoN, each response will now include details of the time taken and approximate cost to prepare the response.
- This will also support an understanding of why, on rare occasions, some questions may not be answered due to the unreasonable diversion of resources needed to prepare a response.

Key Information

- This practise began with Questions on Notice Paper No. 16 (23 February 2018).
- Times reflect the total time taken to prepare and provide each response. Where applicable, this includes time spent by administrative support staff to identify and coordinate input from other business units, as well as time taken during review and clearance processes.
- Costings are approximate and are based on the the hourly rates corresponding to the classification/level of the particular staff members involved in preparing each response.
- Times and costings are calculated using a standardised whole of government tool that is compelled for each QON. Aside from time taken to prepare the original tool there is no additional time or cost required to calculate or include times or costings with responses to QONs.
- Guidance on how directorates should handle QONs that they believe will have an impact on their ability to deliver services for the community is published openly on the CMTEDD website.

Cleared as complete and accurate: 01/05/2018
Cleared by: Executive Director Ext: 50230
Contact Officer Name: Sam Engele Ext: 50230
Lead Directorate: Chief Minister, Treasury and
Economic Development

TRIM Ref:

Background Information – may not be suitable for public disclosure

- The volume of QONs taken during the Ninth Assembly has increased significantly compared to previous Assemblies. More QONs were received during the first 11 months of the Ninth Assembly than during the entirety of the Eight Assembly. The average number of separate questions within each QON has also increased.
- Of the 59 QONs from QON Paper 15 that were answered, the median time required to respond was 3.5 person-hours. Weighted by staff classification, this equated to a median cost of approximately \$329 per question.
- One in seven questions from NP15 required more than 10 person-hours to answer. The most resource intensive question required 55 person-hours. In two instances a Minister decided not to answer a QON due to the diversion of resources that would be required. JACSD estimated that responding to those two QONs would have required 300 person-hours each.

Cleared as complete and accurate: 01/05/2018
Cleared by: Executive Director Ext: 50230
Contact Officer Name: Sam Engele Ext: 50230
Lead Directorate: Chief Minister, Treasury and
Economic Development

TRIM Ref:

GBC18/280

Portfolio/s: Mental Health**ISSUE: FEDERAL BUDGET****Talking points:*****Mental Health***

- Mental health funding needs to be a priority area for all governments and it's pleasing to see the additional funding contained in this year's Federal Budget.
- There is \$82.5 million nationally over four years from 2018-19 for psychological services in residential aged care, and \$20 million over four years for a pilot led by mental health nurses to target mental health of older people in the community, particularly those at risk of isolation.
- The ACT Government already provides community mental health in-reach services to those older people in and out of residential age care facilities. These services include psychiatry, mental health nursing and allied health. We hope this Commonwealth commitment enhances access to additional services for these Canberrans.
- It is pleasing to see the \$125 million over 10 years nationally for the Mental Health Research Future Fund for new research to support an additional 1 million people with mental illness. The ACT has strong relationships with our tertiary institutions and medical research community and we will be looking to increase our ability to partner with these institutions to embed research in service delivery wherever possible.
- The Budget includes \$37.6 million nationally over four years for beyondblue for the Wayback Support Service for support to those discharged from hospital after a suicide attempt. This is not indicated as being contingent on matched funding from the ACT which is a positive, however, ACT Health and beyondblue will be speaking in the coming days to look at this in more detail as it is hoped to be an enhancement to existing commitment of ACT.
- There are also extra funding for support services including \$33.8 million nationally over four years for Lifeline and \$1.2 million nationally in 2018-19 for SANE Australia to boost crisis hotlines and suicide awareness campaigns that all Canberrans can access.
- In addition, there is \$12.4 million nationally over four years to strengthen the National Mental Health Commission, which provides great leadership to the ACT mental health sector.

Cleared as complete and accurate: 09/05/2018
Cleared by: Karen Doran Deputy Director-General Ext: 54689
Information Officer name: Trevor Vivian
Contact Officer name: Ext: 71818
Lead Directorate: Health

GBC18/353

Portfolio/s Health & Wellbeing

ISSUE: ACCREDITATION**Talking points:**

- The Australian Council on Healthcare Standards completed a comprehensive assessment of ACT Health's compliance with the National Safety and Quality Health Service Standards from 19-23 March 2018.
- During the organisation wide re-accreditation assessment, Australian Council on Healthcare Standards assessed ACT Health's implementation of the National Standards. This involves awarding either a 'satisfactory met' or 'not met' to the actions within the National Safety and Quality Health Service Standards.
- ACT Health received the formal Australian Council on Healthcare Standards 'Not Met' Action report on 4 April 2018.
- The Australian Council on Healthcare Standards assessed ACT Health as having met 176 core criteria against the 10 National Standards.
- It assessed 33 of the core criteria across five of the 10 National Standards as not met in Standard 1 Governance, Standard 3 Preventing and Controlling Healthcare Associated Infections, Standard 4 Medication Safety, Standard 5 Patient Identification and Procedure Matching, and Standard 6 Clinical Handover.
- The Australian Council on Healthcare Standards provided ACT Health a remediation period of 90 days to address the 33 'Not Met' Core Actions. ACT Health will be reassessed on those 33 'Not Met' Core Actions through a process called Advanced Completion, with two Australian Council on Healthcare Standards surveyors conducting an Advanced Completion survey on-site at Canberra Hospital and Health Services during 3-5 July 2018.

Cleared as complete and accurate:	23/5/18	
Cleared by:	Deputy Director-General	Ext: 77880
Information Officer name:	Jane Murkin	
Contact Officer Name:	Josephine Smith	Ext: 50095
Lead Directorate:	Health	

- ACT Health will need to undertake improvement activity to ensure the four 'Not Met' developmental National Standards actions are met in the future. ACT Health will not be reassessed against these developmental actions during the Advance Completion process and the on-site survey in July 2018.
- All Core Actions must be assessed as 'Satisfactorily Met' at the Advanced Completion survey for ACT Health to be awarded accreditation.
- A National Standards Leadership Committee, chaired by the Interim Director-General with membership from the Deputy Director-General and Professional Lead cohort has been established to oversee development, progress and implementation of actions to meet the not met National Standards.
- An ACT Health accreditation coordination team has been formed and has completed a master program, which consolidates all current actions against recommendations with timelines and critical milestones applied across all not met National Standards.
- ACT Health is working at the most senior levels to ensure its Governance, policies and procedures are robust and that necessary structural changes are made to address feedback from Standard 1.
- ACT Health is working with and supporting staff to make the necessary improvements in Standards 3, 4, 5 and 6. This is being done through auditing across the organisation to review a number of practices. Immediate feedback and education is being provided to improve practice.
- Quality Officers located at Canberra Hospital are undertaking audits and developing improvement processes to assist each division to address identified areas for improvement in the not met report.
- ACT Health held an all staff forum on Monday 21 May 2018 targeted accreditation with a focus on Medication Safety, Patient identification and procedure matching and Safe Clinical Handover.

Cleared as complete and accurate: 23/5/18
Cleared by: Deputy Director-General Ext: 77880
Information Officer name: Jane Murkin
Contact Officer Name: Josephine Smith Ext: 50095
Lead Directorate: Health

Key Information

- The Australian Council on Health Standards (ACHS) surveyors presented an “Accreditation Summation” session to ACT Health staff on 23 March 2018. This gave clinical and operational staff an overview of what might be expected in the final survey report.
- At summation, the surveyors provided a brief overview of their findings against each action, highlighting areas of excellence including the ACT Health Quality Strategy, the positive patient centred care delivered to regional patients through the Renal telehealth service, and the rapid person centred care provided to unwell oncology patients through the Rapid Assessment unit in radiation oncology.
- ACT Health has received the draft comprehensive Accreditation Report from the Australian Council on Health Care Standards (ACHS) on 19 April 2018. ACT Health reviewed the report to ensure factual accuracy, although cannot change the recommendations or outcomes. Feedback was provided to ACHS on 3 May 2018 to enable finalisation of the report. The final report from ACHS is still pending.
- ACHS will submit the final report to ACT Health in the coming weeks. The outcomes will be used to continually drive quality and safety improvements in the health service.

Not Met report

- The Minister for Health and Wellbeing has commenced weekly meetings with ACT Health and has requested and is receiving weekly briefings on ACT Health’s progress in addressing the not met core actions.
- Two all staff forums have been convened by ACT Health’s Interim Director-General, with the forum held on 4 May attended by the Minister for Health and Wellbeing. The staff forums were held to provide an update on ACT Health’s key priorities including accreditation.
- The Interim Director-General has liaised with the Australian Commission on Safety and Quality in Health Care and Australian Council on Health Care Standards to discuss the outcomes of the accreditation survey and the monitoring processes ACT Health is taking to address the not met core action report.
- The Commission have provided ACT Health with their full support and confidence in the approach ACT Health is undertaking to address the Not Met Core Actions and in achieving re-accreditation
- Mr Michael Wallace, Chief Operating Officer and Ms Margaret Banks, Senior Programme Director from the Australian Quality and Safety Commission met with ACT Health on 17 May 2018 to provide advice and guidance on progress towards meeting the not met recommendations.

Cleared as complete and accurate: 23/5/18
Cleared by: Deputy Director-General Ext: 77880
Information Officer name: Jane Murkin
Contact Officer Name: Josephine Smith Ext: 50095
Lead Directorate: Health

- ACT Health has been progressing work against all of the 'Not Met' criteria and specific recommendations, including three that relate to the ligature and self-harm risk in mental health units.
- Capital works to address ligature points in mental health inpatient units continues with 39 of 40 ensuite doors removed at the Adult Mental Health Unit as of 4 June 2018. Further work to minimise risk from ligature points is underway and will continue beyond accreditation.
- A joint workplace health and safety risk assessment with ACT Health and Justice and Community Services staff to address the Hume Health Centre passive smoking risk for staff has been conducted.
- ACT Health are actively engaging in overseeing major legionella remediation work at Canberra Hospital Campus.
- Industrial cleans have been undertaken in the Canberra Hospital kitchens and linen dock area as well as a review of the workflow in the kitchen with unidirectional work flows developed and implemented to increase food safety practices.
- ACT Health are on track to completing the outstanding 2017 discharge summaries with 82 per cent completed.
- Increasing compliance in the completion of Electronic Surgical Safety Checklist continues with completion rates at 94.87 per cent as at 21 May 2018. Ongoing work is occurring to ensure ACT Health sustains and builds on this improvement.

Cleared as complete and accurate: 23/5/18
Cleared by: Deputy Director-General Ext: 77880
Information Officer name: Jane Murkin
Contact Officer Name: Josephine Smith Ext: 50095
Lead Directorate: Health

QUESTION TIME BRIEF

GBC18/353

Portfolio/s Health & Wellbeing

**ISSUE: ACT HEALTH ACCREDITATION –
CLINICAL HANDOVER/DISCHARGE SUMMARIES**

Talking points:

Clinical Handover

- An education program in relation to clinical handover, including face-to-face simulated learning workshops has commenced.
- An audit plan has been developed to monitor compliance with Positive Patient Identification (PPID) and clinical handover. The plan includes resources to support staff to improve their practice in relation to clinical handover and PPID.
- In addition, audit tools have been developed to support real-time monitoring of clinical handover and PPID.
- Change champions across all disciplines have been identified in all clinical areas to support staff on a daily basis with clinical handover and PPID.
- An escalation process for non-compliant wards/areas has been developed.

Non-Mental Health Discharge Summaries

- A review of discharge summaries from the Emergency Department (ED) is being undertaken as the ED Information System (EDIS) has limited connection to other systems, making the finalisation and distribution of discharge letters problematic.
- ACT Health is working towards a technical solution to assist the clinical team finalise and distribute discharge letters.
- Processes are being reviewed in specific clinical areas to improve discharge summary completion rates so they will be completed within 48 hours.

Cleared as complete and accurate:	02/05/2018	
Cleared by:	Director	Ext: 50893
Information Officer name:	Jeff Fletcher	
Contact Officer name:	Barbara Reid	Ext: 42728
Lead Directorate:	Health	

TRIM Ref: GBC18/353

QUESTION TIME BRIEF

- The Directorate has undertaken a large amount of work to address the backlog of incomplete discharge summaries. It is anticipated that the backlog will be complete by the end of June 2018.
- In order to ensure timely completion of discharge summaries over the long term, a comprehensive review and analysis is being undertaken to identify a sustainable approach to improvement.

Mental Health Discharge Summaries

- Timely completion of mental health discharge summaries is challenging due to a range of factors including medical workforce shortages, higher administrative demands with the implementation of the *Mental Health Act 2015*, and competing clinical demands.
- Canberra Hospital has undertaken work to streamline the discharge summary process including technological and administrative solutions that have expedited the completion of discharge summaries.
- Close ongoing monitoring of completion rates has occurred with accountability processes in place to ensure the improvement of the completion rates.
- A complicating factor in the completion of mental health discharge summaries is that the mental health electronic record system, MAJICeR, having limited interface with other systems.
- An IT solution was tested and implemented on 1 June 2018 to ensure the timely delivery of discharge summaries to MAJICeR, which will assist in the timeliness of completion and delivery of mental health discharge summaries.
- The 2017 backlog of discharge summaries was completed at the end of May 2018.

Cleared as complete and accurate:	02/05/2018	
Cleared by:	Director	Ext: 50893
Information Officer name:	Jeff Fletcher	
Contact Officer name:	Barbara Reid	Ext: 42728
Lead Directorate:	Health	

TRIM Ref: GBC18/353

GBC18/353

Portfolio/s Health & Wellbeing

ISSUE: ACT HEALTH ACCREDITATION – CLEANLINESS (LINEN AND KITCHEN)

Talking points:

- The safety of patients, staff and visitors in our health facilities is the ACT Government's number one priority.
- Early in the survey process an issue with the build-up of soiled linen (after hours) was identified and immediate action was initiated to rectify this issue.
- Surveyors recommended a review of the storage and workflow of linen in the context of infection control/safety. Specific mentions related to the collection of soiled linen from the wards, management of the clean linen lift, Work, Health and Safety (WHS) standards, linen trolley covers and cleaning schedules.
- ACT Health has initiated several actions to address the surveyor recommendation including:
 - The implementation of additional soiled linen collections;
 - Implementation of improved practices regarding the use of the clean linen lift;
 - A WHS inspection has been undertaken;
 - LED lights have been installed, and ceiling fans removed, to minimise the accumulation of dust within the clean linen room. The space within the room has also been maximised which has resulted in improved workflows and eliminates the short term storage of linen outside the room; and
 - Linen trolley covers are currently in place for all clean linen in transit.
- A new cleaning schedule for the area has been implemented.

Cleared as complete and accurate: 23/05/2018
Cleared by: Executive Director Ext: 6244 3603
Information Officer name: Girish Talaulikar
Contact Officer name: Barbara Reid Ext: 6244 2728
Lead Directorate: Health

TRIM Ref: GBC18/353

- There has been an ongoing review to improve general cleaning in the kitchen following a Food Safety Audit in August 2017. This includes the implementation of cleaning schedules and other actions in conjunction with Facilities Management to improve kitchen equipment and occupational safety issues including those which are identified in the report.
- Food safety at the hospital is a priority and the actions from the audit is now 95 per cent complete.

Key Points

- ACT Health has contracted cleaning services for the past 18 years. ISS Health Services has been delivering these services since 2009, with the latest contract commencing in February 2017.
- The latest contract with ISS is a modern contract with performance-based quality outcome measures. This is to ensure that our health services are appropriately cleaned against health care standards for hygiene and infection control.

Cleared as complete and accurate: 23/05/2018
Cleared by: Executive Director Ext: 6244 3603
Information Officer name: Girish Talaulikar
Contact Officer name: Barbara Reid Ext: 6244 2728
Lead Directorate: Health

TRIM Ref: GBC18/353

GBC18/353

Portfolio/s Health & Wellbeing

ISSUE: ACT HEALTH ACCREDITATION – ELECTRONIC SURGICAL SAFETY CHECKLISTS**Talking points:**

- The Surgical Safety Checklist (SSC) was developed by the World Health Organization (WHO) to improve surgical safety and reduce mortality rates and the incidence of surgical complications.
- The surgeon or surgical registrar is responsible for initiating and leading SSC briefings while the patient is in the operating room and completion of the SSC form.
- An electronic platform for completion of the SSC was implemented at CHHS in 2016. Compliance with fully completing the Electronic Surgical Safety Checklist (ESSC) was reported as low across all surgical specialties in CHHS. A rate of 40 per cent was reported when data was first made available in August 2017.
- A Quality Improvement process was initiated in November 2017 with the aim of achieving 100 per cent compliance of all relevant and appropriate cases in all specialties by July 2018. ACT Health is conducting weekly audits to ensure compliance.
- Audit results and performance at the specialty and individual levels have been shared with clinicians.
- As of 25 May 2018, the overall compliance was at 95.11 per cent.
- There is ongoing communication between the Executive Director of the Division of Surgery and Oral Health and non-compliant surgeons to ensure this is further improved.

Cleared as complete and accurate: 21/05/2018
Cleared by: Executive Director Ext: 6244 3515
Information Officer name: Daniel Wood
Contact Officer name: Barbara Reid Ext: 6244 2728
Lead Directorate: Health

TRIM Ref: GBC18/353

Key points

- The SSC is completed electronically in the Clinical Portal by the medical officer in charge of the operating room and on completion is sent electronically to the Clinical Records Information System.
- The process starts with the commencement of the Pre-operative Checklist on admission to a clinical area. The patient confirms their identity, planned procedure and consent with staff prior to transfer from the admission area to the operating suite or procedure room.
- Before the induction of anaesthesia, a 'check-in' process is undertaken with the patient by the anaesthetic nurse and/or anaesthetist in the anaesthetic bay, or procedure room.
- Before the incision of the skin or commencement of surgical procedure, a 'time out' or 'team time out' is performed by the operating team in the operating room. The team comprises of surgeons, anaesthesia professionals, nurses, technicians and other operating room personnel all of whom play a role in ensuring the safety and success of an operation. Where appropriate the patient is included in this process. In emergency circumstances this step may be skipped.
- A 'sign out' or 'check out' process is performed by the operating team at conclusion of surgical procedure and prior to the patient leaving the operating room. Where appropriate the patient is included in this process.

Cleared as complete and accurate: 21/05/2018
Cleared by: Executive Director Ext: 6244 3515
Information Officer name: Daniel Wood
Contact Officer name: Barbara Reid Ext: 6244 2728
Lead Directorate: Health

TRIM Ref: GBC18/353

GBC18/353

Portfolio/s Health & Wellbeing

ISSUE: ACT HEALTH GOVERNANCE**Talking points:**

- Standard 1: Governance for Safety and Quality in Health Service Organisation is one area in which the Australian Council on Health Care Standards (ACHS) have identified as requiring improvement.
- It is important to emphasise that improving quality and safety is an ongoing process in the health system and that doesn't start or end with accreditation. There is significant work underway every day in our hospital that is focused on quality and patient safety.
- The re-accreditation process is an opportunity to identify areas of improvement to ensure we continue to deliver high quality and safe health care to the community. The improvements we are making as a result of this process will make our health services even better.
- The Interim Director-General has assured both myself and Minister Rattenbury that the issues and recommendations that relate to Governance will be dealt with as a priority, ensuring good governance is at the centre of all our important health care reforms moving forward.
- A new National Standards Leadership Committee has been established within the Directorate.
- The Committee is meeting weekly to specifically provide leadership and effective governance of the actions required to address the ACHS not met report.
- The Directorate's Governance Framework, Clinical Governance Framework and Corporate Plan have been reviewed and updated to provide staff with a clear outline of reporting and accountability. These documents are currently being reviewed by the Leadership Committee and will then be socialised with staff.

Cleared as complete and accurate: 23/05/2018
Cleared by: Deputy Director-General Ext: 52248
Information Officer name: Karen Doran
Contact Officer name: Sallyanne Pini Ext: 54689
Lead Directorate: Health

TRIM Ref: GBC18/353

- In addition, ACT Health's new Quality Strategy sets down the guiding principles and strategic priority areas for the next two, five and ten years.
- It will act as a platform to demonstrate ACT Health's improvements in safety and quality of care.
- A Quality Strategy Implementation Plan and Measurement Framework is currently under development and will be finalised in the second quarter of 2018.
- Once the implementation plan and measurement framework is developed, base line data will be collated to inform the specific percentages for each priority – person-centred care, safe care and effective care.

Key Information

- The issues identified in the report support the Government's decision to look at the overall governance of our health system and to separate ACT Health into two organisations.
- From 1 October 2018, there will be one organisation responsible for ACT Health's clinical operations and a second organisation responsible for strategic policy and planning.
- Both organisations will continue the reform work already underway to achieve ACT Health's commitment to the health of our community, as well as a commitment to quality, innovation, engagement and accountability.
- Separating the organisation reflects best practice and has already been done in larger jurisdictions interstate.
- I am confident that the creation of separate organisations will result in more robust governance and leadership across our entire health system.

Cleared as complete and accurate: 23/05/2018
Cleared by: Deputy Director-General Ext: 52248
Information Officer name: Karen Doran
Contact Officer name: Sallyanne Pini Ext: 54689
Lead Directorate: Health

TRIM Ref: GBC18/353

GBC18/353

Portfolio/s Health & Wellbeing

**ISSUE: ACT HEALTH ACCREDITATION – INFECTION CONTROL
(INCLUDING HEPA FILTERS AND LEGIONELLA)**

Talking points:

- The aim of the ACT wide Infection Prevention and Control Unit (IPCU) is to minimise infection risks for patients, health care workers, students and the general public.
- The IPCU is governed under the Australian Commission on Safety and Quality in Healthcare Standard 3 – Preventing and Controlling Healthcare Associated Infections.
- The intent of Standard 3 is to minimise the risk for patients in acquiring preventable infections and to enable the effective management of infections when they occur by using evidence based strategies.

Hand Hygiene

- Overall hand hygiene rates across Canberra Hospital and Health Services (CHHS) have improved and are significantly above the national benchmark. However, the rates for doctors are lower than other healthcare workers.
- Initiatives to increase hand hygiene rates for doctors have been introduced. This has resulted in improved rates for the first audit of 2018. Further audits are underway to ensure sustained improvement outcomes.
- Doctors will continue to be targeted throughout 2018 to ensure ongoing improvements.

Cleared as complete and accurate: 21/05/2018
Cleared by: Executive Director Ext: 6244 3603
Information Officer name: Girish Talaulikar
Contact Officer name: Barbara Reid Ext: 6244 2728
Lead Directorate: Health

TRIM Ref: GBC18/353

Hepa Filter Maintenance and Legionella

- To date, there have been no cases of legionella infection acquired at CHHS.
- ACT Health continuously undertakes works to upgrade and maintain the infrastructure assets on the Canberra Hospital campus. Works are prioritised in accordance with a strategic asset management plan and risk assessment processes.
- ACT Health Facilities Management (FM) regularly undertake testing for the control of legionella bacteria in building water systems at ACT Health facilities, in accordance with the Code of Practice for Cooling Towers, Evaporative Condensers and Warm Water Storage Systems. Any high counts are appropriately escalated and managed in accordance with the Code of Practice.
- FM produce environmental reports, including water sampling testing and results, and Hepa Filter (air quality) maintenance reports. These reports were previously sent to the Infectious Disease Threat Planning Committee, but following a recommendation from the accreditation report, FM now provides their environmental reports to the Healthcare Associated Infections (HAI) standard committee. This committee is the means for reporting and escalating issues related to Standard 3.
- In addition, a Legionella Risk Management Team meet monthly to review and manage required outcomes.
- A Water Quality Management Plan has been developed and includes recommendations on reduction of risks to Building 1 Level 4.

Cleared as complete and accurate: 21/05/2018
Cleared by: Executive Director Ext: 6244 3603
Information Officer name: Girish Talaulikar
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Lead Directorate: Health

TRIM Ref: GBC18/353

GBC18/353

Portfolio/s Health & Wellbeing

**ISSUE: ACT HEALTH ACCREDITATION
MEDICATION MANAGEMENT/DRUG STORAGE (FRIDGES)****Talking points:**

- Weekly rounds by the Chief Nursing and Midwifery Officer are being conducted to review clinical medication storage areas to ensure legislative requirements are being met. Matters requiring improvement are provided immediately to clinical staff, and thereafter to the relevant Executive Director and Director of Nursing/Midwifery in a formal report. These executive staff are then responsible for communicating findings to their clinical teams.
- A procurement process for the supply and installation of secure medication cupboards in theatres has been approved by the Interim Director-General of ACT Health, and is due for completion prior to the end of June 2018.
- Canberra Hospital Medication fridges now have WiFi alarm connections which alert Pharmacy staff if the fridges move outside an acceptable temperature range.
- The 'go live' date for automated fridge checking is 13 June 2018. All relevant staff will be educated about the automated fridge checking system prior to the 'go live' date.

Cleared as complete and accurate: 02/05/2018
Cleared by: Executive Director Ext: 42147
Information Officer name: Margaret McLeod
Contact Officer name: Barbara Reid Ext: 42728
Lead Directorate: Health

TRIM Ref: GBC18/353

GBC18/353

Portfolio/s: Health & Wellbeing

ISSUE: ACT HEALTH ORGANISATIONAL UPDATE

Talking points:

- The proposal to restructure ACT Health was considered over a number of months and involved a range of conversations between myself and the Minister for Mental Health.
- The ACT Health Directorate Executive Leadership Team, the DG/DDG Strategy Group, will be overseeing the organisational restructure. This is the Group previously referred to as the “Organisational Reform Reference Group”.
- I can advise that in late December 2017, I received a report prepared by PwC outlining broadly the organisational and governance structures of Australia’s State and Territory health systems. This report confirmed that the ACT is an outlier in operating a single unified health structure.
- The changes to ACT Health I announced in March this year will bring ACT Health closer in line with other Australian jurisdictions, which have structurally separated their clinical services delivery from their departments of health which focus on policy, planning and regulatory functions.
- The ACT will look at these examples and develop a model that works for the ACT Health system – now and into the future. We will take into account the unique nature of the ACT in developing a model.
- This change is an essential evolution for our growing population and expanding health system, and will bring greater clarity about the distinct roles and responsibilities of frontline staff and corporate staff.
- Staff who deliver frontline health services to the Canberra community will come under the umbrella of the separate health services delivery organisation.
- There will be a second separate organisation responsible for strategic policy and planning which will set the strategic direction for health services in the ACT.

Cleared as complete and accurate: 04/06/2018
Cleared by: Director-General Ext: 79532
Information Officer name: Michael De’Ath
Lead Directorate: Health

- Both organisations will continue ACT Health’s commitment to the health of our community, as well as a commitment to quality, innovation, engagement and accountability.
- The separation will enable a clearer focus on efficiency and effectiveness for clinical operations, and free up capacity within the ACT Health Directorate to undertake core strategy and system management functions.

Governance and Consultation

- Work is already underway in preparation for the formation of two organisations, which are planned to commence on 1 October 2018.
- The interim Director-General has commenced a body of work around planning for and leading the transition process, which includes a review of the current organisation’s form and functions.
- In addition, the Head of Service is leading planning work to define the principles that will underpin the establishment of the two new organisations, and their governance relationship. This work involves meeting with other jurisdictions to discuss their models in more detail, which will inform our planning.
- Most importantly, we are planning a strong staff and stakeholder communications and engagement process, to ensure that we deliver a model that will work on the ground for both staff and ACT Health consumers.
- The planning process will include developing recommendations on the relationship between the service delivery organisation and the planning and policy organisation. It is essential that this relationship supports a model providing effective governance, management and accountability.
- As I explained to ACT Health employees at two staff forums I attended, my goal is to enable and encourage staff, stakeholders and the community to invest in this change process.
- I am pleased to say that that process of engagement has started - with my discussions with staff and the conversations the Interim Director-General and his team are having across all parts of the organisation. This work continues.

Impacts for Patients/Consumers

- These proposed changes are primarily administrative in nature at this stage and are being developed with careful consideration to ensure that there will be no negative impacts on the services that we offer.

Cleared as complete and accurate: 04/06/2018
Cleared by: Director-General Ext: 79532
Information Officer name: Michael De’Ath
Lead Directorate: Health

- The organisational change will be implemented from 1 October 2018, and the transition will be a seamless one. People visiting one of the three public hospitals, our popular Walk-in Centres or in any way accessing the many community based health services that we offer will not experience any disruption as a result of this announcement.
- The organisational change will bring greater efficiencies for clinical and medical staff, and is being designed to improve service delivery and further reinforce the goals of the Territory-wide Health Services framework – person centric and community focused care, enhanced preventive health and improved Hospital services.

Impacts for Staff

- I would like to reassure all ACT Health employees that staff will be engaged in the development of the new structure.
- We are planning ongoing staff communications, including regular emails; regular staff forums and Executive Director briefings, and a dedicated transition page on the ACT Health intranet (launched on 6 April 2018). These initiatives will be aimed at ensuring that all staff are informed and engaged.
- We are working to ensure that any changes for staff members will be kept to the minimum required.
 - Should it be determined that there could potentially be direct changes for staff, appropriate consultation with affected staff and their unions will be undertaken before any final decisions are made.
 - The Interim Director-General has advised that, if required, any impacted staff will be personally advised prior to any formal release of a document for consultation.
 - Every possible opportunity will be provided to staff and unions to provide feedback on proposed changes to organisational reforms.
 - Final decisions on new organisational structures will only be taken once there has been full and appropriate consultation.
- Staff are also encouraged to email healthreferencegroup@act.gov.au with suggestions, questions or concerns.

Cleared as complete and accurate: 04/06/2018
Cleared by: Director-General
Information Officer name: Michael De'Ath
Lead Directorate: Health

Ext: 79532

Territory-wide Health Services Framework

- The clinical and service planning underway through the Territory-wide Health Services Framework will remain a key priority for government and we will continue to realign the governance of Canberra Hospital and Health Service (CHHS).
- This is a critical element of the overall Government priority to increase access to specialist health services in the ACT, both in the hospitals and in the community.
- The Territory-wide Health Services Framework aims to ensure ACT Health's delivery of an integrated and whole-of-system service delivery model to provide true person and family-centred care. The wider organisational reforms being considered will be well aligned with the Territory-wide Health Services Framework priorities.
- Due to the proposed timing of the organisational change (1 October 2018), it is anticipated that while work continues in refining the Specialty Service Plans and structure of CHHS, implementation of these Framework items will be phased in from late 2018 to take full advantage of the development of the two new organisations and the recruitment of a new leadership team.

Director-General Position

- Mr Michael De'Ath commenced in the role of interim Director-General, ACT Health Directorate on Monday 9 April 2018, while the recruitment process for a new Director-General and Chief Executive Officer, Canberra Hospital and Health Services is underway. These positions have been advertised nationally, and close on 24 June 2018.

Key Information

- On 23 March 2018 the ACT Government announced a decision to separate ACT Health into two distinct organisations. From 1 October 2018, the ACT Government will separate operational health services from policy and planning functions.
- There will be one organisation solely responsible for ACT Health's clinical operations. It will focus on the operational delivery of quality health services to our growing community.
- There will be a second organisation responsible for strategic policy and planning. This will set the strategic direction for health services in the ACT.

Cleared as complete and accurate: 04/06/2018
Cleared by: Director-General Ext: 79532
Information Officer name: Michael De'Ath
Lead Directorate: Health

Background Information – may not be suitable for public disclosure

- A recent freedom of information request may see the publication of reports prepared for ACT Health and for me outlining consideration of Directorate governance structures.
- The recent Accreditation Audit highlighted governance across the Directorate as an area for improvement.
- While not directly related, the Auditor-General has recently announced an audit into allegations of breaches of the *Public Sector Management Act 1994* inside ACT Health.

Cleared as complete and accurate: 04/06/2018
Cleared by: Director-General
Information Officer name: Michael De'Ath
Lead Directorate: Health

Ext: 79532

GBC18/353

Portfolio/s: Health & Wellbeing

ISSUE: ACT HEALTH PUBLICATION OF DATA FOR CONSUMERS

Talking points:

- On 14 February 2017 I announced that ACT Health would undertake a System-wide Data Review (the Review), due to ACT Health being unable to provide data on emergency department performance, elective surgery waiting times and mental health for the 2017 Report on Government Services.
- The Review has been completed and the final Outcomes Report was delivered to me in the first week of April 2018. A consultation process is now underway so that key stakeholder feedback and views are incorporated into the Review's Implementation Plan.
 - As part of this Review, ACT Health was 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.
 - 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.
 - Consultation has been, and will continue to be, undertaken with the Health Care Consumers Association to fully understand consumer requirements.

Cleared as complete and accurate:	25/05/2018	
Cleared by:	Deputy Director-General	Ext:77121
Information Officer name:	Lynton Norris	
Contact Officer name:	Karen Chudleigh	Ext:72324
Lead Directorate:	Health	

TRIM Ref: GBC18/353

- ACT Health is continuing work with the Association to develop options for improving public reporting using innovative technologies moving forward.

Background Information

- On 14 February 2017, it was announced that an ACT Health System-wide Data Review would be undertaken. The Terms of Reference for the System-wide Data 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 Data Review, 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.

Cleared as complete and accurate: 25/05/2018
Cleared by: Deputy Director-General Ext:77121
Information Officer name: Lynton Norris
Contact Officer name: Karen Chudleigh Ext:72324
Lead Directorate: Health

TRIM Ref: GBC18/353

GBC18/353

Portfolio/s: Health & Wellbeing

ISSUE: ACT HEALTH SYSTEM-WIDE DATA REVIEW

Talking points:

- On 14 February 2017 I announced that ACT Health would undertake a System-Wide Data Review (the Review), due to ACT Health being unable to provide data on emergency department performance, elective surgery waiting times and mental health data for the 2017 Report on Government Services.
- The Review has now been completed and the final Outcomes Report was delivered to me in the first week of April 2018.
- The Review process involved a variety of stakeholders – for example:
 - consumers;
 - clinical and other health service providers;
 - non-clinical staff;
 - teaching, training and research groups;
 - national health agencies; and
 - the broader ACT Health Directorate and ACT Government.
- These discussions focused on the identification of data management and governance issues rather than how the resolution would be effected as part of a cohesive implementation plan.
- With the issues, key findings and recommendations now identified as part of the Outcomes Report, it is now appropriate to engage with all stakeholders on the Review outcomes.
- In particular, how the work program is developed and resourced, the areas of priority, and other considerations, which will inform a comprehensive Implementation Plan.
- This consultation process is underway so that key stakeholder feedback and views are incorporated into the Review's Implementation Plan.

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TRIM Ref: GBC18/353

- The delivery of high quality health services to the Canberra community continues to be 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. This is why I called for this review to be undertaken.
- The System-Wide Data Review has enabled the Directorate to constructively learn, build capability and expertise, and address root cause and systemic issues.
- I look forward to making further comments about the Review as well as tabling the final Report, Government response and Implementation Plan in the August 2018 sitting period.

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;

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- 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;
- 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.

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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 31 May 2018 is 86 per cent, with Canberra Hospital at 94 per cent and Calvary at 69 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 31 May 2018	94%	69%	86%

- 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

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- 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

Occupancy calculation breakdown 2017 – 31 May2018			
	Canberra Hospital	Calvary Public Hospital	ACT Public Hospitals
Average Patient Bed Days (utilising overnight beds)	593	190	783
Average Overnight Beds Available	633	277	910
Occupancy %	94%	69%	86%

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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GBC18/353

Portfolio/s: Health & Wellbeing**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.
- 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 Emergency Department year on year. It is expected based on current projections that the coming winter season will be busier than 2017.
- In the 2017 winter season, CHHS opened additional beds and deployed additional staffing in a number of key areas. This same strategy will be employed to meet increased demand during the 2018 winter season.
- 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.
- Planning is complete for the coming winter season. The plan covers the period from 1 July 2018 to 30 November 2018.
- Funding announced in the 2018-19 budget will provide for 54 full time equivalent frontline staff, including 35 nurses, 12 allied health workers and six doctors.
- The funding aligns with the CHHS winter bed strategy and will optimise the seamless transfer of patients to the most appropriate clinical environment.
- 72 more beds will be made available in winter this year. This is double the beds available compared to last year's winter period.

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TRIM Ref: GBC18/353

Key Information

- A media campaign has been developed to emphasise the use of alternative services to the Emergency Department (ED) at CHHS and will be released in advance of the flu season. The strategy has two parts:
 - Communication activities designed to educate the general public about the array of after-hours primary health care options available in the ACT.
 - A targeted social media campaign designed to educate parents and caregivers of '0-4 year olds (parents and carers) and 18-24 year olds about the role of emergency departments in the delivery of after-hours health care in the ACT and alternatives to ED services. The social media campaign will focus on addressing the factors that motivate 18-24 year olds and parents and caregivers of 0-4 year olds to present at an ED when they (or their child) have a non-urgent illness or injury after-hours.
- Parents and caregivers of 0-4 year olds will be directed to after-hours GP services, the Pregnancy, Birth and Baby telephone helpline and online service/Health Direct. Communication to this audience will focus on promoting the benefits of these services (accessibility, expertise, connections with other health services/health professionals).
- Messaging for 18-24 year olds will focus on promoting GPs, nurse-run walk-in centres and/or Health Direct, with a focus on promoting the benefits (convenience, affordability and accessibility) of these services.
- Secondary messages:
 - EDs are for emergencies. Please consider if your situation is a genuine emergency before going to the emergency department.
 - If you do have an emergency go to your closest ED. If you live on the north side, Calvary Public Hospital in Bruce is your closest option. If you live on the south side, The Canberra Hospital is your closest option.
 - If you or someone you know has an immediate life threatening condition, such as breathing difficulties, chest pain, severe trauma, allergic reactions, head or neck or eye injuries call '000' or go to the ED.
 - If your condition isn't serious or life threatening, see your GP or other health service.

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Health & Wellbeing

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.
- Canberrans 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.

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- 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.

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GBC18/353

Portfolio/s: Health & Wellbeing

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 Building 12 fire stopping, ACT Health engaged Head Contractor, Shape Group Australia, on 10 January 2018. Early works, including electrical investigations, have commenced, with rectification works having also commenced early May 2018.
- ACT Health's priority remediation focus will be given to critical inpatient areas, such as the Intensive Care Unit and Theatres on Level 3 in Building 12.
- A wider package of work will follow on from the completion of the critical areas, or earlier in the event that critical areas are inaccessible due to clinical requirements. These works will include fire stopping on Levels 1, 2 and 4 of Building 12, building fire system tuning and upgrades as part of the Upgrading and Maintaining ACT Health Assets (UMAHA) scope.
- A provisional cost of Building 12 passive fire remediation works is estimated to be in the order of \$1 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.
- A consultant has been engaged to develop a Building 12 construction zone safety strategy that will address emergency management during the passive fire remediation works.
- 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.

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**ISSUE: CENTENARY HOSPITAL FOR WOMEN AND CHILDREN
ALUMINIUM COMPOSITE PANEL REPLACEMENT PROJECT
UPDATE****Talking points:**

- ACT Health were made aware of a fire risk posed by the type of Aluminium Composite Panel (ACP) cladding attached to the Centenary Hospital for Women and Children (CHWC) building 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. It recommended a portion of ACP panels on the CHWC be replaced with an alternative suitable material.
- On 15 September 2017 a façade consultant, Arcadis, was appointed to prepare a scoping document/Statement of Requirements (SOR) for the replacement of ACP attached to specified areas of the CHWC building.
- A two stage process to engage a suitable contractor to replace identified ACP cladding on the CHWC building commenced in October 2017 and concluded in December 2017 with the appointment of Manteena to undertake the required works as detailed in the Arcadis SOR.
- Concurrent with the contractor procurement process the Arcadis SOR was developed in consultation with key members of the Whole of Government (WHoG) ACP Review Group.
- Key members are:
 - ACT Fire & Rescue;
 - Environmental Planning and Sustainable Development Directorate;
 - Infrastructure Finance and Capital Works; and
 - ACT Health Directorate.

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- Following a meeting of the above group on 10 November 2017 to confirm the Arcadis SOR the agreed content was issued to selected contractors to complete the concurrent Request for Tender process.
- The Arcadis SOR document outlined options for replacement panels to meet the latest Building Code requirements.
- The replacement material for the CHWC ACP panel replacement project is Vitracore G2.
- Physical ACP panel replacement works commenced in late February 2018 following final material selection in early February 2018.
- On 8 March 2018 an issue was raised by Manteena's fire consultant Defire about the compliance status of the chosen replacement material relative to possible future updates of the National Construction Code (NCC)- Building Code of Australia (BCA).
- To address this issue a meeting with key project stakeholders was convened on 15 March 2018, following which, confirmation of the acceptability of the chosen replacement material, Vitracore G2, was received from:
 - The Building Certifier, CBS;
 - ACT Fire & Rescue; and
 - Defire, (Manteena's fire consultant).
- Works are currently around 80 percent complete with construction completion remaining on program for July 2018.
- The current value of all committed works and consultancies for the project is \$1,206,593 (GST Excl).
- In parallel with the current CHWC ACP replacement work ACT Health is working with the WHOG ACP Review Group to prepare for a detailed risk assessment of other ACT Health buildings identified to contain ACP façade materials.
- ACT Health and IPCW representatives attended a meeting of the Cladding Review Group on 7 June 2018 to discuss the latest status of the ACT detailed building assessment process.
- The Review Group has previously undertaken an audit of government buildings and identified a number of buildings that would benefit from further assessment. The Victorian Government has shared (in confidence

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and is not available for ACT to share) a draft risk assessment tool that the Review Group has been working with in order to develop a process and eventual tool that could be used for the ACT. The Victorian tool requires a range of inputs and decisions that influence the risk outcome. The Review Group has used this tool to develop a risk and building assessment process and consider it may be appropriate to trial this with one or two buildings that were identified in the initial audit.

- Actions arising from the meeting of 7 June 2018 include:
 - An initial trial of the ACT risk and building assessment process incorporating the Victorian Government's cladding risk assessment tool is proposed to start before the end of June 2018 (noting the first stage is collection and input of data).
 - The trial is proposed to include two of ACT Health buildings: Building 12 at the Canberra Hospital and Belconnen Community Health Centre.
 - The initial assessment does not produce mitigation measures. Following completion of the initial assessment of those two buildings, a summary of remediation/mitigation actions, if any, will be identified.
 - The trial may take up to a month given the level of information required to be filtered and assessed as part of the input. The expected date for completion of this assessment tool trial is end of July 2018.
 - A timetable for completion of the remaining Health buildings will be considered at the end of July 2018 based on the findings of the initial assessment trial and a better understanding of the process (inputs, outputs, resourcing).

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GBC18/353

Portfolio/s: Health & Wellbeing**ISSUE: HEALTH SERVICES UNION– ASBESTOS IN STAFF ROOM****Talking points:**

- At Canberra Hospital the relocation of employee’s staff room on a temporary basis from one side of a corridor to the other side was required to accommodate essential infrastructure upgrades to ensure that ACT Health continues to deliver the high quality services that the community expect.
- Concerns were raised by staff about the presence of asbestos in the room which 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, 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.
- A letter was provided to the union and staff on 28 March 2018 identifying that a suitable room has been found that will have a number of improvements undertaken in accordance with staff requests.
- Staff and the union have examined the space and it has met with general approval. In selecting this room ACT Health examined a number of options. In addition ACT Health has conducted appropriate tests in relation to asbestos.
- ACT Health met with the HSU on 19 April 2018 and informed them of progress that is being made in refreshing the new space and it is hoped that it is ready for staff to move into soon. The HSU and staff are being kept up to date on progress on refurbishment.
- The temporary staffroom has been tested and renovations have been completed, allowing this staffroom to be utilised by staff.

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- A new staffroom was identified and relevant assessments were conducted. The space is being renovated, and should be completed soon.
- Affected staff have been kept abreast of the changes and progress, as have the HSU.
- 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 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.

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GBC18/353

Portfolio/s: Health & Wellbeing**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.
- 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.
- The contract value for the Electrical Main Switchboard (EMSB) works is \$9,818,294. The total budget for the UMAHA program works, inclusive of the Building 2 and Building 12 EMBS works is \$95.328 million as per the 2016/17 Appropriation Bill.
- The scope of the original project has increased to include:
 - Enhanced business continuity switchboards to support clinical operations during replacement works;
 - Enhanced electrical system redundancy as part of new replacement switchboards;
 - Replacement of submain electrical cables to achieve building compliance; and
 - The impact of changes to ACTEWAGL switchboard standards.
- Funding for the increased project cost will be covered from within the existing ACT Health UMAHA appropriation funds.
- The current forecast completion date for the Building 2 EMSB revised scope of works is anticipated to be June 2019.

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- Building 12 EMSB revised scope of works are undergoing a comprehensive program review with project completion for Building 12 expected to be November 2019.

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.
- The anticipated project completion dates are subject latent conditions and to clinical operational constraints, as part of complicated refurbishment works in a live 24/7 hospital environment, where patient, staff and visitor safety are always the highest priority.

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GBC18/353

Portfolio/s: Health & Wellbeing

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:
 - Electrical Main Switch Board (EMSB) replacements in Building 2 and Building 12;
 - Building 12 gas meter relocation;
 - Helipad structural upgrades; and
 - Building 1 windows.
- Of the four extreme risks, two were funded outside or partly outside of the UMAHA appropriation – Helipad (ACT Health Clinical Services Development) and Gas Meter (Continuity of Health Services Plan – Essential Infrastructure).
- UMAHA program of works scope includes the development of a strategic asset framework and strategic asset management plans for built assets, ICT assets, medical and non medical equipment assets.
- UMAHA program of works is a vehicle to consolidate all infrastructure activities under one organisation i.e. Health Infrastructure Services (HIS) to ensure alignment of planned/reactive maintenance, capital project delivery and strategic asset management.
- The scope of the UMAHA Business Case and expenditure of remaining funds except for the EMSB works is on track for delivery by June 2019.
- EMSB works are due to be completed in June (Building 2) and November 2019 (Building 12)

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Portfolio: Health & Wellbeing

ISSUE: ABORTION

Talking points:

- The ACT Government is committed to supporting and enabling women to make informed decisions about whether or not to 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.
- 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 defines abortion as causing a woman's miscarriage by:
 - a drug;
 - using an instrument; or
 - by any other means.
- Part 6 of the Health Act currently provides that:
 - only a doctor may carry out an abortion;
 - an abortion is to be carried out in an approved medical facility;
 - the Minister may approve a medical facility or an appropriate part of a medical facility as suitable on medical grounds for carrying out abortions; and
 - no-one is under any duty to carry out or assist in carrying out an abortion.
- There is a need to examine access arrangements to these services in the Territory and this is something the government has done some recent detailed work on.

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- In regards to any changes in legislation, it is important that the appropriate policy planning and consultation with relevant stakeholders (including care providers) is undertaken to ensure we get it right.
- For this reason, I have asked my Department for advice on the reform proposals that Ms Le Couteur is proposing.
- Part of this review is looking at women's actual experience in the ACT as the laws of other jurisdictions. However the ACT differs from most other States and Territories, by legislating abortions as a health rather than a criminal matter. Legislation in other jurisdictions does not have as strong a focus on patient safety, and is not directly comparable.
- I am working with the Women's Centre for Health matters to gain insight into barriers that are also present for women in the ACT, particularly those who are vulnerable, seeking a termination of pregnancy.
- To minimise one such barrier to access, the government introduced a patient privacy zone around the health facility at 1 Moore Street in Civic in 2016. Women who have made the difficult decision to have terminate a pregnancy have the right to access the medical services they need without being forced to endure the judgement of others.
- I note the recent court ruling that silent vigil within the privacy zone is not considered a protest. I will continue to monitor the situation with a view to ensure women are not feeling harassed, threatened or judged when accessing that important health service.
- I welcome debate of the Health (Improving Access to Abortion) Amendment Bill that was tabled in the Assembly on 20 March 2018. While I am committed to looking at all options to remove barriers for Canberra women in accessing pregnancy termination services, these changes to regulation are potentially very significant changes and must be given serious consideration –not just by Assembly members, but by clinicians.
- 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;

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- 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.

Key Information

- The *Health (Improving Access to Abortion) Amendment Bill* was tabled in the Assembly on 20 March 2018.
- The Women's Centre for Health Matters is currently holding focus groups with some of the women who responded to their sexual and reproductive health survey.
- The outcomes from the community consultation will assist in informing the review on termination of pregnancy services in the ACT.
- Initial discussions with Women's Centre for Health Matters and clinical staff indicate that while there needs to be reduction in barriers to medical termination of pregnancy services (MTOP), that MTOPs are only suitable for women who are up to nine weeks in gestation. After nine weeks, a woman seeking a termination will require a surgical termination of pregnancy (STOP).
- Vulnerable women due to situational factors i.e. domestic violence, mental health, young age, refugee, or have a poor level of English may not be in a position to determine pregnancy outcome nor decision on whether to terminate the pregnancy or not within nine weeks of gestation thus will require a STOP.

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GBC18/353

Portfolio/s: Health & Wellbeing**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. The ACT Legislative Assembly will debate changes to the *Medicines, Poisons and Therapeutic Goods Act 2008* in June 2018. These changes are aimed at implementing a local prescription monitoring initiative to assist health professionals in making informed medicine supply decisions.
- The proposed changes focus on the monitoring of controlled (schedule 8) medicines only at this stage, however passage of the Bill will allow the Minister to declare that other prescription medicines such as codeine be monitored in the future.
- There is no current proposal to monitor the prescribing or supply or codeine products in the ACT.
- Effective alternative medicines that do not contain codeine are still available over-the-counter from pharmacies.

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Key Information

- 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.
- 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.
- ACT Health has 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 was unanimous in its support for the rescheduling in the interest of national consistency across states and territories.
- The TGA has a full suite of resources available for consumers about the changes on its website www.tga.gov.au.

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GBC18/353

Portfolio/s: Health & Wellbeing**ISSUE: DRUG STRATEGY ACTION PLAN****Talking points:**

- ACT Health is currently revising the draft Drug Strategy Action Plan (the Action Plan) following a targeted consultation with key non-government stakeholders which closed on 30 March 2018.
- The Action Plan will be finalised in the second half of 2018 following public consultation.
- An expert Advisory Group, including representation from community and consumer organisations, will be established to provide input and advice on implementation of the Action Plan.
- The Advisory Group will also play an important role in identifying emerging drug use patterns and informing future priorities.

Key Information

- A key priority of the Government is to deliver a new Action Plan which will re-affirm the ACT Government's commitment to the National Drug Strategy 2017-2026 (NDS).
- The Action Plan will replace the now expired ACT Alcohol, Tobacco and Other Drug Strategy, and will align closely with the Government's preventive health agenda and relevant clinical service plans.
- 11 of 27 non-government stakeholders invited to make submissions on the draft Action Plan made submissions. Government stakeholders had been previously consulted.

Background Information – may not be suitable for public disclosure

- The Alcohol, Tobacco and Other Drug Association ACT (ATODA) wrote to the Chief Health Officer on 26 March 2018 requesting that the proposed new expert Advisory Group for the Action Plan is convened before the plan is finalised.
- Several stakeholders, including ATODA, repeated this request in their written submissions on the draft Action Plan.
- ACT Health will be convening a meeting of key stakeholders prior to releasing the draft Action Plan for public consultation.

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- The 11 organisations which made submissions to the recent consultation were: ACT Ministerial Advisory Council on Women; ATODA; Canberra Alliance for Harm Minimisation and Advocacy (CAHMA); Capital Health Network; CatholicCare Canberra and Goulburn; Families and Friends for Drug Law Reform (ACT); Foundation for Alcohol Research and Education (FARE); Health Care Consumers' Association (HCCA); Mental Health Community Coalition (MHCC) ACT; Public Health Association Australia (PHAA); and Winnunga Nimmityjah Aboriginal Health Service.

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GBC18/353

Portfolio/s: Health & Wellbeing**ISSUE: NATIONAL ALCOHOL STRATEGY****Talking points:**

- The Australian Government Department of Health is leading the development of the National Alcohol Strategy (the Strategy) 2018-2026.
- Public consultation on the draft the Strategy closed on 11 February 2018.
- The Ministerial Drug and Alcohol Forum (MDAF) will consider the feedback from the consultation process and agree the way forward at its next meeting in June.
- ACT Health and the Justice and Community Safety Directorates have been providing input into the development of the Strategy and will continue to play an active role in finalising the Strategy through the National Drug Strategy Committee (NDSC) and the MDAF.

Key Information

- The draft Strategy provides a national framework to prevent and minimise alcohol-related harms among individuals, families and communities.
- The Strategy is a sub-strategy of the National Drug Strategy (NDS) 2017–2026, which was finalised in 2017.
- It is anticipated that, once finalised, the Strategy may inform further local level activities to prevent and minimise alcohol-related harms in the ACT.
- Alcohol, tobacco and other drug governance arrangements in Australia reflect shared responsibility between health and justice/law enforcement portfolios.

Background Information

- The Australian Government Minister for Health wrote to you on 13 March 2018 proposing a revised timeline for the Strategy, with finalisation in late 2018.

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Portfolio/s: Health & Wellbeing

ISSUE: NGUNNAWAL BUSH HEALING FARM

Talking points:

- The Ngunnawal Bush Healing Farm (NBHF) staff continue to offer both cultural, social and emotional support in addition to advocacy and case management for 2017 pilot program clients and new referrals.
- The second program has commenced, with a full complement (12) of clients beginning their orientation for the NBHF this week (4 June 2018). Clients have been sourced from a range of programs within the ACT and NBHF staff are currently working closely with key stakeholders.
- In addition to the formal program, staff have assisted 30 people by providing culturally appropriate support services.
- NBHF staff have supported a number of Aboriginal and/or Torres Strait Islander peoples experiencing crisis at Dhulwa, Alexander Maconochie Centre, and Adult Mental Health Unit. This support also includes a number of school visits as well as service visits from current and future NGO partners, including Gugan Gulwan.
- Programs to be included through the next program are:
 - Nutritional and food preparation;
 - Horticulture and bush tucker;
 - Blacksmithing and toolmaking;
 - Physical fitness and Wellbeing;
 - Music therapy;
 - Cultural walks and talks;
 - Horse therapy;
 - Relapse Prevention;
 - Leadership and self-empowerment training;
 - Outdoor Education; and
 - Cartoon therapy.

Cleared as complete and accurate:	09/05/2018	
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Key Information

- At this time, ACT Health will continue to oversee the operations of the NBHF. The Government hopes to transition the service to an Aboriginal community controlled organisation or non-government organisation at an appropriate time.
- ACT Health has engaged the Aboriginal and Torres Strait Islander Healing Foundation to deliver a Healing Framework for the Ngunnawal Bush Healing Farm. A series of Knowledge Circles is planned throughout 2018.

Background Information – may not be suitable for public disclosure

- Following the official opening of NBHF on 4 September 2017, ACT Health delivered a pilot program which commenced in November 2017 and ran for a period of five weeks. Programs were offered to male and female clients aged between 18-40 years who identified as an Aboriginal and Torres Strait Islander person and who were free from alcohol and/or other drugs.
- The program at the NBHF included: foundational skills, nutritional program, ACT Parks Healthy country program, and a relapse prevention program. Feedback from clients was overwhelmingly supportive of the programs.
- ACT Health conducted a desktop review of the pilot program which was completed in February 2018. The desktop review of the pilot program highlighted:
 - a strong interest from clients to come back and join the next program;
 - more flexibility required with the program to tailored to the individual needs was critical to clients;
 - clients formed positive relationships with NBHF staff and contracted service providers;
 - clients enjoyed the field trips, learning more about local Aboriginal history and sought further opportunities to learn more about other Aboriginal and/or Torres Strait Islander cultures; and
 - restrictions on the use of a 4WD vehicle during the program made it difficult to visit all areas of the NBHF property.

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Portfolio/s: Health & Wellbeing**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 consultation mechanism for opioid maintenance treatment services in the ACT, and has commenced a process for reviewing ongoing arrangements for

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the Opioid Treatment Advisory Committee in discussion with key stakeholders.

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.
- ACT Health met with key stakeholders on 27 March 2018 to review the ongoing role, functions and membership of the Opioid Treatment Advisory Committee.

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

- Australia's first trial of a pill testing service went ahead at Groovin the Moo Canberra on Sunday 29 April 2018.
- The service was provided by the Safety Testing and Advisory Service at Festivals and Events (STA-SAFE) and was supported by the ACT Government, the festival promoters (Cattleyard Promotions) and the University of Canberra, where the festival was held.
- A report is being prepared by STA-SAFE regarding the trial, however the ACT Government understands that at least two potentially lethal chemicals were identified in the 85 tests that were performed. Following testing, a number of patrons utilised the amnesty bins to discard their pills instead of consuming them.
- Pill testing is a harm minimisation intervention that includes the chemical analysis of drugs surrendered by festival patrons, and the provision of relevant drug information and counselling by qualified personnel.
- The ACT Government reinforces that it is illegal to manufacture, possess, distribute and sell illicit drugs in the ACT. The ACT Government does not approve or condone illicit drug use. It is risky and dangerous to consume illicit drugs.
- The ACT Government is committed to harm minimisation, in line with the National Drug Strategy.
- The Government considers that pill testing as a component of harm reduction measures is a sensible approach to limiting the dangers of illicit drug use at ACT music festivals. This position is in no way softening the Government's stance on illegal drugs.

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Portfolio/s: Health & Wellbeing**ISSUE: CALVARY HOSPITAL CONTRACT NEGOTIATIONS****Talking points:**

- ACT Health has been working with Calvary Health Care ACT Ltd (Calvary) and the Little Company of Mary (LCM) Health Care Ltd on a range of contractual and funding matters for the 2018-19 financial year.
- On 4 May 2018 I made an announcement on the modernisation of Calvary Public Hospital Bruce. This included the ongoing negotiations with Calvary, and the strong partnership between LCM and ACT Health will continue into the future.
- I will be working closely with Calvary over the coming months to develop an agreement that ensures the best health outcomes for Canberrans.
- 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

ACT Health and Calvary have agreed the 2017-18 Performance Plan in February 2018, which is 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.

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TRIM Ref:	GBC18/353	

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Portfolio/s: Health & Wellbeing**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;

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- 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

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 now complete and all areas are operational. The areas of work included Theatres 1 to 4, a new procedure room, holding bay, recovery room, day surgery, storage areas, reception and office zones. Now that this project is complete, consideration will 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.

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- 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.

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Portfolio/s: Health & Wellbeing**ISSUE: CANBERRA HOSPITAL CODES FOR CAPACITY ESCALATION PROCEDURES AND EMERGENCIES****Talking points:**

- Canberra Hospital and Health Services (CHHS) 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.

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- 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

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- 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

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GBC18/353

Portfolio/s: Health & Wellbeing**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 died by suicide.
- ACT Health is not able to comment about coronial matters while they are before the ACT Coroner.
- ACT Health works closely with the ACT Coroner to actively support the coronial inquest process. We strive and are committed to improving the quality of services we provide to patients and the community to support the delivery of these services.

Key Information

- There were four deaths by suicide of inpatients at Canberra Hospital in the period January 2015 to November 2016. These deaths are the subject of a coronial investigation. Coroner Hunter will investigate these deaths together in one inquest. The ACT Government Solicitor (ACTGS) is representing the Territory.
- The Coronial Inquest will be heard in two stages:
 - The first stage occurred on 10-13 and 17-20 April 2018, and 1-4 May 2018 and heard the factual elements relevant to the cause and manner of each death and evidence from ACT Health staff of their provision of care and treatment or their involvement with the four people.
 - In September 2018, the second stage will commence and will address the systems issues, including policies and procedures underlying the care provided to the four people.

Background Information – may not be suitable for public disclosure

- During the first stage of the Inquest, Coroner Hunter made interim findings in relation to the four deaths.

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Portfolio/s: Health & Wellbeing

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 more elective surgery this year.
- 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.
- The ACT Government has committed to providing \$64.7 million to be invested in elective and emergency surgeries across the ACT. With certainty of this additional funding, ACT Health can increase the number of elective surgeries it can deliver to around 14,000 per year – growing elective surgeries by about 4,000 over the next four years.
- The funding of \$64.7 million over the next four years will also help ACT Health to improve access to surgical care and reduce wait times, which means better health outcomes for patients in the ACT and surrounding NSW region.

Key Information

- Nil

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Background Information – may not be suitable for public disclosure

- Between 1 July and 30 April 2018, 12,592 patients were added to and 12,418 patients were removed from the ACT Elective Surgery Waiting List (ESWL), bringing the total number of people waiting on 30 April 2018 to 5,422. This is an increase of 102 patients on the number waiting at 31 July 2017.
- Of the 5,422 patients on the ESWL on 30 April 2018, 592 had waited longer than clinically recommended for their elective surgery. This is an increase of 108 patients compared to 30 June 2017, but is an improvement on last month's figures when the increase was reported as 133 patients.
- Under the 2017-18 Elective Surgery Plan, activity targets have been set to attempt to reduce the number of patients waiting longer than clinically recommended.
- These targets successes are limited by the availability of the necessary workforce, and specialist surgeons and anaesthetists.
- Comments against the performance indicators are as follows:
 - There are currently 592 patients waiting longer than clinically recommended, against a target of 144 by 30 June 2018;
 - Currently, 31 per cent of general paediatric surgery patients are waiting longer than clinically recommended with 16 longwaits against a target of zero by 30 June 2018;
 - Currently, 79 percent of patients added to the ESWL receive their surgery on time, against a target of 90 per cent by 30 June 2018. 81 percent of patients at Canberra Hospital Health Services and 75 percent at Calvary Public Hospital Bruce received their surgery one time, as of 31 March 2018.
 - Addressing longwait patients by doing their procedures drops the average percentage of on time surgeries, because these longer wait patients surgeries being completed are makes up a greater percentage of the total numbers in the calculation.
 - The percentage of on time surgeries is lower than this time last year, due to the greater backlog of longwait patients YTD compared with last year. Timeliness percentage is likely to drop further, as ACT Health continues to address the longwait backlog.
 - Monitoring and application of the Waiting Time and Elective Surgery Access Policy is ongoing.

Cleared as complete and accurate: 21/05/2018
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Lead Directorate: Health

GBC18/353

Portfolio/s: Health & Wellbeing**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;
 - 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 was 76 days and for non-urgent colonoscopies was 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).

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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.

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. These negotiations have ceased due to pricing constraints. ACT Health continues to maximise internal capacity to assist in improving waiting times for endoscopic procedures.
- The following table shows (see next page) as of the end of December 2017:
 - 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.

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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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GBC18/353

Portfolio/s: Health & Wellbeing

ISSUE: INFLUENZA SEASON

Talking points:

- Due to an unprecedented demand for seasonal influenza vaccination this year, there are currently nationwide supply issues with some flu vaccines through both the National Immunisation Program (NIP) and the private market.
- This is good news as it means the community is understanding the dangers of influenza and importance of getting the flu shot.
- The Commonwealth Government has secured additional vaccines for the NIP and is working with jurisdictions to monitor and manage national supplies.
- The Immunisation Section at the Health Protection Service (HPS) has delivered more vaccines to date this year than for the entire 2017 influenza season. More than 82,000 vaccines have been distributed to date in 2018, compared with 57,000 for the whole of 2017.
- Based on numbers of vaccine distributed, the ACT has achieved vaccination coverage of 85 percent for people aged 65 years and over.
- Based on the Australian Immunisation Register data, vaccination of under five years is also much higher than previously, already three times higher than in 2017.
- The ACT currently has sufficient stock to meet the demand for all high risk groups eligible for free, government-funded vaccine because of their increased risk of complications from influenza. These groups are:
 - pregnant women;
 - children aged six months to under five years;
 - adults aged ≥ 65 years;
 - Aboriginal and/or Torres Strait Islander persons aged ≥ 15 years; and

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Cleared by: Executive Director Ext: 54402
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Lead Directorate: Health

- all persons aged \geq six months who have certain medical conditions which increase the risk of influenza disease complications e.g. severe asthma, lung or heart disease, low immunity or diabetes.
- The ACT Health Immunisation Section is closely monitoring influenza vaccine stock for people who are eligible to receive free, government-funded vaccine.
- Last week, some excess NIP and ACT Government flu vaccines were brought back into our central store and are now being redistributed according to demand.
- We encourage all people in high risk groups to make an appointment with their provider as soon as possible to get vaccinated.
- Supply constraints may still affect the private market for people who are not eligible for funded vaccine. People in this group are advised to check with their GPs and pharmacies regarding stock availability.
- Influenza is highly contagious, so individuals that are unwell should try to avoid spreading 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.

Key Information

- The 2017 ACT influenza season was larger and lasted longer than any influenza season in the previous five years.
- The seasonal increase in flu cases has not yet started in 2018. The timing of this increase varies from year to year, but usually occurs between about July and October.
- Vaccination is one of the best ways to prevent influenza infection.
- There are currently nationwide supply issues with some flu vaccines affecting both the National Immunisation Program and the private market.
- The Commonwealth Government has secured some additional supplies of the vaccine for the NIP.

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- The ACT currently has sufficient stock to meet the demand for all high risk groups eligible for free, government-funded vaccine because of their increased risk of complications from influenza.
- ACT Health officials are working together with the Federal Department of Health and other jurisdictions to ensure vaccine supply is maintained.
- Due to changes in the circulating influenza virus, annual vaccination is required to ensure protection against the virus.
- People who are at risk of developing severe influenza can access the funded flu vaccine through their GP.
- ACT children aged six months to less than five years are eligible for free influenza vaccine through their GP or ACT Health Early Childhood Immunisation clinics during 2018.
- People who are not eligible for free vaccine can purchase it on prescription or through pharmacies, although some pharmacies are reporting issues with vaccine supply.
- People who are unwell with symptoms of the flu should not attend work, school or other public places to avoid spreading the disease to others. If required, medical advice can be sought from a GP, the ACT Health Walk-in Centres, or from healthdirect on 1800 022 222.

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.

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GBC18/353

Portfolio/s: Health & Wellbeing**ISSUE: MATERNITY SERVICES AT CENTENARY HOSPITAL AT CAPACITY****Talking points:**

- I would like to reassure you that the Centenary Hospital for Women and Children provides high quality care and safe services for women of the ACT and surrounding area.
- Demand on maternity services at Canberra Hospital has increased since Centenary opened in August 2012. ACT Health uses strategies to address escalating demand, including:
 - Development of a Maternity Escalation Policy including using 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;
 - 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.
- To ensure maternity services across the region are used effectively and efficiently, Calvary Public Hospital Bruce and Centenary actively encourage the community and General Practitioners to use the services on offer at Calvary and Queanbeyan Hospital where appropriate.
- The \$2.6 million upgrade of the Calvary Public Maternity Service will increase Calvary's capacity from 15 to 18 maternity beds. Work is expected to be completed in July 2018.

Cleared as complete and accurate:	21/05/2018	
Cleared by:	Deputy Director-General	Ext: 42728
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Lead Directorate:	Health	

- In coming months, the Government will announce a plan to update the way maternity services are delivered in the ACT. This new approach will be territory-wide, to better manage the demand between Calvary Public and Centenary hospitals, so both facilities share the delivery of maternity services.
- Following the 2018-19 budget announcement, there will be an additional four beds to strengthen capacity to meet demand pressures in maternity services at Centenary Hospital.

Key Information

- In 2016-17 there were 3499 babies born at Centenary, compared to 2743 at Canberra Hospital in 2010-11. This is an increased annual growth rate of 4.59 percent.
- While birthing numbers at Centenary have been increasing, numbers at Calvary have been decreasing. There were 1759 births at Calvary in 2013-14, 1800 in 2014-15, 1755 in 2015-16 and 1577 in 2016-17. This is thought to be reflective of the community's response to the opening of Centenary's state of the art maternity services.
- Canberra Hospital is the only level three tertiary hospital for the ACT and surrounding regions, and accepts patients that cannot be accepted by non-tertiary facilities due to their clinical indications. Continued and increased occupancy, acuity and demand pressures impact on Canberra Hospital's capacity to provide tertiary level maternity care.
- Noting that birth activity is variable and not controllable, the 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.
- On 17 April 2018, the Government and ACT Health received an anonymous letter which stated it was from staff at Centenary, raising concern about the impact of demand on patient safety and work environment for staff and non-specific claims about bullying and harassment. Following this, executive leadership at Centenary held several staff forums to reinforce staff supports already in place.
- The same letter was sent to the Canberra Times, which published an article on 26 April 2018. On 19 April 2018, Centenary executive wrote to all staff addressing concerns raised.

Background Information – may not be suitable for public disclosure

Cleared as complete and accurate:	21/05/2018	
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- Demand at Centenary is creating potential clinical, industrial and reputational risk. This is particularly in the high risk areas of Birthing and Neonatology. Strategies to manage demand have been very effective. However, from time to time care such as inductions is delayed.
- Centenary Hospital have a strong quality and safety framework and commitment to continuous improvement. Adverse events are reviewed through departmental Morbidity and Mortality, and Quality and Safety meetings. Benchmarking indicates we are performing well against like organisations. We have also recently reduced the third and fourth degree tear rate working through a collaborative program with midwives and obstetricians.
- Where there is an adverse event, staff are encouraged to make use of a range of support services including Employee Assistance Program.

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GBC18/353

Portfolio/s: Health & Wellbeing

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

Talking points:

- Work on the Territory-wide Health Services Framework (the Framework) is progressing and the Territory-wide Health Services Advisory Group has provided feedback resulting in a revised draft of the Framework.
- Once ready, the revised Framework will be put to the Advisory Group for endorsement. It is expected this will occur by the end of June 2018.
- The timeframe for implementation of the Framework is currently under review following the announcement that ACT Health will be separated into two organisations from 1 October 2018.
- Feedback to date from ACT Health staff and the community sector indicates a high level of support for the stated objectives of the Framework, which aims to improve service integration to support better outcomes and experience for patients and clients.
- The development of the Specialty Services Plans (SSPs) 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.
- Initial consultation on the SSPs with the community and primary care sectors (including GPs) has also commenced, with further consultation still to occur. The Territory-wide Health Services Advisory Group has been contributing valuable input into how this process should be undertaken.

Cleared as complete and accurate:	25/05/2018	
Cleared by:	Executive Director	Ext: 59010
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Lead Directorate:	Health	

Key Points**Background Information – may not be suitable for public disclosure**

- The Territory-wide Health Services Framework will guide the development and redesign of health care services across the Territory over the next decade. I released the draft Framework on 19 September 2017.
- Under the Framework, ACT Health will establish new documented Specialty Service Plans (SSPs) 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.
- The recent Accreditation process and subsequent responses being coordinated to address the NSQHS Standards Survey “Not Met” recommendations has created some delays in further progressing the SSPs as CHHS resources are focused on meeting the standards. Responding to the recommendations may also have implications for the final design of the future CHHS realignment.

Cleared as complete and accurate:	25/05/2018	
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GBC18/353

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

- Culture is complex and dynamic, particularly in large healthcare organisations such as ACT Health. Over many years ACT Health has been closely monitoring its workplace culture and utilising a range of methods drawn from best practice to encourage respectful and supportive environments for staff and patients.
- One of the current significant culture initiatives is supporting the transition to, and commissioning of, the University of Canberra Hospital (UCH). All UCH staff have been involved in workshops to contribute their ideas about the aspects of culture which will underpin success for staff and clients at UCH. Leaders will help embed and reinforce the desired culture from day one. Leaders have also been trained on leading and supporting staff through organisational change.
- ACT Health's Quality Strategy 2018-2028 was officially launched in March 2018. The Strategy supports the delivery of person-centred, safe and effective care, through three key enablers – Culture, Leadership and Communication. The inclusion of culture as a key enabler will further strengthen the implementation of the Strategy.
- The organisational climate in relation to safety and quality will be assessed via a Safety Climate Survey to be conducted in June 2018.
- Given the ACT Government's decision to create two organisations from October 2018, as well as the need to address other key organisational challenges, culture development is a central area of focus and will include a number of key elements. These include work on leadership, values and engagement, with planning underway.
- The next Staff Culture Survey for each organisation is likely to be held six months after they have been established.

Cleared as complete and accurate:

24/05/2018

Cleared by:

Executive Director

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Information Officer name:

Janine Hammat

Contact Officer name:

Ric Taylor

Ext: 55320

Lead Directorate:

Health

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.

Cleared as complete and
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Portfolio/s: Health & Wellbeing

ISSUE: ARINS AND SEAS

Talking points:

- There are currently 269 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 \$17.3 million, 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 replaced 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 269 ACT Health staff covered by ARIns and SEAs:
 - 142 doctors;
 - 100 health professionals;
 - 16 dentists;
 - Two administrative staff;
 - One nurse; and
 - Eight support staff (to correct an EA oversight).

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TRIM Ref: GBC18/353

- The annual review process is likely to result in a reduction in 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.
- Some ongoing arrangements for professional groups based on long standing market issues are now to be incorporated into relevant enterprise agreements. Also a mechanism to provide for payment of senior doctors for undertaking additional work such as surgical blitzes is to be included in the medical practitioners’ agreement.
- At the same time, it is proposed to amend the doctors’ agreement to allow rostering of senior doctors across the seven days of the week, rather than the current Monday to Friday.
- Several of the doctors 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 has developed a strategy to minimise these risks with specific regard to the changing arrangements applying to medical practitioners. This will 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. This has recently been endorsed by the Director-General and discussed with the AMA and ASMOF, but has not yet been advised to employees in detail. A committee and communication plan has been developed in partnership with CMTEDD.

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TRIM Ref: GBC18/353

GBC18/353

Portfolio/s Health & Wellbeing

ISSUE: INDUSTRIAL ISSUES AT UNIVERSITY OF CANBERRA HOSPITAL**Talking points:**

- A Joint Consultative Council (JCC) between ACT Health and relevant unions was formed to support the establishment of UCH.
- The unions, particularly United Voice and the Health Services Union, have raised concern about the use of a design, construct and maintenance procurement model. They claim they were not consulted regarding what they consider to be 'out-sourcing' of support services at UCH, and are of the view these services should be provided by ACT Government.
- ACT Health is engaging with the unions in an attempt to resolve their concerns. The JCC meets weekly for two hours. Unions, Medirest and Brookfield Global Integrated (BGIS) and ACT Health are also committed to quarterly tripartite meetings.

Key Information

- In November 2015, contracts were awarded to BGIS for hard and soft facilities maintenance and services at UCH. Unions have raised concerns over the management of the head contract by ACT Health.
- Medirest has submitted a proposed enterprise agreement with Fair Work Commission. United Voice contends Medirest has not followed the correct process and has identified the incorrect Award.
- Unions have raised concerns over the awarding of subcontracts, particularly to Medirest. Unions believe the manner in which Medirest is conducting itself with regard to a proposed enterprise agreement for staff at UCH is proof of their concerns.
- Medirest contend they have followed the correct process and referenced the correct Award.

Cleared as complete and accurate: //18
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Information Officer name: Barbara Reid
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Lead Directorate: Health

- The unions also contend there was no consultation particularly with regard to the contracted services such as food services and distribution, and patient support services.

Background Information – may not be suitable for public disclosure

- ACT Health is in the process of recruiting a dedicated Operations Manager for UCH, whose duties will include contract management. The UCH Operations Manager will have Industrial Relations support through ACT Health's People and Culture.
- United Voice has lodged Form F18 opposing the enterprise agreement proposed by Medirest. United Voice has indicated they may call ACT Health as an interested party should the matter go to hearing.
- Unions met with a representative of BGIS as the head contractor at the JCC on 16 May 2018, and have been provided with industrial relations contact information for BGIS and Medirest.
- Senior representatives of BGIS and Medirest met with unions on Thursday 24 May 2018.

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GBC18/353

Portfolio/s: Health & Wellbeing

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.

Cleared as complete and accurate:	23/05/2018	
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Information Officer name:	Janine Hammat	
Contact Officer name:	Sean McDonnell	Ext: 51090
Lead Directorate:	Health	

- Three employees resigned from ACT Health before the completion of the formal investigation.
- ACT Health has terminated two staff following the completion of the investigation process.
- Two alleged bullying cases are ongoing.
- The remaining 15 cases were deemed as instances of inappropriate behaviour and there was no evidence of bullying or harassment.
- ACT Health has in place a policy of zero tolerance towards bullying and harassment.

Cleared as complete and accurate: 23/05/2018
Cleared by: Executive Director Ext: 51086
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GBC18/353

Health & Wellbeing

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

- The ACT Chief Minister signed the Heads of Agreement between the Commonwealth and the States and Territories on public hospital funding and health reform on 27 April 2018.
- The Heads of Agreement outlines the strategic priorities for health reform to be included in a new five year National Health Agreement.
- By signing the Heads of Agreement the ACT now has funding certainty for our public hospitals for 2020-2025.
- The Commonwealth has advised that the ACT will receive approximately \$2.6 billion in funding for our public hospitals over five years.
- This is an additional \$722 million above the preceding five year period.
-

Cleared as complete and accurate: 22/05/2018
Cleared by: Patrick Henry Executive Director Ext: 79143
Contact Officer Name: Therese Gehrig Ext: 78734
Lead Directorate: Health

GBC18/353

Portfolio/s Health & Wellbeing

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

- ACT Health engages consultants regularly to undertake work and provide expert advice in all areas of health care delivery and planning, including health infrastructure planning and design to meet the health care needs of our growing city.
- It is not unusual for Government Departments both Federal and State to engage consultants for this type of work.
- There are a number of different types of consultants ACT Health engages for specialist technical advice on projects such as these. They include:
 - Cost consultants including commercial and economic advisers;
 - Architects;
 - Master planners;
 - Health facility planners; and
 - Engineers including traffic and parking; structural; aeronautical (SPIRE), civil, geotechnical, façade and mechanical, electrical or hydraulic.

Key Information

- Spending on consultants varies for year to year.
- Based on what is labelled as a consultant (or similar) on the Notifiable Invoices Register, ACT Health spent \$9,698,788.92 on consultants in the 2017 calendar year. This was up from \$4,593,550.26 in 2016.

Cleared as complete and accurate: 18/05/2018
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TRIM Ref: GBC18/353

GBC18/353

Portfolio/s: Health & Wellbeing**ISSUE: FEDERAL BUDGET****Talking points:**National Health Reform funding

- The 2018-19 Federal Budget is the second year under the interim funding agreement for National Health Reform Funding which operates over three years from 2017-18 to 2019-20.
- The 2018-19 Commonwealth Budget estimates for the ACT are higher than the soft funding cap of 6.5 per cent, due to the redistribution of available funding under the national funding cap.
- ACT Health estimate that National Health Reform Funding will continue at approximately 6.3 per cent in 2018-19, increasing to 6.5 per cent, per annum, over the forward estimates in line with expected increases in both activity and price (as per below).
- This 2018-19 Commonwealth Budget fully funds a new five-year public hospital agreement with the states and territories between 2020-21 and 2024-25. The increase in activity has been projected in line with the existing interim funding agreement.

Alcohol and other drug

- We welcome the \$40 million over three years from 2018-19 nationally to support professional development in primary care for the treatment and support for alcohol and drug abuse and residential rehabilitation services.

Cleared as complete and accurate: 18/05/2018
Cleared by: Karen Doran Deputy Director-General Ext: 54689
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Access to medicines

- The Budget includes new and amended listings on the Pharmaceutical Benefits Scheme (PBS).
- While overall funding for the PBS has increased, there are a number of new measures aimed at increasing efficiencies and reducing the costs of the PBS.
- It is unclear at this stage what impact these initiatives will have on those in our community who rely on PBS drugs to treat their conditions.
- ACT Health is particularly concerned with the \$40 million reduction in funding nationally for MedicineWise over four years. This is an important service for primary health care and we look forward to the Commonwealth's announcement to a replacement service.
- It is pleasing to see the addition of the HIV prevention drug, Pre-Exposure Prophylaxis (PrEP) to the PBS.
- A trial of PrEP trial commenced in the ACT in September 2017 as an expanded arm of the NSW PrEP trial (EPIC-NSW). The ACT Government provided just over \$112,000 in funding to support the trial locally.
- With PrEP now listed on the PBS, all medical practitioners, including general practitioners, are able to prescribe PrEP medications for individuals at high risk of HIV.

Indigenous health

- The Budget introduces a new funding model for indigenous primary health care.

Medical research

- The ACT is leader in health research and we welcome the investment in medical research.
- We welcome the \$275.4 million nationally for the Medical Research Future Fund and the \$1.3 billion nationally for a national health and Medical Industry Growth Plan.
- In particular, initiatives that could benefit the ACT include the funding for Genomics research and the expanded clinical trials program

Cleared as complete and accurate: 18/05/2018
Cleared by: Karen Doran Deputy Director-General Ext: 54689
Information Officer name: Trevor Vivian
Contact Officer name: Ext: 71818
Lead Directorate: Health

Key Information

2018-19 Funding

Commonwealth Estimates				
17-18	18-19	19-20	20-21	21-22
\$m	\$m	\$m	\$m	\$m
362.9	385.7	411.4	438.8	468.0
	6.27%	6.66%	6.66%	6.65%
<i>*2017-18 includes a reduction due to rebasing from 2015-16 and 2016-17 of \$40.1m</i>				
ACT Health Estimates				
17-18	18-19	19-20	20-21	21-22
\$m	\$m	\$m	\$m	\$m
362.9	385.7	410.8	437.5	465.9
	6.28%	6.50%	6.50%	6.50%

Note on table above: The 2018-19 Commonwealth Budget amount for 2017-18 was \$403.0 million. This figure has been adjusted by \$40.1 million to \$362.9 million to remove the impact of the outstanding 2015-16 and 2016-17 settlements for actual services delivered, so to reflect real year-on-year funding growth.

Cleared as complete and accurate: 18/05/2018
 Cleared by: Karen Doran Deputy Director-General Ext: 54689
 Information Officer name: Trevor Vivian
 Contact Officer name: Ext: 71818
 Lead Directorate: Health

Palliative Care

- The Budget is providing \$32.8 million nationally over four years for palliative care for elderly Australians living in residential aged care facilities.
- This is contingent on matched funding from jurisdictions. The Government will look at the criteria for this and welcomes the opportunity to collaborate in this space.

Workforce and GPs and bulkbilling

- The Budget has \$83 million nationally over five years from 2017-18 to achieve stronger rural, regional and remote health outcomes by aligning the distribution of the health workforce to areas of greatest need and building the capability of Australia's medical practitioner workforce.
- Access to bulk billing and GPs is not just an issue for rural Australia, it is critically important for all health systems that the Commonwealth invest more in primary health care.

Digital health measures

- The funding for My Health Record that will continue into 2018-19 is supplemented by an additional \$5 million nationally over two years to support national deployment of the child digital health record and a national pre-natal digital screening standard and digital tools.
- The funding is part of a broader infant and maternal health package (\$77.9 million) to ensure our children get the best possible start in life.

Essential Vaccines

- We welcome the announcement that free antenatal pertussis (whooping cough) vaccines for pregnant women in their third trimester will be added to the National Immunisation Schedule.
- The ACT Government have been providing this vaccination free to ACT pregnant women since April 2015, with funding to continue to provide this vaccine allocated in the 2017-18 ACT Budget.
- Government also welcomes the listing of two new drugs for the prevention of Influenza in older people and a new drug to replace current Meningococcal vaccinations on the National Immunisation schedule.
- With these vaccines now being made available through the National Schedule from July 2018. The inclusion of Meningococcal vaccinations on the schedule doesn't not impact the 2018-19 Business Case for the same vaccine as it only applies to 12 month olds.

Cleared as complete and accurate: 18/05/2018
Cleared by: Karen Doran Deputy Director-General Ext: 54689
Information Officer name: Trevor Vivian
Contact Officer name: Ext: 71818
Lead Directorate: Health

GBC18/353

Portfolio/s: Health & Wellbeing

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 review of the provision of health services at 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
 - Throughcare 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's response to the HSC report is being tabled in the Assembly during the July-August sitting period.

Cleared as complete and accurate:	21/05/2018	
Cleared by:	Deputy Director-General	Ext: 42728
Information Officer name:	Chris Bone	
Contact Officer name:	Katrina Bracher	Ext: 50810
Lead Directorate:	Health	

Key Information

- ACT Health was formally notified that the Human Rights Commission (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.

Background

- Justice Health Service (JHS) has undertaken the following to improve the provision of health care to detainees at AMC:
 - Review of procedures for prescribing and monitoring the methadone program in AMC through a Quality Improvement Activity with subsequent identification and implementation of a more robust process;
 - Implementation by the Primary Care Team of a more assertive follow-up system for people discharged from Canberra Hospital to the AMC;
 - In November 2017 the new Mental Health electronic clinical record system was made available to all JHS staff at the AMC;
 - Improvement of the documentation process for Induction Assessments, including better documentation of illicit drug use, withdrawal and resultant management plans; and
 - Review and re-design of many of the clinical forms currently used at AMC to assist in documenting the clinical care provided.

Cleared as complete and accurate: 21/05/2018
Cleared by: Deputy Director-General Ext: 42728
Information Officer name: Chris Bone
Contact Officer name: Katrina Bracher Ext: 50810
Lead Directorate: Health

GBC18/353

Portfolio/s: Health & Wellbeing**ISSUE: ACT HEALTH INFRASTRUCTURE PLANNING****Talking points:**

- I confirm ACT Health is progressing due diligence for the SPIRE project, including health planning requirements, feasibility studies and early design work.
- SPIRE is a significant and inter-generational investment. The Government has committed \$500 million to the new facility that will provide coordinated, specialised acute and emergency care.
- The next phase of this project is to commence design work, in conjunction with the development of models of care that will align with the Specialty Service Plans underway as part of the Territory Wide Health Services Framework.
- We are working to ensure that whole of health system planning principles are considered in developing the infrastructure solution for SPIRE and the Canberra Hospital campus. Like many hospital campuses around Australia, the Canberra Hospital has a number of key facilities which are aged and nearing end of life, and the opportunity SPIRE presents to address some of these should not be missed.
- In addition, our Territory-wide clinical services planning is validating data on the quantum of activity that our hospitals will be required to meet in the future, to ensure we future proof our health services.
- Shortly, we will be seeking to engage with the community about how we are planning for the future of our health system and how we are planning to invest in the right solution to serve our community's needs.
- Consistent with the 2017-18 Budget forecast, the project program estimates construction completion and commissioning to be complete in the 2023-24 financial year.

Cleared as complete and accurate: 29/05/2018
Cleared by: Executive Director Ext: 59071
Information Officer name: Vanessa Brady
Contact Officer name: Vanessa Brady Ext: 59071
Lead Directorate: Health

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

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

- Subject to Budget Cabinet consideration, the SPIRE scope will include:
 - An expanded emergency department, with dedicated maternity and paediatric services;
 - New theatres, increasing from 13 to 20;
 - New Cardiac Catheterisation laboratories;
 - More elective surgery and day surgical spaces;
 - A larger intensive care unit with 48 beds, including four Paediatric Intensive care beds;
 - A coronary care unit with 24 beds;
 - State of the art surgical procedural and imaging facilities.
 - Two new Inpatient Units totalling 64 beds
 - Shelled floor for Teaching, Training and Research.
 - A new roof-top helicopter landing site.

Cleared as complete and accurate: 29/05/2018
 Cleared by: Executive Director Ext: 59071
 Information Officer name: Vanessa Brady
 Contact Officer name: Vanessa Brady Ext: 59071
 Lead Directorate: Health

Insights

Minister's monthly fact sheet as at 30 April 2018

Walk-in Centres

In March 2018, presentations to Walk-in Centres (WiCs) were 11.5% higher than the same time in the previous financial year (see T1). Growth in presentations has accelerated with the number of presentations now 12.5% higher than the same time last year. While both the Tuggeranong and Belconnen WiCs have experienced growth, growth at Belconnen has been double that of Tuggeranong (16.8% vs. 8.0%).

Tuggeranong WiC commenced operations in July 2014 with significantly more presentations per day than Belconnen. Tuggeranong WiC had an average of 1,570 presentations per month for the first year of operation, compared to 1,227 presentations per month at Belconnen WiC. While presentations have remained relatively stable for Tuggeranong, there has been steady growth for Belconnen. Belconnen WiC now constitutes 52% of all WiC presentations. It is possible that the opening of the Gungahlin WiC later this year will see a reduction in the growth of presentations to the Belconnen WiC.

Emergency departments

As at April 2018, the number of presentations to emergency departments was 3.7% higher than the same time last year (see T3), with much of this growth being driven by Canberra Hospital (4.9% higher than last year) rather than Calvary Public Hospital (1.9% higher than last year). The ACT continues to experience emergency department presentation growth above the rate that could be explained by population growth and demographic change (i.e. ageing).

The number of triage category 1 (resuscitation) presentations to emergency departments has increased by 18.8% on the same time last year (see T4). Urgent (triage category 3) presentations have also increased by 13.6% while non-urgent (triage category 5) presentations have declined by 18.0%.

The growth in presentation rates by triage category for hospitals in the ACT should be used with caution. The Australasian Triage Scale is intended as a clinical tool to determine the urgency for time-critical intervention and is not synonymous with severity. It is recognised that different triage nurses will have different ratings of similar patients and that different hospitals will have different proportions of triage category patients due to different standard operating procedures and policies. The trend towards increasing categorised urgency is not matched by a similar increase in admission rates, implying that categorised urgency is not reflective of increases in actual urgency and severity.

The Canberra Hospital is currently only meeting seen on time targets for triage category 5 (non-urgent) presentations (79% against a target of 70%) and triage category 1 (resuscitation) presentations (100%) (see T5). Seen on time for triage category 2 presentations are close to target (72% against a target of 80%). Triage category 3 (urgent) and 4 (semi-urgent) are substantially behind seen on time targets. Only 29% of triage category 3 presentations are seen on time (against a target of 75%) and 40% of triage category 4 presentations are seen on time (against a target of 70%). Seen on time performance for triage category 3 through 5 presentations has decreased substantially between 2016–17 and 2017–18.

Similarly, Calvary Public Hospital is meeting targets or close to meeting targets for all triage categories except triage category 3, where 48% of presentations are seen on time against a target of 75%. Seen on time performance has improved for triage category 1 and 2 presentations but has declined marginally for triage category 3 through 5 presentations.

Both Canberra Hospital and Calvary Public Hospital are performing poorly against NEAT/the 4 hour rule (see T7). The target for NEAT is to have 90% of all presentations to the emergency department with a length of stay of 4 hours or less. Currently, only 60% of presentations at Canberra Hospital and 71% of presentations at Calvary Public Hospital have a length of stay of four hours or less. For Canberra Hospital, this represents a 10.7 percentage point decline on the same time last year and, for Calvary Public Hospital, a 3.1 percentage point decline on the same time last year.

Similarly, performance against NEAT for presentations ending in admission is also poor at 36% for Canberra Hospital and 48% for Calvary Hospital (see T8). Relative to the same time last year, performance declined by 12.8 percentage points for Canberra Hospital (greater than the decline for all presentations which was 10.7 percentage points) and 1.9 percentage points for Calvary Public Hospital (a slightly lower decline than for all presentations which was 3.1 percentage points).

Poor performance against seen on time and the four hour rule targets are a result of growth in demand without similar growth in service capacity. Increased inpatient occupancy (particularly at Canberra Hospital) has also made it difficult to ensure that patients who are admitted from the emergency department are able to access an inpatient bed. This leads to patients being 'bed blocked' and reduces the number of treatment spaces in the emergency department, further increasing waiting times.

Elective surgery waiting lists

Relative to the same time last year, the number of removals from elective surgery waiting lists for surgery has remained stable at 0.8% growth (see T9). However, some surgical specialities have shown substantial change compared to the same time last year. These include urological surgery (+12.8%), general surgery (+6.1%), vascular surgery (-16.0%) and otolaryngology, head and neck surgery (this includes ENT) (-8.1%).

For ENT in particular, the numbers reflect the demand outstripping the ability for ACT Health to supply services. Currently 40% of all patients who have been waiting over a year are waiting for ENT surgery. This is due to a number of factors including difficulty in recruiting and retaining surgeons and limited theatre capacity.

It is worth noting that in February 2018 the ACT government committed \$6.4 million towards the more elective surgery initiative with a goal of 13,000 removals for elective surgery for 2017–18. As at 30 April 2018, there were 10,578 removals—a monthly average of 1,058 removals. At this rate, we would expect there to be 12,696 removals by the end of 2017–18. However, the last quarter of the financial year generally sees increased surgical activity and, as such, ACT Health has stated an expected outcome of 13,360 removals (as per recent work on the strategic and accountability indicators for the 2018–19 budget process).

Separations from public hospitals

The number of separations from Canberra Hospital and Calvary Public Hospital has remained relatively stable relative to the same time last year (see T11). Same day separations have increased by 0.8% while overnight separations have increased by 2.3%.

The proportion of separations attributed to patients with a usual place of residence of NSW has remained consistent at 17% over the past three years (see T12).

Breast screens

15,002 breast screens have been performed in the 2017–18 financial year to April. This was a 7% increase relative to the same time last year. However, the number of breast screens performed in the year to date is 3% below the target of 15,417. The participation rate for women aged 50 to 69 (strategic objective 4) are currently slightly below the 60.0% target at 54.8%.

GBC18/353

Portfolio/s: Health & Wellbeing**ISSUE: NATIONAL WASTEWATER DRUG MONITORING PROGRAM REPORT****Talking points:**

- The Australian Criminal Intelligence Commission (ACIC) has released the fourth National Wastewater Drug Monitoring report.
- The ACT has participated in each release of the Wastewater Drug Monitoring Program Report. With each report we gain a more comprehensive understanding of the usage of both legal and illicit drugs within the ACT.
- Alcohol and nicotine continue to be the most consumed drugs in Australia, but pleasingly the ACT continues to have nicotine and alcohol consumption lower than the national average.
- While methylamphetamine is the most frequently used illicit drug in the report, ACT data shows significantly lower than national average rates of methylamphetamine use.
- The most recent data has indicated an increasing trend of oxycodone use in the ACT. The wastewater testing cannot distinguish medical and non-medical use. However, according to ACT pharmacy supply data, there has not been an increase in the supply of oxycodone in the ACT. In fact, between July 2017 and March 2018, there has been approximately a 10 per cent decrease in the supplies of Oxycodone from ACT pharmacies.
- Our message to the community is always 'don't use drugs', however, illicit drug use in our community is a reality, and we are focussed on reducing the associated harm.

Cleared as complete and accurate: 22/05/2018
Cleared by: Executive Director Ext: 50883
Information Officer name:
Contact Officer name: Emily Harper Ext: 73533
Lead Directorate: Health

If asked:

- ACT data indicates heroin use is higher than the national average (exceeded only by Victoria). However, innovative services are available in the ACT to reduce the harms associated with heroin use, including peer-based naloxone training and provision to prevent deaths from opioid overdoses and the ACT needle and syringe program.

Key Information

- Wastewater data was collected from one waste water treatment plant site in the ACT, over seven days in October and December 2017. This captures wastewater for more than 150,000 people.
- The analysis measures the presence of the following major drugs:
 - methylamphetamine (ACT use is just over half the national average)
 - cocaine (ACT use is lower than Sydney, but higher than other capital cities, increasing trend of usage rates across the four reports)
 - 3,4-methylenedioxymethylamphetamine (MDMA) (ACT use is significantly and consistently lower than the capital city and national average)
 - heroin (ACT use is lower than Melbourne, but higher than other capital cities)
 - oxycodone (ACT use is lower than Hobart, but higher than other capital cities, and has almost doubled since the previous report)
 - fentanyl (ACT usage is consistently in line with the capital city average)
 - nicotine (ACT usage is consistently in line with or lower than the national average)
 - alcohol (ACT usage is consistently in line with or lower than the national average)
- The ACT has a wide range of services available to assist people who are dependent on alcohol and other drugs. This financial year we will invest around \$20 million in specialist alcohol and other drug treatment and support services.

Cleared as complete and accurate: 22/05/2018
Cleared by: Executive Director Ext: 50883
Information Officer name:
Contact Officer name: Emily Harper Ext: 73533
Lead Directorate: Health

Portfolio: Chief Minister

ISSUE: Costing of Questions on Notice

Talking points:

- The government recognises the vital role that Questions on Notice (QoN) play in the functioning of the Legislative Assembly. We must also acknowledge that, in some cases, QoNs can require significant resources to respond to and may impact delivery of services to the community.
- To transparently communicate the level of resourcing needed to respond to each QoN, each response will now include details of the time taken and approximate cost to prepare the response.
- This will also support an understanding of why, on rare occasions, some questions may not be answered due to the unreasonable diversion of resources needed to prepare a response.

Key Information

- This practise began with Questions on Notice Paper No. 16 (23 February 2018).
- Times reflect the total time taken to prepare and provide each response. Where applicable, this includes time spent by administrative support staff to identify and coordinate input from other business units, as well as time taken during review and clearance processes.
- Costings are approximate and are based on the the hourly rates corresponding to the classification/level of the particular staff members involved in preparing each response.
- Times and costings are calculated using a standardised whole of government tool that is compelled for each QON. Aside from time taken to prepare the original tool there is no additional time or cost required to calculate or include times or costings with responses to QONs.
- Guidance on how directorates should handle QONs that they believe will have an impact on their ability to deliver services for the community is published openly on the CMTEDD website.

Cleared as complete and accurate: 01/05/2018
Cleared by: Executive Director Ext: 50230
Contact Officer Name: Sam Engele Ext: 50230
Lead Directorate: Chief Minister, Treasury and
Economic Development

TRIM Ref:

Background Information – may not be suitable for public disclosure

- The volume of QONs taken during the Ninth Assembly has increased significantly compared to previous Assemblies. More QONs were received during the first 11 months of the Ninth Assembly than during the entirety of the Eight Assembly. The average number of separate questions within each QON has also increased.
- Of the 59 QONs from QON Paper 15 that were answered, the median time required to respond was 3.5 person-hours. Weighted by staff classification, this equated to a median cost of approximately \$329 per question.
- One in seven questions from NP15 required more than 10 person-hours to answer. The most resource intensive question required 55 person-hours. In two instances a Minister decided not to answer a QON due to the diversion of resources that would be required. JACSD estimated that responding to those two QONs would have required 300 person-hours each.

Cleared as complete and accurate: 01/05/2018
Cleared by: Executive Director Ext: 50230
Contact Officer Name: Sam Engele Ext: 50230
Lead Directorate: Chief Minister, Treasury and
Economic Development

TRIM Ref:

GBC18/353

Portfolio/s: Health & Wellbeing**ISSUE: WAIT TIMES TO SEE A SPECIALIST AND ACCESS TO ELECTIVE SURGERY****Talking points:**Access to see a specialist

- It is important to acknowledge that not all people on the wait list to see a specialist will require surgery, because surgery is not the solution in all cases.
- Patients who don't require surgery may instead be treated through non-surgical means, either by a multi-disciplinary team, which may include a specialist, or referral back to a GP.
- The number of people waiting to see a specialist who eventually require surgery varies greatly according to speciality. The average across all specialities is around one third.
- There are a number of specialty-specific challenges that are impacting on waiting times, including workforce issues. To address this, ACT Health is:
 - developing a targeted workforce strategy to attract more doctors to the ACT;
 - developing and implementing specific strategies to improve on all areas where patients are waiting longer than the clinically recommended time for treatment;
 - examining better ways to ensure patients have had the best-possible management and investigation of their condition prior to referral to a specialist, by working with GPs to develop shared health pathways;
 - Improving referral information to better delineate patients in more urgent need of attention; and
 - Referring appropriate patients to hospital outpatients with clear referral indications and alternate treatment options for GPs, through health pathways.

Cleared as complete and accurate:	02/05/2018	
Cleared by:	Deputy Director-General	Ext: 42728
Information Officer name:	Chris Bone	
Contact Officer name:	Andrew Mitchell	Ext: 76277
Lead Directorate:	Health	

- ACT Health also knows it needs to better work with GPs to ensure they have the information they need to know what other treatment options are on offer for patients.

Elective Surgery wait times

- Like all jurisdictions, there are challenges in managing demand for elective surgery. In recent years, the Government has had a deliberate focus on reducing the number of patients who are waiting longer than clinically recommended for their surgery.
- To continue to manage demand, the Government is investing additional funding which will see more than 13,000 elective surgeries achieved in the current financial year. At the end of March 2018, 9463 surgeries had been completed.
- Another impact on our elective surgery waiting times is the increase in unplanned surgeries across the ACT as a result of emergency and trauma presentations.
- The rate of emergency surgery at Canberra Hospital is rising. The hospital performed 7,828 cases in the 2013-14 financial year and is forecast to perform 10,174 cases in 2017-18. This represents at least half of all surgery at Canberra Hospital, and is growing at nearly twice the rate of elective surgery.
- There is a need to maintain sufficient capacity at Canberra Hospital for emergency surgery. This is managed by performing elective surgery at other sites, such as Calvary and through purchasing services in the private sector.
- It is also notable that around 30 percent of patients waiting for surgery in the ACT are from NSW or other jurisdictions. There were over 1700 patients with a postcode other than the ACT out of more than 5300 patients on the ACT Health elective surgery waitlist.
- ACT is working in partnership with NSW to develop shared strategies and more diverse treatment options and streamlined pathways for both ACT and NSW patients. ACT receives remuneration for treating NSW patients through the crossborder agreement currently.

Cleared as complete and accurate: 02/05/2018
Cleared by: Deputy Director-General Ext: 42728
Information Officer name: Chris Bone
Contact Officer name: Andrew Mitchell Ext: 76277
Lead Directorate: Health

Key Information

- Access to timely information for consumers is a priority for ACT Health. This is to ensure people have the information and knowledge they need to better manage their health.
- A key aspect of the System-wide Date Review, which I tabled in the Assembly in May, is to provide advice on the publication of data for consumers that facilitates improved understanding of ACT Health information and performance.
- ACT Health is working closely with the Health Care Consumers Association on best practice consumer reporting and expects to have an approach finalised in the coming months. This will include a new approach to publishing wait times to see a specialist.

Background Information – may not be suitable for public disclosure

- Nil.

Cleared as complete and accurate: 02/05/2018
Cleared by: Deputy Director-General Ext: 42728
Information Officer name: Chris Bone
Contact Officer name: Andrew Mitchell Ext: 76277
Lead Directorate: Health

GBC18/353

Portfolio/s: Health & Wellbeing

ISSUE: END OF LIFE

Talking points:

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

Cleared as complete and accurate: 22/05/2018
Cleared by: Deputy Director-General Ext: 51123
Information Officer name:
Contact Officer name: Peter Matwijiw Ext: 78445
Lead Directorate: Health

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

Key Information

- On 30 November 2017, the ACT Legislative Assembly established a Select Committee to conduct an inquiry into End of Life Choices in the ACT (the Inquiry).
- The Inquiry was established following the Victorian Parliament passing the *Voluntary Assisted Dying Act 2017* (Victorian Act) on 29 November 2017, which introduced a voluntary assisted dying scheme for Victorian residents. Victoria is the first Australian state to legalise voluntary assisted dying.
- Currently, the ACT cannot legislate for voluntary assisted dying due to law making restrictions placed on the ACT Legislative Assembly by the Commonwealth Parliament.
- The Commonwealth laws discriminate against Territory citizens by restricting the ability to introduce, through elected representatives, legislation to recognise the right to choose the manner and timing of an individual's death in certain circumstances.
- Section 122 of the Australian Constitution enables the Commonwealth Parliament to override any Territory law, which it did by enacting the *Commonwealth Euthanasia Laws Act 1997* (also known as the Andrews Bill). This legislation precludes the Legislative Assembly from passing a voluntary assisted dying scheme similar to the Victorian Act.
- For the ACT to be able to legislate in relation to an assisted dying scheme similar to Victoria's, the Commonwealth Parliament must first repeal s23(1A) of the *Australian Capital Territory (Self-Government) Act 1988* and Schedule 2 to the *Euthanasia Laws Act 1997*.

Cleared as complete and accurate: 22/05/2018
Cleared by: Deputy Director-General Ext: 51123
Information Officer name:
Contact Officer name: Peter Matwijiw Ext: 78445
Lead Directorate: Health

Background Information – may not be suitable for public disclosure

- In 1995, the Northern Territory Legislative Assembly passed the *Rights of the Terminally Ill Act (1995)* (the RTI Act) which commenced operation on 1 July 1996. On 9 September 1996, Kevin Andrews MP introduced a Private Member’s Bill into the Commonwealth Parliament.
- After a conscience vote in both Houses of the Commonwealth Parliament, the Bill was passed and became the *Euthanasia Laws Act 1997* (also known as the Andrews Bill). In the House of Representatives the votes to carry the Bill were 88 – 35 and in the Senate the Bill was passed with a vote of 38 – 33.
- The *Euthanasia Laws Act 1997* amended three Commonwealth laws—the self-government Acts of the Northern Territory, the ACT and Norfolk Island – by inserting identical provisions in each Act stating that the powers of the particular legislative assembly did not ‘*extend to the making of laws which permit or have the effect of permitting (whether subject to conditions or not) the form of intentional killing of another called euthanasia (which includes mercy killing) or the assisting of a person to terminate his or her life*’.
- The *Euthanasia Laws Act 1997* also amended the self-government Acts of the NT, the ACT, and Norfolk Island by inserting provisions which permitted each of these respective legislative assemblies to make laws with respect to:
 - the withdrawal or withholding of medical or surgical measures for prolonging the life of a patient but not so as to permit the intentional killing of the patient
 - medical treatment in the provision of palliative care to a dying patient, but not so as to permit the intentional killing of the patient
 - the appointment of an agent by a patient who is authorised to make decisions about the withdrawal or withholding of treatment, and
 - the repealing of legal sanctions against attempted suicide.

Cleared as complete and accurate: 22/05/2018
Cleared by: Deputy Director-General Ext: 51123
Information Officer name:
Contact Officer name: Peter Matwijiw Ext: 78445
Lead Directorate: Health

GBC18/353

Portfolio/s: Health & Wellbeing

ISSUE: GAY CONVERSION THERAPY

Talking points:

- The ACT Government will ban gay conversion therapy.
- It is abhorrent and completely inconsistent with the inclusive values of Canberrans.
- The ACT Government isn't aware of these practices currently being undertaken in the ACT, and will ensure they cannot be offered in the future.
- I have asked ACT Health to provide the Government with advice about how to ensure that gay conversion therapy does not take place in the ACT.

Key Information

- ACT Health is currently exploring potential legislative options for banning gay conversion therapy in the ACT.

Background Information – may not be suitable for public disclosure

- It may be found that, despite the Code being legislated and the Act being amended, that the banning of an entire practice (as opposed to individual practitioners) may not be possible, and other mechanisms to ban the practice will need to be explored.
- In its current state, the Code requires a complaint to be made about a practitioner to the Health Services Commissioner before action can be taken against them. This means that banning a practitioner is not currently possible unless a complaint is made.
- The state of Victoria is making progress on enabling their Health Complaints Commissioner to take action against practitioners without a complaint being made against them.
- The majority of gay conversion therapy is offered under the umbrella of spiritual guidance or counselling through religious organisations. This tends to be offered internally within the church and is generally not advertised specifically as gay conversion therapy.

Cleared as complete and accurate:	29/05/2018	
Cleared by:	Director	Ext: 76869
Information Officer name:	Yu-Lan Chan	
Contact Officer name:	Ashleigh Keeling	Ext: 76636
Lead Directorate:	Health	

- There are human rights implications for banning gay conversion therapy which may only come to light after community consultation. For example, someone experiencing confusion about their sexuality, unwanted same-sex attraction, or internalised homophobia should be able to seek appropriate supportive counselling and support, which may or may not involve seeking to convert away from those feelings.
- There may also be implications for free speech and the rights of individuals to have the freedom to pursue their own goals within a confidential therapeutic environment.
- Care must be taken to ensure religious organisations in Canberra understand they are not under attack, rather, it must be communicated to them that conversion therapy practices never work and there is extensive evidence that they cause significant psychological harm.
- Protections for practitioners who are providing legitimate support to individuals may also be required in the event of a complaint made against them without sufficient evidence of conversion being attempted.
- It is therefore extremely difficult to prohibit a practice which is not advertised, nor which may or may not be intended to “convert” an individual away from same-sex attraction.
- Several states in the USA have recently banned gay conversion therapy being offered by licenced mental health practitioners to minors. However, conversion therapy could still take place amongst unregistered practitioners or within religious institutions.

Cleared as complete and accurate: 29/05/2018
Cleared by: Director Ext: 76869
Information Officer name: Yu-Lan Chan
Contact Officer name: Ashleigh Keeling Ext: 76636
Lead Directorate: Health

GBC18/353

Portfolio/s: Health & Wellbeing

ISSUE: HEPA FILTERS**Talking points:**

- It is not appropriate for ACT Health to comment on Mr Vermaak's clinical treatment while he was in our care. ACT Health wishes to convey its utmost sympathies to Mrs Vermaak over the loss of her husband in 2016.
- More broadly, ACT Health can confirm there was no outbreak of scedosporium at Canberra Hospital in April 2016.
- However, scedosporium was identified in two patients being treated in the Canberra Hospital's cancer ward at that time. Scedosporium is a microbe found in soil.
- As part of a normal infection control response, ACT Health immediately established a multi-disciplinary management team to investigate the infection. A source of the infection was not confirmed as a result of the investigation, and no further cases have occurred since April 2016.
- Microbes in our everyday surroundings are not usually a problem for healthy people. Unfortunately, people who are severely immunocompromised, such as those being treated for cancer, can be very vulnerable to infections which may arise from contact with environmental microbes.

Key Information

- HEPA filters filter the air going into wards and treatment areas, and they are maintained according to our protocols and recognised standards for health care facilities. As part of the investigation which followed the identification of Scedosporium in two patients in 2016, there were no issues found with the HEPA filters.
- Investigation included analysis of sample specimens from patients, and patient records were reviewed to determine whether there were any common factors that may have explained the infection. In addition, wards were inspected for possible sources of contamination. The ward inspection included an extensive review of ward cleanliness and general maintenance, checking of the air conditioning systems and environmental testing.

Cleared as complete and accurate: 14/05/2018
Cleared by: Deputy Director-General Ext: 42728
Contact Officer Name: Chris Bone Ext: 42728
Lead Directorate: Health

- As a result of the investigation, the hospital undertook a thorough cleaning of the ward as a precaution and reinforced general advice to haematology patients at risk of infection about avoiding exposure to soils, and the use of masks while undergoing their treatment for cancer. These precautions were recommended for inpatients and patients at home.
- These investigations did not find any evidence of scedosporium contamination in the ward.

Cleared as complete and accurate: 14/05/2018
Cleared by: Deputy Director-General Ext: 42728
Contact Officer Name: Chris Bone Ext: 42728
Lead Directorate: Health

GBC18/353

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

- The University of Canberra Hospital in Bruce will feature a new, state-of-the-art hydrotherapy pool that will provide enhanced services and convenience for people when it opens in July.
- With the opening of the new hydrotherapy pool at the University of Canberra Hospital, the existing facility at the Canberra Hospital will cease operations.
- It has always been the ACT Government's intention to fully transition all rehabilitation services throughout Canberra to the new facility in Bruce.
- Bringing all of ACT Health's rehabilitation staff and facilities together in the one place would result in better outcomes for individuals, and the community.

Key Information

- The Canberra Hospital pool will close on Sunday 22 July 2018 with the UCH pool commencing operations on Monday 23 July 2018.
- The Canberra Hospital pool will continue to be available for existing users and the Arthritis Foundation users until 22 July 2018 with the transition to UCH pool to occur on 23 July 2018.
- The new hydrotherapy pool at UCH will feature enhanced access compared to the current facility at the Canberra Hospital. It has a smoother entry, flat surrounding surface and hoist, less maintenance downtime and more accurate and stable temperature controls.
- Access to the facility, including parking, will also be improved.
- ACT Health is committed to working closely with community organisations and service providers (who currently use facilities at Canberra Hospital) to ensure the transition of these services for their clients is as seamless as possible. This includes ACT's Arthritis Foundation.

Cleared as complete and accurate: 04/06/2018
Cleared by: Executive Director Ext: 42206
Information Officer name: Linda Kohlhagen
Contact Officer name: Todd Kaye Ext: 42852
Lead Directorate: Health

- The new pool will be available for therapeutic use out-of-hours by non-ACT Health services and paediatric services, in the same way the as the pool at Canberra Hospital.
- A Community Open day will be held on 16 June. All Canberrans are most welcome to attend. This will be supported by a comprehensive community awareness program.

Background Information – may not be suitable for public disclosure

- The current hydrotherapy pool's operational budget (including monies for staffing and maintenance) has been transferred to the UCH operating budget.
- The Arthritis Foundation have approached Malkara School with a request to access their pool. While it is understood Malkara School have agreed in principle to support this request, discussions are continuing with respect to hourly cost of the pool hire (ACT Government Schools can charge \$107 per hour as the agreed fee for community use, noting schools have some discretionary ability to slightly vary that fee). Currently, the Canberra Hospital does not charge the Arthritis Foundation for the use of the pool, while the Arthritis Foundation is only charged a very small fee to use the pool at the Black Mountain School.

Cleared as complete and accurate: 04/06/2018
Cleared by: Executive Director Ext: 42206
Information Officer name: Linda Kohlhagen
Contact Officer name: Todd Kaye Ext: 42852
Lead Directorate: Health

ISSUE: TEMPORARY AND CASUAL NURSING WORKFORCE

Talking points:

- Temporary employment at ACT Health makes up 14.37 per cent of the workforce, and the predominant reasons for this are graduate employment, higher duties arrangements and maternity leave absences.
- The total percentage of casual employment at ACT Health is 3.46 per cent and is required to accommodate short term irregular vacancies that occur from time to time.
- The current total nursing workforce is 2,686, encompassing permanent, temporary and casual employees. 82.17 per cent of this workforce is permanent and 17.83 per cent is made up of casual and temporary employment.
- The proportion of staff who are employed on a temporary basis is kept to the minimum necessary for efficient operations of ACT Health.
- There are challenges to ACT Health in offering immediate permanent employment to graduate nurses and midwives.
- Temporary employment arrangements enable appropriate development of skills and professional behaviour in new nurses and midwives, prior to permanent employment, and employment of graduates from other countries who are not eligible for permanent employment.
- Temporary employment often leads to permanent employment, for eligible nurses and midwives.
- ACT Health has a focus on providing permanent career based employment wherever possible.

Key Information

- Greater than 95 per cent of graduate nurses and midwives who chose to stay with ACT Health after the consolidation of their clinical skills is complete, are offered ongoing employment.

Cleared as complete and accurate: 06/06/2018
Cleared by: Executive Director Ext: 51086
Contact Officer Name: Janine Hammat Ext: 51086
Lead Directorate: Health

Background Information – may not be suitable for public disclosure

- The ANMF has raised concern that more permanent positions should be offered to graduate nurses and midwives.

Cleared as complete and accurate: 06/06/2018
Cleared by: Executive Director Ext: 51086
Contact Officer Name: Janine Hammat Ext: 51086
Lead Directorate: Health

GBC18/353

Portfolio/s: Health & Wellbeing**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. Assessment of the clinical pathway and model of care is ongoing.

Key Information

- Bariatric surgery provides a surgical option for patients accessing treatment for obesity through 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.
- The Government committed to providing public bariatric surgery from February 2015 but there have been unavoidable and unforeseen delays in establishing the service.
- Bariatric surgery patients are typically categorised as category 2 or 3 and as such, they may be displaced on the elective surgery wait list by category 1 patients (typically patients being treated for cancer).
- Therefore, dedicated sessions are being identified at Calvary Health Care Bruce to complete these surgeries.
- 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: 21/05/2018
Cleared by: Deputy Director-General Ext: 42728
Information Officer name: Chris Bone
Contact Officer name: Daniel Wood Ext: 43515
Lead Directorate: Health

TRIM Ref: GBC18/353

GBC18/353

Portfolio/s: Health & Wellbeing

ISSUE: CORONIAL FINDINGS INTO THE DEATH OF STEVEN FREEMAN

Talking points:

- Steven Freeman's death in May 2016 was a tragedy. The ACT Government acknowledges the grief, loss and sadness that his family has experienced.
- The ACT Government also acknowledges the significant impact that his death has had on our Aboriginal and Torres Strait Islander community.
- The Government has supported the coronial process and has worked closely with the Coroner to provide all relevant documents and evidence during the Inquest.
- Since the death of Mr Freeman, the Government has made significant changes to improve detainee health, care and safety in the Alexander Maconochie Centre, including the commissioning of the Moss Review, which has led to an extensive reform program.
- On 11 April 2018, Coroner Cook handed down his findings in this matter, and did not make adverse findings against any individual person or the Territory. Coroner Cook made comment on a number of matters of public safety, which were found to have arisen in connection with the Inquest and made seven recommendations.
- ACT Health and ACT Corrective Services will work collaboratively to provide a response to the Coroner concerning the recommendations.

Key Information

- Nil

Cleared as complete and accurate:	21/05/2018	
Cleared by:	Deputy Director-General	Ext: 42728
Information Officer name:	Chris Bone	
Contact Officer name:	Katrina Bracher	Ext: 55142
Lead Directorate:	Health	

Background – may not be suitable for public disclosure:

- Coroner Cook made the following seven recommendations:

Recommendation 1

The ACT Government should review the then existing practices and to remove inconsistencies in policies and procedures relied upon by correctional officers so as to ensure prisoner safety and welfare checks through musters and headcounts which require eye contact and facial recognition to be complied with. The extent of compliance with those procedures, given their purpose is to ensure the safety and wellbeing of a detainee, should be evaluated and tested periodically to ensure they are effective and practical and minimise compliancy through their routine.

Recommendation 2

The ACT Government should consider the viability or effectiveness that a daily structured compulsory physical education and training session might have on a prisoner focusing on the prisoner's well-being and rehabilitation coupled with drug rehabilitation counselling. Any consideration of such course would need, I acknowledge, to be factored into current alcohol and drug support programs within the AMC and the various sentencing period for detainees.

Recommendation 3

The ACT Government should ensure that minimising the infiltration of illicit substances into custodial facilities remains at the forefront of screening technology.

Recommendation 4

ACT Health should consider obtaining, either by consent from a prisoner or through reliance on legislation a prisoners medical records and all relevant reports from alcohol and drug perspective created prior to incarceration for incorporation into the detainee's electronic medical file for the purposes of an AMC induction or prior to any assessment for access to pharmacotherapy treatment. Further, for detainees who are placed on pharmacotherapy, such as the MMP, that in the interest of the health and safety of the detainee and his or her wellbeing, information of this type should be shared with ACT Corrective Services conducting prisoner headcounts and musters for the very purpose of determining a detainees' location, safety and wellbeing. Equally, any independent urinalysis results undertaken by ACT Corrective Services should be placed on the detainee's medical record to enable medical staff to have a complete picture of the detainee's use of illicit substances as well as those substances prescribed through the Hume Health Centre.

Recommendation 5

The ACT Standard Operating Procedures should be reviewed and the focus should be on prescribing individualised treatment setting out the parameters for commencement doses

Cleared as complete and accurate:	21/05/2018	
Cleared by:	Deputy Director-General	Ext: 42728
Information Officer name:	Chris Bone	
Contact Officer name:	Katrina Bracher	Ext: 55142
Lead Directorate:	Health	

of methadone for instance by anywhere from 5mg to 20mg with the ability to increase daily on medical review only.

Recommendation 6

The ACT Standard Operating Procedure should be reviewed to ensure that those who have only recently commenced on the methadone program not be allowed to self-prescribe increases for a set period of time to ensure they are in a physiological sense, capable of accommodating the increased amount of methadone. Further and in the alternative, the ACT Government should consider whether not it is even appropriate to allow such increases to occur for a Schedule 8 drug.

Recommendation 7

Justice Health Services to consider whether or not adopting the National Guidelines to replace its ACTOMTG and incorporating random urinalysis or blood tests where there is no objective medical history of opioid dependence prior to placement on the MMP.

Cleared as complete and accurate:	21/05/2018	
Cleared by:	Deputy Director-General	Ext: 42728
Information Officer name:	Chris Bone	
Contact Officer name:	Katrina Bracher	Ext: 55142
Lead Directorate:	Health	

GBC18/353

Portfolio/s Health & Wellbeing

ISSUE: CUDDLE COT DONATION AND STILLBIRTHS**Talking points:**

- On Sunday 8 April 2018, the Canberra Times ran a story on the generosity of a family who raised funds with their local community in Tumut, to purchase a cuddle cot valued at around \$6000. The family donated the Cuddle Cot to the Centenary Hospital for Women and Children.
- Cuddle Cots are used to help families deal with the loss of a stillborn baby, by preserving stillborns for a period of time, allowing families to spend time with them before saying goodbye.
- Any loss of a child is extremely distressing. All families who experience a perinatal death are cared for using guiding principles of creating memories and enabling them the time to spend with their baby. That is why equipment like Cuddle Cots are highly valued.

Key Information

- The Canberra Times article erroneously reported that the rate of stillbirths at the Centenary Hospital is higher than average. The term 'stillbirth' is a term commonly recognised by the public but what is actually being referred to is perinatal and neonatal deaths, which usually occur due to congenital abnormalities or extreme prematurity.
- The rate of perinatal deaths in the ACT is comparable to those nationally. According to the latest AIHW report on Australia's mothers and babies, released in October last year, rates of perinatal death in the ACT was 8.3 per 1,000 births, which is slightly lower than the Australian rate of 9.2 per 1,000 births.
- A perinatal death is defined as:
 - Stillbirths (also called fetal deaths), which is babies who die after 20 weeks pregnancy and before birth; and
 - Neonatal deaths, which is death occurring from birth within the first 28 days of life.

Cleared as complete and accurate: 21/05/2018
Cleared by: Deputy Director-General Ext: 42728
Information Officer name: Chris Bone
Contact Officer name: Liz Chatham Ext: 47941
Lead Directorate: Health

TRIM Ref: GBC18/353

GBC18/353

Portfolio/s: Health & Wellbeing

ISSUE: DEATH CAP MUSHROOMS

Talking points:

- With the recent cool and wet weather, Death Cap mushrooms have been found around Canberra.
- Death Cap mushrooms are extremely poisonous. People should not pick or eat any wild mushrooms as they can be extremely difficult for even experienced collectors to distinguish Death Cap mushrooms from an edible mushroom.
- Cooking Death Cap mushrooms does not make them safe.
- Anyone who suspects that they might have eaten Death Cap mushrooms should seek urgent medical attention at a hospital emergency department.
- Information on Death Cap mushrooms is available on the ACT Health website including posters and flyers in multiple languages.
- Wild mushrooms growing in public areas can be reported to Access Canberra on 13 22 81.

Key Information

- The Death Cap mushroom is a deadly poisonous fungus that often grows near established oak trees, and are found when there is wet and warm weather.
- In the past 18 years, ACT Health is aware of four fatalities associated with Death Cap mushrooms in the ACT.

Background Information – may not be suitable for public disclosure

- On 1 May 2018, TCCS advised ACT Health (Health Protection Service) that Death Cap mushrooms have been found at Stirling Oval.

Cleared as complete and accurate:	25/05/2018	
Cleared by:	Executive Director	Ext: 54402
Information Officer name:	Conrad Barr	
Contact Officer name:	Conrad Barr	Ext: 54402
Lead Directorate:	Health	

GBC18/353

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

- The Health Protection Service (HPS) is responsible for food safety regulation in the ACT. This includes managing the registration of food businesses, providing food safety information to food businesses, managing enforcement activities, and responding to foodborne illness outbreaks. HPS advise that the 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.
- An analysis of compliance data over recent years indicates food safety breaches have declined. This can be attributed to the effective use of the 'Engage, Educate, Enforce' compliance model. Emphasis is placed on education to encourage compliance.
- Public Health Officers are responsible for inspecting registered food businesses in the ACT, including those operating at markets, declared events such as the National Multicultural Festival, and undeclared events such as Skyfire.
- At the end of April 2018, there were 3,100 registered food businesses. Risk classification of a food business is determined by their food preparation activities. Most ACT food businesses are classified as medium risk.
- ACT Health endeavours to follow-up all medium and high risk food businesses that have had a revoked prohibition order prior to their scheduled reinspection.

Cleared as complete and accurate: 25/05/2018
Cleared by: Executive Director Ext:51722
Information Officer name: Conrad Barr
Contact Officer name: Conrad Ext: 51722
Lead Directorate: Health

- 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 the actions taken to address the non-compliance;
 - The willingness of the proprietor to accept responsibility and their commitment to the maintenance of a food safety culture; and
 - The level of food safety training for all staff.
- All food businesses closed by a prohibition order in 2017 and 2018 that reopened have been reinspected.
- Upon revocation of a prohibition order, businesses with further outstanding issues that do not pose a serious public health are issued an improvement notice. As such, these businesses have ongoing inspections until all items identified on the improvement notice are rectified.

Key Information:

- In the period 1 July 2016 to 30 June 2017, Public Health Officers:
 - Conducted 2,559 inspections of food businesses, including at Declared Events;
 - Issued 472 Improvement Notices – that is 18 percent of inspected businesses; and
 - Issued eight Prohibition Orders –0.31 percent of inspected businesses.
- In the period 1 July 2015 to 30 June 2016, Public Health Officers:
 - Conducted 2,953 inspections of food businesses, including at Declared Events;
 - Issued 621 Improvement Notices – that is 21 percent of inspected businesses; and
 - Issued eight Prohibition Orders –0.27 percent of inspected businesses.
- The HPS works closely with registered food businesses and has developed resources to help businesses and their staff comply with food safety laws and standards, and to better understand food safety practices.
- HPS enforcement action is proportionate to the degree of public health risk. This ensures necessary enforcement action is taken to protect the community. All public complaints are taken seriously and investigated as a matter of priority. If a non-compliance that poses a serious public health risk is identified during an inspection, the HPS will issue the proprietor a prohibition order. The safety and wellbeing of the community is ACT Health’s first priority.

Cleared as complete and accurate: 25/05/2018
Cleared by: Executive Director Ext:51722
Information Officer name: Conrad Barr
Contact Officer name: Conrad Ext: 51722
Lead Directorate: Health

GBC18/353

Portfolio: Health & Wellbeing

ISSUE: NATIONAL PARTNERSHIP AGREEMENTS

Talking points:

- National Partnership Agreement and Project Agreements with the Commonwealth are made under the Intergovernmental Agreement on Federal Financial Relations.
- Funding streams to the States are facilitated by the following types of agreements:
 - National Partnership Agreements which provide time limited funding for specific projects and service delivery reforms;
 - Implementation Plans which are required if there are jurisdictional differences in context or approach under the National Partnership Agreements; and
 - Project Agreements which are a simpler form of National Partnership Agreements, for low value and/or low risk projects.
- The ACT has agreements with the Commonwealth for activities including breast screening, dental services for adults, vaccines, encouraging clinical trials and surveillance of foodborne disease and vaccine preventable diseases.
- Finalisation of the National Partnership Agreements or Project Agreements can take time as funding levels and achievable outcomes are negotiated, however the ACT has continued to provide the required services and has met agreed targets.
- Agreements have recently been signed for Public Dental Services for Adults and Expansion of the BreastScreen Australia Program.
- 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:	29/05/2018	
Cleared by:	Executive Director	Ext: 79143
Information Officer name:	Inez Nimpuno	
Contact Officer name:	Inez Nimpuno	Ext: 54802
Lead Directorate:	Health	

Key Information

The following are current **National Partnership Agreements (NPAs)** and **Project Agreements (PAs)** being implemented in the ACT:

1. PA on Expansion of the BreastScreen Australia Program
 - This PA commenced in 2014 and expired on 30 June 2017, and has been extended to 30 June 2021 (the new PA) to enable BreastScreen Australia to continue to actively engage women aged 70 to 74 years in the breast screening program.
 - Recently, I signed the new PA and has provided it back to the Commonwealth Minister for Health.
 - Under the new PA, the States and Territories will receive \$60.17 million over the next four years, and the remaining \$4.1 million will be dedicated to BreastScreen Australia research and evaluation activities. The ACT will receive total funding of \$986,740 over four years.
 - BreastScreen ACT is on target to screen the required 1,414 of women in the 70 - 74 year cohort during the life of the PA.
2. National Bowel Cancer Screening Program - participant follow-up function (Schedule D of the Specified Projects National Partnership)
 - This program provides follow-up services for participants who returned a positive test result but have not continued on to appropriate medical care.
 - 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* (NBCSP) to continue the *Participant Follow-up Function* of the NBCSP.
 - Recently, the Commonwealth provided a draft of a new *2018-2022 Schedule D of the Specified Projects NP* to all States and Territories for review, comment, and negotiation.
3. PA on Vaccine Preventable Diseases Surveillance Program
 - This program involves the ongoing surveillance reporting of nationally notifiable preventable diseases, as outlined in the National Health Security Agreement's National Notifiable Disease List and is covered by the National Immunisation Program.
 - I have agreed to continue with this program from 1 July 2017 to 30 June 2020, with total funding for the ACT of \$111,000 over three years to cover this program from 2017-18 to 2019-20.

Cleared as complete and accurate: 29/05/2018
Cleared by: Executive Director Ext: 79143
Information Officer name: Inez Nimpuno
Contact Officer name: Inez Nimpuno Ext: 54802
Lead Directorate: Health

4. OzFoodNet (Schedule C of the Specified Projects National Partnership)
 - This initiative supports the delivery of OzFoodNet, a national system of enhanced foodborne disease surveillance.
 - I have agreed to the agreement for this program for 2016-20. The ACT will receive funding of \$576,000 in total across the four year period of the program.
5. NPA on Essential Vaccines (NPAEV)
 - The ACT has agreed to and signed a new NPAEV which is valid until 30 June 2021.
 - Under the current NPAEV the payments to ACT Government will potentially increase significantly to \$622,500 per annum. The payments are dependent on the achievement of five benchmarks at a rate of approximately \$48,500 and one milestone which is worth approximately \$380,000.
 - 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.
6. NPA on Public Dental Services for Adults
 - This NPA commences from 1 January 2017, almost \$2.2 million to be made available for the ACT over 2.5 years (from 1 January 2017 to 30 June 2019).
 - The ACT will be able to achieve all of the targets required under the NPA.
 - Due to the delay in commencing the negotiation by the Commonwealth, the negotiation was concluded much later than the commencement date of 1 January 2017. I signed this NPA in December 2017, which was followed by finalisation of a Project Plan by ACT Health. The Project Plan is now with me for approval. Payments will be made once the Project Plan is received by the Commonwealth.
7. Agreement on Encouraging more clinical trials in Australia
 - The Commonwealth Budget 2017-18 announced funding of \$7 million nationally over four years to support clinical trial system redesign at the jurisdictional level. This was materialised under this agreement.
 - Following the signing in April 2018 of the project agreement and its bilateral project schedules, the ACT will receive \$715,000 over four years.
8. PA on Additional Assistance for Public Hospitals
 - This agreement, which was signed by the ACT Chief Minister on 28 March 2017, supports guaranteed minimum Commonwealth funding for ACT public hospital services each year for the period 2017-18 to 2019-20.

Cleared as complete and accurate: 29/05/2018
Cleared by: Executive Director Ext: 79143
Information Officer name: Inez Nimpuno
Contact Officer name: Inez Nimpuno Ext: 54802
Lead Directorate: Health

- 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 the 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.

The following are new Upcoming NPAs/PAs:

9. NPA on Comprehensive Palliative Care

- The 2018 Federal Budget announced that starting from 2019-20, the Commonwealth will provide funding for new and innovative approaches to improve palliative and end-of-life care coordination for older Australians living in residential aged care. State funding allocations have not yet been determined.

10. NPA on Electronic Recording and Reporting of Controlled Drugs

- On 28 July 2017, the Commonwealth announced \$16 million would be allocated for the introduction of a national real time prescription monitoring system, known as Electronic Recording and Reporting of Controlled Drugs (ERRCD). The likely ACT allocation of funds is uncertain at this time.
- No NPA yet in place for ERRCD. As part of recent Council of Australian Governments discussions, ongoing governance arrangements for ERRCD have been agreed by all jurisdictions. However, any national funding agreements will need to be agreed to by the Australian Health Ministers' Advisory Council (AHMAC).
- A preliminary funding model was presented to AHMAC in December 2017, and the funding model will need revision following changes to the information technology system which is used nationally for the purpose of this initiative. At present there is no national funding proposal currently being considered by AHMAC.
- Despite the timeframes for the national rollout of ERRCD are still uncertain and at risk of delays, the Commonwealth plans to deliver ERRCD to States and Territories in 2018-19.
- The ACT is undertaking some preliminary analysis of how it may implement the national system.

11. PA on Suicide Prevention

- This PA will support the delivery of infrastructure projects to prevent suicides at suicide hotspots. Projects may include the installation of traffic barriers to minimise harm; and public signage that encourages people to seek help.

Cleared as complete and accurate: 29/05/2018
Cleared by: Executive Director Ext: 79143
Information Officer name: Inez Nimpuno
Contact Officer name: Inez Nimpuno Ext: 54802
Lead Directorate: Health

- The Commonwealth will provide an estimated total \$9 million to the States and Territories from the date of signing to 30 June 2020 or on the completion of the project.
- In late 2017, the ACT Government submitted an expression of interest for a single hotspot infrastructure project. In March 2018, the ACT Government was notified that the application was successful and that the Commonwealth will provide \$300,000 in project funding. \$30,000 will be provided by the ACT Government for procurement and contract management.
- Currently, the PA document is with the Chief Minister for his approval to allow me to sign the agreement.

Heads of Agreement and National Health Reform Agreement

These arrangements differ from the national partnership agreements described above.

The Heads of Agreement between the Commonwealth and the States and Territories on public hospital funding and health reform (Heads of Agreement) outlines the strategic priorities for health reform to be included in a new five year National Health Agreement (NHA).

The ACT Chief Minister signed the Heads of Agreement between the Commonwealth and the States and Territories on public hospital funding and health reform on 27 April 2018.

By signing the Heads of Agreement the ACT now has funding certainty for its public hospitals for 2020-2025.

The ACT will receive approximately \$2.6 billion in funding from the Commonwealth for its public hospitals over five years.

Under the current National Health Reform Agreement, the ACT has received the following:

- i. \$310,957,961 for services delivered in 2014-15
- ii. \$324,704,198 for services delivered in 2015-16
- iii. \$344,495,915 for services delivered in 2016-17

Note: the following is not for public disclosure:

The ACT has successfully negotiated a sign on bonus of \$8 million, for signing the Heads of Agreement, for future investment in health. The projects to be funded through this bonus payment will be agreed between the Commonwealth and the ACT and details will be announced at a later date.

Cleared as complete and accurate:	29/05/2018	
Cleared by:	Executive Director	Ext: 79143
Information Officer name:	Inez Nimpuno	
Contact Officer name:	Inez Nimpuno	Ext: 54802
Lead Directorate:	Health	

GBC18/353

Portfolio/s: Health & Wellbeing**ISSUE: UNIVERSITY OF CANBERRA HOSPITAL:****Talking points:**

- Major construction works at Canberra's dedicated rehabilitation hospital are now complete. The name of the new facility is University of Canberra Hospital: Specialist Centre for Rehabilitation, Recovery and Research (UCH).
- 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.
- UCH will support quality health services through innovative therapy spaces and state-of-the-art technologies. The building has been designed and purpose-built for rehabilitation services, supporting people recovering from illness, injury or surgery, or experiencing mental illness.
- UCH includes a range of therapeutic spaces including 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.

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 clear to the community that it does not have an emergency department, because it is a specialist rehabilitation, recovery and research hospital.
- Operational commissioning is underway to prepare the hospital and its staff to deliver clinical and support services. People will be admitted to the hospital from July 2018. The facility will initially open 84 beds.

Cleared as complete and accurate: 29/05/2018
Cleared by: Deputy Director-General Ext: 42728
Information Officer name: Chris Bone
Contact Officer name: Linda Kohlhagen Ext: 42169
Lead Directorate: Health

- Up to 300 ACT Health employees are expected to undergo extensive training and orientation to the new facility to ensure they become familiar with the new building's layout. Recruitment is continuing to fill a range of nursing and allied health positions.
- 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.
- In the coming weeks ACT Health will be focused on ensuring patients and the broader community are well informed about services that will be offered at the new hospital. Planning is underway to hold a community open day before the facility opens in July. A date will be announced soon.

Background Information – may not be suitable for public disclosure

- The official opening followed by the community open day will be held on 16 June 2018. This has been agreed but not publicly announced at the time of writing.
- Two Ngunnawal words have been agreed and gifted by the United Ngunnawal Elders Council to become the building name. The words are “*Yurwang Mura*” (‘Yer-wung Murra’) meaning ‘strong pathway’. This will be announced closer to the official opening of the hospital later this year.
- WorkSafe ACT has brought nine charges against Multiplex Constructions and RAR Cranes over a fatality that occurred on the UCH worksite in August 2016. Charges of Manslaughter have been brought against Mr Michael Watts (the crane driver), as well as several other staff from RAR Cranes and Multiplex Constructions for alleged breaches of workplace safety. The matter was adjourned until July 2018.
- A range of support services will be provided by Brookfields Global Integrated Solutions (BGIS), including food services/distribution and patient support services.
- A Joint Consultative Council (JCC) between ACT Health and relevant unions was formed to support the establishment of UCH.
- The unions, particularly United Voice and Health Services Union, have raised concern about the use of a design, construct and maintenance procurement model. They claim they were not consulted regarding what they consider to be ‘out-sourcing’ of support services at UCH, and are of the view these services should be provided by ACT Government.

Cleared as complete and accurate: 29/05/2018
Cleared by: Deputy Director-General Ext: 42728
Information Officer name: Chris Bone
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Lead Directorate: Health

- ACT Health is engaging with the unions in an attempt to resolve their concerns.

Cleared as complete and accurate: 29/05/2018
Cleared by: Deputy Director-General Ext: 42728
Information Officer name: Chris Bone
Contact Officer name: Linda Kohlhagen Ext: 42169
Lead Directorate: Health

GBC18/334

Portfolio/s Mental Health

ISSUE: ACCREDITATION

Talking points:

- The Australian Council on Healthcare Standards completed a comprehensive assessment of ACT Health's compliance with the National Safety and Quality Health Service Standards from 19-23 March 2018.
- The Australian Council on Healthcare Standards assessed ACT Health's implementation of the National Standards. This involves awarding either a 'satisfactorily met' or 'not met' to the actions within the National Standards.
- ACT Health received the formal Australian Council on Healthcare Standards 'Not Met' Action report on 4 April 2018.
- The Australian Council on Healthcare Standards assessed ACT Health as having met 176 core criteria against the 10 National Standards.
- It assessed 33 of the core criteria across 5 of the 10 National Standards as not met in Standard 1 Governance, Standard 3 Preventing and Controlling Healthcare Associated Infections, Standard 4 Medication Safety, Standard 5 Patient Identification and Procedure Matching, and Standard 6 Clinical Handover.
- The Australian Council on Healthcare Standards provided ACT Health a remediation period of 90 days to address the 33 'Not Met' Core Actions. ACT Health will be reassessed on those 33 'Not Met' Core Actions through a process called Advanced Completion, with two Australian Council on Healthcare Standards surveyors conducting an Advanced Completion survey on-site at Canberra Hospital and Health Services during 3-5 July 2018.

Cleared as complete and accurate:	21/05/2018	
Cleared by:	Deputy Director-General	Ext: 77880
Information Officer name:	Jane Murkin	
Contact Officer name:	Josephine Smith	Ext: 50095
Lead Directorate:	Health	

TRIM Ref: GBC18/334

- ACT Health will need to undertake improvement activity to ensure the four 'Not Met' developmental National Standards actions are met in the future. ACT Health will not be reassessed against these developmental actions during the Advance Completion process and the on-site survey in July 2018.
- All Core Actions must be assessed as 'Satisfactorily Met' at the Advanced Completion survey for ACT Health to be awarded accreditation.
- ACT Health has been progressing work against all of the 'Not Met' criteria and specific recommendations, including three that relate to the ligature and self-harm risk in mental health units.
- A National Standards Leadership Committee, chaired by the Interim Director-General with membership from the Deputy Director-General and Professional Lead cohort has been established to oversee development, progress and implementation of actions to meet the not met National Standards.
- An ACT Health accreditation coordination team has been formed and has completed a draft master program, which consolidates all current actions against recommendations with timelines and critical milestones applied across all not met National Standards.
- ACT Health endorsed the terms of reference for the establishment of a Mental Health Review Advisory Body to oversee the review of all Canberra Hospital and Health Services Mental Health Inpatient Units, Alcohol and Drug, Justice Health facilities and the implementation of subsequent recommendations.
- The independent external review of the acute inpatient mental health facilities was undertaken in May 2018. It involved attendance to CHHS mental health facilities and reviewed the safety aspects of:
 - Model of Care;
 - Policies and procedures (are we using the existing tools correctly);
 - Patient cohort;
 - Workforce, skill mix;
 - Unique admission criteria to each unit;

Cleared as complete and accurate: 21/05/2018
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Lead Directorate: Health

TRIM Ref: GBC18/334

- Physical environment; and
 - Service demand.
- The independent external review occurred from 21-23 May 2018 and the team undertaking the review from Northwestern Mental Health, Victoria comprised:
 - Dr David Fenn, Interim Director of Clinical Governance;
 - Peter Kelly, Director of Operations; and
 - Cosino Birsci, Facilities Manager.
- During 14-16 May 2018, staff from ACT Health visited Northwestern Mental Health to see their inpatient units and review the policies and systems in place.
- A joint workplace health and safety risk assessment with ACT Health and Justice and Community Services staff to address the Hume Health Centre passive smoking risk for staff has been conducted.
- Capital works to address ligature points in mental health inpatient units continues with 39 of the 40 doors removed at the Adult Mental Health Unit as of 4 June 2018.
- ACT Health are on track to complete the outstanding 2017 discharge summaries with 82 per cent completed.
- It is important to emphasise that improving quality and safety is an ongoing process in the health system that does not start or end with accreditation. There is significant work underway every day in our hospital that is focussed on quality and patient safety.
- ACT Health was last surveyed by Australian Council on Healthcare Standards in May 2015 and was successful in achieving accreditation against the National Standards until July 2018. ACT Health will remain accredited until completion of the current assessment process.

Key Information

Cleared as complete and accurate:	21/05/2018	
Cleared by:	Deputy Director-General	Ext: 77880
Information Officer name:	Jane Murkin	
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Lead Directorate:	Health	

TRIM Ref: GBC18/334

- The Australian Council on Health Care Standards (ACHS) surveyors presented an “Accreditation Summation” session to ACT Health staff on 23 March 2018. This gave clinical and operational staff an overview of what might be expected in the final survey report.
- At summation, the surveyors provided a brief overview of their findings against each action, highlighting areas of excellence including the ACT Health Quality Strategy, the positive patient centred care delivered to regional patients through the Renal telehealth service, and the rapid person centred care provided to unwell oncology patients through the Rapid Assessment unit in radiation oncology.
- ACT Health has received the draft comprehensive Accreditation Report from the ACHS on 19 April 2018. ACT Health reviewed the report to ensure factual accuracy, although cannot change the recommendations or outcomes. Feedback was provided to ACHS on 3 May 2018 to enable finalisation of the report. The final report from ACHS is still pending.
- ACHS will submit the final report to ACT Health in the coming weeks. The outcomes will be used to continually drive quality and safety improvements in the health service.

Not Met report

- The Minister for Health and Wellbeing has commenced weekly meetings with ACT Health and has requested and is receiving weekly briefings on ACT Health’s progress in addressing the not met core actions.
- Two all staff forums have been convened by ACT Health’s Interim Director-General, with the forum held on 4 May 2018 attended by the Minister for Health and Wellbeing. The staff forums were held to provide an update on ACT Health’s key priorities including accreditation.
- The Interim Director-General has liaised with the Australian Commission on Safety and Quality in Health Care and Australian Council on Health Care Standards to discuss the outcomes of the accreditation survey and the monitoring processes ACT Health is taking to address the not met core action report.
- The Commission have provided ACT Health with their full support and confidence in the approach ACT Health is undertaking to address the Not Met Core Actions and in achieving re-accreditation.
- Mr Michael Wallace, Chief Operating Officer and Ms Margaret Banks, Senior Programme Director from the Australian Quality and Safety Commission met with ACT Health on 17 May 2018 to provide advice and guidance on progress towards meeting the not met recommendations.

Cleared as complete and accurate: 21/05/2018
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Information Officer name: Jane Murkin
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Lead Directorate: Health

TRIM Ref: GBC18/334

Background Information – may not be suitable for public disclosure

- ACT Health will be advised of the outcome of the Australian Council (AC) review and surveyor recommendation to ACHS on the last day of the on-site survey, 5 July 2018.
- The ACHS survey team have five working days from the last day of the on-site review to submit their report to ACHS, which is internally reviewed to determine the accreditation decision.
- A draft AC report is then provided to ACT Health in ten working days following the on-site survey, by 19 July 2018. ACT Health have five working days from receipt of the report to review and provide a response to ACHS, by 26 July. The final survey report should be received within 30 calendar days of the AC90 on-site review, which includes the accreditation decision. The expected date of receipt of the report is 5 August 2018.
- ACT Health remain accredited until finalisation of the AC90 process.
- As per ACT Health's Agreement with ACHS, and the ACHS Appeals Policy, ACT Health may appeal the accreditation decision within 28 days from receipt of the written advice of the accreditation decision.
- In the event that ACT Health were to appeal the decision, the original accreditation status awarded to ACT Health following the survey in May 2015 would remain in force until the appeal is finalised.
- In the event ACT Health does not receive reaccreditation, the Australian Commission on Safety and Quality in Health Care (Commission) have advised that the organisation will need to be reassessed against the National Standards within twelve months. There is no official waiting period before the ACT Health can be reassessed as long as the reassessment occurs within the twelve months period.
- During the intervening period the Commission has also advised that ACT Health's licensing and regulatory policy directives, with oversight by the Regulator will need to be followed until the organisation receives National Standard accreditation.
- In the event that the hospital is no longer accredited, the Chief Health Officer (as delegate of the Minister for Health and Wellbeing) would licence Canberra Hospital and Health Services (CHHS) as a non-accredited health care facility under the *Health Care Facilities Code of Practice 2001* (the Code). The hospital will not close.
- As a non-accredited health care facility licence holder, CHHS would be obligated to comply with all provisions of the Code. Authorised officers under the *Public Health Act 1997* may inspect CHHS from time to time to assess compliance with the Code.

Cleared as complete and accurate: 21/05/2018
Cleared by: Deputy Director-General Ext: 77880
Information Officer name: Jane Murkin
Contact Officer name: Josephine Smith Ext: 50095
Lead Directorate: Health

TRIM Ref: GBC18/334

- An ACT Health policy directive outlining roles, responsibilities and regulatory requirements for public health care organisations and facilities in relation to the National Standards in the ACT has been drafted and is currently out for internal consultation. This document is expected to be finalised and endorsed by the end June 2018.

Cleared as complete and accurate: 21/05/2018
Cleared by: Deputy Director-General Ext: 77880
Information Officer name: Jane Murkin
Contact Officer name: Josephine Smith Ext: 50095
Lead Directorate: Health

TRIM Ref: GBC18/334

epGBC18/334

Portfolio/s: Mental Health

ISSUE: ACT HEALTH ACCREDITATION – DISCHARGE SUMMARIES IN MENTAL HEALTH

Talking points:

- When a person is discharged from an inpatient facility, a discharge summary is sent to their General Practitioner (where one has been identified) and/or other health professionals (such as a private psychiatrist).
- I acknowledge at the Adult Mental Health Unit (AMHU) timely completion of discharge summaries has been a challenge, this has been due to a range of factors including medical workforce shortages, higher administrative demands with the implementation of the *Mental Health Act 2015*, and competing clinical demands.
- Canberra Hospital has undertaken work to streamline the discharge summary process including technological and administrative solutions that have expedited the completion of discharge summaries.
- Close ongoing monitoring of completion rates has occurred with accountability processes in place to ensure the improvement of the completion rates.
- To ensure the timely completion of discharge summaries, the digital solution of the interface between the clinical portal and MAJICeR was completed on 1 June 2018.
- The 2017 backlog of discharge summaries was completed at the end of May 2018.

Key information

- The discharge summary outlines the nature of the admission as well as recommended treatment options for ongoing care. If the person does not have an identified health professional on discharge, the discharge summary is not shared. However, at a later time and for continuity of care, an identified health provider can request and receive discharge summary records.

Cleared as complete and accurate: 21/05/2018
Cleared by: Deputy Director-General Ext:
Information Officer name:
Contact Officer name: Jeffery Fletcher Ext: 43596
Lead Directorate: Health

- A complicating factor in the completion of mental health discharge summaries was the mental health electronic record system, MAJICeR, having limited interface with other systems. Testing of an IT solution has been completed and implemented.

Background – may not be suitable for public disclosure

- A process to complete a backlog of incomplete discharge summaries including some from 2017 commenced in April 2018, and was completed by the end of May 2018.

Cleared as complete and accurate: 21/05/2018
Cleared by: Deputy Director-General Ext:
Information Officer name:
Contact Officer name: Jeffery Fletcher Ext: 43596
Lead Directorate: Health

GBC18/334

Portfolio/s Mental Health

ISSUE: ACCREDITATION – COMMISSIONING AN INDEPENDENT EXTERNAL REVIEW INTO THE SAFETY OF PATIENTS IN INPATIENT UNITS (INCLUDING ADVISORY BODY)

Talking points:

- On 27 April 2018, the Clinical Governance Executive Committee endorsed the Terms of Reference for the independent external review of CHHS Mental Health Inpatient Unit, Alcohol and Drug and Justice Health facilities to assess the level of safety and risk to consumers of the service.
- The Independent external review of the acute inpatient mental health facilities was undertaken in May 2018 and involved attendance to the Adult Mental Health Unit, Brian Hennessy Rehabilitation Centre, Dhulwa and the Mental Health Short Stay Unit, to review the safety aspects of:
 - Models of Care;
 - Policies and procedures (are we using the existing tools correctly);
 - Patient cohort;
 - Workforce, skill mix ;
 - Unique admission criteria to each unit;
 - Physical environment; and
 - Service demand.
- The independent external review occurred over 22-23 May 2018, with a team from Northwestern Mental Health, Victoria have been appointed to conduct the review. The team comprises of:
 - Dr David Fenn, Interim Director of Clinical Governance;
 - Peter Kelly, Director of Operations; and
 - Cosino Birsci, Facilities Manager.

Cleared as complete and accurate: 20/05/2018
Cleared by: Deputy Director-General Ext:
Information Officer name:
Contact Officer name: Katrina Bracher Ext: 51313
Lead Directorate: Health

TRIM Ref: GBC18/334

- The Confidential Report was provided to ACT Health on 1 June 2018 and made 11 recommendations.

Mental Health Advisory body

- ACT Health has been progressing work against all of the Not Met criteria and specific recommendations, including three that relate to the ligature and self-harm risk in mental health units. One of those recommendations was to:

Action 1.8.2 Core (2) - Establish a Mental Health Review Advisory body which incorporates Alcohol and Drug and Justice Health to oversee the review and the implementation of the subsequent recommendations.

- The role of the Mental Health Advisory body will be a time-limited body, convened to oversee implementation of any recommendations from “the Independent External Review”.
- The Terms of Reference were endorsed by the Minister for Mental Health on 17 May 2018.
- The Mental Health Advisory Body has an Independent Chair and the membership includes consumer and carer representatives, other external representatives and key clinicians.
- The first Mental Health Advisory Body Meeting will be held on 15 June 2018.

Cleared as complete and accurate: 20/05/2018
Cleared by: Deputy Director-General Ext:
Information Officer name:
Contact Officer name: Katrina Bracher Ext: 51313
Lead Directorate: Health

TRIM Ref: GBC18/334

GBC18/334

Portfolio/s Mental Health

ISSUE: ACCREDITATION – PASSIVE SMOKING AT THE AMC

Talking points:

- The health and safety of staff and detainees remains paramount in the delivery of services at the AMC.
- ACT Health is working closely with Justice and Community Services Directorate (JACS) to address risks associated with exposure of staff to passive smoking in the course of their duties at the Alexander McConochie Centre (AMC).
- Appropriate risk mitigation measures are being identified to ensure the health and safety of staff and detainees at the AMC. A report has been made available for consideration by key stakeholders.
- Risk mitigation measures are likely to require a planned approach with appropriate change management and implementation lead time to ensure that other WHS risks are not introduced in the process.

Key Information

- At present staff and detainees are permitted to smoke in designated places at AMC.
- ACT Health staff are being exposed to passive smoke in the course of their duties including the delivery of medical services within the grounds of the AMC.
- The issue of staff exposure to passive smoking is subject of a recommendation under the recent ACT Health Accreditation under a 'not met' criterion.
- ACT Health has since received confirmation from the ACHS that this particular recommendation will not be assessed as part of the Advanced Completion survey.
- However ACT Health is still taking steps to address this issue. A joint workplace health and safety risk assessment with staff from the Justice and Community Safety Directorate has been conducted to address the issue. A report has been provided to the Executive Director of Mental Health, Justice

Cleared as complete and accurate: 23/05/2018
Cleared by: Deputy Director-General Ext: 78880
Information Officer name: Jane Murkin
Contact Officer name: Daniel Guthrie Ext: 78275
Lead Directorate: Health

TRIM Ref: GBC18/334

Health, Alcohol and Drug Services and I have been informed that a solution is being implemented.

Background Information – may not be suitable for public disclosure

- The elimination/mitigation of passive smoking risks is best achieved by introducing a non-smoking campus at the AMC. The allocation of designated smoking areas away from staff and detainees is an alternative that may be considered in a tiered approach to a non-smoking campus.
- The lead in time to become a non-smoking campus is approximately 2 years as identified in other jurisdictions in Australia.
- All risk mitigation measures to address passive smoking risks need to be carefully considered and planned as they have the potential to cause other WHS risks including occupational violence.

Cleared as complete and accurate: 23/05/2018
Cleared by: Deputy Director-General Ext: 78880
Information Officer name: Jane Murkin
Contact Officer name: Daniel Guthrie Ext: 78275
Lead Directorate: Health

TRIM Ref: GBC18/334

ISSUE: ACT HEALTH ACCREDITATION – LIGATURE POINTS

Talking points:

- The following work has occurred to address the significant risk regarding ligature points:
 - On 4 April 2018, a Risk Review Workshop was held with representatives from MHJHADS, Health Infrastructure Services and Quality Governance and Risk. A risk assessment from that workshop was drafted and the actions and the aim of the workshop was to:
 - confirm organisational description of the risk;
 - document the risk in the Riskman system;
 - confirm risk mitigation strategies in place;
 - confirm risk ratings post identifying mitigation strategies;
 - confirm and Review the documentation of the risk; and
 - consider formal escalation of the risk to either CHHS or the ACT Health risk register.
- Infrastructure scope of works have been completed for the Adult Mental Health Unit and Mental Health Short Stay Unit and these ligature minimisation works have been broken into two stages:
 - Stage 1 commenced on 23 April 2018 with the removal of the ensuite doors and door closers that represent the highest ligature risk. As at 4 June 2018, 39 ensuite doors and 11 door closers have been removed; and
 - Stage 2 works includes the remaining ligature minimisation works throughout these two facilities. These works commenced in May 2018 and include the development and approval of a prototype room to confirm all proposed fittings and room modifications prior to implementation.

Cleared as complete and accurate:	02/05/2018	
Cleared by:	Deputy Director-General	Ext: 52248
Information Officer name:	Karen Doran	
Contact Officer name:	Colm Mooney	Ext: 79186
Lead Directorate:	Health	

- An independent external review of the acute inpatient mental health facilities was undertaken in May 2018. The independent external review attended mental health facilities and reviewed the safety and efficiency of:
 - the Model of Care;
 - policies and procedures (are we using the existing tools correctly);
 - patient cohort;
 - workforce, skill mix;
 - unique admission criteria to each unit;
 - physical environment; and
 - service demand.
- ACT Health has established a Mental Health Advisory body whose role is to oversee the independent, expert review and the implementation of the recommendations. This Advisory body will be convened in June 2018 following the completion of the external review.

Cleared as complete and accurate:	02/05/2018	
Cleared by:	Deputy Director-General	Ext: 52248
Information Officer name:	Karen Doran	
Contact Officer name:	Colm Mooney	Ext: 79186
Lead Directorate:	Health	

GBC18/334

Portfolio/s Mental Health

ISSUE: ACT HEALTH GOVERNANCE

Talking points:

- Standard 1: Governance for Safety and Quality in Health Service Organisation is one area which the Australian Council on Health Care Standards (ACHS) have identified as requiring improvement.
- It is important to emphasise that improving quality and safety is an ongoing process in the health system and that doesn't start or end with accreditation. There is significant work underway every day in our hospital that is focussed on quality and patient safety.
- The re-accreditation process is an opportunity to identify areas of improvement to ensure we continue to deliver high quality and safe health care to the community. The improvements we are making as a result of this process will make our health services even better.
- The Interim Director-General has assured both myself and Minister Fitzharris that the issues and recommendations that relate to Governance will be dealt with as a priority. Ensuring good governance is at the centre of all our important health care reforms moving forward is a priority.
- A new National Standards Leadership Committee has been established within the Directorate.
- The Committee is meeting weekly to specifically provide leadership and effective governance of the actions required to address the ACHS not met report.
- The Directorate's Governance Framework, Clinical Governance Framework and Corporate Plan have been reviewed and updated to provide staff with a clear outline of reporting and accountability. These documents are currently being reviewed by the Leadership Committee and will then be socialised with staff.

Cleared as complete and accurate: 23/05/2018
Cleared by: Deputy Director-General Ext: 52248
Information Officer name: Karen Doran
Contact Officer name: Sallyanne Pini Ext: 54689
Lead Directorate: Health

TRIM Ref: GBC18/334

- In addition, ACT Health's new Quality Strategy sets down the guiding principles and strategic priority areas for the next two, five and ten years.
- It will act as a platform to demonstrate ACT Health's improvements in safety and quality of care.
- A Quality Strategy Implementation Plan and Measurement Framework is currently under development and will be finalised in the second quarter of 2018.
- Once the implementation plan and measurement framework is developed, base line data will be collated to inform the specific percentages for each priority – person-centred care, safe care and effective care.

Key Information

- The issues identified in the report support the Government's decision to look at the overall governance of our health system and to separate ACT Health into two organisations.
- From 1 October 2018, there will be one organisation responsible for ACT Health's clinical operations and a second organisation responsible for strategic policy and planning.
- Both organisations will continue the reform work already underway to achieve ACT Health's commitment to the health of our community, as well as a commitment to quality, innovation, engagement and accountability.
- Separating the organisation reflects best practice and has already been done in larger jurisdictions interstate.
- I am confident that the creation of separate organisations will result in more robust governance and leadership across our entire health system.

Cleared as complete and accurate: 23/05/2018
Cleared by: Deputy Director-General Ext: 52248
Information Officer name: Karen Doran
Contact Officer name: Sallyanne Pini Ext: 54689
Lead Directorate: Health

TRIM Ref: GBC18/334

GBC18/334

Portfolio/s: Mental Health

ISSUE: ACT HEALTH ORGANISATIONAL UPDATE

Talking points:

- The proposal to restructure ACT Health was considered over a number of months and involved a range of conversations between myself and the Minister for Health and Wellbeing.
- Noting the informal nature of some of these discussions I am unable to provide a specific date for when the matter was first discussed with me.
- The changes to ACT Health announced in March this year will bring ACT Health closer in line with other Australian jurisdictions, which have structurally separated their clinical services delivery from their departments of health which focus on policy, planning and regulatory functions.
- The ACT will look to these examples and develop a model that works for the ACT Health system – now and into the future. We will take into account the unique nature of the ACT in developing a model.
- This change is an essential evolution for our growing population and expanding health system, and will bring greater clarity about the distinct roles and responsibilities of frontline staff and corporate staff.
- Staff who deliver frontline health services to the Canberra community will come under the umbrella of the separate health services delivery organisation.
- There will be a second separate organisation responsible for strategic policy and planning which will set the strategic direction for health services in the ACT.
- Both organisations will continue ACT Health’s commitment to the health of our community, as well as a commitment to quality, innovation, engagement and accountability.
- The separation will enable a clearer focus on efficiency and effectiveness for clinical operations, and free up capacity within the Health Directorate to undertake core strategy and system management functions.

Cleared as complete and accurate: 04/06/2018
Cleared by: Director-General Ext: 79532
Information Officer name: Michael De’Ath
Lead Directorate: Health

Governance and Consultation

- Work is already underway in preparation for the formation of two organisations, which are planned to commence on 1 October 2018.
- The Interim Director-General has commenced a body of work around planning for and leading the transition process, which includes a review of the current organisation's form and functions.
- In addition, the Head of Service is leading planning work to define the principles that will underpin the establishment of the two new organisations and their governance relationship. This work involves meeting with other jurisdictions to discuss their models in more detail, which will inform our planning.
- More importantly, we are planning a strong staff and stakeholder communications and engagement process, to ensure that we deliver a model that will work on the ground for both staff and ACT Health consumers.
- The planning process will include developing recommendations on the relationship between the service delivery organisation and the planning and policy organisation. It is essential that this relationship supports a model providing effective governance, management and accountability.
- Our goal is to enable and encourage staff, stakeholders and the community to invest in this change process.

Impacts for Patients/Consumers

- These proposed changes are primarily administrative in nature at this stage and are being developed with careful consideration to ensure that there will be no negative impacts on the services that we offer.
- The organisational change will be implemented from 1 October 2018, and the transition will be a seamless one. People visiting one of the three public hospitals, our popular walk in centres or in any way accessing the many community based health services that we offer will not experience any disruption as a result of this announcement.
- The organisational change will bring greater efficiencies for clinical and medical staff, and is being designed to improve service delivery and further reinforce the goals of the Territory-wide Health Services framework – person centric and community focused care, enhanced preventive health and improved Hospital services.

Cleared as complete and accurate: 04/06/2018
Cleared by: Director-General Ext: 79532
Information Officer name: Michael De'Ath
Lead Directorate: Health

Impacts for Staff

- I would like to reassure all ACT Health employees that staff will be engaged in the development of the new structure.
- We are planning ongoing staff communications, including regular emails, regular staff forums and Executive Director briefings, and a dedicated transition page on the ACT Health intranet (launched on 6 April 2018). These initiatives will be aimed at ensuring that all staff are informed and engaged.
- We are working to ensure that any changes for staff members will be kept to the minimum required.
 - Should it be determined that there could potentially be direct changes for staff, appropriate consultation with affected staff and their unions will be undertaken before any final decisions are made.
 - The Interim Director-General has advised that, if required, any impacted staff will be personally advised prior to any formal release of a document for consultation.
 - Every possible opportunity will be provided to staff and unions to provide feedback on proposed changes to organisational reforms.
 - Final decisions on new organisational structures will only be taken once there has been full and appropriate consultation.
- Staff are also encouraged to email healthreferencegroup@act.gov.au with suggestions, questions or concerns.

Territory-wide Health Services Framework

- The clinical and service planning underway through the Territory-wide Health Services Framework will remain a key priority for government and we will continue to realign the governance of Canberra Hospital and Health Service (CHHS).
- This is a critical element of the overall Government priority to increase access to specialist health services in the ACT, both in the hospitals and in the community.
- The Territory-wide Health Services Framework aims to ensure ACT Health's delivery of an integrated and whole-of-system service delivery model to provide true person- and family-centred care. The wider organisational reforms being considered will be well aligned with the Territory-wide Health Services Framework priorities.

Cleared as complete and accurate: 04/06/2018
Cleared by: Director-General Ext: 79532
Information Officer name: Michael De'Ath
Lead Directorate: Health

- Due to the proposed timing of the organisational change (1 October 2018), it is anticipated that while work continues in refining the Specialty Service Plans and structure of CHHS, implementation of these Framework items will be phased in from late 2018 to take full advantage of the development of the two new organisations and the recruitment of a new leadership team.

Director-General Position

- Mr Michael De'Ath commenced in the role of interim Director-General, ACT Health Directorate on Monday 9 April 2018, while the recruitment process for a new Director-General and Chief Executive Officer of Canberra Hospital and Health Services is underway. These positions have been advertised nationally, and close on 24 June 2018.

Cleared as complete and accurate: 04/06/2018
Cleared by: Director-General Ext: 79532
Information Officer name: Michael De'Ath
Lead Directorate: Health

Key Information

- On 23 March 2018 the ACT Government announced a decision to separate ACT Health into two distinct organisations. From 1 October 2018, the ACT Government will separate operational health services from policy and planning functions.
- There will be one organisation solely responsible for ACT Health's clinical operations. It will focus on the operational delivery of quality health services to our growing community.
- There will be a second organisation responsible for strategic policy and planning. This will set the strategic direction for health services in the ACT.

Background Information – may not be suitable for public disclosure

- A recent freedom of information request may see the publication of reports prepared for ACT Health and for the Minister for Health and Wellbeing outlining consideration of Directorate governance structures.
- The recent Accreditation Audit highlighted governance across the Directorate as an area for improvement.
- While not directly related, the Auditor-General has recently announced an audit into allegations of breaches of the Public Sector Management Act inside ACT Health.

Cleared as complete and accurate: 04/06/2018
Cleared by: Director-General Ext: 79532
Information Officer name: Michael De'Ath
Lead Directorate: Health

GBC18/334

Portfolio/s: Mental Health**ISSUE: ACT HEALTH TERRITORY-WIDE HEALTH SERVICES FRAMEWORK
2017-2027****Talking points:**

- Work on the Territory-wide Health Services Framework (the Framework) is progressing and the Territory-wide Health Services Advisory Group has provided feedback resulting in a revised draft of the Framework.
- Once ready, the revised Framework will be put to the Advisory Group for endorsement. It is expected this will occur by the end of June 2018.
- The timeframe for implementation of the Framework is currently under review following the announcement that ACT Health will be separated into two organisations from 1 October 2018.
- Feedback to date from ACT Health staff and the community sector indicates a high level of support for the stated objectives of the Framework, which aims to improve service integration to support better outcomes and experience for patients and clients.
- The development of the Specialty Services Plans (SSPs) 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.
- Initial consultation on the SSPs with the community and primary care sectors (including GPs) has also commenced, with further consultation still to occur. The Territory-wide Health Services Advisory Group has been contributing valuable input into how this process should be undertaken.

Cleared as complete and accurate: 25/05/2018
Cleared by: Executive Director Ext: 59010
Information Officer name: Jodie Chamberlain
Contact Officer name: Jodie Chamberlain Ext: 59010
Lead Directorate: Health

Background Information – may not be suitable for public disclosure

- The Territory-wide Health Services Framework will guide the development and redesign of health care services across the Territory over the next decade. Minister Fitzharris released the draft Framework on 19 September 2017.
- Under the Framework, ACT Health will establish new documented Specialty Service Plans (SSPs) 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.
- The recent Accreditation process and subsequent responses being coordinated to address the NSQHS Standards Survey “Not Met” recommendations has created some delays in further progressing the SSPs as CHHS resources are focused on meeting the standards. Responding to the recommendations may also have implications for the final design of the future CHHS realignment.

Cleared as complete and accurate:	25/05/2018	
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Lead Directorate:	Health	

GBC18/334

Portfolio/s: Mental Health

ISSUE: ACT HEALTH SYSTEM WIDE DATA REVIEW

Talking points:

- On 14 February 2017 Minister Fitzharris announced that ACT Health would undertake a System-Wide Data Review (the Review), due to ACT Health being unable to provide data on emergency department performance, elective surgery waiting times and mental health data for the 2017 Report on Government Services.
- The Review has now been completed and the final Outcomes Report was delivered to the Minister in the first week of April 2018.
- The Review process involved a variety of stakeholders including:
 - consumers;
 - clinical and other health service providers;
 - non-clinical staff;
 - teaching, training and research groups;
 - national health agencies; and
 - the broader ACT Health Directorate and ACT Government.
- These discussions focused on the identification of data management and governance issues rather than how the resolution would be effected as part of a cohesive implementation plan.
- With the issues, key findings and recommendations now identified as part of the Review Outcomes Report, it is now appropriate to engage with all stakeholders on the Review outcomes.
- In particular, how the work program is developed and resourced, the areas of priority, and other considerations which will inform a comprehensive Implementation Plan.
- This consultation process is underway so that key stakeholder feedback and views are incorporated into the Review's Implementation Plan.

Cleared as complete and accurate: 21/05/2018
Cleared by: Deputy Director-General Ext:77121
Information Officer name: Lynton Norris
Contact Officer name: Karen Chudleigh Ext:72324
Lead Directorate: Health

TRIM Ref: GBC18/334

- The delivery of high quality health services to the Canberra community continues to be 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. This is why Minister Fitzharris called for this review to be undertaken.
- 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, while at the same time providing the opportunity to review existing performance, reporting and data structures.
- The Review has enabled the Directorate to constructively learn, build capability and expertise, and address root cause and systemic issues.
- The work of System-Wide Data Review is also informing mental health performance indicator development. This work aims to consolidate information and reporting, to make information more relevant to stakeholder requirements and to have indicators able to be incorporated into, and aligned with, national and local reform. I look forward to advising on the progress of this work once the development process is finalised.
- Minister Fitzharris will table the outcome Report, Government response and Implementation Plan in the August 2018 sitting period.

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;

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- 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;
- 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.

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TRIM Ref: GBC18/334

Background Information – may not be suitable for public disclosure

- The Review Panel members are:
 - Lynton Norris, Deputy Director-General, Performance, Reporting and Data, ACT Health;
 - Chris Bone, Deputy Director-General, Canberra Hospital and Health Services, ACT Health;
 - Peter O’Halloran, Chief Information Officer, ACT Health;
 - Alana Lundy, Deputy Director, Transformation and Collaborative Engagement, Shared Services ICT;
 - Jenny Hargreaves, Senior Executive, Australian Institute of Health and Welfare, Hospitals, Resourcing and Classifications Group; and
 - Archie Clements, in his role as Director, Research School of Population Health, ANU College of Medicine, Biology and Environment.

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GBC18/334

Mental Health**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 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.
- The report includes several recommendations for how the Office should look.
- The model of the Office is currently being decided by Government in the lead up to the establishment of the Office by 1 July 2018.

Key Information

- The content and recommendations of Synergia's final report were informed by extensive community and stakeholder consultations conducted by Synergia. This included consultation with the Coordinator-General for Family Safety, the Human Rights Commission, the Aboriginal and Torres Strait Islander Elected Body, the Capital Health Network, the Mental Health Community Coalition, the Mental Health Consumer Network, Carers ACT and members of the public in community forums.

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Cleared by: Deputy Director-General Ext:53646
Information Officer name: Mary Wood
Contact Officer name: Jon Ord Ext: 57928
Lead Directorate: Health

TRIM Ref: GBC18/334

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.
- Synergia’s final report contained 20 recommendations which fall into five categories, which describe the functions that Synergia believe the Office will require to fulfil its mission. These five functions include:
 1. Developing and maintaining a territory wide approach to mental health in the ACT;
 2. Coordinating mental health policies, strategies and funding in the ACT;
 3. A focus on systemic reform and improvement across the continuum of mental health care, including physical health, drug and alcohol and the social determinants of health;
 4. The monitoring and reporting of services and outcomes relating to mental health in the ACT; and
 5. Community engagement to promote mental health and wellbeing.
- The Cabinet Submission about the establishment of the Office was considered and agreed to in Cabinet on 29 May 2018.
- An ‘Establishment Team’ will work through existing internal government processes, such as Strategic Board, and will form a cross-Directorate working group to support the final point of the Office’s development.
- All Directorates were consulted during the exposure draft period of the Cabinet Submission for the Office. Most Directorates provided nil comment. Although the Community Services Directorate did provide comments, which were broadly supportive.
- The establishment of the Office and the recommendations in Synergia’s final report were presented to the Human Services and Social Inclusion Sub-Committee of Cabinet on 30 April 2018. The Sub-Committee were agreeable to the establishment of the Office but noted that the Office should sit within the Health Directorate and report directly to the Director-General of Health.

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TRIM Ref: GBC18/334

- ACT Health is seeking to engage Synergia to provide assistance with the development of key performance indicators, a stakeholder engagement plan and a paper outlining opportunities for mental health system integration to support the establishment of the Office.

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GBC18/334

Portfolio/s: Mental Health

ISSUE: ADULT COMMUNITY MENTAL HEALTH SERVICES

Talking points:

- The Adult Community Mental Health Services (ACMHS) Model of Care (MoC) was endorsed on 17 October 2017.
- The proposed timeline forecasts a staged, transition period of implementation.
- Workforce planning, policy and procedure development, communication and training, evaluation and planning of future phases for further improvement and sustainability support are all underway.
- The first new service, the Assertive Community Outreach Service (ACOS) is scheduled to commence operations on 14 June 2018 with a graduated roll-out of the remaining new teams throughout 2018.
- Permanent ACMHS staff have submitted their preferences for positions in the new MoC workforce profile, with allocations to be determined through an internal selection process that is currently underway.

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. Staff have provided their preferences for positions within the new MoC workforce profile and final allocation to positions will be fully completed by mid June 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

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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.
- 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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GBC18/334

Portfolio/s: Mental Health

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) will 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.
- In the 2018-19 budget \$22.8million was provided for supported accommodation to expand the mental health system to provide more community based alternatives for the provision of mental health care.
- Included in this initiative is an investment of the refurbishment of the 10 bed Extended Care Unit at Brian Hennessy Rehabilitation Centre to provide an upgraded secure facility where mental health patients can gradually transition into supported accommodation.
- These supported accommodation initiatives will benefit the community and the people who use mental health services by providing the appropriate care in the appropriate place, which enables greater access and interaction with the community and the person's support networks.

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.

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- 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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GBC18/334

Portfolio/s: Mental Health**ISSUE: IMPACT OF NDIS IN MENTAL HEALTH COMMUNITY****Talking points:**Mainstream Interface between the NDIS and Mental Health

- It has been recognised that there is considerable work to be done to address mainstream interface issues between the NDIS and Health Services.
- At full Scheme, it is anticipated that around 13 per cent of NDIS participants will have a primary disability that is psychosocial (i.e. associated with a severe mental illness), noting that this is also a secondary disability for many others. This is consistent with numbers in the ACT, demonstrating 762 participants with psychosocial disability in 2017-2018.
- At the Disability Reform Council Senior Officers Working Group in March 2018, members agreed to nominate a lead jurisdiction to work with the Commonwealth on each of the mainstream interface priority areas. New South Wales is taking the lead on the Health interface, South Australia elected to lead on Child Protection, and Victoria elected Criminal Justice.
- The ACT Government will be leading the work on the Mental Health Interface. This includes developing a clearer and shared understanding of decision-making, and the interpretation and application of the Applied Principles and Tables of Support to determine system responsibilities.
- In June 2018, a workshop will be convened in the ACT involving representatives from the Commonwealth, State and Territory government stakeholders.

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- The key outcomes for the workshop are to identify priorities for action and develop a draft workplan to address issues and highlight opportunities for collaboration.
- Recommendations from this work will guide National strategies to improve the NDIS interface with mainstream services.

Participant Pathway

- On 18 October 2017, the National Disability Insurance Agency (NDIA) released details of a new NDIS 'pathway' designed to significantly improve the experience people and organisations have with the NDIS. The new NDIS pathway will be progressively piloted and tested in late 2017 through 2018, before being rolled out nationally.
- Central to the new participant pathway is the commitment to face-to-face engagement for all NDIS plan development, provided this is the participant's preference.
- As part of this work a tailored participant pathway is being developed for people needing psychosocial support.
- Key themes from the NDIA work to develop the psychosocial pathway include:
 - ensuring that planners with specialist knowledge are available;
 - staff training to ensure effective initial engagement with people;
 - strengthening the referral pathways between the Scheme and community programs;
 - better describing the flexibility in support use, in anticipation of episodic need;
 - ensuring NDIS plans are recovery orientated and focus on capacity building; and
 - improved pathways for those not NDIS eligible.
- The ACT has been nominated to trial the psychosocial disability pathway which will be led by the NDIA.

Psychosocial Support Measure

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- Outside the NDIS, the Commonwealth has provided \$80 million over four years to target services for people who need psychosocial support services. ACT Health has negotiated with the Commonwealth Government about the National Psychosocial Support Measure Bilateral Agreement (the Bilateral Agreement) and how it may operate in the ACT.
- The Bilateral Agreement and its benefits will be considered as part of a Government Decision in June 2018.

Key Information

- If the Bilateral Agreement is agreed and signed, then a partnership will be established between ACT Health and the Capital Health Network (CHN) to determine how best to deliver/commission services utilising the funding provided by both the Commonwealth and the ACT.
- Once the Bilateral Agreement is signed then the details of the program will be negotiated between ACT Health and the CHN, before becoming active.
- Commonwealth funding rules 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

- The 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.

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GBC18/334

Portfolio/s: Mental Health**ISSUE: EATING DISORDER SERVICES IN THE ACT****Talking points:**

- The ACT Health Eating Disorder Program (EDP) is committed to providing services to young people and their families as well as adults in a timely manner. The program provides treatment and therapy interventions in community settings.
- The EDP is a community-based service that provides assessment and therapy programs for people with an eating disorder as their primary presenting diagnosis. Eating disorders include Bulimia Nervosa, Anorexia Nervosa or Binge Eating Disorder.
- 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.
- Over the coming months I will be working with ACT Health to develop an action plan for eating disorders, and we will be working with experts in the community sector and people with lived experience to inform this important work.

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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.
- 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.

Background Information – may not be suitable for public disclosure

- Referrals of ACT residents to specialised inpatient units in larger jurisdictions are very rare. There are currently no plans to open a specialised eating disorder inpatient unit in the ACT.
- ACT Health, at my request, is starting some work on eating disorders in the ACT. This is to understand current levels of demand and the scope of services currently available in the ACT.
- ACT Health will soon be forming a working group to consider the evidence, which will include clinical staff and people who have experienced eating disorders and used services.
- The working group will produce an action plan in a few months. This will then provide me with advice on what our next steps should be.

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GBC18/334

Portfolio/s: Mental Health**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 in 2022.
- In the 2018-19 Budget, \$2.1million was provided to expand the Child and Adolescent Mental Health Services (CAMHS) through the establishment of an Assertive Outreach Program (AOP). The AOP is recovery-focused community based service which will treatment adolescents and children aged 12-18 years who are experiencing severe, high prevalence mental illness.
- The AOP will specifically target vulnerable groups who, due to a range of complex issues, may face barriers in accessing CAMHS and other community-based mental health services such as Headspace, The Junction and Catholic Care Next Step.
- In November 2017, the Perinatal Mental Health Consultation Service (PMHCS) expanded to improve specialist psychiatry services for new Canberra mothers, and the 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.
- 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

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CAMHS consultation liaison service, who provide ongoing consultation with paediatric staff.

- CAMHS also runs education and therapeutic group programs at The Cottage Adolescent Day Program for adolescents significantly impacted by mental illness.
- Dependent on diagnostic criteria, young people aged 16 to 18 years can receive inpatient treatment at the Adult Mental Health Unit Vulnerable Persons Suite. Clinical care is provided in close consultation with CAMHS to ensure appropriate developmental and therapeutic approaches are taken in order to support the young person and their family.
- ACT Health funds CatholicCare to provide a Community Facility Based Adolescent (13-17 years) Step Up Step Down Program (STEPS), which provides short to medium term 24 hour supported accommodation for a period up to three months.
- The funding for the STEPS program has been maintained through a 3 year (2016-19) Service Funding Agreement. 2017-18 funding to CatholicCare is \$1,232,346 of which \$1,026,201 is allocated to the STEPS program.

Key Information

- The clinical preference for adolescents is community based care. The CAMHS community teams provide comprehensive assessment and clinical management for children and young people with moderate to severe mental health issues.
- If a young person requires longer or more intensive inpatient treatment, service at a suitable facility in another State or Territory is sought, due to the highly specialised nature of inpatient child and adolescent services. The number of transfers is very low.
- A number of programs are run in conjunction with other directorates and the non-government sector including:
 - The Primary School Mental Health Early Intervention program: a partnership with the Education Directorate to deliver the Understanding and Responding to Feeling and Behaviours in Schools program.
 - An assertive outreach program established through the 2016-17 budget initiative Mental Health Follow Up for Young People and Intensive Clinical Rehabilitation Service. This program provides assertive outreach and intensive mental health treatment and care for young people aged 14-25 years in the ACT who are at high risk of developing or are currently experiencing early onset psychosis. It also

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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.
- On 22 February 2018, ACT Health entered into a Service Funding Agreement with Headspace National. ACT Health provided initial funding of \$200,000 to enable Headspace to enhance its clinical capacity and reduce wait times for early intervention mental health services.
- Through this new funding Headspace Canberra is able to deliver ‘onespace’ sessions for young people aged 12-25 until 31 June 2018.
- 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.
- ACT Health is currently exploring options for the continuation of onespace funding with the Capital Health Network.

Background Information

- ACT Health submitted a Budget 2018-19 Business Case seeking funding to increase the clinical capacity of Headspace Canberra.

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GBC18/334

Portfolio/s: Mental Health

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. The Strategy will take account of recruitment and retention strategies, projected population needs; workforce numbers and sub-specialty skill mix; 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 have been undertaken internally within MHJHADS 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

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- 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 to assist retention of senior psychologists.
- 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. 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.
- All vacant medical positions are advertised through the ACTPS jobs website and other relevant sites. Where there are no suitable Australian qualified applicants the 'Area of Need' allows for overseas applicants to be considered for vacant medical positions.
- The timeframes for recruitment of psychiatrists and specialist mental health professionals can vary depending on where the successful candidate comes from. Overseas applicants can take up to 12-18 months to place, and interstate applicants take

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three to six months to place. Local applicants can often commence employment within six to eight weeks.

Background Information – may not be suitable for public disclosure

- Nil

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GBC18/334

Portfolio/s: Mental 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 died by suicide.
- ACT Health is not able to comment about coronial matters while they are before the ACT Coroner.
- ACT Health works closely with the ACT Coroner to actively support the coronial inquest process. We strive and are committed to improving the quality of services we provide to patients and the community to support the delivery of these services.

Key Information

- There were four deaths by suicide of inpatients at Canberra Hospital in the period January 2015 to November 2016. These deaths are the subject of a coronial investigation. Coroner Hunter will investigate these deaths together in one inquest. The ACT Government Solicitor (ACTGS) is representing the Territory.
- The Coronial Inquest will be heard in two stages:
 - The first stage occurred on 10-13 and 17-20 April 2018, and 1-4 May 2018 and heard the factual elements relevant to the cause and manner of each death and evidence from ACT Health staff of their provision of care and treatment or their involvement with the four people.
 - In September 2018, the second stage will commence and will address the systems issues, including policies and procedures underlying the care provided to the four people.

Background Information – may not be suitable for public disclosure

- During the first stage of the Inquest, Coroner Hunter made interim findings in relation to the four deaths.

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GBC18/334

Portfolio/s: Mental Health**ISSUE: CORONIAL FINDINGS INTO THE DEATH OF STEVEN FREEMAN****Talking points:**

- Steven Freeman's death in May 2016 was a tragedy. The ACT Government acknowledges the grief, loss and sadness that his family has experienced.
- The ACT Government also acknowledges the significant impact that his death has had on our Aboriginal and Torres Strait Islander community.
- The Government has supported the coronial process and has worked closely with the Coroner to provide all relevant documents and evidence during the Inquest.
- Since the death of Mr Freeman, the Government has made significant changes to improve detainee health, care and safety in the Alexander Maconochie Centre, including the commissioning of the Moss Review, which has led to an extensive reform program.
- On 11 April 2018, Coroner Cook handed down his findings in this matter, and did not make adverse findings against any individual person or the Territory. Coroner Cook made comment on a number of matters of public safety, which were found to have arisen in connection with the Inquest and made seven recommendations.
- ACT Health and ACT Corrective Services will work collaboratively to provide a response to the Coroner concerning the recommendations.

Key Information

- Nil information

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Background – may not be suitable for public disclosure:

- Coroner Cook made the following seven recommendations:

Recommendation 1

The ACT Government should review the then existing practices and remove inconsistencies in policies and procedures relied upon by correctional officers so as to ensure prisoner safety and welfare checks through musters and headcounts which require eye contact and facial recognition to be complied with. The extent of compliance with those procedures, given their purpose is to ensure the safety and wellbeing of a detainee, should be evaluated and tested periodically to ensure they are effective and practical and minimise compliancy through their routine.

Recommendation 2

The ACT Government should consider the viability or effectiveness that a daily structured compulsory physical education and training session might have on a prisoner focusing on the prisoner's well-being and rehabilitation coupled with drug rehabilitation counselling. Any consideration of such course would need, I acknowledge, to be factored into current alcohol and drug support programs within the AMC and the various sentencing period for detainees.

Recommendation 3

The ACT Government should ensure that minimising the infiltration of illicit substances into custodial facilities remains at the forefront of screening technology.

Recommendation 4

ACT Health should consider obtaining, either by consent from a prisoner or through reliance on legislation a prisoners medical records and all relevant reports from alcohol and drug perspective created prior to incarceration for incorporation into the detainee's electronic medical file for the purposes of an AMC induction or prior to any assessment for access to pharmacotherapy treatment. Further, for detainees who are placed on pharmacotherapy, such as the MMP, that in the interest of the health and safety of the detainee and his or her wellbeing, information of this type should be shared with ACT Corrective Services conducting prisoner headcounts and musters for the very purpose of determining a detainees' location, safety and wellbeing. Equally, any independent urinalysis results undertaken by ACT Corrective Services should be placed on the detainee's medical record to enable medical staff to have a complete picture of the detainee's use of illicit substances as well as those substances prescribed through the Hume Health Centre.

Recommendation 5

The ACT Standard Operating Procedures should be reviewed and the focus should be on prescribing individualised treatment setting out the parameters for commencement doses

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of methadone for instance by anywhere from 5mg to 20mg with the ability to increase daily on medical review only.

Recommendation 6

The ACT Standard Operating Procedure should be reviewed to ensure that those who have only recently commenced on the methadone program not be allowed to self-prescribe increases for a set period of time to ensure they are in a physiological sense, capable of accommodating the increased amount of methadone. Further and in the alternative, the ACT Government should consider whether not it is even appropriate to allow such increases to occur for a Schedule 8 drug.

Recommendation 7

Justice Health Services to consider whether or not adopting the National Guidelines to replace its ACTOMTG and incorporating random urinalysis or blood tests where there is no objective medical history of opioid dependence prior to placement on the MMP.

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GBC18/334

Portfolio/s: Mental Health**ISSUE: PHILLIP MOSS REVIEW AND HEALTH-SERVICES
COMMISSIONER-INITIATED REVIEW INTO HEALTH SERVICES AT THE AMC****Talking points:**

- On 10 November 2016, I publically released the report of the Independent Inquiry into the Treatment in Custody of Mr Freeman (the Moss Report) in my capacity as the Minister for Corrections.
- The Government's response to the Moss Report was tabled in the ACT Legislative Assembly on 16 February 2017. All recommendations made by Mr Moss have been agreed to wholly, or in principle. The Moss Implementation Inter-Directorate Working Group (IDPT) was established to progress actions in relation to recommendations of the Moss Report.
- ACT Health and JACS have worked together on the Moss Implementation Annual Report in a collaborative process between all stakeholder agencies and non-government organisations involved in the implementation of Moss Report recommendations.
- On 9 March 2018, the Health Services Commissioner (HSC), Ms Karen Toohey, completed a Commission initiated consideration of the provision of health services at the Alexander Maconochie Centre (AMC). The review considered the operation of the methadone program at the AMC.
- The Government's response to the HSC report is being tabled in the Assembly during the July – August sitting.

Key Information

- The HSC review focused on a number of aspects of the Opioid Replacement Therapy (ORT) program, including:
 - The role of ORT in the prison context;
 - Assessment and prescription practice in the ORT program;
 - Induction onto methadone;
 - Dosing practice;
 - managing the risk of diversion of methadone; and
 - Throughcare and transition to ORT in the community.

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- As part of the review process, the Commission visited the AMC on 28 March 2017 and 4 April 2017. These visits were supported by ACT Health and JACS.
- During these visits the Commission observed medication administration by nurses, including the new electronic Methadone administration system, iDose. The Commission also interviewed detainees and staff and reviewed health records.
- The HSC report contains 16 recommendations:
 - Ten relate specifically to ACT Health;
 - Two relate specifically to ACT Correctives Services; and
 - Four are joint recommendations for ACT Health and ACT Corrective Services.

Background – May not be suitable for public disclosure

- Justice Health Service (JHS) has undertaken the following to improve the provision of health care to detainees at AMC:
 - Review of procedures for prescribing and monitoring the methadone program in AMC through a Quality Improvement Activity with subsequent identification and implementation of a more robust process;
 - Implementation by the Primary Care Team of a more assertive follow-up system for people discharged from Canberra Hospital to the AMC;
 - In November 2017 the new Mental Health electronic clinical record system was made available to all JHS staff at the AMC;
 - Improvement of the documentation process for Induction Assessments, including better documentation of illicit drug use, withdrawal and resultant management plans; and
 - Review and re-design of many of the clinical forms currently used at AMC to assist in documenting the clinical care provided.

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GBC18/334

Portfolio/s: Mental Health**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 people 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.
- There have been timeline issues in the release of the Report due to difficulty in trying to contact research participants and addressing privacy and confidentiality issues.
- ACT Health aimed to publicly 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 received about whether the Report complies with all of the relevant ethics standards.

Cleared as complete and accurate: 16/05/2018
Cleared by: Deputy Director-General Ext: 53646
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Lead Directorate: Health

- Based on this advice the Full Report will not be released due to concerns about privacy and confidentiality. ACT Health have finalised an Abridged Summary of the Report so that the key findings can be shared with the ACT community.
- A number of community organisations and participants have received a copy of the Abridged Summary and have received advice on the public release of the document.
- The Abridged Summary was publicly released on the ACT Health website on 24 April 2018.
- 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 we are in the process of establishing an Office for 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 support the implementation of LifeSpan in the ACT from 2018-19. LifeSpan is a new, evidence-based approach to integrated suicide prevention, combining nine strategies that have strong evidence for suicide prevention into one community-led approach incorporating health, education, frontline services, business and the community.
- ACT Health have continued to demonstrate their commitment to suicide prevention and awareness through the establishment of a community funding grants program. The Let's Talk suicide prevention and awareness grant program will support local groups and organisations to conduct suicide prevention and awareness events, activities and communication initiatives. The Let's Talk Funding Grants, which total \$50,000 aim to sponsor new innovative community suicide prevention and awareness projects which are developed in line with evidence-based Lifespan strategies.

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).

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Cleared by:	Deputy Director-General	Ext: 53646
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Lead Directorate:	Health	

- 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 during the process of trying to locate participants of 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 ACT Health Office of Research has advised against releasing the Report because of the questions surrounding the consent processes.
- [Sensitive] The entirety of the Report has not been approved for public release for the following reasons:
 - the Report contains sensitive and potentially re-identifiable information pertaining to the small number of participants that is not suitable for release;
 - 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;
 - service data has not been approved for release due to issues with data integrity;
 - the nature of the final Report may vary from the original ethics approvals; and
 - the Report was incomplete in a number of content areas.

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GBC18/334

Portfolio/s: Mental Health**ISSUE: WAY BACK SUPPORT SERVICE****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 services 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), is 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.

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Key Information

- The trial of the ACT Way Back Support Service concludes in October 2018. WCS will cease taking on new clients from June 2018 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
 - (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 is currently being rolled out nationally as an established service by beyondblue. In addition to the current trial sites in the ACT and NSW, Way Back has commenced operations in two additional NSW sites as well as in QLD and VIC. A number of other sites are being planned.
- Additionally, the Australian Government is funding 12 suicide prevention trial sites in identified priority areas across Australia over three years (2016-17 to 2018-19). All suicide prevention trial sites are closely aligned with the Way Back service model and are being led by Primary Health Networks (PHNs) with support from the Department of Health and local organisations.
- 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

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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 tailored to suit the ACT, using nine strategies to prevent suicide.
 - Way Back complements the first of LifeSpan's 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 (Priority 4) – promote increased access to services for those vulnerable to suicidal behaviours and remove barriers to care; and
 - treatment (Priority 6) – improve the quality of clinical care and evidence-based clinical interventions, especially for individuals who present to hospital following a suicide attempt.
- Way Back 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.

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Background Information - may not be suitable for public disclosure

- ACT Health has submitted a business case for Way Back Support Service.
- ACT Health is currently exploring the provision of an additional six months of transitional funding. This funding will provide continuity of service provision from the conclusion of the trial to the commencement of the service, should the business case be successful.

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GBC18/334

Portfolio/s: Mental Health**ISSUE: FEDERAL BUDGET****Talking points:**

- Mental health funding needs to be a priority area for all governments and it's pleasing to see the additional funding contained in this year's Federal Budget.
- There is \$82.5 million nationally over four years from 2018-19 for psychological services in residential aged care, and \$20 million over four years for a pilot led by mental health nurses to target mental health of older people in the community, particularly those at risk of isolation.
- The ACT Government already provides community mental health in-reach services to those older people in and out of residential age care facilities. These services include psychiatry, mental health nursing and allied health. We hope this Commonwealth commitment enhances access to additional services for these Canberrans.
- It is pleasing to see the \$125 million over ten years nationally for the Mental Health Research Future Fund for new research to support an additional 1 million people with mental illness. The ACT has strong relationships with our tertiary institutions and medical research community and we will be looking to increase our ability to partner with these institutions to embed research in service delivery wherever possible.
- The Budget includes \$37.6 million nationally over four years for beyondblue for the Wayback Support Service for support to those discharged from hospital after a suicide attempt. This is not indicated as being contingent on matched funding from the ACT which is positive, however, ACT Health and beyondblue will be speaking in the coming days to look at this in more detail as it is hoped to be an enhancement to existing commitment of ACT.
- There are also extra funding for support services including \$33.8 million nationally over four years for Lifeline and \$1.2 million nationally in 2018-

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19 for SANE Australia to boost crisis hotlines and suicide awareness campaigns that all Canberrans can access.

- In addition, there is \$12.4 million nationally over four years to strengthen the National Mental Health Commission, which provides great leadership to the ACT mental health sector.

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Lead Directorate: Health

Portfolio: Chief Minister

ISSUE: Costing of Questions on Notice

Talking points:

- The government recognises the vital role that Questions on Notice (QoN) play in the functioning of the Legislative Assembly. We must also acknowledge that, in some cases, QoNs can require significant resources to respond to and may impact delivery of services to the community.
- To transparently communicate the level of resourcing needed to respond to each QoN, each response will now include details of the time taken and approximate cost to prepare the response.
- This will also support an understanding of why, on rare occasions, some questions may not be answered due to the unreasonable diversion of resources needed to prepare a response.

Key Information

- This practise began with Questions on Notice Paper No. 16 (23 February 2018).
- Times reflect the total time taken to prepare and provide each response. Where applicable, this includes time spent by administrative support staff to identify and coordinate input from other business units, as well as time taken during review and clearance processes.
- Costings are approximate and are based on the the hourly rates corresponding to the classification/level of the particular staff members involved in preparing each response.
- Times and costings are calculated using a standardised whole of government tool that is compelled for each QON. Aside from time taken to prepare the original tool there is no additional time or cost required to calculate or include times or costings with responses to QONs.
- Guidance on how directorates should handle QONs that they believe will have an impact on their ability to deliver services for the community is published openly on the CMTEDD website.

Cleared as complete and accurate: 01/05/2018
Cleared by: Executive Director Ext: 50230
Contact Officer Name: Sam Engele Ext: 50230
Lead Directorate: Chief Minister, Treasury and
Economic Development

TRIM Ref:

Background Information – may not be suitable for public disclosure

- The volume of QONs taken during the Ninth Assembly has increased significantly compared to previous Assemblies. More QONs were received during the first 11 months of the Ninth Assembly than during the entirety of the Eight Assembly. The average number of separate questions within each QON has also increased.
- Of the 59 QONs from QON Paper 15 that were answered, the median time required to respond was 3.5 person-hours. Weighted by staff classification, this equated to a median cost of approximately \$329 per question.
- One in seven questions from NP15 required more than 10 person-hours to answer. The most resource intensive question required 55 person-hours. In two instances a Minister decided not to answer a QON due to the diversion of resources that would be required. JACSD estimated that responding to those two QONs would have required 300 person-hours each.

Cleared as complete and accurate: 01/05/2018
Cleared by: Executive Director Ext: 50230
Contact Officer Name: Sam Engele Ext: 50230
Lead Directorate: Chief Minister, Treasury and
Economic Development

TRIM Ref:

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

	2016–17	1 Jul 2017 to 30 Apr 2018	% change on previous FYTD (Jul 2016 to Apr 2017)	Percentage point change on previous FYTD
Walk-in Centres				
<i>Number of presentations to Walk-in Centres</i>	36,785	34,590	12.5%	n.a.
Emergency department				
<i>Number of presentations by hospital</i>				
Canberra Hospital	85,093	74,229	4.9%	n.a.
Calvary Public Hospital	58,767	50,025	1.9%	n.a.
Total	143,860	124,254	3.7%	n.a.
<i>Number of presentations by category</i>				
1—Resuscitation	642	652	18.8%	n.a.
2—Emergency	14,694	12,761	3.5%	n.a.
3—Urgent	55,380	51,810	13.6%	n.a.
4—Semi-urgent	58,524	48,604	0.0%	n.a.
5—Non-urgent	14,620	10,427	-18.0%	n.a.
Total	143,860	124,254	3.7%	n.a.
<i>Percentage of patients seen on time¹</i>				
1—Resuscitation	99%	100%	n.a.	0.4
2—Emergency	77%	77%	n.a.	0.3
3—Urgent	50%	37%	n.a.	-12.2
4—Semi-urgent	63%	49%	n.a.	-13.8
5—Non-urgent	92%	83%	n.a.	-8.6
Total	63%	50%	n.a.	-12.2
<i>Proportion of presentations with a length of stay of 4 hours or less²</i>				
Canberra Hospital	71%	60%	n.a.	-10.7
Calvary Public Hospital	76%	71%	n.a.	-3.1
Total			n.a.	

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

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

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

“The data reported for 1 July 2017 to 30 April 2018 is preliminary data only and is not final. There are no known issues with the data contained in this report however ACT Health will continue working to ensure that the data contained within this report is fit for purpose. Prior to the publication of any data contained within this report, written approval must be sought from ACT Health”

	2016–17	1 Jul 2017 to 30 Apr 2018	% change on previous FYTD (Jul 2016 to Apr 2017)	Percentage point change on previous FYTD
Elective surgery waiting lists				
<i>Number of patients currently waiting longer than clinically recommended</i>				
Urgency 1 (see within 30 days)	8 (3%)	25 (8%)	>100%	n.a.
Urgency 2 (see within 90 days)	227 (18%)	171 (15%)	-17.4%	n.a.
Urgency 3 (see within 365 days)	200 (5%)	396 (10%)	80.8%	n.a.
Total	435 (8%)	592 (11%)	38.6%	n.a.
<i>Number of removals for surgery</i>	12,826	10,571	0.7%	n.a.
<i>Proportion of removals for surgery that were within clinically recommended timeframes</i>				
Urgency 1 (see within 30 days)	92%	92%	n.a.	0.1
Urgency 2 (see within 90 days)	81%	70%	n.a.	-12.0
Urgency 3 (see within 365 days)	88%	75%	n.a.	-12.8
Total	87%	79%	n.a.	-8.6
Separations from public hospitals				
<i>Number of inpatient separations</i>				
Same day	60,487	49,975	0.8%	n.a.
Overnight	54,431	46,123	2.3%	n.a.
Total	114,918	96,098	1.5%	n.a.
Breast screens				
<i>Number of breast screens performed</i>	17,176	15,002	7.0%	n.a.

“The data reported for 1 July 2017 to 30 April 2018 is preliminary data only and is not final. There are no known issues with the data contained in this report however ACT Health will continue working to ensure that the data contained within this report is fit for purpose. Prior to the publication of any data contained within this report, written approval must be sought from ACT Health”

Portfolio/s: Health & Wellbeing

ISSUE: ACT HEALTH CLAIMS MANAGEMENT

Talking points:

- ACT Health enjoy a very good working relationship with ACT Insurance Authority (ACTIA) and work collaboratively to manage incident reporting and claims management for the Directorate.
- ACT Health reports incidents to ACTIA on a weekly basis. Early notification of an incident, event or a loss that is likely to give rise to a claim ensures that potential claims are reported through to the insurers in the mandatory timeframes (within the financial year). This ensures that adverse events are insured if a claim eventuates.
- When a claim is received it is forwarded to ACTIA whom engage ACT Government Solicitor's Office (ACTGS) to respond to the claim and provide liability and quantum advice.
- ACT Health are actively involved in coordinating clinical notes, clinical policies, confirming indemnity of staff and contractors, obtaining statements from staff, obtaining personnel files and other relevant information that may be requested by ACTGS or ACTIA during the course of the investigation.
- ACTGS will provide advice on issues of liability and assign an appropriate contingent liability amount that forms Note 38 of the Financial Statements within the Annual Report.
- ACT Health, ACTIA and ACTGS will monitor any potential claim until a claim is received or the relevant limitation period lapses which will enable closure.
- If the matter progresses to mediation, settlement conference or hearing ACT Health defers authority to ACTIA to instruct ACTGS in the best interests of the Territory where the claim quantum and negotiation recommendation is set above ACT Health's insurable excess.

Cleared as complete and accurate: 20/01/2018
Cleared by: Executive Director Ext: 6207 7880
Information Officer name: Denise Lamb
Contact Officer name: Ext:
Lead Directorate: Health

- Whilst adverse events regrettably do occur from time to time, they represent a very small percentage of cases and every opportunity is taken to ensure system improvements can be identified and implemented after such events. The continual improvement of the quality of the health care services that are provided to the community is our number one priority.

Background Information – may not be suitable for public disclosure

- ACT Insurance Authority (ACTIA) advised ACT Health that the 2018-19 Select Committee on Estimates had asked questions on ACT Health’s claims management during their hearing.

Cleared as complete and accurate: 20/01/2018
Cleared by: Executive Director Ext: 6207 7880
Information Officer name: Denise Lamb
Contact Officer name: Ext:
Lead Directorate: Health

Portfolio/s: Health & Wellbeing

ISSUE: ACT HEALTH MEDICAL NEGLIGENCE CLAIMS ON THE INCREASE

Talking points:

- I am advised from ACTIA that the figures published for Ultimate Claim numbers (increasing from 89 in 2018-19 to 109 in 2021-22) is derived from an actuarial assessment of the total number of claims expected to emerge from each insurance year. It is a complex methodology that analyses historical claim reporting rates and applies them to the observed claims reported to date in order to predict the timing and number of future claims reported.
- ACTIA advised that it is their view that the increase in Ultimate Claim numbers over the forward estimates is consistent with predicted growth in the Directorate relating to increases in patient numbers and services being provided over time.
- Notably the same methodology was used for the forecasting of the 2017-18 Ultimate Claims numbers of 93 in the 2017-18 Budget Papers. It is now indicated in Table 4 of ACTIAs Statement of Intent that the estimated outcome for 2017-18 is likely to decrease to 85 or 9% by the end of the financial year.
- ACT Health's focus is on improving safety and quality within our services which, over time, may reduce claims and reduce future insurance premiums. ACT Health enjoys a very good working relationship with ACT Insurance Authority (ACTIA) and work collaboratively to reduce the number and cost of claims for the Directorate.

Background Information – may not be suitable for public disclosure

- ABC Radio aired a story indicating that Insurance claims against the ACT government for medical negligence are expected to jump 20% over the next four years in response to a question from the 2018-19 Select Committee on Estimates to ACT Insurance Authority (ACTIA).
- The committee member referred to Table 3 within ACTIAs Statement of intent that shows Ultimate Claim numbers increasing from 89 in 2018-19 to 109 in 2021-22.

Cleared as complete and accurate: 20/01/2018
Cleared by: Executive Director Ext: 6207 7880
Information Officer name: Denise Lamb
Contact Officer name: Ext:
Lead Directorate: Health

GBC18/344

Portfolio/s: Health & Wellbeing**ISSUE: COAG PERFORMANCE REPORTING DASHBOARD****Talking points:**

- I have been advised the Productivity Commission will make the 2018 update of the Performance Reporting Dashboard (Dashboard) publicly available today at 11:00am.
- ACT Health provided input to the Dashboard and has reported well against the majority of the indicators, particularly in regards to Mental Health Reform with the completion of ACT projects under the National Partnership Agreement Supporting National Mental Health Reform.

Background Information – may not be suitable for public disclosure

- ACT Health provided input to the Dashboard against the following indicators:
 1. Aged Care places per 1,000 older people
 2. Increase in the proportion of children at a healthy body weight
 3. Reduce the prevalence of Type 2 Diabetes
 4. Waiting Times for Emergency Hospital Care
 5. Waiting Times for General Practitioners
 6. Increase the proportion of adults at a healthy body weight
 7. Reduce the rate of smoking amongst Indigenous Australians
 8. Reduce the rate of smoking
- Of these, only Indicator number 6 reflected a 'negative change.' However, overall the rates of ACT adults who were overweight or obese compares favourably with national averages.
- In the 2016/17 financial year, the ACT Health Promotion Grants Program funded 16 programs to a total value of approximately \$909,170 targeting adults about the importance of healthy eating and physical activity in maintaining health and wellbeing and reducing the harms of obesity.
- In addition, a range of programs targeting healthy weight have continued, with evaluations indicating positive progress towards improved rates.

Cleared as complete and accurate: 20/06/2018
Cleared by: Deputy Director-General Ext:
Information Officer name:
Contact Officer name: Gabrielle Sek Ext: 51123
Lead Directorate: Health

Portfolio/s: Health & Wellbeing

ISSUE: FUTURE OF BUILDING SPACES WHERE SERVICES TRANSITIONED TO UNIVERSITY OF CANBERRA HOSPITAL

Talking points:

- A mix of clinical and administrative spaces will become vacant when services relocate to University of Canberra Hospital (UCH) from July 2018.
- Where there is existing demand for these spaces, that demand will be accommodated.
- With regards to spaces where there is no immediate demand for occupancy, the spaces will be made safe and secured until future use is determined.

Key Information

- Spaces that will be vacated when services relocate to UCH include:
 - Areas at Canberra Hospital in buildings 3, 6, 15 and Gaunt Place;
 - Some areas at Brian Hennessy Rehabilitation Centre;
 - Spaces from Calvary Hospital;
 - Spaces at Belconnen, Phillip and City Community Health Centres, including clinic and therapy rooms, offices, workstations and gymnasium; and
 - Spaces at Village Creek Centre, including offices, workstations and consult rooms.
- Relevant staff from Canberra Hospital and Health Services, and Health Infrastructure Services have been working with Strategic Accommodation to collate requests for space and what will be able to be accommodated once relocations to UCH are complete. These and any outstanding requests will be processed in accordance with ACT Health's *Accommodation Policy – Office and Service Facilities*.
- In instances where utilisation of this space may be for growth in services, this is in accordance with Territory-wide health services planning.

Cleared as complete and accurate: 18/01/2018
Cleared by: Deputy Director-General Ext:52248
Information Officer name: Karen Doran
Contact Officer name: Rosemary Kennedy Ext:50602
Lead Directorate: Health

Background Information – may not be suitable for public disclosure

- A summary of the spaces being vacated is as follows:

Site	Area	Service/Area Name
Canberra Hospital	Building 3, Level 1	<ul style="list-style-type: none"> Rehabilitation Medicine Outpatients Clinics (note: some geriatric service outpatient clinics will continue to operate from this area)
		<ul style="list-style-type: none"> Hydrotherapy pool
	Building 3, Level 2, 12A	<ul style="list-style-type: none"> RACC Administration Rehabilitation-at-Home Service (note: a number of geriatric service staff who occupy offices in this area will not be relocating to UCH)
	Building 3, Level 2, 12B	<ul style="list-style-type: none"> RACC Ward
	Building 6, Level 3	<ul style="list-style-type: none"> Aged Care Assessment Team (ACAT)
	Building 15, Level 1	<ul style="list-style-type: none"> Acquired Neurological Clinic Clinical Psychology Clinic Degenerative Neurological Clinic RACC Psychology and Counselling Speech Pathology Clinics
Building 15, Level 2	<ul style="list-style-type: none"> RACC Occupational Therapy, Physiotherapy, Social Work RACC Psychology RACC Speech Pathology 	
Brian Hennessy Rehabilitation Centre	Villas C and D	<ul style="list-style-type: none"> Residential Rehabilitation Program
	Administration Block	<ul style="list-style-type: none"> Residential Rehabilitation Program Administration
	Central Hub	<ul style="list-style-type: none"> Residential Rehabilitation Program Allied Health
Calvary Hospital		<ul style="list-style-type: none"> Aged Care Rehabilitation Service

Cleared as complete and accurate: 18/01/2018
 Cleared by: Deputy Director-General Ext:52248
 Information Officer name: Karen Doran
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 Lead Directorate: Health

Belconnen Community Health Centre	Level 1	<ul style="list-style-type: none"> The Adult Mental Health Day Service (activity hub, treatment room, consult room)
	Level 3, Gymnasium and Store	<ul style="list-style-type: none"> Community Rehabilitation Team (allied health equipment only)
	Level 4	<ul style="list-style-type: none"> The Adult Mental Health Day Service Administration
City Community Health Centre	Level 3	<ul style="list-style-type: none"> Falls Injury Prevention Program
Phillip Community Health Centre	Ground Floor	<ul style="list-style-type: none"> Gymnasium / Store Room / Office
	Level 1, Room 1.30	<ul style="list-style-type: none"> Community Rehabilitation Team Community Ambulatory Rehabilitation Service (CARS)
Village Creek Centre, Kambah		<ul style="list-style-type: none"> Rehabilitation Nurse Practitioner Clinic Spinal Clinic Vocational Assessment Rehabilitation Service Multi-Disciplinary Outpatient Clinics (including Spinal Injury Review Clinic, Amputee Clinic, Spasticity Clinic) Driver Assessment & Rehabilitation Service Transitional Therapy and Care Program Outreach service

Cleared as complete and accurate: 18/01/2018
 Cleared by: Deputy Director-General Ext:52248
 Information Officer name: Karen Doran
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 Lead Directorate: Health

Strategic Indicator 1 – Reducing the waiting list for waiting longer than clinically recommended timeframes for elective surgery

Table 1: The number of patients waiting longer than clinically recommended timeframes for elective surgery

Strategic Indicator	2017-18		2018-19
	Target	Est. Outcome	Target
The number of patients waiting longer than clinically recommended timeframes for elective surgery ¹	144	668	430

Note:

The target in 2018-19 has been revised upward from the previous financial year.

Key points

- The 2017-18 target as calculated by Territory Wide Surgical Services for the number of elective surgeries was approximately 13,440 procedures across the territory. The target for the number of long waits was set at 144 for the 2017-18 financial year.
- It is estimated that 13,360 procedures will be achieved in 2017-18 but increased demand for both elective and emergency surgery time has effected the capacity to bring long waits down to 144 – the estimated number of people waiting over the clinically recommended waiting times (long waits) at the end of the financial year is 668.
- The current elective surgery waiting list is around 5,500. The 2017-18 target of 144 long waits represents approximately 2.5% of the current waiting list, with a revised target of 430 representing approximately 8% of the existing wait list. The long term target for ACT Health is to manage the waiting list, with an outcome of not more than 5% of people on the wait list waiting longer than clinically recommended.
- Revising the existing target for 2018-19 to 430 reflects the plan to move our estimated outcome over successive years to 5% of the elective surgery waiting list, and is consistent with the Government providing an additional \$10.2 million to increase the number of elective surgeries across the territory to around 14,000 procedures a year.
- To achieve the target of 430 long waits at the end of 2018-19 will require an additional number of elective surgeries to be undertaken of around 250 above the 14,000 procedures planned.
- Over the forward years, the capacity to increase the number of elective surgeries each year to above 14,000 procedures should come with certainty of funding and efficient planning.

Cleared as complete and accurate: 04/06/2018
 Cleared by: Deputy Director-General Ext: 52248
 Information Officer name: Karen Doran
 Contact Officer name: Ext:
 Lead Directorate: Health

Strategic Indicator 2: No waiting time for access to emergency dental health services

Table 3: The percentage of assessed emergency clients seen within 24 hours

Strategic Indicator	2017-18	2017-18	2018-19
	Target	Est. Outcome	Target
Percentage of assessed emergency clients seen within 24 hours ¹	100%	100%	100%

Note:

1. This does not include those clients who are offered an appointment within the required timeframe but do not accept that appointment.

Key points:

- 100 per cent of Dental Health Program clients triaged as an emergency are offered an appointment within 24 hours.
- The Dental Health Program definition of an emergency is a client who has visible facial swelling, is unable to open their mouth widely, bleeding from a recent extraction or an injury/accident to teeth in the last 72 hours.

Background Information – may not be suitable for public disclosure

Appointment books are structured to ensure adequate emergency appointment times are available to meet emergency triaged timeframes.

All staff are trained annually in the Dental Health Program Business Rules which includes the emergency triage process.

The emergency triage process is evaluated annually by management and clinical staff to ensure triage categories and timeframes are appropriate for the clinical need.

Each year the previous year's appointment demands are evaluated and the number of appointments available is adjusted to suit demand.

Cleared as complete and accurate:	21/05/2018	
Cleared by:	Deputy Director-General	Ext: 42169
Information Officer name:	Chris Bone	
Contact Officer name:	Daniel Wood	Ext: 43515
Lead Directorate:	Health	

Strategic Indicator 3: Improving Timeliness of Access to Radiotherapy Services

Table x: The percentage of cancer patients who commence radiotherapy treatment within standard timeframes

Strategic indicator	2017–18 target	2017–18 est. outcome	2018–19 target
Category			
Emergency — treatment starts within 48 hours	100%	100%	100%
Palliative — treatment starts within 2 weeks ¹	90%	60%	90%
Radical — treatment starts within 4 weeks ¹	90%	60%	90%

Note:

1. The performance in radiotherapy wait times is impacted by the increasingly complex treatment techniques and related treatment delivery times. This consequently decreases access to radiotherapy services. See further information under key points.

Key points:

- Performance in radiotherapy wait times was impacted by the types of referrals and increasing complexity of treatment techniques that increase treatment delivery times, and by fluctuations in recruitment levels of radiation therapists.
- The introduction of new, contemporary, more complex techniques offers improved quality of outcomes for patients. These techniques require more planning and treatment time, which impacts on access to treatment for some patients on the Linear Accelerator machines (Linacs).
- Changes in the combination of referrals for urgent, palliative and radical (curative) treatment regimes have also impacted access. There have been periods of higher demand for radical patients requiring concurrent chemotherapy and radiation therapy protocols and this has changed the usual prioritisation and throughput of other categories of patients.
- The monthly average of new referrals has increased by 30 at April 2018, compared to 2016-17. The number of initial consults seen in clinics since January 2018 is up by 40%.
- Measures implemented to reduce wait times and improve throughput have increased the average monthly number of complex cases treated by 28 at April 2018, compared to 2016-17.
- Clinically urgent patients are being seen outside of routine clinics and urgent treatments are being provided in excess of routine workloads.
- A rapid turnaround planning team has been established for short course palliative cases to ensure full utilisation of Linac resources where patient cancellations with minimal notice may occur.

Cleared as complete and accurate: 21/05/2018
 Cleared by: Deputy Director-General Ext: 42169
 Information Officer name: Chris Bone
 Contact Officer name: Cathie O'Neill Ext: 42738
 Lead Directorate: Health

Background Information – may not be suitable for public disclosure

- The current four Linacs are at capacity. The operating hours on all four machines have been extended since 2017, providing additional access up to 11 hours per week. Further extension of operational hours with current FTE establishment is not recommended as patient safety may be compromised.
- Not all four Linacs are capable of delivering the new complex techniques. Two Linacs are due for replacement in 2018/19.
- A fifth Linac for ACT, being delivered in the private sector, is to be operational late 2018.
- NSW patients north of Batemans Bay are being redirected to the newly established Nowra Public Service.

Cleared as complete and accurate: 21/05/2018
Cleared by: Deputy Director-General Ext: 42169
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Lead Directorate: Health

Strategic Indicator 4: Participation Rates for Breast Screening

The proportion of women in the target age group (50 to 74 years) who had a breast screen in the 24 months prior to each counting period

Strategic indicator	2017–18 target	2017–18 est. outcome	2018–19 target
Proportion of women aged 50 to 74 who had a breast screen ¹	60%	55%	60%

Note:

1. This is a voluntary participation program and ACT Health continues to work with key stakeholders to encourage an increased participation rate for the target age group of 50 to 74. The target age group which was previously 50 to 69 has been increased to 50 to 74 in line with National Indicators.

Key points

- This is a voluntary participation program. ACT Health continues to work with key stakeholders to encourage increased participation rates in the target cohort.
- The most recent AIHW report on participation rates in this cohort indicates that the ACT participation rate is second in the country and exceeds the average rate for Australian participation by three percent.
- The estimated outcome for 2017-18 is 55 per cent, a decrease of 1 percent from last year. There was an increase in the ACT resident target age cohort of 487 women between April 2017 and April 2018.
- It is estimated that a total of 17,820 women will be screened this financial year, 1,161 below the annual target of 18,990 screens. This is an estimated six percent shortfall.
- Participation rates for 2017/18 financial year have been significantly impacted by a shortage of skilled mammographers. Since October 2017 there has been a deficit of 2.2 FTE radiographers. This equates to a potential screening deficit of 7,500 screens. Staffing recruitment strategies have included advertising on several national recruitment websites, and promotional stalls at professional conferences locally and nationally.
- Key strategies in the Participant Recruitment Plan include:
 - 300 letters inviting women to access the service for the first time. This was limited due to appointment availability.
 - 13,556 routine reminder letters to women due for their next mammogram, as of the end of March 2018.

Cleared as complete and accurate: 21/05/2018
 Cleared by: Deputy Director-General Ext: 42169
 Information Officer name: Chris Bone
 Contact Officer name: Cathie O'Neill Ext: 42738
 Lead Directorate: Health

- Research into the enablers and barriers for GPs referring women to the service, including three focus groups and 20 in depth interviews.
- Education and resources to health practitioners and the community.
- Development and revision of information brochures in seven languages.
- Promotion through social media.
- Displays at expos relevant to the target age cohort.

Cleared as complete and accurate: 21/05/2018
Cleared by: Deputy Director-General Ext: 42169
Information Officer name: Chris Bone
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Lead Directorate: Health

Strategic Indicator 7: Percentage of overnight hospital beds in use

Table 1: The mean percentage of overnight hospital beds in use

Strategic indicator	2017–18 target	2017–18 est. outcome	2018–19 target
Mean percentage of overnight hospital beds in use	90%	86%	90%

Key Points

- The bed occupancy rate for this financial year as at 31 May 2018, for Canberra Hospital and Calvary Hospital, is 86 per cent with Canberra Hospital at 94 per cent and Calvary at 69 per cent.
- This meets the 2017-18 Strategic Indicator 7 target of 90 per cent, and is consistent with previous years.
- Canberra Hospital experienced a busy winter season in 2017 and successfully managed the occupancy through the Winter Bed Strategy.
- The Strategy enabled Canberra Hospital to deploy up to 38 additional beds in response to surges in demand. The additional beds used to meet winter demand closed on 29 November 2017.
- The Winter Bed Strategy for the 2018 winter season will commence from 1 July 2018.
- Bed occupancy is calculated on the number of beds 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.

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, and 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.

Cleared as complete and accurate: 12/06/2018
 Cleared by: Deputy Director-General Ext: 54689
 Information Officer name: Karen Doran
 Contact Officer name: Ext:
 Lead Directorate: Health

- 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 specific beds in the budget process.
- ACT Health is transitioning to an Activity Based Funding (ABF) model.
- The move to ABF is complemented by the Budget Initiative allocating funding to the Bed Strategy. The number of beds available has increased by up to 80 beds – the number of beds in use will flex up and down in response to demand, allowing for more efficient management by the hospital.

Cleared as complete and accurate: 12/06/2018
Cleared by: Deputy Director-General Ext: 54689
Information Officer name: Karen Doran
Contact Officer name: Ext:
Lead Directorate: Health

ISSUE: Strategic Indicator 8 – Maintenance of the highest life expectancy at birth in Australia

Strategic indicator	ACT (years)	National (years)
Females	85.2	84.6
Males	81.3	80.4

Source: Australian Bureau of Statistics (ABS) 2017. Cat. no. 33302.0.55.001, ABS, Canberra.

Talking points:

- Australians are living longer and gains in life expectancy are continuing. The ACT continues to enjoy the highest life expectancy of any jurisdiction in Australia and the ACT Government aims to maintain this result.

Key Information

- ACT females have a higher life expectancy than ACT males (85.2 years compared with 81.3 years).

Background Information – may not be suitable for public disclosure

- Life expectancy at birth provides an indication of the general health of the population and reflects on a range of issues other than the provision of health services, such as economic and environmental factors.
- It is not just life expectancy that is important, health-adjusted life expectancy is a measure of the years that a population, on average, can expect to live in good health. Males in the ACT in 2011 could expect to live 72.3 years in good health, while for females that figure was 74.6 years. The percentage of life lived in full health in the ACT is similar to that of the rest of Australia. Population health initiatives aim to ensure that the period lived in good health is as long as possible.

Cleared as complete and accurate: 23/05/2018
 Cleared by: Deputy Director-General Ext: 50883
 Information Officer name: Dr Paul Kelly
 Contact Officer name: Emily Harper Ext: 52245
 Lead Directorate: Health

ISSUE: Strategic Indicator 9 – The proportion of the ACT population with heart or vascular disease, including stroke

Strategic indicator	ACT rate	National rate
Proportion of the population diagnosed with heart, or vascular disease, including stroke ¹	3.9%	4.7%

Source: Australian Bureau of Statistics 2015 National Health Survey: First Results, 2014–15. Cat no. 4364.0.55.001. ABS, Canberra.

Note:

- The measure of heart or vascular disease includes angina, heart attack, other ischaemic heart diseases, stroke, other cerebrovascular diseases, oedema, heart failure, and diseases of the arteries, arterioles and capillaries.

Talking points:

- The main risk factor for circulatory disease is age. Population projections suggest that the ACT population is ageing faster than other jurisdictions, however the population is still younger than the national average having a median age of 35 years in 2015 compared with national median age of 37 years. While people of all ages can present with a chronic disease, the ageing of the population and longer life spans mean that chronic diseases will place major demands on the health system for workforce and financial resources.
- Other risk factors for circulatory disease are high blood pressure, overweight and obesity, high cholesterol, poor diet, insufficient physical activity and smoking. With increasing prevalence of some of these risk factors in younger cohorts, it is likely that chronic diseases will occur at younger ages.
- The ACT Government is committed to developing a preventive health strategy that will address a number of risk factors for chronic conditions, including circulatory disease.

Key Information

- The proportion of the ACT population with some form of heart or vascular disease, including stroke was 3.9 per cent, statistically similar to the national rate of 4.7 per cent. This rate has remained relatively stable over time.

Cleared as complete and accurate: 22/05/2018
 Cleared by: Deputy Director-General Ext: 50883
 Information Officer name: Dr Paul Kelly
 Contact Officer name: Emily Harper Ext: 52245
 Lead Directorate: Health

Background Information – may not be suitable for public disclosure

- The prevalence of circulatory disease is an important indicator of general population health as it is a major cause of mortality and morbidity.

Cleared as complete and accurate: 22/05/2018
Cleared by: Deputy Director-General Ext: 50883
Information Officer name: Dr Paul Kelly
Contact Officer name: Emily Harper Ext: 52245
Lead Directorate: Health

ISSUE: Strategic Indicator 10 – The proportion of the ACT population that are overweight and obese

Strategic indicator	Rate	2018–19 target
ACT	63.5%	≤63.0%
National	62.8%	n/a

Source: Australian Bureau of Statistics 2015 National Health Survey: First Results, 2014–15. Cat no. 4364.0.55.001. ABS, Canberra.

Talking points:

- Excess weight, especially obesity, is a major risk factor for many chronic conditions, including cardiovascular disease, type 2 diabetes, some musculoskeletal conditions and some cancers. As the level of excess weight increases, so does the risk of developing these conditions. In addition, being overweight can hamper the ability to control or manage chronic conditions. Source: AIHW - <https://www.aihw.gov.au/reports-statistics/behaviours-risk-factors/overweight-obesity/overview>
- Based on data from the National Health Survey, overweight and obesity rates among adults in the ACT and nationally have stabilised. However, these figures may be masking more subtle changes as people move from being classified as overweight to obese.
- In 2013 the ACT government established the Healthy Weight Initiative (HWI). The HWI aimed to halt the rise in overweight and obesity across the ACT by making systemic improvements to the food and active living environments to support Canberrans to engage in healthier behaviour. Evidence suggests that this that will have positive effects on waistlines, productivity, and in the long-term reduce the burden of chronic disease and demand on health services.
- Building upon the HWI, the ACT Government is committed to developing a preventive health strategy that will address key risk factors including overweight and obesity.

Cleared as complete and accurate: 22/05/2018
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 Lead Directorate: Health

Key Information

- The proportion of the ACT population that are either overweight or obese is 63.5 per cent, similar to the national rate of 62.8 per cent.

Background Information – may not be suitable for public disclosure

- This indicator presents one of the major risk factors leading to Type 2 diabetes. The self-reported prevalence of diabetes in Australia has more than doubled over the past 25 years. Source: National indicators for monitoring diabetes” (2007), Australian Institute of Health and Welfare Canberra, AIHW cat. no. CVD 38 (<http://www.aihw.gov.au/diabetes/indicators/>).

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**ISSUE: STRATEGIC INDICATOR 11 – IMMUNISATION RATES – ACT
 ABORIGINAL AND TORRES STRAIT ISLANDER POPULATION**

Strategic indicator	2017–18 target	2017–18 est. outcome ¹	2018–19 target
Immunisation rates for vaccines in the national schedule for the ACT Indigenous population:			
12 to 15 months	≥95%	93%	≥95%
24 to 27 months	≥95%	90%	≥95%
60 to 63 months	≥95%	96%	≥95%
All	≥95%	93%	≥95%

Note:

- The very low numbers of Aboriginal and Torres Strait Islander children in the ACT means that the ACT Aboriginal and Torres Strait Islander coverage data should be read with caution. This small population can cause rate fluctuations.

Talking points:

- The very low numbers of children identified as Aboriginal and/or Torres Strait Islander in the ACT means that immunisation coverage rates should be read with caution. This small population means immunisation coverage data for Aboriginal and Torres Strait Islander children in the ACT consistently fluctuates between quarters. One child missing one vaccine can make a difference of up to six percent in terms of overall coverage for the cohort.
- Immunisation coverage data is reliant on immunisation providers entering data on vaccines administered to a patient onto the Australian Immunisation Register (AIR). Inconsistencies or lack of data entry can therefore skew results.
- The Health Protection Service (HPS) actively pursues strategies to increase immunisation rates for Aboriginal and Torres Strait Islander children. Promotional campaigns were introduced during 2015/16 as a strategy to increase immunisation numbers. This includes reminder postcards sent to Aboriginal and Torres Strait Islander families prior to a

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child's vaccinations being due and indigenous specific promotional campaigns.

- Immunisation rates for Aboriginal and Torres Strait Islander children in cohorts two and three decreased dramatically in December 2014 and March 2016 respectively. This was primarily due to the change in definition of fully immunised which occurred in December 2014. Due to strategies undertaken by HPS the immunisation coverage rates for these cohorts has increased and is now on par or exceeding the national average.

Key Information

- Although the immunisation coverage rates had previously decreased for Aboriginal and Torres Strait Islander children the rates are now on par with national coverage rates.
- The very low numbers of children identified as Aboriginal and/or Torres Strait Islander in the ACT means that immunisation coverage rates should be read with caution. This small population means immunisation coverage data for Aboriginal and Torres Strait Islander children in the ACT consistently fluctuates between quarters and between cohorts.

Background Information – may not be suitable for public disclosure

- Immunisation coverage rates are measured at three milestones, cohort one (12 to 15 months of age), cohort two (24 to 27 months of age) and cohort three (60 to 63 months). Reports of immunisation rates on the above three cohorts are released by the AIR quarterly. These reports show coverage rates for all Australian children and for children who have a Medicare Aboriginal or Torres Strait Islander identifier.

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TRIM Ref:

ISSUE: Strategic Indicator 12 – Two year participation rate in the Cervical Screening Program

Strategic indicator	ACT rate	National rate
Two year participation rate ¹	56.2%	56.9%

Source: Cervical Screening in Australia 2014-15, (Published: Australian Institute of Health and Welfare, 2017).

Note:

1. This is the age standardised participation rate for women aged between 20 and 69 years.

Talking points:

- The ACT Cervical Screening Program (CSP) captures and reports data over a two year period as recommended by the National Cervical Screening Program.
- The Australian Institute of Health and Welfare (AIHW) report: *Cervical Screening in Australia 2018* published in May 2018* placed the ACT in the top three jurisdictions in Australia for participation in the program by ACT resident women in the target group.
- In 2016-2017 the ACT CSP received 39,230 test results, an increase on the previous year of 2,341 tests.
- Downward tracking in participation rates continue to be a problem across all states and territories. The ACT has not seen such a significant downward trend and has maintained the third highest participation rate in the country.
- The general trend in downward participation has been due in part to a lack of communication to women and healthcare professionals regarding the need to maintain the two yearly screening before the current changes to the National Cervical Screening Program were implemented in December 2017 by the Commonwealth Department of Health.

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- Other issues affecting screening include the delays experienced in the rollout of the new program, as well as a lack of understanding that screening is still required following Human Papilloma Virus vaccination.
- In the last year the ACT CSP has continued efforts to promote screening to vulnerable groups, through community radio stations and translating the screening message to 21 different languages, as well as the same messages targeting the Indigenous community.
- The program has also increased promotion via social media channels and to health professionals in an effort to negate issues currently affecting screening participation.

* Following provision of data for the 2018-19 Budget Papers, updated data was released by AIHW. Below is the 2015-16 data.

Strategic indicator	ACT rate	National rate
Two year participation rate ¹	56.2%	56.0%

Source: Cervical Screening in Australia 2015-16, Cat No. CAN 111 (Published: Australian Institute of Health and Welfare, 2018).

Note:

1. This is the age standardised participation rate for women aged between 20 and 69 years.

Background Information – may not be suitable for public disclosure

- The two yearly cervical screening program participation rate in the past has provided an indication of the effectiveness of early intervention health messages and organised screening programs.
- As of 1 December 2017, the ACT Cervical Cytology Register ceased receiving test results. This is because the renewed National Cancer Screening Program and Register commenced on that date.
- The rescreening interval also changed from five yearly to two yearly intervals from 1 December 2017.
- Recent media reports suggest that at least 209 women in Ireland were given incorrect pap smear results through a national screening program, CervicalCheck, and were later diagnosed with cervical cancer between 2010 and 2014.
- Media reports have suggested that Clinical Pathology Laboratories, owned by Australian healthcare company Sonic Healthcare, was subcontracted by CervicalCheck to conduct testing in Ireland. Sonic Healthcare conduct about one third of testing in Australia, however the Department of Health has advised that it is confident in the quality of testing in Australia and that this incident should cause no concern for Australian women.

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TRIM Ref:

Strategic Indicator 13 – the mean number of teeth with dental decay, missing or filled teeth at ages 6 and 12

Strategic Indicator	ACT Rate ¹	National Rate
DMFT index at 6 years (indicates deciduous teeth)	0.90	1.30
DMFT Index at 12 years	0.30	0.90

Source: *Oral Health of Australian Children – The National Child Oral Health Study 2012-14*, (Published: University of Adelaide Press, 2016).

Key points:

- Based on the last National Published data from the National Child Oral Health Study, the index at six years for decayed, missing or filled deciduous teeth (DMFT) in the ACT was 0.90 compared with the national average for the same period being 1.30.
- Based on the last National Published data from the National Child Oral Health Study, the index at 12 years for decayed, missing or filled teeth (DMFT) in the ACT was 0.30 compared with the national average for the same period being 0.90. The ACT rate is the lowest nationally.

Background Information – may not be suitable for public disclosure

- ACT Government actions that have contributed to the achievement of lower than national average results on the DMFT index include:
 - Preventive programs and treatments, including the First Smiles Program, fissure sealants and fluoride therapies.
 - Health promotion targeting young families and education programs for parents.
 - Increased access to services by the recall system and increased dental therapy staffing.

¹ The ACT Rate in the table above is for ACT-wide, including private practitioner data, collected by Australian Institute of Health and Welfare (AIHW), for their most recent reporting period.

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**ISSUE: Strategic Indicator 14 – Reduction in the rate of broken hips
(fractured neck of femur)**

Strategic indicator	2015–16 ACT rate	Long term target
Rate per 1,000 people	6.6	5.3

Source: ACT Admitted Patient Care data

Talking points:

- Hip fractures are a serious injury and typically a consequence of falls and osteoporosis in older adults. Despite an overall downward trend, it remains a significant health burden that is expected to increase as our population ages. Fractures and their associated disabilities often result in premature death and are a significant cause of rising health costs, hence the need for policies to address their causes and outcomes.
- Preventing falls and other fracture risk factors, may reduce the prevalence of fractures among the elderly.

Key Information

- In 2015–16, the ACT rate of admissions in persons aged 75 years and over with a fractured neck of femur was 6.6 per 1,000 persons in the ACT population.
- This indicator provides an indication of the success of public and community health initiatives to prevent hip fractures. The 2015–16 ACT rate of admissions in persons aged 75 years and over with a fractured neck of femur was above the long-term target of 5.3 per 1,000 persons. However the rates fluctuates between 5.5 and 7.0 over a 7-year period (2009–10 to 2015–16) and following a generally decreasing trend.

Background Information – may not be suitable for public disclosure

- Population health policies and programs that aim to reduce the incidence of falls in the elderly can help to reduce the number of neck of femur fractures in the community.

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ISSUE: Strategic Indicator 15 – Percentage of persons aged 12 to 17 years who smoke regularly

Strategic indicator	2014 ACT rate	2014 national rate	Long term target
Percentage of persons aged 12 to 17 who are current smokers	5.2%	5.1%	≤5%

Sources: Australian Secondary Students' Alcohol and Drug (ASSAD) Survey confidentialised unit record files 2014, ACT Health: Australian secondary school students' use of tobacco, alcohol, and over-the-counter and illicit substances in 2014 report, Centre for Behavioural Research in Cancer, Cancer Council Victoria, October 2016.

Talking points:

- Smoking rates among youth in the ACT have fallen significantly over the past two decades and continue to fall.
- While it is good news that smoking rates among ACT youths has fallen, we can't be complacent. There are still sections of the community with high smoking rates, while electronic cigarettes (e-cigarettes or personal vaporisers) are an emerging public health challenge. Currently, e-cigarettes are being marketed as a method to assist smokers to quit, or as a safer alternative to conventional cigarettes. However there is currently insufficient evidence to support these claims and growing concern about potential toxic effects and long-term health impacts.

Key Information

- The proportion of ACT students aged 12–17 years who stated that they were current smokers in 2014 was 5.2%. This was slightly lower than the 2011 rate (5.8%) and more than half the rate reported in 2002 (15.3%).
- The ACT rate (5.2%) was similar to the national figure for current smoking in youths in 2014 (5.1%).
- Although based on small numbers, the proportion of ACT students aged 12–17 years who stated that they had ever used e-cigarettes in 2014 (11.6%) was similar to that recorded nationally (13.2%).

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Background Information – may not be suitable for public disclosure

- The mean age at which people in the ACT report having had their first cigarette has continued to rise, while a greater number of Canberrans report that they have never smoked. It is thus important to continue to monitor the smoking patterns of younger Canberrans and establish policies that help these positive trends to continue.
- The Australian Secondary Students' Alcohol and Drug Survey (ASSAD) is conducted every three years in the ACT. Data from the latest collection (2017) will be available in July 2018. The survey collects information on the prevalence of alcohol and tobacco use and other health risk factors among secondary school students (aged 12 to 17 years of age).

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**Select Committee on Estimates
2018 – 2019 Budget**

June 2018

57. 2018-19 Budget Summary (including summary of Initiatives)

(Health Budget Statement)

Key points

- Health expenses grow to \$1.683 billion in 2018-19 (excluding Territorial capital grants).
- Mental Health, Justice Health and Alcohol and Drug Services (Output 1.2) expenses are expected to increase from \$187 million to \$195 million, an increase of 5%.
- Mental Health and Justice Health new initiatives contained in the 2018-19 Budget are listed at Attachment A. These initiatives total \$6.815 million in 2018-19 and account for 15% of new funding for ACT Health.
- Some initiatives are funded for one, two or three years only and ACT Health will need to consider re-bidding for these funds in future years.
- Recurrent and capital funding for 'Accommodation to Support people with Mental Health' is net of the funding provided in 2016-17 for the Mental Health Step-up Step-down facility.
- There are no significant new savings targets contained in this Budget. The 2017-18 Budget contained a deferred \$10 million saving target which commences in 2018-19. The Directorate will also be required to internally fund pay rises between 1.3% and 1.7% in 2018-19 (approximately \$4m) and there is a small (\$0.2m) contribution to the whole of Government Strategic Accommodation Project.

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ACT Health										
2018-19 New Initiatives										
Working Title (titles appear different in Budget Papers)	Recurrent					Capital (includes Provisions)				
	2018-19	2019-20	2020-21	2021-22	Total	2018-19	2019-20	2020-21	2021-22	Total
	\$000's	\$000's	\$000's	\$000's	\$000's	\$000's	\$000's	\$000's	\$000's	\$000's
Accommodation to support people with Mental Health	2,041	1,854	2,981	3,783	10,659	123	3,973	5,560	320	9,976
Suicide after care and crisis care services (Way Back Support Service)	350	0	0	0	350	0	0	0	0	0
Youth Mental Health Assertive Outreach	1,142	1,016	0	0	2,158	0	0	0	0	0
Expansion of Older Persons Mental Health	744	757	776	795	3,072	0	0	0	0	0
Mental Health Detention Exit Community Outreach	200	206	0	0	406	0	0	0	0	0
Expansion of Justice Health Services at the Alexander Maconochie Centre	1,530	1,561	1,593	1,625	6,309	0	0	0	0	0
Trial of an ACT Mental Health Recovery College	396	443	50	0	889	0	0	0	0	0
Strengthening Community Based Counselling Services for children and young people	412	424	437	0	1,273	0	0	0	0	0
	6,815	6,261	5,837	6,203	25,116	123	3,973	5,560	320	9,976

Select Committee on Estimates 2018 – 2019 Budget

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58. Summary of 2018-19 Federal Budget – Impact on ACT Health

Key Points

- Health systems across the country are managing increases in demand.
- There are many areas of health that are receiving new funding in this Budget. However, there is also a number of areas of health care delivery that the Commonwealth are seeking to drive efficiencies in.
- Further work will need to be undertaken to determine how this may impact on the health outcomes of those in our community who rely on these services.
- In the coming days, ACT Health will further examine the details of the Budget to determine the impact on the ACT and surrounding region.

National Health Reform funding

- The 2018-19 Federal Budget is the second year under the interim funding agreement for National Health Reform Funding which operates over three years from 2017-18 to 2019-20.
- The 2018-19 Commonwealth Budget estimates for the ACT are higher than the soft funding cap of 6.5 per cent, due to the redistribution of available funding under the national funding cap.
- The ACT Health 2018-19 Budget estimates is that National Health Reform Funding will continue at approximately 6.3 per cent in 2018-19, increasing to 6.5 per cent, per annum, over the forward estimates in line with expected increases in both activity and price.
- This 2018-19 Commonwealth Budget fully funds a new five-year public hospital agreement with the states and territories between 2020-21 and 2024-25. The increase in activity has been projected in line with the existing interim funding agreement.
- The ACT Government will now commence negotiations with the Commonwealth on the new agreement.
- The ACT Government look forward to these discussions and how this funding and the broader COAG Health Council reforms will have a positive impact on our public hospitals and other health services.
- The Government also welcome the confirmed funding that has been earmarked in tonight's Budget for specific areas identified as part of the Commonwealth offers to states and territories to sign the new health funding agreement.

Commonwealth Estimates				
17-18	18-19	19-20	20-21	21-22
\$m	\$m	\$m	\$m	\$m
362.9	385.7	411.4	438.8	468.0
	6.27%	6.66%	6.66%	6.65%
<i>*2017-18 includes a reduction due to rebasing from 2015-16 and 2016-17 of \$40.1m</i>				
ACT Health Estimates				
17-18	18-19	19-20	20-21	21-22
\$m	\$m	\$m	\$m	\$m
362.9	385.7	410.8	437.5	465.9
	6.28%	6.50%	6.50%	6.50%

Note on table above:

The 2018-19 Commonwealth Budget amount for 2017-18 was \$403.0 million. This figure has been adjusted by \$40.1 million to \$362.9 million to remove the impact of the outstanding 2015-16 and 2016-17 settlements for actual services delivered, so to reflect real year-on-year funding growth.

NDIS

- ACT Health remains focused on the eligibility criteria and pricing set by the NDIA as minor changes in these parameters can have significant impacts on the demand for health services.

Mental Health

- Mental health funding needs to be a priority area for all governments and it's pleasing to see the additional funding contained in this year's Federal Budget.
- There is \$82.5 million nationally over four years from 2018-19 for psychological services in residential aged care, and \$20 million over four years for a pilot led by mental health nurses to target mental health of older people in the community, particularly those at risk of isolation.
- The ACT Government already provides community mental health in-reach services to those older people in and out of residential age care facilities. These services include psychiatry, mental health nursing and allied health. We hope this Commonwealth commitment enhances access to additional services for these Canberrans.
- It is pleasing to see the \$125 million over 10 years nationally for the Mental Health Research Future Fund for new research to support an additional 1 million people with mental illness. The ACT has strong relationships with our tertiary institutions and medical research community and we will be looking to increase our ability to partner with these institutions to embed research in service delivery wherever possible.
- The Budget includes \$37.6 million nationally over four years for beyondblue for the Wayback Support Service for support to those discharged from hospital after a suicide attempt. This is not indicated as being contingent on matched funding from the ACT which is a positive, however, ACT

Health and beyondblue will be speaking in the coming days to look at this in more detail as it is hoped to be an enhancement to existing commitment of ACT.

- There are also extra funding for support services including \$33.8 million nationally over four years for Lifeline and \$1.2 million nationally in 2018-19 for SANE Australia to boost crisis hotlines and suicide awareness campaigns that all Canberrans can access.
- In addition, there is \$12.4 million nationally over four years to strengthen the National Mental Health Commission, which provides great leadership to the ACT mental health sector.

Alcohol and other drug

- We welcome the \$40 million over three years from 2018-19 nationally to support professional development in primary care for the treatment and support for alcohol and drug abuse and residential rehabilitation services.

Access to medicines

- The Budget includes new and amended listings on the Pharmaceutical Benefits Scheme (PBS).
- While overall funding for the PBS has increased, there are a number of new measures aimed at increasing efficiencies and reducing the costs of the PBS.
- It is unclear at this stage what impact these initiatives will have on those in our community who rely on PBS drugs to treat their conditions.
- ACT Health is particularly concerned with the \$40 million reduction in funding nationally for MedicineWise over four years. This is an important service for primary health care and we look forward to the Commonwealth's announcement to a replacement service.
- It is pleasing to see the addition of the HIV prevention drug, Pre-Exposure Prophylaxis (PrEP) to the PBS.
- A trial of PrEP trial commenced in the ACT in September 2017 as an expanded arm of the NSW PrEP trial (EPIC-NSW). The ACT Government provided just over \$112,000 in funding to support the trial locally.
- With PrEP now listed on the PBS, all medical practitioners, including general practitioners, are able to prescribe PrEP medications for individuals at high risk of HIV.

Indigenous health

- The Budget introduces a new funding model for indigenous primary health care.
- ACT Health understands that this new agreement may negatively affect Winnunga's ability to access funding as Winnunga has to date, had difficulty securing new primary health care funding from the Federal Government.

Medical research

- The ACT is leader in health research and we welcome the investment in medical research.
- We welcome the \$275.4 million nationally for the Medical Research Future Fund and the \$1.3 billion nationally for a national health and Medical Industry Growth Plan.
- In particular, initiatives that could benefit the ACT include the funding for Genomics research and the expanded clinical trials program

Palliative Care

- The Budget is providing \$32.8 million nationally over four years for palliative care for elderly Australians living in residential aged care facilities.
- This is contingent on matched funding from jurisdictions. The Government will look at the criteria for this and welcomes the opportunity to collaborate in this space.

Healthier ageing

- Our community is not only increasing in size, but our community is also getting older.
- The 14,000 nationally new high level home care packages is welcome.
- However, with only 74,000 residential aged care places expected to be available nationally by 2021-22, this increase in packages is not enough to manage demand – the waiting list for residential aged care places is currently around 100,000 nationally.
- The Budget is also funding \$105 million over four years nationally for the national Aboriginal and Torres Strait Islander Flexible Aged Care Program. It is good to see increased investments in this space. However, we need to be considering investing in all Aboriginal and Torres Strait Islander peoples, including those who live in urban and metropolitan areas.

Workforce and GPs and bulkbilling

- The Budget has \$83 million nationally over five years from 2017-18 to achieve stronger rural, regional and remote health outcomes by aligning the distribution of the health workforce to areas of greatest need and building the capability of Australia's medical practitioner workforce.
- Access to bulk billing and GPs is not just an issue for rural Australia, it is critically important for all health systems that the Commonwealth invest more in primary health care.
- Investment in primary health care and prevention not only improves the health and wellbeing of our community, but also reduces unnecessary hospitalisations and eases pressure on our hospitals.
- Another concern is the recalibration of the system for recruiting medical staff from overseas. These clinicians play a vital role in the ACT Health system.

Digital health measures

- The funding for My Health Record that will continue into 2018-19 is supplemented by an additional \$5 million nationally over two years to support national deployment of the child digital health record and a national pre-natal digital screening standard and digital tools.
- The breakdown is \$3.7 million in 2018-19 and \$1.3 million in 2019-20. The funding is part of a broader infant and maternal health package (\$77.9 million) to ensure our children get the best possible start in life.
- The child digital health funding recognises the work to date of the National Children's Digital Health Collaborative, which has involved every State and Territory. Led by NSW, the Collaborative has progressed a number of initiatives, with proof of concept projects being implemented in various jurisdictions to ensure each initiative is implementable and can be scaled nationally. The quantum of funding to be received by the ACT is yet to be determined.

Essential Vaccines

- We welcome the announcement that free antenatal pertussis (whooping cough) vaccines for pregnant women in their third trimester will be added to the National Immunisation Schedule.
- The ACT Government have been providing this vaccination free to ACT pregnant women since April 2015, with funding to continue to provide this vaccine allocated in the ACT Budget last year.
- Government also welcomes the listing of two new drugs for the prevention of Influenza in older people and a new drug to replace current Meningococcal vaccinations on the National Immunisation schedule.
- With these vaccines now being made available through the National Schedule from 1 July 2018, the Government will be looking at what this means for our programs and further announcements will be made in our Budget in June.

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**Select Committee on Estimates
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June 2018

59. Community Budget Consultations: Outcome

Key points

- The Community Budget Consultation process for 2018–19 attracted a range of proposals. Of those, the majority related to primary and community care, rather than to the acute sector.
- In total 92 submissions were received.
- Of these submissions, forty-two were related to health issues in some way. Sixteen of these submissions touched on issues in the Mental Health portfolio and thirty-nine of these submissions focused on issues in the Health and Wellbeing portfolio. Thirteen of the forty-five submissions had overlaps between both portfolios.
- Some submissions did not include specific funding requests. Others proposed one-off funding for a particular year; others detailed expenditure to be allocated to three or four year periods. One submission proposed the quarantining of 5 per cent of the total health budget for preventative health strategies.
- ACT Health did not support the development of additional business cases in relation to the Community Budget Submissions received.

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Select Committee on Estimates 2018 – 2019 Budget

June 2018

60. Community Budget Consultations: Non-Funding of Initiatives

Key points

- ACT Health did not support the development of additional business cases in relation to the Community Budget Submissions received.
- Analysis of the Community Budget Submissions against the supported ACT Health Budget Business cases identifies some alignment in the area of Mental Health. Dot Points outlining alignment across the various Business Cases is provided below.

Stronger Support for Suicide Prevention

- The Way Back Support Service aligns with submissions advocating for increased suicide prevention services by the Mental Health Community Coalition, The Youth Coalition of the ACT (Youth Coalition) and Capital Health Network.
- The Way Back Support Service is an innovative suicide prevention service, developed to support people for up to three months after they've attempted suicide, which is when they are particularly vulnerable to making another attempt. This initiative will provide additional funding for Way Back support services to allow for the continuation of services, post-trial in the ACT, whilst the report on the trial is being finalised. The report is expected to be delivered in late 2018.
- This initiative is also consistent with the Minister for Mental Health's Cabinet endorsed strategic priority of the reduction of suicide.

Mental Health Detention Exit Community Outreach

- This initiative aligns with the Community Budget submission made by the Mental Health Community Coalition.
- The Government will continue its investment in the Detention Exit and Community Outreach (DECO) program, which is a joint initiative between ACT Health and the community sector mental health provider Wellways Australia (Wellways).
- In the DECO program Wellways works with the ACT Health Mental Health, Justice Health, Alcohol and Drug Services to provide the support services required to assist people with diagnosed mental health conditions leaving detention to re-establish themselves in the community.
- DECO provides support to a vulnerable population who, traditionally, do not receive the support services they require and are at high risk of their condition deteriorating without that support.

Trial of an ACT Mental Health Recovery College

- This initiative is directly relevant to the Community Budget submission by the Mental Health Consumers Coalition and represents funding of a concept this organisation has been advocating for some time.
- This budget initiative will fund the trial of a Recovery College in the ACT. The focus of a Recovery College in the ACT will be on improving the lives of people with mental illness through educating participants and sharing experiences of mental health.

- The Recovery College model has recently emerged as a new approach for providing mental health education. Co-design is central to this model, whereby educational courses are co-developed and co-facilitated by Peer Educators and Clinical Educators; and where consumers, carers and professionals participate together as students.
- A successful Recovery College in the ACT aligns with the Whole of Government priority to support early intervention, working to prevent crisis and supporting people to increase their capacity to take a greater role in the management of their health. This, in turn, has the potential to reduce the demand on more expensive acute and crisis level clinical services.

Strengthening Community Based Counselling Services for children and young people

- This initiative is relevant to submissions by the Youth Coalition, Capital Health Network and the Mental Health Community Coalition advocating for increased focus on early intervention models of mental health engagement with young people.
- The program also focuses on wider social determinants of health, a position which is advocated for by the Youth Coalition.
- This budget initiative will deliver on a Labor 2016 election commitment, as well as further Government investment in 2017-18, to enhance the clinical capacity of headspace Canberra (headspace).
- headspace offers an extremely important early intervention mental health service for those aged between 12 to 25 years with emerging mental health challenges.
- headspace fills an important service delivery gap for young people in the ACT and the increase in the clinical capacity of this service will continue to assist in providing an accessible and early intervention mental health service.

Menslink

- This initiative is relevant to the submission by Capital Health Network advocating for additional mental health services for children under 12 years of age.
- The ACT Government will provide \$100,000 over two years to support a Menslink counselling program for schoolboys aged 10 to 12 years. This initiative will assist boys who may have experienced family violence, trauma or peer relationship breakdowns and who may be at a greater risk of experiencing poor mental health.

Let's Talk

- This initiative aligns with submissions advocating for increased suicide prevention support by the Mental Health Community Coalition, The Youth Coalition and Capital Health Network.
- The ACT Health Let's Talk for Suicide Prevention initiative receives annual funding of \$50,000 and this year's funding has been used to establish a community grants program. Let's Talk Funding Grants will support local organisations and community group to conduct suicide prevention and awareness programs, events, activities and communication initiatives. The aim of the Let's Talk Funding Grants is to support targeted and innovative suicide prevention and awareness projects which are developed in line with evidence-based Lifespan strategies and best practise principles.
- This initiative is also consistent with the Minister for Mental Health's Cabinet endorsed strategic priority of the reduction of suicide.

Lifespan

- This Initiative aligns with submissions advocating for increased suicide prevention services by the Mental Health Community Coalition, The Youth Coalition and Capital Health Network.
- \$1.5 million in funding will be provided over 3 years to engage the Black Dog Institute to implement the Lifespan Integrated Suicide Prevention model in the ACT, commencing in 2018.
- LifeSpan is a systems approach to suicide prevention with 9 integrated framework strategies, including improving emergency and follow-up care for suicidal crisis, using evidence-based treatment for suicidality, promoting help-seeking, mental health and resilience in schools, and encouraging safe and purposeful media reporting.
- LifeSpan will be evidence based, and will have a particular focus on high risk groups, including young people and Aboriginal and Torres Strait Islander groups.

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**Select Committee on Estimates
2018 – 2019 Budget**

June 2018

61. Savings Targets for Health

(Health Budget Statements)

Key points

- There are no significant new savings targets incorporated into the 2018-19 Budget for Health. The Directorate will, however, be required to achieve the \$10 million savings target contained in the 2017-18 Budget (which commences in 2018-19).
- ACT Health will be required to internally fund \$3.752 million (in 2018-19 only) towards the Hospital in the Home (\$4.925m) new initiative. The outyear amounts (\$9.850m), however, are fully funded.
- The Directorate will also contribute \$0.2 million recurrently to the whole of Government Strategic Accommodation Project.
- While not shown in the ACT Budget Paper, ACT Health will be required to internally absorb the gap between 1.3 per cent and 1.7 per cent for the expected EBA pay rises in 2018-19. This is estimated to cost approximately \$4 million.

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Australian Capital Territory
BUDGET 2018-19
Media Release




Better healthcare for a growing community

\$1.7 billion
investment
in health



\$561 million
improving
health
infrastructure



14,000
elective
surgeries
every year



More beds
across
the ACT



The 2018 Budget will boost Canberra's public healthcare with a major new investment in our hospitals and local health services.

The ACT Government already invests a third of the ACT Budget on healthcare. This year will see us step up that investment with more beds and surgeries, more resources for our emergency departments and more investment in new hospital infrastructure to meet the needs of our growing city.

This will see our investment in healthcare for Canberrans rise to about **\$2 billion** a year by 2021-22.

More staff and frontline care

Our doctors, nurses, midwives and allied health staff are working hard to keep Canberrans healthy as our city grows. This Budget will back them up with a significant new investment in staff and services, including:

- **\$64.7 million** to increase the number of elective and emergency surgeries (bringing elective surgeries to around 14,000 per year) to improve access to surgical care and reduce wait times
- **\$34.5 million** to expand the *Hospital in the Home* program so that around 3,000 more patients each year can receive the care they need in their own homes and community health centres
- **\$25.9 million** for more hospital beds including support for maternity services at the Centenary Hospital for Women and Children and more beds to cope with the annual winter surge that hits our hospitals during flu season
- **\$21.2 million** for more resources to help cut waiting times at Canberra Hospital Emergency Department
- **\$6.3 million** to expand health services at Alexander Maconochie Centre, with additional funding for dental, mental health and general practice services
- **\$500,000** over three years to the Health Care Consumers' Association for initiatives that will help patients better navigate our health system
- **\$250,000** for early planning to expand alcohol and drug services to develop options for future service models for withdrawal and early intervention, as well as link to the development of the ACT Drug and Alcohol Court.

Australian Capital Territory
BUDGET 2018-19
Media Release



More health infrastructure for our future

Since July 2008, the ACT Government has invested over **\$1 billion** in new and upgraded health infrastructure for Canberra. This has included the expansion of the Canberra Hospital Emergency Department and other upgrades to Canberra Hospital, and the brand new University of Canberra Hospital which will treat its first patients in July.

The 2018 Budget will continue our long-term investments in the hospitals and health facilities our city will need in the years ahead, including:

- **\$15 million** for capital upgrades at Calvary Public Hospital, which will deliver additional treatment spaces, improved access and triage arrangements, enhanced waiting areas and an expanded Short Stay Unit, including additional paediatric beds, within the Emergency Department
- **\$12 million** to construct a new health centre for Aboriginal and Torres Strait Islander people through staged payments to Winnunga Nimmityjah Aboriginal Health Service over the period 2017-18 to 2020-21
- **\$2 million** to continue Canberra's fourth Walk in Centre in the Weston Creek region to add to the network and improve access to free healthcare for Canberrans
- **Continue** progress on the planning and scoping of the new Surgical Procedures, Interventional Radiology and Emergency Centre (SPIRE), the expansion of the Centenary Hospital for Women and Children and future hospital options for Canberra's northside. The Budget includes **\$561 million** in delivery provisions for these major projects.

These new investments confirm that delivering territory wide, accessible, high quality healthcare for our growing city is one of the ACT Government's top priorities.

**Select Committee on Estimates
2018—2019 Budget**

June 2018

63. Key statistics and performance

Key points

General statistics

Key statistics	2016–17 outcome	2017–18 estimated outcomes	Percentage growth	Notes on movement in activity
ACT Health staff numbers				
Overall FTE	6,476	6,656	3%	Detail contained in notes below.
Count of Nurses and midwives (Headcount)	3,108	3,203	3%	Increase in graduates and temporary employment due to the Winter Flu Strategy being maintained throughout the year. Increase in activity in Women’s, Youth and Children. Government election commitments including 12 new graduates and 12 nurse navigators.
Count of Doctors (Headcount)	914	994	9%	The majority of this increase has occurred in temporary employment with an increase in FTE for employment in the Emergency Department and an increasing number of junior medical staff availing themselves of part time employment. This has accommodated parents returning from leave following the birth of their children.
Count of Other (Headcount) (i.e. allied health workers)	1,201	1,246	4%	There has been a small increase in Extended Scope and Advanced Scope Physiotherapists (1.4 FTE) Increase in Allied Health Staff with the opening of the UCH based on transfer of function from Calvary Hospital and increase in Exercise Physiologist.

				Technical Officers have transitioned into the Allied Health Assistant classification. Opening of Dhulwa facility included an increase in OTs and Psychologists.
Hospital and Health Services				
Total public hospital separations (in the ACT)	114,930	115,479	0.5%	Canberra Hospital at capacity. Note that QEII is not included.
Emergency Department presentations (in the ACT – across both hospitals)	143,860	148,900	3.5%	Overall growth to Emergency Departments in the ACT has eased. The growth at Canberra Hospital continues to be greater than at Calvary Public Hospital Bruce.
Emergency Department presentations at Canberra Hospital	85,093	88,900	4%	Note that the rate of increase in presentations has eased compared to the previous financial year where the year on year increase was over 9%. However 3807 additional people presented to CHHS ED in 2017/18 compared to the year previous.
Emergency Department presentations at Calvary Hospital	58,767	60,000	2%	Calvary Public Hospital Bruce has increased presentations at a rate less than Canberra Hospital. There is increased acuity measured as a function of triage urgency and admission rates.
Elective surgery removals for surgery	12,826	13,360	4%	CHHS and CPHB performed very well, late acceptance of work orders for private providers means may be slightly under target +/- 100 (13250) = 3.3%pa
Elective surgery long wait numbers	464	500+	8%	Longwaits Peaked in April 593 and were down to 499 31st of May 2018 growth of only 8%pa
Number of patients who have received care through Hospital in the Home	1,314	1,500	14%	Hospital in the Home separations have increased at Calvary Public Hospital Bruce, whereas separations at Canberra Hospital have remained steady.
Patients accessing palliative care in-patient services	827	928	12%	This increase is multifactorial mainly due to general increase in demand, an increase in service and improvement in administrative processes which monitors the change in 'care types'
Walk-in Centres presentations	36,105	40,801	13%	A general increase in public awareness has subsequently increased presentations to the WiC year on year. There was

				also a significant increase in presentations during the influenza season 2017.
Maternity and child health				
Number of babies born (in the ACT)	5,291	5,230	-1%	A small decline in the birthing rate. Note that this is subject to clinical coding.
Demand for maternity at Centenary (birthing occasions)	3,560	3,650	3%	The birthing events at CHWC have significantly increased, from 2,743 in 2010-11 to 3,561 in 2016-17, which is an annual growth rate of 4.5 per cent. Centenary Hospital is now at capacity.
Demand for maternity at Calvary (birthing occasions)	1,654	1,540	-7%	Some patients are going to Centenary Hospital in preference to Calvary hospital.
Paediatric separations <= 16 years	10,830	10,813	0%	Despite influenza season, number of paediatric patients remains static.

UCH Transition		
What	Number	Notes
Number of clients transitioning (breakdown of rehabilitation and mental health)	In the vicinity of 75 people	This includes people attending day program offered by Mental Health and RACC, sessional outpatient sessions, and hydrotherapy.
Number of Number of beds opening in July (include breakdown of those transitioning from Canberra Hospital and Health Services and Calvary in notes section)	84	Equivalent of 20 beds from Brian Hennessey Rehabilitation Centre 28 from Aged Care rehabilitation Unit, Calvary Healthcare Public, 36 From Canberra Hospital
Number of ACT Health staff expected	301FTE	This is nursing, allied health, medical, administrative and support staff.
Number of BGIS staff expected	79.4FTE	This includes both BGIS and their sub-contracting staff who are providing soft and hard facilities maintenance related support.
Number of UC staff expected	57	Number of staff moving from their current location into UCH.

64. HEALTH DIRECTORATE

A Health Funding Envelope is used to provide funding certainty for the Health Directorate and the Local Hospital Network (collectively referred to as ACT Health) regardless of changes in the Commonwealth funding contributions and other sources of income. The operating costs associated with new capital initiatives are also funded from the envelope. The envelope includes annual funding for price growth (indexation) and for growth in activity.

Better healthcare for a growing community – ACT Mental Health Recovery College Trial

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses	396	443	50	0	889

The Government will provide funding to establish the ACT Recovery College, which will provide non-clinical mental health training courses that support early intervention, helping to facilitate experience-based learning and peer support. The College will provide courses that are both mental health specific, such as navigating the mental health system, and holistic, encompassing broad topics that promote wellbeing.

Better healthcare for a growing community – Better facilities for Calvary Public Hospital

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses	0	0	0	0	0

The Government will provide a \$15 million grant in 2017-18 for Calvary Public Hospital to undertake significant upgrades including expanding the Emergency Department, refurbishing mental health inpatient facilities and replacing critical diagnostic equipment.

Better healthcare for a growing community – Continuing Northside health care planning

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses	1,000	0	0	0	1,000

The Government will continue to assess and scope requirements for expanded hospital services in Canberra's north.

Better healthcare for a growing community – Early planning to expand alcohol and drug services

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses	250	0	0	0	250

The Government will draw on the expertise of the specialist alcohol and other drug sector in the ACT and nationally to develop options for future service models for alcohol and drug withdrawal and early intervention to increase service delivery, as well as link to the development of the ACT Drug and Alcohol Court.

Better healthcare for a growing community – Expanding counselling services for children and young people

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses	412	424	437	0	1,273

The Government will continue to deliver on our election commitment by supporting *headspace*, which provides early intervention mental health services for 12 to 25 year olds and delivers educational initiatives promoting wellbeing for young people.

Better healthcare for a growing community – Expanding *Hospital in the Home*

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses	4,925	9,850	9,850	9,850	34,475
Offset – Expenses	-3,752	0	0	0	-3,752
Net Expenses	1,173	9,850	9,850	9,850	30,723

The Government will expand the capacity of the *Hospital in the Home* service so that around 3,000 more patients per year can be cared for in their own homes and through community health centres. This initiative combines the clinical resources of Canberra and Calvary public hospitals to deliver a territory wide *Hospital in the Home* service for Canberrans.

Better healthcare for a growing community – More mental health accommodation

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses	3,460	3,103	3,617	3,783	13,963
Expenses – Offset	-1,419	-1,249	-636	0	-3,304
Depreciation	0	371	371	371	1,113
Net Expenses	2,041	2,225	3,352	4,154	11,772
Associated Capital	123	6,233	5,560	320	12,236
Offset – Associated Capital – Provision	0	-2,260	0	0	-2,260
Net Capital	123	3,973	5,560	320	9,976

The Government will establish three community-based mental health accommodation facilities to provide long-term supported care for people who need 24-hour support. The Government will also establish a Step-Up-Step-Down facility on the south side of Canberra, to provide short-term residential and clinical treatment for people discharged from hospital, and refurbish the 10-bed Extended Care Unit at the Brian Hennessey Rehabilitation Centre, to help provide a secure facility for people to transition back into the community.

Better healthcare for a growing community – More mental health outreach for young Canberrans

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses	1,142	1,016	0	0	2,158

The Government will expand our investment in child and adolescent mental health services by establishing a recovery-focused, community-based outreach program for young Canberrans aged 12 to 18 years. The Government will also develop a young adult model of care for people aged 18 to 25 years.

Better healthcare for a growing community – More mental health services for older Canberrans

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses	744	757	776	795	3,072

The Government will continue our investment in the Older Persons Mental Health Intensive Treatment Service, which was initially funded as a pilot in the 2017 Budget. The service offers assertive case management and community based care for older Canberrans. This initiative will provide additional mental health support in residential aged care facilities and help to keep patients out of hospital.

Better healthcare for a growing community – More resources for acute hospital care

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses	11,521	11,700	11,887	12,079	47,187

The Government will invest in acute care at the Canberra Hospital, supporting the Emergency Department, Intensive Care Unit and additional in-patient hospital beds. This initiative will help improve hospital performance by investing in more acute care beds for admission, bring down emergency department wait times and support increased demand for maternity places and hospital beds during the annual winter flu season. This increase in services will be delivered by 54 full-time equivalent frontline staff, including 35 nurses, 12 allied health workers, and six doctors.

Better healthcare for a growing community – More support for people with chronic illness

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses	125	250	125	0	500

The Government will provide \$500,000 over three years to the Health Care Consumers' Association for initiatives that will help patients better navigate our health system. The funding will support the Association to engage with communities that experience poor chronic health outcomes, including Aboriginal and Torres Strait Islander Canberrans, people living with disability and the elderly, and help connect them with appropriate preventative health services.

Better healthcare for a growing community – More surgeries

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses	15,818	16,052	16,296	16,550	64,716

The Government will increase capacity for elective and emergency surgeries across the Territory. This initiative will lift the number of elective surgeries ACT Health can deliver to 14,000 per year, and will help improve access to surgical care and reduce wait times. Surgery resources of 29 full-time equivalents, including 22 nurses and seven medical professionals, will provide this expanded service.

Better healthcare for a growing community – New facility for Winnunga Nimmityjah Aboriginal Health Service

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses	1,165	2,435	7,700	0	11,300
Expenses – Offset ¹	0	0	-410	-413	-823
Net Expenses	1,165	2,435	7,290	-413	10,477

1. This initiative is being delivered as a grant to the Winnunga Nimmityjah Aboriginal Health Service, and is being funded from ACT Health's cash balances.

The Government is investing \$12 million to construct a new health centre for Aboriginal and Torres Strait Islander people through staged payments to Winnunga Nimmityjah Aboriginal Health Service over the period 2017-18 to 2020-21. The new centre will be used to deliver culturally appropriate health services which can help close the gap in health outcomes for Aboriginal and Torres Strait Islander Canberrans.

Better healthcare for a growing community – Primary care integration

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses	190	0	0	0	190

The Government will continue to support the HealthPathways service which is an online clinical referral portal used by health professionals to refer patients to local health services.

Better healthcare for a growing community – Protecting Canberra's kids

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses	801	0	0	0	801

The Government will continue the school-based immunisation program for Meningococcal strains A, C, W and Y. The program will be provided for year 10 students in all Canberra schools, with the option for people aged 16 to 19 to also be immunised through their general practitioner. This initiative will also undertake research into Meningococcal B.

Better healthcare for a growing community – Strengthening health services at the Alexander Maconochie Centre

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses	1,530	1,561	1,593	1,625	6,309

The Government will expand frontline health services at the Alexander Maconochie Centre, with additional funding for dental, mental health and general practice services.

Better healthcare for a growing community – Stronger support for suicide prevention

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses	350	0	0	0	350

The Government will continue to invest in suicide after care services, by extending the trial of the Way Back Support Service. The service will provide proactive after care support for people who have attempted suicide during a period of high risk and vulnerability.

Better healthcare for a growing community – Supporting mental health for people leaving prison

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses	200	206	0	0	406

The Government will extend our investment in the Mental Health Detention Exit Community Outreach program for another two years. The service provides treatment and support services to assist people leaving detention and re-establishing themselves in the community. The program will assist people to find employment, housing and education opportunities. A review of the program will be undertaken in 2019-20, to help inform options for ongoing service activity.

More jobs for our growing city – Aboriginal and Torres Strait Islander Arts Officer

See Chief Minister, Treasury and Economic Development Directorate expense initiative *More jobs for our growing city – Aboriginal and Torres Strait Islander Arts Officer* for further details.

More schools, better schools – Needs-based funding for students with disability

See the Education Directorate expense initiative *More schools, better schools – Growing school funding for students with disability* for further details.

More services for our suburbs – Aerial imagery for better planning

See the Environment, Planning and Sustainable Development Directorate expense initiative *More services for our suburbs – Aerial imagery for better planning* for further details.

More support for families and inclusion – Drug and Alcohol Court

See the Justice and Community Safety Directorate expense initiative *More support for families and inclusion – Drug and Alcohol Court* for further details.

More support for families and inclusion – Expanding CBR NightCrew

See the Justice and Community Safety Directorate expense initiative *More support for families and inclusion – Expanding CBR NightCrew* for further details.

More support for families and inclusion – Implementing the Commonwealth Redress Scheme for Institutional Child and Sexual Abuse

See the Justice and Community Safety Directorate expense initiative *More support for families and inclusion – Implementing the Commonwealth Redress Scheme for Institutional Child and Sexual Abuse* for further details.

Expenses associated with infrastructure and capital initiatives

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Better healthcare for a growing community – ACT Health critical assets upgrades	590	3,220	1,350	1,480	6,640
Better healthcare for a growing community – ACT Health ICT upgrades	770	4,323	4,336	4,140	13,569
Better healthcare for a growing community – ACT Pathology Laboratory information system replacement	2,554	2,789	6,230	423	11,996

Refer to Infrastructure and capital initiatives (Chapter 3.3) for more information.

65. HEALTH DIRECTORATE

Better healthcare for a growing community – ACT Health critical assets upgrades

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Capital	12,100	12,780	0	0	24,880
Depreciation	0	810	1,130	1,130	3,070
Associated Expenses	590	2,410	220	350	3,570
Total Expenses	590	3,220	1,350	1,480	6,640

The Government will continue to upgrade and maintain existing health infrastructure to ensure our hospitals and other health facilities can meet the ACT's future health care needs.

Better healthcare for a growing community – Expanding Centenary Hospital – more services for women and children

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Capital	2,500	0	0	0	2,500
Adjustments to existing provision	-6,000	3,500	0	0	-2,500
Net Capital	-3,500	3,500	0	0	0

The Government will continue planning and design to support the expansion of the Centenary Hospital for Women and Children, to provide additional capacity and support for maternity and paediatric services.

Better healthcare for a growing community – Surgical Procedures, Interventional Radiology and Emergency Centre (SPIRE)

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Capital	13,000	0	0	0	13,000
Adjustments to existing provision	0	-10,000	0	0	-10,000
Net Capital	13,000	-10,000	0	0	3,000

The Government will continue planning and design related to the Surgical Procedures, Interventional Radiology and Emergency (SPIRE) Centre to be based at the Canberra Hospital. The centre will help to meet growing demand for tertiary health services across the ACT, and will support the continued delivery of high quality health care.

Better healthcare for a growing community – Weston Creek Walk in Centre

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Capital – Provision	2,000	0	0	0	2,000

The Government will continue to plan for Canberra's fourth Walk in Centre in the Weston Creek region, to add to the network of existing centres across Canberra. This will build on previous design work with the Walk in Centre expected to open in 2019.

Information and Communication Technology

Better healthcare for a growing community – ACT Health ICT upgrades

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Capital	10,582	2,891	0	0	13,473
Depreciation	0	1,347	1,347	1,347	4,041
Associated Expenses	899	3,802	3,815	3,644	12,160
Offset – Associated Expenses	-129	-826	-826	-851	-2,632
Net Expenses	770	4,323	4,336	4,140	13,569

The Government will replace two core Health ICT systems: the purchasing and inventory control system, and the hospital clinical communication system. The Government will also assess cyber security vulnerabilities for ACT Health and develop a cybersecurity plan as part of the Digital Health Strategy.

Better healthcare for a growing community – ACT Pathology Laboratory information system replacement

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Capital	0	5,829	887	0	6,716
Depreciation	0	0	0	672	672
Associated Expenses	2,554	2,789	6,230	4,331	15,904
Offset – Associated Expenses	0	0	0	-4,580	-4,580
Net Expenses	2,554	2,789	6,230	423	11,996

The Government will replace the ACT Pathology Laboratory Information System. A new cloud-based system will support the entire process of pathology services, from ordering and specimen collection, through to testing, validation, reporting and billing. The new system will help improve the patient experience and increase efficiency across ACT Health services.

Expense initiatives with associated capital

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Better healthcare for a growing community – More mental health accommodation	123	3,973	5,560	320	9,976

Refer to Expense initiatives (Chapter 3.2) for more information.

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66. Health Staffing - Movement in Budgeted FTE

(Page 2, Health & LHN Budget Statements)

Key points

- The Health Directorate is reporting an increase in FTE in 2018-19 of 66. This represents an increase of 166 for new initiatives (as per the below table), offset by a reduction of 100 for planned efficiencies.
- The below tables show the increased FTE for each new initiative. The Mental Health and Justice Health initiatives are bolded.

	2018-19
Meningococcal AWCY Vaccinations	2.8
Accommodation to support people with Mental Health	19.6
Youth Mental Health Assertive Outreach	6.6
Expansion of Older Persons Mental Health	4.6
Expansion of Justice Health Services at the Alexander Maconochie Centre	8.2
Trial of an ACT Mental Health Recovery College	0.6
ACT Pathology LIS Replacement Project	4.85
ACT Health Core IT Systems to align with the Digital Health Strategy	17.4
Drug and Alcohol Court	1.0
Elective Surgery	15.4
Emergency Surgery	13.3
Emergency Department/Intensive Care Unit Pressure	14.4
Bed Strategy	39.3
Centre 4 Care at Home (Hospital in the Home)	18.3
	166.3

- A number of new initiatives do not have additional FTE attached to them because they either relate to services provided by non government organisations or Calvary Public Hospital (which are not counted in the Health Directorate FTE).
- The 2017-18 Estimated Outcome published in the 2018-19 Health Budget Statements shows an increase of 97 in FTE compared to the 2017-18 Budget. The increase is mainly associated with growth in demand during the winter months associated with the flu season and increased elective surgery.

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**67. Basis of health funding from the Commonwealth to ACT Government
(Previously known as Variation in health funding from the Commonwealth
between ABF and SPP funding models)**

Key points

- The ACT Government expects to receive \$398.0 million in Commonwealth ABF funding in 2018-19. This amount is higher than the Commonwealth Budget 2018-19 published figure of \$385.7 million, as the Commonwealth amount is an estimate based on Commonwealth methodology and data at the time.
- Commonwealth funding to the States and Territories in respect of public hospital services delivery in 2018-19 will continue to be based on national Activity Based Funding and Block Funding system (collectively ABF).
- The National Health Reform Agreement 2011 (NHRA) and the *National Health Reform Act 2011* gave rise to the implementation of national ABF from 1 July 2012 and the creation of statutory bodies such as the Independent Hospital Pricing Authority (IHPA), Administrator of the National Health Funding Pool, and the National Health Funding Body.
- ABF is informed by the IHPA pricing model and pricing framework.
- A key element of the IHPA pricing model is the National Efficient Price (NEP) which for 2018-19 has been set at \$5,012 per National Weighted Activity Unit (NWAU). The NWAU is a patient activity measurement which reflects resource utilisation in the treatment of patients – the greater the medical complexity and treatment provided, the greater the unit value attributed to the patient.
- On 27 April 2018, ACT Chief Minister Barr signed a new Heads of Agreement between the Commonwealth and the States and Territories on public hospital funding and health reform.
- The Heads of Agreement outlines the strategic priorities for health reform to be included in a new five year National Health Agreement.
- This Heads of Agreement provides the ACT funding certainty for its public hospitals over the term 2020-21 to 2024-2025.
- The ACT is expected to receive \$2.6 billion in funding from the Commonwealth for providing public hospital services over this five year period.
- The ACT has also successfully negotiated a sign-on bonus of \$8 million for signing the Heads of Agreement, for future investment in health. The projects to be funded via this bonus payment will be agreed between the Commonwealth and the ACT at a later date.
- The actual funding to the ACT in any year will depend on delivered activity in the ACT and the operation of the 6.5 per cent National funding cap under the Agreement.

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68. Funding of Election Commitments and items in the Parliamentary Agreement

(Not reference in Budget Papers)

Key points

- Election and Parliamentary Agreement commitments funded in the 2018-19 Budget are:
 - Grant to Health Care Consumers' Association (More support for people with chronic illness) - \$500k over 3 years.
 - Youth Mental Health Assertive Outreach (More mental health outreach for young Canberrans) – \$2.158m over 2 years.
- The \$15m investing in Calvary Public Hospital election commitment has been funded in 2017-18 from cash reserves.
- Two initiatives which were funded for one year in the 2017-18 Budget have been funded again in the 2018-19 Budget:
 - Headspace - \$1.273m over 3 years.
 - Older persons - \$3.072m over four years (recurrent)
- The following election commitments remain outstanding:
 - Health Research (\$3m over three years)
 - Family Assistance Fund (\$2m)
 - Walk in Centres - Following an audit of Walk-In-Centre client presentations, the Government has accepted the recommendation that existing service hours be maintained.
 - Nurse Safety Strategy – now referred to as 'Nurses and Midwives: Towards a Safer culture, the First Step. The Framework has been submitted to both Ministers for endorsement.
 - Dental Care Subsidies for Low Income Families – review of subsidised fees was undertaken in April 2017, concluding that the subsidised fees and charges were appropriate with some inclusions of new item numbers and fees as per the Australian Dental Association Schedule. New opening hours for dental clinics commenced 15 January 2018 to improve access for low income ACT residents.
 - Free vaccinations for Babies – (meningococcal B)

Contact: Trevor Vivian

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69. Increase in Total Health Expenses since Labor Government

(Not reference in Budget Papers)

Key points

- The following table shows the increases in total ACT Government health expenses since 2001-02. The table demonstrates a reduction in the growth percentage in recent years.

	Total Expenses \$000's	Increase \$000's	%
2001-02 Adjusted Actuals	472,184		
2002-03 Actual	511,892	39,708	8.4%
2003-04 Actual	562,953	51,061	10.0%
2004-05 Actual	636,206	73,253	13.0%
2005-06 Actual	697,102	60,896	9.6%
2006-07 Actual	762,187	65,085	9.3%
2007-08 Actual	838,964	76,777	10.1%
2008-09 Adjusted Actual	917,112	78,148	9.3%
2009-10 Actual	990,380	73,268	8.0%
2010-11 Actual	1,077,582	87,202	8.8%
2011-12 Adjusted Actual	1,167,062	89,480	8.3%
2012-13 Adjusted Actual	1,232,682	65,620	5.6%
2013-14 Actual	1,314,067	81,385	6.6%
2014-15 Actual	1,401,086	87,019	6.6%
2015-16 Adjusted Actual	1,497,790	96,704	6.9%
2016-17 Adjusted Actual	1,561,804	64,014	4.3%
2017-18 Estimated	1,624,697	62,893	4.0%
2018-19 Budget	1,683,201	58,504	3.6%

Notes:

- The 2001-02 and 2002-03 figures have been adjusted to account for the consolidation of ACT Health by including Canberra Hospital and ACT Community Care in 2002-03.
- The 2008-09, 2011-12, 2015-16 and 2016-17 figures have been adjusted to remove the effect of the present value impact on employee provisions.
- The 2012-13 figures have been adjusted to remove the one-off impact of building write-offs.
- From 2012-13 the above figures have been adjusted to include the ACT Local Hospital Network, specifically Calvary Public Hospital, Clare Holland House, QEII and Cross Border expenses.
- Figures do not include Territorial expenses as these are predominantly capital grants.

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70. Movements in Total Cost and CRP (Controlled Recurrent Payments) by Output

(Pages 12 to 14, Health & LHN Budget Statements)

Key points

- Since 2013-14, Controlled Recurrent Payments (CRP) for the Health portfolio is largely appropriated to the ACT Local Hospital Network (LHN) rather than the Health Directorate. This reflects the types of services deemed to be in-scope of Public Hospital services in accordance with the National Health Reforms. The funds are then used by the LHN to purchase services from the ACT Hospitals. When the LHN purchases services from the Health Directorate these services are classified as User Charges rather than as Controlled Recurrent Payments. Due to this, I suggest the committee focus on the movements in total cost to get a better understanding of the growth by output.
- Total movements by Output are shown below:

	2017-18 Projection		2018-19		Variance	
	CRP	Cost	CRP	Cost	CRP	Cost
Output 1.1 - Acute	114,557	872,076	116,477	915,942	2%	5%
Output 1.2 - Mental, Justice & A&D	59,226	186,931	63,282	195,377	7%	5%
Output 1.3 - Population Health	38,213	53,180	39,954	52,934	5%	0%
Output 1.4 - Cancer Services	9,259	84,845	10,881	85,570	18%	1%
Output 1.5 - Rehab, Aged & Comm Care	76,596	198,919	80,060	194,151	5%	-2%
	297,851	1,395,951	310,654	1,443,974	4%	3%

- The increase in Output 1.1 (Acute Services) of 5 per cent relates mainly to indexation and new initiatives including for more surgeries and more resources for acute hospital care.
- The increase in Output 1.2 (Mental Health, Justice Health & Alcohol and Drug) of 5 per cent relates mainly to indexation and new initiatives with a combined value of \$7.190m in 2018-19.
- Output 1.3 (Population Health) has had a zero per cent movement due to the reduction in essential vaccines funding (these are now purchased by the Commonwealth and provided free of charge to the Territory) and reduced expenses on Meningococcal W vaccines program (\$1.443m in 2017-18 and \$0.801m in 2018-19). These reductions have more than offset indexation for this output.
- The increase in Output 1.4 (Cancer Services) of 1 per cent relates mainly to indexation, offset by efficiencies.
- The decrease in Output 1.5 (Rehabilitation, Aged and Community Care) of 2 per cent relates mainly to one-off costs in 2017-18 related to the commissioning of the University of Canberra Hospital and the transfer of the old Belconnen Health Centre.

Contact: Trevor Vivian

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June 2018

71. Summary of Rollovers – Controlled Recurrent Payments

(Health Directorate and ACT LHN Directorate Budget Statements)

Key points

- The Health Directorate rolled over \$1.549m in Controlled Recurrent Payments from 2017-18 into 2018-19. This comprises of:

CRP Rollover	\$'000
University of Canberra Hospital Commissioning	640
Support for Bulk Billing GPs	350
Breastscreen National Partnership Agreement	87
More Nurse-led Walk-in-Centres	272
More mental health accommodation	200
Total	1,549

University of Canberra Hospital Commissioning

- This funding relates mainly to transporting of patient from Canberra Hospital to the University of Canberra Hospital including overtime costs for Ambulance drivers.

Support for bulk billing GPs

- This roll over will provide flexibility regarding awarding of bulk billing GP grants. In addition to the roll over from 2017-18, \$350k has been brought forward from 2019-20 to facilitate this flexibility. This will provide the Directorate with the ability to award all \$1.050m worth of grants in one financial year should the applications be of a suitable standard.

Breastscreen National Partnership Agreement

- This funding is required to be rolled over in order to complete the milestones contained within the Commonwealth Agreement. The delay is related to the timing of signing a new agreement which expired last financial year.

More Nurse-led Walk-in-Centres (Gungahlin Walk in Centre)

- New initiative funding appropriated in 2017-18 for setup costing in June of 2018. These have now been delayed until 2018-19. These include one-off costs for recruitment, relocation allowances and advertising.

More mental health accommodation

- These funds relating to the 2016-17 Step-up Step-down new initiative have been rolled over and returned to Government as an offset for this replacement project.

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72. HEA E01a: Protecting Canberra's Kids: Meningococcal ACWY

(Budget Statement C, Page 18)

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses	801	0	0	0	801

The Government will continue the school-based immunisation program for Meningococcal strains A, C, W and Y. The program will be provided for year 10 students and includes a catch-up campaign.

Key points

- The Meningococcal ACWY Vaccination Program provides free vaccine to protect against the A, C, W and Y strains of meningococcal disease.
- The vaccine is administered through a school based program to all students in Year 10 at ACT schools.
- A catch-up program for people aged 16 to 19 years is also available through general practitioners until the end of 2018.
- Meningococcal disease is a rare but serious bacterial infection. Worldwide, the main strains of bacteria that cause meningococcal disease are A, B, C, W and Y.
- Adolescents are most likely to carry the meningococcal bacteria in their nose and throat, and to spread the bacteria to others. Therefore, vaccinating this group both protects immunised individuals, as well as interrupting transmission of the bacteria.

Background

- Since 2014 meningococcal W and meningococcal Y cases have increased in number across Australia.
- Most Australian states and territories have introduced a funded meningococcal ACWY vaccination program into schools, targeting adolescents.
- In 2016, the ACT Government made a commitment to make available free meningococcal B vaccinations for every Canberra baby. Due to the increasing public health threat of meningococcal W disease, the meningococcal ACWY vaccination program was implemented as a priority.
- In February 2018, the Federal Government announced the meningococcal ACWY vaccine will be added to the National Immunisation Program (NIP) for infants aged 12 months.

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**73. HEA E02: Better healthcare for a growing community – Expanding
Hospital in the Home**

(Budget Statement C, Pages 2, 18)

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses	4,925	9,850	9,850	9,850	34,475
Offset – Expenses	-3,752	0	0	0	-3,752
Net Expenses	1,173	9,850	9,850	9,850	30,723

Key points

- The Government will expand the capacity of the *Hospital in the Home* service so that around 3,000 more patients per year can be cared for in their own homes and through community health centres.
- 24 nurses and 3 doctors and seven allied health professionals will contribute in providing this expanded service - this program meets ACT Health's commitment to making care patient centred - providing the right care in the right place.
- The HITH program also contributes to relieving the demand pressure on the hospital system and so contributes, as part of a targeted package of Government funding support, to establishing a sustainable health system.
- This initiative combines the clinical resources of Canberra and Calvary public hospitals to deliver a territory wide *Hospital in the Home* service for Canberrans.
- Hub and spoke model with the hub at Phillip and the spokes at Belconnen and Tuggeranong.
- The offset will be funded from within existing resources.

Background

- The ACT Government will commit \$34.5 million over four years in Tuesday's territory budget to expand the *Hospital in the Home* service.
- The expansion was an election commitment and comes after an allocation of \$136,000 in the 2017-18 budget to review the program.

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**Select Committee on Estimates
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June 2018

74. HEA EA03: Chronic Care Navigators and Improving Health Literacy

(Budget Statement C, Page 18)

	2018-19 \$125'000	2019-20 \$250'000	2020-21 \$125'000	2021-22 \$'000	Total \$500'000
Capital	0	0	0	0	0
Net Capital	0	0	0	0	0
Depreciation	0	0	0	0	0
Associated Expenses	0	0	0	0	0
Net Expenses	\$125,000	\$250,000	\$125,000	0	\$500,000

Key points

- The proposal will assist in promoting individual health literacy through community wide initiatives targeted at improving access to health related information as well as support development of tailored engagement strategies for Aboriginal and Torres Strait Islander people and people from culturally and linguistically diverse backgrounds.
- In addition to improved social and emotional wellbeing, improving health literacy amongst ACT residents can serve to reduce health admission costs through better use of primary health care services and increased access to, and participation in, preventative health services.
- Improved health literacy also contributes to more effective management of ongoing chronic health conditions thereby reducing the ongoing costs associated with preventable reactive treatment.
- The first component of this initiative (patient care navigators) is currently being implemented. This initiative is for the health literacy component.

Background

The Chronic Care Navigators and Health Literacy (CCNHL) Proposal seeks to finalise delivery of the ACT Government's election commitment to provide the Health Care Consumers Association with an investment of \$600,000 to develop clear information to help patients better understand the health system and to improve health literacy in the community.

CONTACT: Marc Emerson

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Select Committee on Estimates 2018 – 2019 Budget

June 2018

75. HEA E13: Primary Care Integration Package

(Budget Statement C, Page 18)

	2018-19 \$'000	2019-20 \$'000	2020-21 \$'000	2021-22 \$'000	Total \$'000
Capital	0	0	0	0	0
Net Capital	0	0	0	0	0
Depreciation	0	0	0	0	0
Associated Expenses	0	0	0	0	0
Net Expenses	190	0	0	0	190

The Government will continue to support the HealthPathways service which is an online clinical referral portal used by health professionals to refer patients to local health services.

Key points

- Chronic conditions are now the leading cause of ill health, disability and death in Australia. In 2014–15, more than 50 per cent of Australians reported having at least one of eight common chronic conditions (arthritis, asthma, back problems, cancer, cardiovascular disease, chronic obstructive pulmonary disease (COPD), diabetes, and mental health conditions).
- Better coordination of health services to those with chronic conditions has a two-fold benefit:
 - consumers benefit because the right care can be provided in the right place at the right time, resulting in improved health outcomes, an improved quality of life, and reduced health expenses for the consumer
 - the ACT Government benefits because the resulting reduction in unnecessary utilisation of health services should reduce growth in costs to the health sector, both now and in the future.
- The Primary Care Integration Package aims to facilitate better coordination of care for those with chronic conditions, by supporting HealthPathways, an online health information portal used at the point of care by GPs, specialists, nurses, and allied health practitioners, providing information on how to access, manage and refer patients in a timely manner to available local services.
- Funding of \$190,000 covers ACT Health's contribution towards the HealthPathways partnership for ACT and south eastern NSW, for a period of one year. There are currently: 1098 registered users of HealthPathways in the ACT; an average of 6,085 page views per month over the last year; and over 390 localised pathways.

Background

- The original bid for funding for HEA E13 Primary Care Integration Package included a request for funding of 190,000 per annum ongoing for Health Pathways and funding of \$160,000 per annum for three years for the trial and evaluation of a Chronic Conditions Consumer Network, commencing in 2019–20.
- It is understood that funding is being provided for the HealthPathways component only, for a period of one year. HealthPathways is an ongoing project that commenced in the ACT and surrounding region in April 2015. It is joint funded by the Capital Health Network (\$337,000 p.a.), COORDINARE (\$332,000 p.a.), ACT Health (\$190,000 p.a.), and the Southern NSW Local Health District (\$100,000 p.a.). Ongoing funding through the out years is required to continue the development of localised pathways, and maintain the currency of established pathways.

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June 2018

76. HEA E29: Better healthcare for a growing community – early planning to expand alcohol and drug services

(Budget Statement C, Page 18)

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Capital	0	0	0	0	0
Net Capital	0	0	0	0	0
Depreciation	0	0	0	0	0
Associated Expenses	250	0	0	0	250
Net Expenses	250	0	0	0	250

Key points

- The Government will draw on the expertise of the specialist alcohol and other drug sector in the ACT and nationally to develop options for future service models for alcohol and drug withdrawal and early intervention to increase service delivery, as well as link to the development of the ACT Drug and Alcohol Court.
- In order to develop options, the Government will work with the AOD sector to:
 - undertake an examination of the AOD treatment system on the ACT, with a focus on withdrawal services and how they fit into the wider system;
 - identify learnings from systems in other jurisdictions;
 - identify options to improve data collection; and
 - gain a better understanding of unmet need and specific service gaps.

Background

- This work will build upon a previous review into ACT AOD withdrawal services (conducted in 2016) and aligns with several Government Commitments and priorities (including the Territory-Wide Health Services Framework 2017-2027 and the implementation of a Drug and Alcohol Court).
- The previous review looked on the ACT treatment system with a specific focus on withdrawal services but did not examine systems in other jurisdictions, look at operating models in detail, or consider withdrawal services in the context of the whole treatment system.
- The ACT is the only Australian jurisdiction that does not have a formalised outpatient withdrawal service. This is widely acknowledged to be a significant gap in service.
- At present information on service utilisation is available, but data relating to unmet need is largely anecdotal and not validated. The proposal will lead to more robust data collection in relation to unmet need.

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June 2018

77. HEA E38: Better healthcare for a growing community – New facility for Winnunga Nimmityjah Aboriginal Health Service

(Budget Statement C, Pages 18-20, 22-23, 30)

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses	1,165	2,435	7,700	0	11,300
Expenses – Offset ¹	0	0	-410	-413	-823
Net Expenses	1,165	2,435	7,290	-413	10,477

Key points

- The Government is investing \$12 million to construct a new health centre for Aboriginal and Torres Strait Islander people through staged payments to Winnunga Nimmityjah Aboriginal Health Service over the period 2017-18 to 2020-21.
- In 2017-18, \$700,000 will be provided, adding to the \$1.3m provided in last Budget, to continue the planning and design work on the new health centre.
- The new centre will be used to deliver culturally appropriate health services which can help close the gap in health outcomes for Aboriginal and Torres Strait Islander Canberrans.

Background

- This initiative is being delivered as a grant to the Winnunga Nimmityjah Aboriginal Health Service.
- The funding instrument proposed for the new Winnunga health facility is a Deed of Grant and Memorandum of Understanding (MOU), underpinned by robust governance arrangements, and the engagement of an Independent Cost Planner / Certifier (reporting to the ACT Government).
- The MOU between the ACT Government and Winnunga, will be developed and negotiated on behalf of the ACT Government, by an external party, with demonstrated experience and qualifications in similar type activities, including a similar type of construction project.
- A Project Steering Group comprising representatives from Winnunga, ACT Treasury, ACT Health as well as the Independent Cost Planner / Certifier will be established to oversee the project.

CONTACT: Mary Wood

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**Select Committee on Estimates
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June 2018

78. HEA E39/40: Better healthcare for a growing community – More surgeries

(Budget Statement C, Page 18)

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses	15,818	16,052	16,296	16,550	64,716

Key points

- The Government will increase capacity for elective and emergency surgeries across the Territory to respond to the growth in demand for these services as the population grows and ages.
- Through this initiative, the number of elective surgeries ACT Health can deliver will increase to around 14,000 per year, which is an increase of about 1000, contributing to managing the waiting lists for elective surgery and reducing the time people have to wait for surgery.
- This initiative will also help improve access to surgical care and reduce wait times.
- Surgery resources of 29 full-time equivalents, including 22 nurses and seven medical professionals, will provide this expanded service.
- By providing certainty of funding to support the demand pressure on the hospital system this initiative is part of a targeted package of Government funding support, which will contribute to establishing a sustainable health system which can meet the demands of our growing population.

Background

- In the Budget Review the Government provided \$6.4 million towards increased elective surgeries, to increase the number of surgeries to over 13,000 in 2017-18.
- In previous years the Government has supported various targeted efforts to reduce elective surgery waiting lists.
- However, this initiative is different in that it is sustained. It provides certainty of funding and a capacity to plan and manage surgery services – elective, emergency/ planned and unplanned – in an more efficient and effective manner.

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79. HEA E41/42: Better healthcare for a growing community – More resources for acute hospital care

(Budget Statement C, Page 18)

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses	11,521	11,700	11,887	12,079	47,187

Key points

- The Government will invest in acute care at the Canberra Hospital, supporting the Emergency Department, Intensive Care Unit and additional in-patient hospital beds.
- This initiative will help improve hospital performance by investing in more acute care beds for admission and bring down emergency department wait times.
- More generally, the capacity from increased funding support for additional in-patient beds, will allow a managed response within the hospital to respond to areas of highest demand. In particular the increased demand for maternity places will be addressed. Also the availability of more hospital beds during the annual winter flu season will be supported through this initiative.
- This will include increasing bed capacity by up to 80 beds over the next four years, with bed numbers flexing up and down as needed to respond to peaks in demand.
- This initiative is part of a targeted package of Government funding support. It is a commitment to funding the core services of our hospital and health system. It is a response to the demand pressure on the system from a growing population in the Territory and surrounding regions, and contributes to establishing a sustainable health system longer term.
- This increase in services will be delivered by around 54 full-time equivalent frontline staff, including 35 nurses, 12 allied health workers, and six doctors.

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**Select Committee on Estimates
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June 2018

80. HEA CW01: Weston Creek Region Community Health Infrastructure

(Budget Statement C, Page 19,21,22,23)

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Capital Provision	2,000	0	0	0	2,000

Key points

- This capital provision of \$2.000 million is for the construction of a community health facility including a Walk-in Centre (WiC) in Weston Creek.
- Subject to further planning and design work, the facility will deliver at least 10 consult and treatment spaces to support the WIC and other community based health services, improving access to services for Canberrans in Weston Creek, Molonglo and surrounds.
- The space would be capable of delivering at least 27,000 occasions of service per annum.
- The existing \$0.500 million provided in the 2017-18 Budget will deliver planning and detailed design, to be completed in the 2018 calendar year. The provision will then be available for the construction phase.
- This project contributes to the Government's commitment to three new WiCs, along with the Gungahlin WiC which is already under construction, and the Inner North WiC to be considered in the next Budget.
- It is expected that the construction of the Weston Creek WiC will be completed in late 2019.
- A preferred location has been identified for the new facility and will be announced once due diligence has been completed.

Background

In the 2017-18 Budget, \$0.500 million was allocated for feasibility and early design of a new WiC in Weston Creek.

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**Select Committee on Estimates
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June 2018

81. HEA CW03: Continuing Northside health care planning

(Budget Statement C, Page 18, 24)

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses	\$1,000	0	0	0	1,000

Key points

- The 2018-19 Budget provides \$1 million for the continuation of feasibility and planning works for a Northside General Hospital.
- The Government is working closely with the Little Company of Mary to progress planning, and in particular to progress master planning for the Calvary Public Hospital Bruce campus.

Background

- The 2017-18 Budget announced \$3.25 million, including \$1.75 million in 2018-19, to commence planning for enhanced Northside hospital facilities.
- The objective and principle underpinning the Northside Scoping Study is that sub-acute, ambulatory and general hospital facilities should be provided in the community, delivering care closer to home and reducing demand and pressure on more expensive tertiary facilities.
- The Northside Scoping Study will provide the foundation for a capital investment project that will consolidate a broad range of services so that they can be accessed more easily by the local community.

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**82. HEA CW04: Surgical Procedures, Interventional Radiology and
Emergency (SPIRE) Centre**

(Budget Statement C, Pages 21, 23, 24, 31)

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Capital	13,000	0	0	0	13,000
Adjustments to existing provision	0	-10,000	0	0	-10,000
Net Capital	13,000	-10,000	0	0	3,000

Key points

- The 2018-19 Budget provides a capital injection of \$13million for continuation of planning, design and minor works related to a Surgical Procedures, Interventional Radiology and Emergency (SPIRE) Centre.
- SPIRE is planned for completion in budget year 2023-24, with an estimated total capital cost of \$500 million.
- The next phase of this project is to commence design work, in conjunction with the development of models of care that will align with the Specialty Service Plans underway as part of the Territory Wide Health Services Framework.

Background

- SPIRE was announced as a \$500 million capital election promise in the 2016 election.
- Funding to the amount of \$3million was received funding in the 2017/18 Budget for feasibility (development of a strategic business case to seek funding for capital investment).
- Subject to Budget Cabinet consideration, the SPIRE scope will include:
 - An expanded emergency department, with dedicated maternity and paediatric services;
 - New theatres, increasing from 13 to 20;
 - New Cardiac Catheterisation laboratories;
 - More elective surgery and day surgical spaces;
 - A larger intensive care unit with 48 beds, including 4 Paediatric Intensive care beds;
 - A coronary care unit with 24 beds;
 - State of the art surgical procedural and imaging facilities.
 - Two new Inpatient Units totalling 64 beds
 - Shelled floor for Teaching, Training and Research.
 - A new roof-top helicopter landing site.

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**Select Committee on Estimates
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83. HEA CW05: Expansion of the Centenary Hospital for Women and Children

(Budget Statement C, Pages 21, 23, 24)

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Capital	2,500	0	0	0	2,500
Adjustments to existing provision	-6,000	3,500	0	0	-2,500
Net Capital	-3,500	3,500	0	0	0

Key points

- The 2018-19 Budget provides a capital injection of \$2.5million to allow for the continuation of planning and design related to the expansion of the Centenary Hospital for Women and Children.
- Planning will include:
 - An increase in post and ante natal inpatient beds;
 - Enhancing our paediatric high care services;
 - Introducing an adolescent mental health inpatient service; and
 - Increasing the number of neonatal intensive care and special care nursery beds.

Background

- The 2017-18 Budget announced an estimated capital cost of \$70 million for the expansion of the Centenary Hospital for Women and Children (CHWC).
- The 2017-18 funding provided for feasibility and planning work to inform construction commencement in 2018-19.
- The expansion will improve the services and support for patients of maternity and paediatric services and provide new services, including a high dependency unit and adolescent mental health unit.
- The project is responding to the significant growth in demand for these services for the Canberra and surrounding NSW's communities.
- The expansion will include a 12-bed child and adolescent mental health unit, an adolescent gynaecology service, 12 new paediatric high-dependency units, and four paediatric intensive care beds.
- Construction of the expansion of the CHWC is expected to be completed in 2021-22.

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June 2018

84. HEA CW06/07: UMAHA Stage 2

(Budget Statement C, Pages 18, 20, 21, 22, 23, 24)

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Capital	12,100	12,780	0	0	24,880
Net Capital	12,100	12,780	0	0	24,880
Depreciation	0	810	1,130	1,130	3,070
Associated Expenses	590	2,410	220	350	3,570
Net Expenses	590	3,220	1,350	1,480	6,640

Key points

- The Upgrade and Maintain ACT Health Assets (UMAHA) program was originally conceived in 2016 to deal with extreme and high risks across the ACT Health network and medium and low risks associated with the deferment of the Building 3 and 2 redevelopment project.
- Through the roll out of UMAHA works, the development of a Strategic Asset Management Plan (SAMP) and evolution of the Health Infrastructure Services (HIS) Risk Register, ACT Health are better informed now about the condition of their built asset base compared to 2016.
- The output of these elements has informed UMAHA Phase 2 works which primarily focuses investment activity on critical front line service buildings to maintain and extend the reliable service life of these buildings by addressing known extreme and high risks.
- These risks have been identified in critical buildings including 1, 2, 3, 10 and 12 at TCH in areas such as Heating, Ventilation and Air Conditioning (HVAC), fire risk mitigation, hydraulic and mechanical services.
- Funding is being provided over two years to ensure adequate funding is available to engage construction contractors in FY18/19 for completion of works over two financial years.
- Extensive planning and development of risk mitigation project(s) statement of requirements and implementation of appropriate sustainable mitigation will take place.
- Revised UMAHA Phase 2 business case works also includes mandatory compliance upgrades at the Central Sterilising Services Department in Mitchell as well as one extreme and eight high risk issues related to fire safety and Heating, Ventilation and Air Conditioning (HVAC) functions at the Calvary Bruce Hospital Bruce.
- Application of a strategic asset approach to medical equipment is also considered as part of the revised UMAHA Phase 2 business case.
- A medical equipment SAMP will inform future equipment prioritisation and align with the Master Plan and the output from the Territory Wide Services Framework.

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85. HEA CW08 – ACT Pathology LIS Replacement Project

(Budget Statement C, Pages 18, 21, 23)

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Capital	0	5,829	887	0	6,716
Net Capital	0	5,829	887	0	6,716
Depreciation	0	0	0	672	672
Associated Expenses	2,554	2,789	6,230	4,331	15,904
Offset - Associated Expenses	0	0	0	-4,580	-4,580
Net Expenses	2,554	2,789	6,230	423	11,996

Key points

- ACT Pathology provides results for approximately 678,000 patient episodes per annum to support medical diagnosis including 70% of critical clinical decisions and 100% of cancer diagnoses.
- The current Laboratory Information System or LIS (Kestral PLS introduced in 1996) has been assessed as an *extreme* risk to the continued operation of the pathology service. This assessment is based on:
 - Likely system failure resulting from the outdated and inflexible system architecture – which prevents the server even being physically moved from the Pathology building into a data centre; and availability of ongoing support due to a dramatically contracting user-base – we anticipate the software will only be present in two or three pathology services Australia-wide by 2020-21.
 - The project will deliver a modern pathology Laboratory Information System that will underpin the delivery of current and future pathology services in a more efficient, effective and timely manner. This will lead to improved client (clinical and laboratory staff and patient) satisfaction, improved patient safety, and will support the delivery of strategic ACT Health digital initiatives.

Background

- The ACT Pathology Laboratory Information System (LIS), currently provided by Kestral Pty Ltd, is at end-of-life and poses an extreme risk to this core health service. A replacement LIS is necessary to ensuring the effective functioning of ACT Pathology and to deliver improved patient outcomes. A major outage, especially a sustained one, will have significant impacts on patient care in the ACT with likely impacts to timeliness of results and an increased chance of error through manual processing.

Offsets

- Offsets totaling \$4,580,000/
- Offsets are outlined in the table below. Significant savings are due to removal of current vendor costs.
- Offsets are also claimed for opportunities to discharge patients from hospital earlier. This is based on an estimated average earlier discharge of 30 minutes due to earlier availability of pathology results.

Pathology	Reduced Manual Effort	\$0	\$0	\$0	\$427,126
	Earlier discharge of hospital patients	\$0	\$0	\$0	\$ 2,214,340
	Removal of current system vendor costs	\$0	\$0	\$0	\$ 1,938,599
Total offset Pathology					\$4,580,065

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86. HEA CW09 ACT Health Core IT Systems to align with the Digital Health Strategy

(Budget Statement C, Pages 18, 21, 23)

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Capital	10,582	2,891	0	0	13,473
Net Capital	10,582	2,891	0	0	13,473
Depreciation	0	1,347	1,347	1,347	4,041
Associated Expenses	899	3,802	3,815	3,644	12,160
Offset – Associated Expenses	-129	-826	-826	-851	-2,632
Net Expenses	770	4,323	4,336	4,140	13,569

Key points

This initiative will deliver:

- **Clinical Communications for critical messaging services** at Canberra Hospital and other ACT Health facilities for communication of code calls (all codes including code blue or medical emergencies), critical results (ie abnormal results from diagnostic imaging or pathology), clinical and non-clinical tasking and telephone calls. This will replace life-expired radio-based pagers, switchboard consoles and ancillary equipment with clinical-grade smartphones and supporting infrastructure.
- A new **Supply chain capability** including a cloud-hosted software solution and smartphone applications to process all orders, inventory management and deliveries of clinical supplies for all public hospitals across Canberra. This will replace a 27 year old existing bespoke system.
- A **cyber-security vulnerability assessment** across ACT Health. The nature of Health ICT systems and Health operations means that Health has additional specific vulnerabilities that are not necessarily experienced with the same degree of severity by other Directorates. Health will also appoint a Chief Information Security Officer to manage cyber-security matters in conjunction with the Shared Services ICT Chief Information Security Officer.
- **Improved clinical leadership of technology** within Health through appointment of a half-time Chief Medical Information Officer and a full-time Chief Nursing Information Officer within Health's Digital Solutions Division.

Background

ACT Health operates over 254 ICT systems that cover the full range of clinical, diagnostic and administrative functions undertaken by ACT Health that have been implemented over the past 30 years with a 'best of breed' approach.

ACT Health is currently finalising a 10-year Digital Health Strategy that aligns with the Territory Wide Health Services Framework and will deliver patient-centric technology solutions in an integrated manner. The Strategy proposes a significant consolidation of ICT systems based on an integrated system model. The Strategy has been developed through extensive consultation within ACT Health and is currently being reviewed by a range of external stakeholder groups prior to finalisation and publication later this year.

Offsets

- Offsets totaling \$2,623,000
- Offsets are outlined in the table below. Offsets increase throughout the forward estimates as savings are achieved following implementation of the new solutions.
- Offsets are predominately vendor costs. There are also offsets for some SSICT costs that will be achieved through moving to cloud hosting.
- Supply chain offsets are estimated at 0.025% of stock orders

Offsets		2018-19	2019-20	2020-21	2021-22
Core IT systems	PICS vendor costs	\$129,000	\$500,000	\$500,000	\$500,000
	Wastage reduction through improved supply chain management	\$0	\$83,964	\$83,964	\$83,964
	Paging vendor costs	\$0	\$63,725	\$63,725	\$63,725
	SSICT costs	\$0	\$178,311	\$178,311	\$203,311
Total offset Core IT systems		\$129,000	\$826,000	\$826,000	\$851,000

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**87. HEA CW 12, 13 & 14: Better healthcare for a growing community –
Better facilities for Calvary Public Hospital**

(Budget Statement C, Pages 20, 30, 36)

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses	0	0	0	0	0

Key points

- The Government will provide a \$15 million capital grant in 2017-18 for Calvary Public Hospital to undertake significant upgrades including expanding the Emergency Department, refurbishing mental health inpatient facilities and replacing critical diagnostic equipment.
- The upgrade will create additional treatment spaces, improved access and triage arrangements, enhanced waiting areas, along with a reconfigured setting that will facilitate the introduction of new models of care for ED presentations with a goal to reduce the waiting times to be seen and reduce duration of stay in the ED.
- The works are expected to commence in July 2018, facilitated by the opening of the University of Canberra Hospital - Rehabilitation, Recovery and Research and the transfer of patient cohorts from Calvary Public Hospital. The works are expected to be complete around September 2019.
- Additional staff will be bought on in mid-2019 as the renovations near completion.

Background

- This funding meets a 2016 election commitment to invest in hospital services in the North.

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Mental Health Portfolio Overview 2018

- Mental health and suicide prevention are continued priorities for the ACT Government.
- While we have dedicated and professional staff and service providers, there is a need for stronger integration and coordination of our mental health system.
- In addition to the significant investment in mental health in this year's Budget, and the establishment of the Office for Mental Health and Wellbeing, key priorities in the mental health portfolio for 2018 include:
 - Developing an ACT suicide prevention strategy, including targets (led by the Office for Mental Health and Wellbeing);
 - Improving access to supported accommodation in the community;
 - More mental health services for children and adolescents; and
 - Implementing the new Adult Community Mental Health Model of Care.

Office for Mental Health and Wellbeing

- Establishing the Office for Mental Health will enable:
 - comprehensive oversight of the ACT's mental health system
 - a focus on a person-centred approach across government; and
 - improved coordination of services and facilities.
- Announced on 14 June 2018, the new Office will be led by a Coordinator-General in ACT Health and will involve representatives from across ACT Government. It will have a guaranteed level of independence, have direct access to the Minister for Mental Health and may initiate reports and reviews as requested.
- A nation-wide recruitment process for the new Coordinator-General role has commenced.
- Key priorities of the Office will be the development of a vision and work plan focussed on keeping Canberrans well for longer and reducing avoidable use of acute and crisis care services.
- The implementation of the Office for Mental Health and Wellbeing is being incorporated into the planning of the overall restructure of the Directorate.

ACT Health Restructure

- The restructure will see ACT Health reshaped into two distinct new organisations, bringing the ACT closer into line with other jurisdictions operating health systems.
- It will enable a clearer focus on efficiency and effectiveness for clinical operations, and free up existing capacity within the current Health Directorate to undertake core strategy and system management functions.
- An interim structure is being implemented on 16 July following a period of staff consultation. Further planning and consultation will occur as the final structure is refined and implemented on 1 October 2018.
- At this stage, it is not envisaged that the restructure will impact overall staffing of the Mental Health policy unit during the transition period, however, any potential future impacts will be considered carefully in consultation with staff.

Accreditation

- ACT Health has been progressing work against all of the Not Met criteria and specific recommendations, including three specific recommendation for MHJHADS which were:

Ligature Points identified in AMHU are immediately fixed

- Infrastructure scope of works have been completed and the ligature minimisation work has been broken into 2 stages:
 - Stage 1 commenced on 23 April 2018 with the removal of the ensuite doors that represent the highest ligature risk. As of 14 June 2018, all ensuite doors have been removed; and
 - Stage 2 works are to be completed by 31 August 2018 based on development and approval of a prototype room in mid-June 2018 to confirm all proposed fittings and room modifications to address additional known areas of ligature risks.

Commission an independent external review of all Mental Health Inpatient Unit, Alcohol and Drug and Justice Health facilities

- On 27 April 2018, the Clinical Governance Executive Committee endorsed the Terms of Reference for the independent external review of CHHS Mental Health Inpatient Unit, Alcohol and Drug and Justice Health facilities to assess the level of safety and risk to consumers of the service.
- A team from North-western Mental Health, Victoria, were appointed to conduct the review, which occurred from 22-23 May 2018.
- On 1 June 2018, the final report was provided to ACT Health.
- [IF REQUIRED] I am happy to table a copy of the report for the Committee's information.

Establish a Mental Health Advisory Body to oversee recommendations from the review

- The Mental Health Advisory body has been convened to oversee implementation of the recommendations from the Independent External Review.
- The membership comprises of an Independent Chair, and includes consumer and carer representatives, other external representatives and key clinicians.

The mental health advisory body held its first meeting on 15 June 2018.

Budget spending on Mental Health:

- Mental Health, Justice Health, Alcohol and Drug Services expenses are expected to increase from \$187 million to \$195 million as a result of this Budget, a 5% increase.
- New initiatives in the 2018-19 Budget for mental health and justice health total \$6.815 million and account for 15% of new funding for ACT Health

Budget Initiatives

The 2018-19 Budget provided funding for:

- Mental Health accommodation to provide more community based alternatives for the provision of mental health care. The funding will provide for:
 - **Supported Accommodation** – over the next 3 years this initiative will involve the building of 3 houses to accommodate up to 15 people suffering from complex, severe and persistent mental illness with significant functional impairment and complex needs and space for a live in carer. These houses will provide a long-term or permanent home for the consumers. ACT Health will work collaboratively with Housing ACT on the building of these homes.
 - **Southside Community Step Up Step Down (SCSUSD)** – will provide short-term residential support for people with the aim of preventing admission to hospital. The SCSUSD will be run in partnership between ACT Health and a non-government organisation. ACT Health will provide clinical services and a community agency will have a 24/7 onsite presence.
 - **Refurbishment of the 10 bed Extended Care Unit at Brian Hennessy Rehabilitation Centre** – to provide an upgraded secure facility where mental health patients who require that additional level of support can gradually transition into community-based supported accommodation options.
- **Youth Mental Health Assertive Outreach** initiative will provide assertive outreach and intensive mental health treatment and care for young people aged 12-18 who are experiencing multiple barriers to accessing office based treatment, as well as funding to develop a model of care for young adults aged 18 to 25.
- **Headspace**, to provide more counsellors and support early intervention services for young people in the ACT. We look forward to working with the new lead agency for headspace Canberra (Marathon Health) to deliver these programs.
- The **Wayback Support Service** to continue investment in care services and supports for people who have attempted suicide.
- **Expansion of Older Person's Mental Health** will continue the intensive and specialised mental health support for older people living in the community through the Intensive Treatment Service (ITS). This initiative provides recurrent funding from the one off allocation provided in the 2016-17 and 2017-18 budgets.
- Funding to trial the establishment of an **ACT Mental Health Recovery College** to deliver educational, recovery-oriented programs helping people better understand and manage their mental illness developed through co-design with carers and consumers.
- An **expansion of Justice Health Services** to enhance the existing health services at the AMC and meet the service demands of an increasing detainee population, including Forensic Mental Health Services, Dental, Nursing and General Practitioners.
- Further funding for the **Detention Exit Community Outreach (DECO) Program** to help people leaving the Alexander Maconochie Centre to re-establish themselves in the community.

NDIS and Mental Health

Background

- At full Scheme, it is anticipated that around 13 per cent of National Disability Insurance Scheme (NDIS) participants will have a primary disability that is psychosocial (i.e. associated with a severe mental illness), noting that this is also a secondary disability for many others. This is consistent with numbers in the ACT with 762 participants with psychosocial disability in 2017-2018.
- It has been recognised that there is considerable work to be done to address mainstream interface issues. The Disability Reform Council (DRC, Ministerial Council under COAG) has identified mental health as one of the priority areas to be addressed as part of the reinvigoration of the National Disability Strategy (NDS).
- The Commonwealth Government response to the recommendations of the Joint Standing Committee on the NDIS and Mental Health clarifies that there will not be a change the permanency provisions in the NDIS Act OR agreement to the permanency requirement not applying to people with psychosocial disability.

Participant Pathways

- The NDIS Pathway Review, commenced in April 2017, was implemented to address the feedback from participants, families, carers and providers that, for many, their experience had fallen short of their expectations of the Scheme.
- On 18 October 2017, the NDIA released details of a new NDIS 'participant pathway' which is being progressively piloted and tested at the moment, before being rolled out nationally.
- Central to the new participant pathway is the commitment to face-to-face engagement for all NDIS plan development, provided this is the participant's preference.
- In the review participants with psychosocial disability were identified as one group who required a tailored pathway.
- The ACT has nominated to trial the psychosocial disability pathway which will be led by the NDIA.

Mainstream Interface NDIS and Mental Health

- At the DRC Senior Officers Working Group (SOWG) in March 2018, members agreed to nominate a lead jurisdiction to work with the Commonwealth on each of the mainstream interface priority areas.
- The ACT Government (through the Office of Disability, with assistance from the Mental Health Policy Unit) is leading the work on the Mental Health Interface. This includes developing a clearer and shared understanding of decision-making, and the interpretation and application of the Applied Principles and Tables of Support (APTOS) to determine system responsibilities.
- As a first step, an ACT/NDIS Mental Health Interface jurisdictional workshop was held on Friday 8 June 2018.

- Representatives from the Department of Social Services, the Department of Health, the National Disability Insurance Agency, states and territories, the ACT Office for Disability and the ACT Mental Health Policy Unit attended the workshop.
- As a result, a draft SOWG Mental Health Interface work plan is being developed.
- Strategies and actions identified in the work plan will align with the Fifth National Mental Health and Suicide Prevention Plan (the Fifth Plan) and the psychosocial participant pathway.
- Once approved, the work of the Mental Health Interface working group will be progressed to the next Disability Reform Council meeting in October 2018.

Psychosocial Support Measure

- Outside the NDIS, the Commonwealth has provided \$80 million nationally for services for people who need psychosocial support. ACT Health has negotiated and agreed a Bilateral Agreement with the Commonwealth Government for our share of this funding how it will operate in the ACT.
- In the period 2018-2019 to 2020-2021, the Commonwealth have committed \$1.3m and the ACT have committed \$2m.
- A partnership will be established between ACT Health and the Capital Health Network (CHN) to determine how best to deliver/commission services utilising the funding provided by both the Commonwealth and the ACT. Details of the program will be negotiated between ACT Health and the CHN.

Adult Mental Health Unit capacity and number of acute beds

- During 2017-18 the average occupancy rate for the Adult Mental Health Unit was 105% on 37 funded beds. The occupancy level of AMHU are measured on funded beds, which is currently 37.
- In the ACT, the bed stock of acute beds is the following:
 - 40 beds Adult Mental Health Unit
 - 6 beds Mental Health Short Stay Unit
 - 10 beds Dhulwa (10 commissioned)
 - 10 beds Withdrawal Unit
 - 2 beds Paediatric general ward
 - 20 beds Calvary Adult
 - 15 beds Calvary Older Persons
 - 28 beds Private beds – Hyson Green
 - 12 beds Adolescent MH unit (future proposed)
- In the ACT, the bed stock of sub-acute beds are the following:
 - 7 beds Dhulwa rehabilitation (7 commissioned, 15 proposed for future)
 - 25 beds BHRC (current, but to be reduced with the opening of UCH)
 - 20 beds University of Canberra Hospital (opening July 2018)
 - 6 beds Adolescent SUSD
 - 6 beds Young Adult SUSD

- 5 beds Adult SUSD
- 3 houses Supported Accommodation (new in 2019)
- 6 beds Adult SUSD (proposed completion 2020)
- 10 beds ECU at BHRC (proposed)
- The investment in supported accommodation in this year's Budget is expected to take some pressure off our acute services including AMHU.
- At the same time we recognise that demand for mental health services is continuing to increase and we will continue to analyse bed numbers against population levels and needs moving forward.

Workforce

- There are currently 28.5 FTE consultant psychiatrists engaged in clinical work in the ACT. This is out of a total of 35.89 FTE funded positions.
- There is an additional 1 FTE consultant psychiatrist on leave until the end of 2020.
- 2.21 FTE Career Medical Officers have been employed against funded consultant psychiatrist positions.
- The Office of the Chief Psychiatrist places advertisements for all vacant consultant psychiatrist positions within MHJHADS in the relevant publications on a more or less continuous basis. As soon as practicable after the closure of an advertising period for a position a new advertisement is posted.
- A Medical Workforce Working Group was convened in August 2017 and tasked with contributing to the development of a medical workforce strategy to address the ongoing problems with medical recruitment and retention for MHJHADS.
- In May 2018 this working group was superseded by the Mental Health Medical Workforce Workshops which are jointly led by Executive Director for People and Culture.
- These groups have sought relevant analyses of workforce shortages in other public mental health services and utilized several local sources of information regarding the contributing factors to difficulties in recruitment and retention and barriers to improved performance.
- An action plan is currently being finalised through the Mental Health Medical Workforce Workshops to provide short, medium and long term strategies to address mental health workforce pressures.
- Additionally, a proposal for an ARIN for newly employed and currently employed senior medical officers to improve the competitiveness against the awards and conditions of other States is being considered.
- The group is working with the 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.

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22. 2018-19 Budget Summary (including summary of Initiatives)

(Health Budget Statement)

Key points

- Health expenses grow to \$1.683 billion in 2018-19 (excluding Territorial capital grants).
- Mental Health, Justice Health and Alcohol and Drug Services (Output 1.2) expenses are expected to increase from \$187 million to \$195 million, an increase of 5%.
- Mental Health and Justice Health new initiatives contained in the 2018-19 Budget are listed at Attachment A. These initiatives total \$6.815 million in 2018-19 and account for 15% of new funding for ACT Health.
- Some initiatives are funded for one, two or three years only and ACT Health will need to consider re-bidding for these funds in future years.
- Recurrent and capital funding for 'Accommodation to Support people with Mental Health' is net of the funding provided in 2016-17 for the Mental Health Step-up Step-down facility.
- There are no significant new savings targets contained in this Budget. The 2017-18 Budget contained a deferred \$10 million saving target which commences in 2018-19. The Directorate will also be required to internally fund pay rises between 1.3% and 1.7% in 2018-19 (approximately \$4m) and there is a small (\$0.2m) contribution to the whole of Government Strategic Accommodation Project.

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ACT Health										
2018-19 New Initiatives										
Working Title (titles appear different in Budget Papers)	Recurrent					Capital (includes Provisions)				
	2018-19	2019-20	2020-21	2021-22	Total	2018-19	2019-20	2020-21	2021-22	Total
	\$000's	\$000's	\$000's	\$000's	\$000's	\$000's	\$000's	\$000's	\$000's	\$000's
Accommodation to support people with Mental Health	2,041	1,854	2,981	3,783	10,659	123	3,973	5,560	320	9,976
Suicide after care and crisis care services (Way Back Support Service)	350	0	0	0	350	0	0	0	0	0
Youth Mental Health Assertive Outreach	1,142	1,016	0	0	2,158	0	0	0	0	0
Expansion of Older Persons Mental Health	744	757	776	795	3,072	0	0	0	0	0
Mental Health Detention Exit Community Outreach	200	206	0	0	406	0	0	0	0	0
Expansion of Justice Health Services at the Alexander Maconochie Centre	1,530	1,561	1,593	1,625	6,309	0	0	0	0	0
Trial of an ACT Mental Health Recovery College	396	443	50	0	889	0	0	0	0	0
Strengthening Community Based Counselling Services for children and young people	412	424	437	0	1,273	0	0	0	0	0
	6,815	6,261	5,837	6,203	25,116	123	3,973	5,560	320	9,976

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23. Summary of 2018-19 Federal Budget – Impact on ACT Health

Key Points

- Health systems across the country are managing increases in demand.
- There are many areas of health that are receiving new funding in this Budget. However, there is also a number of areas of health care delivery that the Commonwealth are seeking to drive efficiencies in.
- Further work will need to be undertaken to determine how this may impact on the health outcomes of those in our community who rely on these services.
- In the coming days, ACT Health will further examine the details of the Budget to determine the impact on the ACT and surrounding region.

National Health Reform funding

- The 2018-19 Federal Budget is the second year under the interim funding agreement for National Health Reform Funding which operates over three years from 2017-18 to 2019-20.
- The 2018-19 Commonwealth Budget estimates for the ACT are higher than the soft funding cap of 6.5 per cent, due to the redistribution of available funding under the national funding cap.
- The ACT Health 2018-19 Budget estimates is that National Health Reform Funding will continue at approximately 6.3 per cent in 2018-19, increasing to 6.5 per cent, per annum, over the forward estimates in line with expected increases in both activity and price.
- This 2018-19 Commonwealth Budget fully funds a new five-year public hospital agreement with the states and territories between 2020-21 and 2024-25. The increase in activity has been projected in line with the existing interim funding agreement.
- The ACT Government will now commence negotiations with the Commonwealth on the new agreement.
- The ACT Government look forward to these discussions and how this funding and the broader COAG Health Council reforms will have a positive impact on our public hospitals and other health services.
- The Government also welcome the confirmed funding that has been earmarked in tonight's Budget for specific areas identified as part of the Commonwealth offers to states and territories to sign the new health funding agreement.

Commonwealth Estimates				
17-18	18-19	19-20	20-21	21-22
\$m	\$m	\$m	\$m	\$m
362.9	385.7	411.4	438.8	468.0
	6.27%	6.66%	6.66%	6.65%
<i>*2017-18 includes a reduction due to rebasing from 2015-16 and 2016-17 of \$40.1m</i>				
ACT Health Estimates				
17-18	18-19	19-20	20-21	21-22
\$m	\$m	\$m	\$m	\$m
362.9	385.7	410.8	437.5	465.9
	6.28%	6.50%	6.50%	6.50%

Note on table above:

The 2018-19 Commonwealth Budget amount for 2017-18 was \$403.0 million. This figure has been adjusted by \$40.1 million to \$362.9 million to remove the impact of the outstanding 2015-16 and 2016-17 settlements for actual services delivered, so to reflect real year-on-year funding growth.

NDIS

- ACT Health remains focused on the eligibility criteria and pricing set by the NDIA as minor changes in these parameters can have significant impacts on the demand for health services.

Mental Health

- Mental health funding needs to be a priority area for all governments and it's pleasing to see the additional funding contained in this year's Federal Budget.
- There is \$82.5 million nationally over four years from 2018-19 for psychological services in residential aged care, and \$20 million over four years for a pilot led by mental health nurses to target mental health of older people in the community, particularly those at risk of isolation.
- The ACT Government already provides community mental health in-reach services to those older people in and out of residential age care facilities. These services include psychiatry, mental health nursing and allied health. We hope this Commonwealth commitment enhances access to additional services for these Canberrans.
- It is pleasing to see the \$125 million over 10 years nationally for the Mental Health Research Future Fund for new research to support an additional 1 million people with mental illness. The ACT has strong relationships with our tertiary institutions and medical research community and we will be looking to increase our ability to partner with these institutions to embed research in service delivery wherever possible.
- The Budget includes \$37.6 million nationally over four years for beyondblue for the Wayback Support Service for support to those discharged from hospital after a suicide attempt. This is not indicated as being contingent on matched funding from the ACT which is a positive, however, ACT

Health and beyondblue will be speaking in the coming days to look at this in more detail as it is hoped to be an enhancement to existing commitment of ACT.

- There are also extra funding for support services including \$33.8 million nationally over four years for Lifeline and \$1.2 million nationally in 2018-19 for SANE Australia to boost crisis hotlines and suicide awareness campaigns that all Canberrans can access.
- In addition, there is \$12.4 million nationally over four years to strengthen the National Mental Health Commission, which provides great leadership to the ACT mental health sector.

Alcohol and other drug

- We welcome the \$40 million over three years from 2018-19 nationally to support professional development in primary care for the treatment and support for alcohol and drug abuse and residential rehabilitation services.

Access to medicines

- The Budget includes new and amended listings on the Pharmaceutical Benefits Scheme (PBS).
- While overall funding for the PBS has increased, there are a number of new measures aimed at increasing efficiencies and reducing the costs of the PBS.
- It is unclear at this stage what impact these initiatives will have on those in our community who rely on PBS drugs to treat their conditions.
- ACT Health is particularly concerned with the \$40 million reduction in funding nationally for MedicineWise over four years. This is an important service for primary health care and we look forward to the Commonwealth's announcement to a replacement service.
- It is pleasing to see the addition of the HIV prevention drug, Pre-Exposure Prophylaxis (PrEP) to the PBS.
- A trial of PrEP trial commenced in the ACT in September 2017 as an expanded arm of the NSW PrEP trial (EPIC-NSW). The ACT Government provided just over \$112,000 in funding to support the trial locally.
- With PrEP now listed on the PBS, all medical practitioners, including general practitioners, are able to prescribe PrEP medications for individuals at high risk of HIV.

Indigenous health

- The Budget introduces a new funding model for indigenous primary health care.
- ACT Health understands that this new agreement may negatively affect Winnunga's ability to access funding as Winnunga has to date, had difficulty securing new primary health care funding from the Federal Government.

Medical research

- The ACT is leader in health research and we welcome the investment in medical research.
- We welcome the \$275.4 million nationally for the Medical Research Future Fund and the \$1.3 billion nationally for a national health and Medical Industry Growth Plan.
- In particular, initiatives that could benefit the ACT include the funding for Genomics research and the expanded clinical trials program

Palliative Care

- The Budget is providing \$32.8 million nationally over four years for palliative care for elderly Australians living in residential aged care facilities.
- This is contingent on matched funding from jurisdictions. The Government will look at the criteria for this and welcomes the opportunity to collaborate in this space.

Healthier ageing

- Our community is not only increasing in size, but our community is also getting older.
- The 14,000 nationally new high level home care packages is welcome.
- However, with only 74,000 residential aged care places expected to be available nationally by 2021-22, this increase in packages is not enough to manage demand – the waiting list for residential aged care places is currently around 100,000 nationally.
- The Budget is also funding \$105 million over four years nationally for the national Aboriginal and Torres Strait Islander Flexible Aged Care Program. It is good to see increased investments in this space. However, we need to be considering investing in all Aboriginal and Torres Strait Islander peoples, including those who live in urban and metropolitan areas.

Workforce and GPs and bulkbilling

- The Budget has \$83 million nationally over five years from 2017-18 to achieve stronger rural, regional and remote health outcomes by aligning the distribution of the health workforce to areas of greatest need and building the capability of Australia's medical practitioner workforce.
- Access to bulk billing and GPs is not just an issue for rural Australia, it is critically important for all health systems that the Commonwealth invest more in primary health care.
- Investment in primary health care and prevention not only improves the health and wellbeing of our community, but also reduces unnecessary hospitalisations and eases pressure on our hospitals.
- Another concern is the recalibration of the system for recruiting medical staff from overseas. These clinicians play a vital role in the ACT Health system.

Digital health measures

- The funding for My Health Record that will continue into 2018-19 is supplemented by an additional \$5 million nationally over two years to support national deployment of the child digital health record and a national pre-natal digital screening standard and digital tools.
- The breakdown is \$3.7 million in 2018-19 and \$1.3 million in 2019-20. The funding is part of a broader infant and maternal health package (\$77.9 million) to ensure our children get the best possible start in life.
- The child digital health funding recognises the work to date of the National Children's Digital Health Collaborative, which has involved every State and Territory. Led by NSW, the Collaborative has progressed a number of initiatives, with proof of concept projects being implemented in various jurisdictions to ensure each initiative is implementable and can be scaled nationally. The quantum of funding to be received by the ACT is yet to be determined.

Essential Vaccines

- We welcome the announcement that free antenatal pertussis (whooping cough) vaccines for pregnant women in their third trimester will be added to the National Immunisation Schedule.
- The ACT Government have been providing this vaccination free to ACT pregnant women since April 2015, with funding to continue to provide this vaccine allocated in the ACT Budget last year.
- Government also welcomes the listing of two new drugs for the prevention of Influenza in older people and a new drug to replace current Meningococcal vaccinations on the National Immunisation schedule.
- With these vaccines now being made available through the National Schedule from 1 July 2018, the Government will be looking at what this means for our programs and further announcements will be made in our Budget in June.

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24. Community Budget Consultations: Outcome

Key points

- The Community Budget Consultation process for 2018–19 attracted a range of proposals. Of those, the majority related to primary and community care, rather than to the acute sector.
- In total 92 submissions were received.
- Of these submissions, forty-two were related to health issues in some way. Sixteen of these submissions touched on issues in the Mental Health portfolio and thirty-nine of these submissions focused on issues in the Health and Wellbeing portfolio. Thirteen of the forty-five submissions had overlaps between both portfolios.
- Some submissions did not include specific funding requests. Others proposed one-off funding for a particular year; others detailed expenditure to be allocated to three or four year periods. One submission proposed the quarantining of 5 per cent of the total health budget for preventative health strategies.
- ACT Health did not support the development of additional business cases in relation to the Community Budget Submissions received.

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25. Community Budget Consultations: Non-Funding of Initiatives

Key points

- ACT Health did not support the development of additional business cases in relation to the Community Budget Submissions received.
- Analysis of the Community Budget Submissions against the supported ACT Health Budget Business cases identifies some alignment in the area of Mental Health. Dot Points outlining alignment across the various Business Cases is provided below.

Stronger Support for Suicide Prevention

- The Way Back Support Service aligns with submissions advocating for increased suicide prevention services by the Mental Health Community Coalition, The Youth Coalition of the ACT (Youth Coalition) and Capital Health Network.
- The Way Back Support Service is an innovative suicide prevention service, developed to support people for up to three months after they've attempted suicide, which is when they are particularly vulnerable to making another attempt. This initiative will provide additional funding for Way Back support services to allow for the continuation of services, post-trial in the ACT, whilst the report on the trial is being finalised. The report is expected to be delivered in late 2018.
- This initiative is also consistent with the Minister for Mental Health's Cabinet endorsed strategic priority of the reduction of suicide.

Mental Health Detention Exit Community Outreach

- This initiative aligns with the Community Budget submission made by the Mental Health Community Coalition.
- The Government will continue its investment in the Detention Exit and Community Outreach (DECO) program, which is a joint initiative between ACT Health and the community sector mental health provider Wellways Australia (Wellways).
- In the DECO program Wellways works with the ACT Health Mental Health, Justice Health, Alcohol and Drug Services to provide the support services required to assist people with diagnosed mental health conditions leaving detention to re-establish themselves in the community.
- DECO provides support to a vulnerable population who, traditionally, do not receive the support services they require and are at high risk of their condition deteriorating without that support.

Trial of an ACT Mental Health Recovery College

- This initiative is directly relevant to the Community Budget submission by the Mental Health Consumers Coalition and represents funding of a concept this organisation has been advocating for some time.
- This budget initiative will fund the trial of a Recovery College in the ACT. The focus of a Recovery College in the ACT will be on improving the lives of people with mental illness through educating participants and sharing experiences of mental health.

- The Recovery College model has recently emerged as a new approach for providing mental health education. Co-design is central to this model, whereby educational courses are co-developed and co-facilitated by Peer Educators and Clinical Educators; and where consumers, carers and professionals participate together as students.
- A successful Recovery College in the ACT aligns with the Whole of Government priority to support early intervention, working to prevent crisis and supporting people to increase their capacity to take a greater role in the management of their health. This, in turn, has the potential to reduce the demand on more expensive acute and crisis level clinical services.

Strengthening Community Based Counselling Services for children and young people

- This initiative is relevant to submissions by the Youth Coalition, Capital Health Network and the Mental Health Community Coalition advocating for increased focus on early intervention models of mental health engagement with young people.
- The program also focuses on wider social determinants of health, a position which is advocated for by the Youth Coalition.
- This budget initiative will deliver on a Labor 2016 election commitment, as well as further Government investment in 2017-18, to enhance the clinical capacity of headspace Canberra (headspace).
- headspace offers an extremely important early intervention mental health service for those aged between 12 to 25 years with emerging mental health challenges.
- headspace fills an important service delivery gap for young people in the ACT and the increase in the clinical capacity of this service will continue to assist in providing an accessible and early intervention mental health service.

Menslink

- This initiative is relevant to the submission by Capital Health Network advocating for additional mental health services for children under 12 years of age.
- The ACT Government will provide \$100,000 over two years to support a Menslink counselling program for schoolboys aged 10 to 12 years. This initiative will assist boys who may have experienced family violence, trauma or peer relationship breakdowns and who may be at a greater risk of experiencing poor mental health.

Let's Talk

- This initiative aligns with submissions advocating for increased suicide prevention support by the Mental Health Community Coalition, The Youth Coalition and Capital Health Network.
- The ACT Health Let's Talk for Suicide Prevention initiative receives annual funding of \$50,000 and this year's funding has been used to establish a community grants program. Let's Talk Funding Grants will support local organisations and community group to conduct suicide prevention and awareness programs, events, activities and communication initiatives. The aim of the Let's Talk Funding Grants is to support targeted and innovative suicide prevention and awareness projects which are developed in line with evidence-based Lifespan strategies and best practise principles.
- This initiative is also consistent with the Minister for Mental Health's Cabinet endorsed strategic priority of the reduction of suicide.

Lifespan

- This Initiative aligns with submissions advocating for increased suicide prevention services by the Mental Health Community Coalition, The Youth Coalition and Capital Health Network.
- \$1.5 million in funding will be provided over 3 years to engage the Black Dog Institute to implement the Lifespan Integrated Suicide Prevention model in the ACT, commencing in 2018.
- LifeSpan is a systems approach to suicide prevention with 9 integrated framework strategies, including improving emergency and follow-up care for suicidal crisis, using evidence-based treatment for suicidality, promoting help-seeking, mental health and resilience in schools, and encouraging safe and purposeful media reporting.
- LifeSpan will be evidence based, and will have a particular focus on high risk groups, including young people and Aboriginal and Torres Strait Islander groups.

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26. Savings Targets for Health

(Health Budget Statements)

Key points

- There are no significant new savings targets incorporated into the 2018-19 Budget for Health. The Directorate will, however, be required to achieve the \$10 million savings target contained in the 2017-18 Budget (which commences in 2018-19).
- ACT Health will be required to internally fund \$3.752 million (in 2018-19 only) towards the Hospital in the Home (\$4.925m) new initiative. The outyear amounts (\$9.850m), however, are fully funded.
- The Directorate will also contribute \$0.2 million recurrently to the whole of Government Strategic Accommodation Project.
- While not shown in the ACT Budget Paper, ACT Health will be required to internally absorb the gap between 1.3 per cent and 1.7 per cent for the expected EBA pay rises in 2018-19. This is estimated to cost approximately \$4 million.

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Australian Capital Territory
BUDGET 2018-19
Media Release



More mental health care for Canberrans

\$157 million
for **mental health**
in 2018-19



New
mental health
accommodation



Helping more than
10,325 people
through acute &
community based
services



\$3.1 million
to support
older Canberrans
with **mental illness**



The ACT Government is growing mental health services so that more Canberrans can access specialised care when they or their loved ones are in need of support.

The 2018 Budget will deliver new supported accommodation options for people with complex mental health needs, as well as a boost to target services that support teenagers, older Canberrans and those transitioning out of the justice system.

This will see our investment in mental health services for the Canberra community grow to **\$157 million** in 2018-19.

More supported accommodation for those experiencing mental illness

The ACT Government is delivering more supported accommodation places across the spectrum of care, ensuring we have the right type of supports in place to meet different mental health needs. The Government will provide **\$22.8 million** over four years for new supported accommodation, which comprises **\$12.2 million** for infrastructure costs and a further **\$10.7 million** to manage and run the facilities. This includes:

- Establishing three, new supported accommodation properties for Canberrans experiencing mental illness who require long term, 24-hour support
- Building a Southside Community Step Up, Step Down short-term facility to help people stay out of hospital
- Refurbishing the Extended Care Unit at Brian Hennessey Rehabilitation Centre to provide an upgraded secure facility where mental health patients can gradually transition into supported accommodation.

More specialist mental healthcare services

The 2018 Budget will invest in more specialist, community-based mental health services addressing prevention and treatment through to recovery and ongoing support. This includes:

- **\$3.1 million** to expand the Older Persons Mental Health Intensive Treatment Service to provide stronger case management and clinical care to older Canberrans being discharged from hospital, living in residential aged care or experiencing issues with housing
- **\$2.2 million** to establish a recovery-focused, community outreach program for young Canberrans aged 12 to 18 years and to develop a model of care for young adults aged 18 to 25 years

Australian Capital Territory
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- **\$1.3 million** to provide more counsellors at *headspace* to support early intervention services for 12 to 25 year olds and youth wellbeing programs
- **\$889,000** to trial the establishment of an ACT Mental Health Recovery College to deliver educational, recovery-oriented programs helping people better understand and manage their mental illness
- **\$406,000** to extend the Mental Health Detention Exit Community Outreach program to help people leaving the Alexander Maconochie Centre to re-establish themselves in the community
- **\$350,000** to continue investment in suicide prevention and after care services to support people who have attempted suicide.

This new investment in mental health accommodation and support services will significantly boost the mental health care Canberrans can access when they or their loved ones are in crisis.

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28. Key statistics and performance

Key points

General statistics

Key statistics	2016–17 outcome	2017–18 estimated outcomes	Percentage growth	Notes on movement in activity
ACT Health staff numbers				
Overall FTE	6,476	6,656	3%	Detail contained in notes below.
Count of Nurses and midwives (Headcount)	3,108	3,203	3%	Increase in graduates and temporary employment due to the Winter Flu Strategy being maintained throughout the year. Increase in activity in Women’s, Youth and Children. Government election commitments including 12 new graduates and 12 nurse navigators.
Count of Doctors (Headcount)	914	994	9%	The majority of this increase has occurred in temporary employment with an increase in FTE for employment in the Emergency Department and an increasing number of junior medical staff availing themselves of part time employment. This has accommodated parents returning from leave following the birth of their children.
Count of Other (Headcount) (i.e. allied health workers)	1,201	1,246	4%	There has been a small increase in Extended Scope and Advanced Scope Physiotherapists (1.4 FTE) Increase in Allied Health Staff with the opening of the UCH based on transfer of function from Calvary Hospital and increase in Exercise Physiologist.

				Technical Officers have transitioned into the Allied Health Assistant classification. Opening of Dhulwa facility included an increase in OTs and Psychologists.
Hospital and Health Services				
Total public hospital separations (in the ACT)	114,930	115,479	0.5%	Canberra Hospital at capacity. Note that QEII is not included.
Emergency Department presentations (in the ACT – across both hospitals)	143,860	148,900	3.5%	Overall growth to Emergency Departments in the ACT has eased. The growth at Canberra Hospital continues to be greater than at Calvary Public Hospital Bruce.
Emergency Department presentations at Canberra Hospital	85,093	88,900	4%	Note that the rate of increase in presentations has eased compared to the previous financial year where the year on year increase was over 9%. However 3807 additional people presented to CHHS ED in 2017/18 compared to the year previous.
Emergency Department presentations at Calvary Hospital	58,767	60,000	2%	Calvary Public Hospital Bruce has increased presentations at a rate less than Canberra Hospital. There is increased acuity measured as a function of triage urgency and admission rates.
Elective surgery removals for surgery	12,826	13,360	4%	CHHS and CPHB performed very well, late acceptance of work orders for private providers means may be slightly under target +/- 100 (13250) = 3.3%pa
Elective surgery long wait numbers	464	500+	8%	Longwaits Peaked in April 593 and were down to 499 31st of May 2018 growth of only 8%pa
Number of patients who have received care through Hospital in the Home	1,314	1,500	14%	Hospital in the Home separations have increased at Calvary Public Hospital Bruce, whereas separations at Canberra Hospital have remained steady.
Patients accessing palliative care in-patient services	827	928	12%	This increase is multifactorial mainly due to general increase in demand, an increase in service and improvement in administrative processes which monitors the change in 'care types'
Walk-in Centres presentations	36,105	40,801	13%	A general increase in public awareness has subsequently increased presentations to the WiC year on year. There was

				also a significant increase in presentations during the influenza season 2017.
Maternity and child health				
Number of babies born (in the ACT)	5,291	5,230	-1%	A small decline in the birthing rate. Note that this is subject to clinical coding.
Demand for maternity at Centenary (birthing occasions)	3,560	3,650	3%	The birthing events at CHWC have significantly increased, from 2,743 in 2010-11 to 3,561 in 2016-17, which is an annual growth rate of 4.5 per cent. Centenary Hospital is now at capacity.
Demand for maternity at Calvary (birthing occasions)	1,654	1,540	-7%	Some patients are going to Centenary Hospital in preference to Calvary hospital.
Paediatric separations <= 16 years	10,830	10,813	0%	Despite influenza season, number of paediatric patients remains static.

UCH Transition		
What	Number	Notes
Number of clients transitioning (breakdown of rehabilitation and mental health)	In the vicinity of 75 people	This includes people attending day program offered by Mental Health and RACC, sessional outpatient sessions, and hydrotherapy.
Number of Number of beds opening in July (include breakdown of those transitioning from Canberra Hospital and Health Services and Calvary in notes section)	84	Equivalent of 20 beds from Brian Hennessey Rehabilitation Centre 28 from Aged Care rehabilitation Unit, Calvary Healthcare Public, 36 From Canberra Hospital
Number of ACT Health staff expected	301FTE	This is nursing, allied health, medical, administrative and support staff.
Number of BGIS staff expected	79.4FTE	This includes both BGIS and their sub-contracting staff who are providing soft and hard facilities maintenance related support.
Number of UC staff expected	57	Number of staff moving from their current location into UCH.

29. HEALTH DIRECTORATE

A Health Funding Envelope is used to provide funding certainty for the Health Directorate and the Local Hospital Network (collectively referred to as ACT Health) regardless of changes in the Commonwealth funding contributions and other sources of income. The operating costs associated with new capital initiatives are also funded from the envelope. The envelope includes annual funding for price growth (indexation) and for growth in activity.

Better healthcare for a growing community – ACT Mental Health Recovery College Trial

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses	396	443	50	0	889

The Government will provide funding to establish the ACT Recovery College, which will provide non-clinical mental health training courses that support early intervention, helping to facilitate experience-based learning and peer support. The College will provide courses that are both mental health specific, such as navigating the mental health system, and holistic, encompassing broad topics that promote wellbeing.

Better healthcare for a growing community – Better facilities for Calvary Public Hospital

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses	0	0	0	0	0

The Government will provide a \$15 million grant in 2017-18 for Calvary Public Hospital to undertake significant upgrades including expanding the Emergency Department, refurbishing mental health inpatient facilities and replacing critical diagnostic equipment.

Better healthcare for a growing community – Continuing Northside health care planning

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses	1,000	0	0	0	1,000

The Government will continue to assess and scope requirements for expanded hospital services in Canberra's north.

Better healthcare for a growing community – Early planning to expand alcohol and drug services

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses	250	0	0	0	250

The Government will draw on the expertise of the specialist alcohol and other drug sector in the ACT and nationally to develop options for future service models for alcohol and drug withdrawal and early intervention to increase service delivery, as well as link to the development of the ACT Drug and Alcohol Court.

Better healthcare for a growing community – Expanding counselling services for children and young people

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses	412	424	437	0	1,273

The Government will continue to deliver on our election commitment by supporting *headspace*, which provides early intervention mental health services for 12 to 25 year olds and delivers educational initiatives promoting wellbeing for young people.

Better healthcare for a growing community – Expanding *Hospital in the Home*

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses	4,925	9,850	9,850	9,850	34,475
Offset – Expenses	-3,752	0	0	0	-3,752
Net Expenses	1,173	9,850	9,850	9,850	30,723

The Government will expand the capacity of the *Hospital in the Home* service so that around 3,000 more patients per year can be cared for in their own homes and through community health centres. This initiative combines the clinical resources of Canberra and Calvary public hospitals to deliver a territory wide *Hospital in the Home* service for Canberrans.

Better healthcare for a growing community – More mental health accommodation

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses	3,460	3,103	3,617	3,783	13,963
Expenses – Offset	-1,419	-1,249	-636	0	-3,304
Depreciation	0	371	371	371	1,113
Net Expenses	2,041	2,225	3,352	4,154	11,772
Associated Capital	123	6,233	5,560	320	12,236
Offset – Associated Capital – Provision	0	-2,260	0	0	-2,260
Net Capital	123	3,973	5,560	320	9,976

The Government will establish three community-based mental health accommodation facilities to provide long-term supported care for people who need 24-hour support. The Government will also establish a Step-Up-Step-Down facility on the south side of Canberra, to provide short-term residential and clinical treatment for people discharged from hospital, and refurbish the 10-bed Extended Care Unit at the Brian Hennessey Rehabilitation Centre, to help provide a secure facility for people to transition back into the community.

Better healthcare for a growing community – More mental health outreach for young Canberrans

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses	1,142	1,016	0	0	2,158

The Government will expand our investment in child and adolescent mental health services by establishing a recovery-focused, community-based outreach program for young Canberrans aged 12 to 18 years. The Government will also develop a young adult model of care for people aged 18 to 25 years.

Better healthcare for a growing community – More mental health services for older Canberrans

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses	744	757	776	795	3,072

The Government will continue our investment in the Older Persons Mental Health Intensive Treatment Service, which was initially funded as a pilot in the 2017 Budget. The service offers assertive case management and community based care for older Canberrans. This initiative will provide additional mental health support in residential aged care facilities and help to keep patients out of hospital.

Better healthcare for a growing community – More resources for acute hospital care

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses	11,521	11,700	11,887	12,079	47,187

The Government will invest in acute care at the Canberra Hospital, supporting the Emergency Department, Intensive Care Unit and additional in-patient hospital beds. This initiative will help improve hospital performance by investing in more acute care beds for admission, bring down emergency department wait times and support increased demand for maternity places and hospital beds during the annual winter flu season. This increase in services will be delivered by 54 full-time equivalent frontline staff, including 35 nurses, 12 allied health workers, and six doctors.

Better healthcare for a growing community – More support for people with chronic illness

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses	125	250	125	0	500

The Government will provide \$500,000 over three years to the Health Care Consumers' Association for initiatives that will help patients better navigate our health system. The funding will support the Association to engage with communities that experience poor chronic health outcomes, including Aboriginal and Torres Strait Islander Canberrans, people living with disability and the elderly, and help connect them with appropriate preventative health services.

Better healthcare for a growing community – More surgeries

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses	15,818	16,052	16,296	16,550	64,716

The Government will increase capacity for elective and emergency surgeries across the Territory. This initiative will lift the number of elective surgeries ACT Health can deliver to 14,000 per year, and will help improve access to surgical care and reduce wait times. Surgery resources of 29 full-time equivalents, including 22 nurses and seven medical professionals, will provide this expanded service.

Better healthcare for a growing community – New facility for Winnunga Nimmityjah Aboriginal Health Service

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses	1,165	2,435	7,700	0	11,300
Expenses – Offset ¹	0	0	-410	-413	-823
Net Expenses	1,165	2,435	7,290	-413	10,477

1. This initiative is being delivered as a grant to the Winnunga Nimmityjah Aboriginal Health Service, and is being funded from ACT Health's cash balances.

The Government is investing \$12 million to construct a new health centre for Aboriginal and Torres Strait Islander people through staged payments to Winnunga Nimmityjah Aboriginal Health Service over the period 2017-18 to 2020-21. The new centre will be used to deliver culturally appropriate health services which can help close the gap in health outcomes for Aboriginal and Torres Strait Islander Canberrans.

Better healthcare for a growing community – Primary care integration

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses	190	0	0	0	190

The Government will continue to support the HealthPathways service which is an online clinical referral portal used by health professionals to refer patients to local health services.

Better healthcare for a growing community – Protecting Canberra's kids

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses	801	0	0	0	801

The Government will continue the school-based immunisation program for Meningococcal strains A, C, W and Y. The program will be provided for year 10 students in all Canberra schools, with the option for people aged 16 to 19 to also be immunised through their general practitioner. This initiative will also undertake research into Meningococcal B.

Better healthcare for a growing community – Strengthening health services at the Alexander Maconochie Centre

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses	1,530	1,561	1,593	1,625	6,309

The Government will expand frontline health services at the Alexander Maconochie Centre, with additional funding for dental, mental health and general practice services.

Better healthcare for a growing community – Stronger support for suicide prevention

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses	350	0	0	0	350

The Government will continue to invest in suicide after care services, by extending the trial of the Way Back Support Service. The service will provide proactive after care support for people who have attempted suicide during a period of high risk and vulnerability.

Better healthcare for a growing community – Supporting mental health for people leaving prison

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses	200	206	0	0	406

The Government will extend our investment in the Mental Health Detention Exit Community Outreach program for another two years. The service provides treatment and support services to assist people leaving detention and re-establishing themselves in the community. The program will assist people to find employment, housing and education opportunities. A review of the program will be undertaken in 2019-20, to help inform options for ongoing service activity.

More jobs for our growing city – Aboriginal and Torres Strait Islander Arts Officer

See Chief Minister, Treasury and Economic Development Directorate expense initiative *More jobs for our growing city – Aboriginal and Torres Strait Islander Arts Officer* for further details.

More schools, better schools – Needs-based funding for students with disability

See the Education Directorate expense initiative *More schools, better schools – Growing school funding for students with disability* for further details.

More services for our suburbs – Aerial imagery for better planning

See the Environment, Planning and Sustainable Development Directorate expense initiative *More services for our suburbs – Aerial imagery for better planning* for further details.

More support for families and inclusion – Drug and Alcohol Court

See the Justice and Community Safety Directorate expense initiative *More support for families and inclusion – Drug and Alcohol Court* for further details.

More support for families and inclusion – Expanding CBR NightCrew

See the Justice and Community Safety Directorate expense initiative *More support for families and inclusion – Expanding CBR NightCrew* for further details.

More support for families and inclusion – Implementing the Commonwealth Redress Scheme for Institutional Child and Sexual Abuse

See the Justice and Community Safety Directorate expense initiative *More support for families and inclusion – Implementing the Commonwealth Redress Scheme for Institutional Child and Sexual Abuse* for further details.

Expenses associated with infrastructure and capital initiatives

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Better healthcare for a growing community – ACT Health critical assets upgrades	590	3,220	1,350	1,480	6,640
Better healthcare for a growing community – ACT Health ICT upgrades	770	4,323	4,336	4,140	13,569
Better healthcare for a growing community – ACT Pathology Laboratory information system replacement	2,554	2,789	6,230	423	11,996

Refer to Infrastructure and capital initiatives (Chapter 3.3) for more information.

30. HEALTH DIRECTORATE

Better healthcare for a growing community – ACT Health critical assets upgrades

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Capital	12,100	12,780	0	0	24,880
Depreciation	0	810	1,130	1,130	3,070
Associated Expenses	590	2,410	220	350	3,570
Total Expenses	590	3,220	1,350	1,480	6,640

The Government will continue to upgrade and maintain existing health infrastructure to ensure our hospitals and other health facilities can meet the ACT's future health care needs.

Better healthcare for a growing community – Expanding Centenary Hospital – more services for women and children

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Capital	2,500	0	0	0	2,500
Adjustments to existing provision	-6,000	3,500	0	0	-2,500
Net Capital	-3,500	3,500	0	0	0

The Government will continue planning and design to support the expansion of the Centenary Hospital for Women and Children, to provide additional capacity and support for maternity and paediatric services.

Better healthcare for a growing community – Surgical Procedures, Interventional Radiology and Emergency Centre (SPIRE)

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Capital	13,000	0	0	0	13,000
Adjustments to existing provision	0	-10,000	0	0	-10,000
Net Capital	13,000	-10,000	0	0	3,000

The Government will continue planning and design related to the Surgical Procedures, Interventional Radiology and Emergency (SPIRE) Centre to be based at the Canberra Hospital. The centre will help to meet growing demand for tertiary health services across the ACT, and will support the continued delivery of high quality health care.

Better healthcare for a growing community – Weston Creek Walk in Centre

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Capital – Provision	2,000	0	0	0	2,000

The Government will continue to plan for Canberra's fourth Walk in Centre in the Weston Creek region, to add to the network of existing centres across Canberra. This will build on previous design work with the Walk in Centre expected to open in 2019.

Information and Communication Technology

Better healthcare for a growing community – ACT Health ICT upgrades

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Capital	10,582	2,891	0	0	13,473
Depreciation	0	1,347	1,347	1,347	4,041
Associated Expenses	899	3,802	3,815	3,644	12,160
Offset – Associated Expenses	-129	-826	-826	-851	-2,632
Net Expenses	770	4,323	4,336	4,140	13,569

The Government will replace two core Health ICT systems: the purchasing and inventory control system, and the hospital clinical communication system. The Government will also assess cyber security vulnerabilities for ACT Health and develop a cybersecurity plan as part of the Digital Health Strategy.

Better healthcare for a growing community – ACT Pathology Laboratory information system replacement

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Capital	0	5,829	887	0	6,716
Depreciation	0	0	0	672	672
Associated Expenses	2,554	2,789	6,230	4,331	15,904
Offset – Associated Expenses	0	0	0	-4,580	-4,580
Net Expenses	2,554	2,789	6,230	423	11,996

The Government will replace the ACT Pathology Laboratory Information System. A new cloud-based system will support the entire process of pathology services, from ordering and specimen collection, through to testing, validation, reporting and billing. The new system will help improve the patient experience and increase efficiency across ACT Health services.

Expense initiatives with associated capital

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Better healthcare for a growing community – More mental health accommodation	123	3,973	5,560	320	9,976

Refer to Expense initiatives (Chapter 3.2) for more information.

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31. Health Staffing - Movement in Budgeted FTE

(Page 2, Health & LHN Budget Statements)

Key points

- The Health Directorate is reporting an increase in FTE in 2018-19 of 66. This represents an increase of 166 for new initiatives (as per the below table), offset by a reduction of 100 for planned efficiencies.
- The below tables show the increased FTE for each new initiative. The Mental Health and Justice Health initiatives are bolded.

	2018-19
Meningococcal AWCY Vaccinations	2.8
Accommodation to support people with Mental Health	19.6
Youth Mental Health Assertive Outreach	6.6
Expansion of Older Persons Mental Health	4.6
Expansion of Justice Health Services at the Alexander Maconochie Centre	8.2
Trial of an ACT Mental Health Recovery College	0.6
ACT Pathology LIS Replacement Project	4.85
ACT Health Core IT Systems to align with the Digital Health Strategy	17.4
Drug and Alcohol Court	1.0
Elective Surgery	15.4
Emergency Surgery	13.3
Emergency Department/Intensive Care Unit Pressure	14.4
Bed Strategy	39.3
Centre 4 Care at Home (Hospital in the Home)	18.3
	166.3

- A number of new initiatives do not have additional FTE attached to them because they either relate to services provided by non government organisations or Calvary Public Hospital (which are not counted in the Health Directorate FTE).
- The 2017-18 Estimated Outcome published in the 2018-19 Health Budget Statements shows an increase of 97 in FTE compared to the 2017-18 Budget. The increase is mainly associated with growth in demand during the winter months associated with the flu season and increased elective surgery.

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**32. Basis of health funding from the Commonwealth to ACT Government
(Previously known as Variation in health funding from the Commonwealth
between ABF and SPP funding models)**

Key points

- The ACT Government expects to receive \$398.0 million in Commonwealth ABF funding in 2018-19. This amount is higher than the Commonwealth Budget 2018-19 published figure of \$385.7 million, as the Commonwealth amount is an estimate based on Commonwealth methodology and data at the time.
- Commonwealth funding to the States and Territories in respect of public hospital services delivery in 2018-19 will continue to be based on national Activity Based Funding and Block Funding system (collectively ABF).
- The National Health Reform Agreement 2011 (NHRA) and the *National Health Reform Act 2011* gave rise to the implementation of national ABF from 1 July 2012 and the creation of statutory bodies such as the Independent Hospital Pricing Authority (IHPA), Administrator of the National Health Funding Pool, and the National Health Funding Body.
- ABF is informed by the IHPA pricing model and pricing framework.
- A key element of the IHPA pricing model is the National Efficient Price (NEP) which for 2018-19 has been set at \$5,012 per National Weighted Activity Unit (NWAU). The NWAU is a patient activity measurement which reflects resource utilisation in the treatment of patients – the greater the medical complexity and treatment provided, the greater the unit value attributed to the patient.
- On 27 April 2018 the ACT Chief Minister, Andrew Barr MLA, signed a new Heads of Agreement between the Commonwealth and the States and Territories on public hospital funding and health reform.
- The Heads of Agreement outlines the strategic priorities for health reform to be included in a new five year National Health Agreement.
- The Heads of Agreement provides the ACT funding certainty for its public hospitals over the term 2020-21 to 2024-2025.
- The ACT is expected to receive \$2.6 billion in funding from the Commonwealth for providing public hospital services over this five year period.
- The ACT has also successfully negotiated a sign-on bonus of \$8 million for signing the Heads of Agreement, for future investment in health. The projects to be funded via this bonus payment will be agreed between the Commonwealth and the ACT at a later date.
- The actual funding to the ACT in any year will depend on delivered activity in the ACT and the operation of the 6.5 per cent National funding cap under the Agreement.

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33. Funding of Election Commitments and items in the Parliamentary Agreement

(Not reference in Budget Papers)

Key points

- Election and Parliamentary Agreement commitments funded in the 2018-19 Budget are:
 - Grant to Health Care Consumers' Association (More support for people with chronic illness) - \$500k over 3 years.
 - Youth Mental Health Assertive Outreach (More mental health outreach for young Canberrans) – \$2.158m over 2 years.
- The \$15m investing in Calvary Public Hospital election commitment has been funded in 2017-18 from cash reserves.
- Two initiatives which were funded for one year in the 2017-18 Budget have been funded again in the 2018-19 Budget:
 - Headspace - \$1.273m over 3 years.
 - Older persons - \$3.072m over four years (recurrent)
- The following election commitments remain outstanding:
 - Health Research (\$3m over three years)
 - Family Assistance Fund (\$2m)
 - Walk in Centres - Following an audit of Walk-In-Centre client presentations, the Government has accepted the recommendation that existing service hours be maintained.
 - Nurse Safety Strategy – now referred to as 'Nurses and Midwives: Towards a Safer culture, the First Step.
 - Dental Care Subsidies for Low Income Families – review of subsidised fees was undertaken in April 2017, concluding that the subsidised fees and charges were appropriate with some inclusions of new item numbers and fees as per the Australian Dental Association Schedule. New opening hours for dental clinics commenced 15 January 2018 to improve access for low income ACT residents.
 - Free vaccinations for Babies – (meningococcal B)

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34. Increase in Total Health Expenses since Labor Government

(Not reference in Budget Papers)

Key points

- The following table shows the increases in total ACT Government health expenses since 2001-02. The table demonstrates a reduction in the growth percentage in recent years.

	Total Expenses \$000's	Increase \$000's	%
2001-02 Adjusted Actuals	472,184		
2002-03 Actual	511,892	39,708	8.4%
2003-04 Actual	562,953	51,061	10.0%
2004-05 Actual	636,206	73,253	13.0%
2005-06 Actual	697,102	60,896	9.6%
2006-07 Actual	762,187	65,085	9.3%
2007-08 Actual	838,964	76,777	10.1%
2008-09 Adjusted Actual	917,112	78,148	9.3%
2009-10 Actual	990,380	73,268	8.0%
2010-11 Actual	1,077,582	87,202	8.8%
2011-12 Adjusted Actual	1,167,062	89,480	8.3%
2012-13 Adjusted Actual	1,232,682	65,620	5.6%
2013-14 Actual	1,314,067	81,385	6.6%
2014-15 Actual	1,401,086	87,019	6.6%
2015-16 Adjusted Actual	1,497,790	96,704	6.9%
2016-17 Adjusted Actual	1,561,804	64,014	4.3%
2017-18 Estimated	1,624,697	62,893	4.0%
2018-19 Budget	1,683,201	58,504	3.6%

Notes:

- The 2001-02 and 2002-03 figures have been adjusted to account for the consolidation of ACT Health by including Canberra Hospital and ACT Community Care in 2002-03.
- The 2008-09, 2011-12, 2015-16 and 2016-17 figures have been adjusted to remove the effect of the present value impact on employee provisions.
- The 2012-13 figures have been adjusted to remove the one-off impact of building write-offs.
- From 2012-13 the above figures have been adjusted to include the ACT Local Hospital Network, specifically Calvary Public Hospital, Clare Holland House, QEII and Cross Border expenses.
- Figures do not include Territorial expenses as these are predominantly capital grants.

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35. Movements in Total Cost and CRP (Controlled Recurrent Payments) by Output

(Pages 12 to 14, Health & LHN Budget Statements)

Key points

- Since 2013-14, Controlled Recurrent Payments (CRP) for the Health portfolio is largely appropriated to the ACT Local Hospital Network (LHN) rather than the Health Directorate. This reflects the types of services deemed to be in-scope of Public Hospital services in accordance with the National Health Reforms. The funds are then used by the LHN to purchase services from the ACT Hospitals. When the LHN purchases services from the Health Directorate these services are classified as User Charges rather than as Controlled Recurrent Payments. Due to this, I suggest the committee focus on the movements in total cost to get a better understanding of the growth by output.
- Total movements by Output are shown below:

	2017-18 Projection		2018-19		Variance	
	CRP	Cost	CRP	Cost	CRP	Cost
Output 1.1 - Acute	114,557	872,076	116,477	915,942	2%	5%
Output 1.2 - Mental, Justice & A&D	59,226	186,931	63,282	195,377	7%	5%
Output 1.3 - Population Health	38,213	53,180	39,954	52,934	5%	0%
Output 1.4 - Cancer Services	9,259	84,845	10,881	85,570	18%	1%
Output 1.5 - Rehab, Aged & Comm Care	76,596	198,919	80,060	194,151	5%	-2%
	297,851	1,395,951	310,654	1,443,974	4%	3%

- The increase in Output 1.1 (Acute Services) of 5 per cent relates mainly to indexation and new initiatives including for more surgeries and more resources for acute hospital care.
- The increase in Output 1.2 (Mental Health, Justice Health & Alcohol and Drug) of 5 per cent relates mainly to indexation and new initiatives with a combined value of \$7.190m in 2018-19.
- Output 1.3 (Population Health) has had a zero per cent movement due to the reduction in essential vaccines funding (these are now purchased by the Commonwealth and provided free of charge to the Territory) and reduced expenses on Meningococcal W vaccines program (\$1.443m in 2017-18 and \$0.801m in 2018-19). These reductions have more than offset indexation for this output.
- The increase in Output 1.4 (Cancer Services) of 1 per cent relates mainly to indexation, offset by efficiencies.
- The decrease in Output 1.5 (Rehabilitation, Aged and Community Care) of 2 per cent relates mainly to one-off costs in 2017-18 related to the commissioning of the University of Canberra Hospital and the transfer of the old Belconnen Health Centre.

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36. Summary of Rollovers – Controlled Recurrent Payments

(Page x and Health Directorate and ACT LHN Directorate Budget Statements)

Key points

- The Health Directorate rolled over \$1.549m in Controlled Recurrent Payments from 2017-18 into 2018-19. This comprises of:

CRP Rollover	\$'000
University of Canberra Hospital Commissioning	640
Support for Bulk Billing GPs	350
Breastscreen National Partnership Agreement	87
More Nurse-led Walk-in-Centres	272
More mental health accommodation	200
Total	1,549

University of Canberra Hospital Commissioning

- This funding relates mainly to transporting of patient from Canberra Hospital to the University of Canberra Hospital including overtime costs for Ambulance drivers.

Support for bulk billing GPs

- This roll over will provide flexibility regarding awarding of bulk billing GP grants. In addition to the roll over from 2017-18, \$350k has been brought forward from 2019-20 to facilitate this flexibility. This will provide the Directorate with the ability to award all \$1.050m worth of grants in one financial year should the applications be of a suitable standard.

Breastscreen National Partnership Agreement

- This funding is required to be rolled over in order to complete the milestones contained within the Commonwealth Agreement. The delay is related to the timing of signing a new agreement which expired last financial year.

More Nurse-led Walk-in-Centres (Gungahlin Walk in Centre)

- New initiative funding appropriated in 2017-18 for setup costing in June of 2018. These have now been delayed until 2018-19. These include one-off costs for recruitment, relocation allowances and advertising.

More mental health accommodation

- These funds relating to the 2016-17 Step-up Step-down new initiative have been rolled over and returned to Government as an offset for this replacement project.

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37. HEA E18: Accommodation to support people with Mental Health

(Budget Statement C, Pages 18, 21, 22, 23)

Summary	2018-9	2019-20	2020-21	2021-22	Totals
	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses	3,460	3,103	3,617	3,783	13,963
Expenses – Offset	-1,419	-1,249	-636	0	-3,304
Associated Depreciation	0	371	371	371	1,113
Net Expenses	2,041	2,225	3,352	4,154	11,772
Associated Capital	123	6,233	5,560	320	12,236
Offset – Associated Capital	0	-2,260	0	0	-2,260
Net Capital	123	3,973	5,560	320	9,976

Key points

- This initiative is for the expansion of the mental health system to provide more community based alternatives for the provision of mental health care. These supported accommodation initiatives will benefit the community and the people who use mental health services by providing the appropriate care in the appropriate place, which enables greater access and interaction with the community and the person's support networks.
- The budget will provide supported mental health accommodation, which includes:
 - **Supported Accommodation** – over the next three years this initiative will involve the building of three houses to accommodate up to 15 people suffering from complex, severe and persistent mental illness with significant functional impairment and complex needs. There will be space for a live in carer. These houses will be built in a residential environment close to shopping centres and bus routes and will provide a permanent home for the consumers.
 - ACT Health will work collaboratively with Housing ACT on the building of these homes. This will be the foundation for the provision of the residential supported accommodation to enable people to live in the community with the appropriate clinical supported provided.
 - **Southside Community Step Up Step Down (SCSUSD)** – will provide short-term residential support for people with the aim of preventing admission to hospital.
 - The SCSUSD will be run in partnership between ACT Health and a non-government organisation. ACT Health will provide clinical services including a range of therapeutic interventions, and a community agency that will have a 24/7 onsite presence and provide for practical and psychosocial support for people in the program.

- **Refurbishment of the ten bed Extended Care Unit at Brian Hennessy Rehabilitation Centre** – will provide an upgraded secure facility where mental health patients can gradually transition into supported accommodation.

Background

- 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 its commitment that BHRC will not close until all the residents have suitable, supported accommodation in the community.
- The provision of supported accommodation in the community for people with significant mental health concerns is a cost effective way of assisting in the transition of consumers into the community. The supported accommodation model enables consumers to develop independent living skills in a non-clinical supportive environment supported by a community organisation through a consumer's NDIS package. The clinical care would be provided by MHJHADS clinicians as an in- reach model.
- On 22 May 2018, a pre-budget announcement was made concerning supported accommodation. It announced that the \$22.8 million over four years will provide accommodation to meet the needs of individuals with mental illness. The funding comprises \$12.2 million for infrastructure costs and a further \$10.7 million to manage and run the facilities.

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38. HEA E19: Stronger Support for Suicide Prevention

(Budget Statement C, Page 18)

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Capital	0	0	0	0	0
Net Capital	0	0	0	0	0
Depreciation	0	0	0	0	0
Associated Expenses	0	0	0	0	0
Net Expenses	350	0	0	0	350

Key points

- The trial of The Way Back Support Service (The Way Back), a *beyondblue* initiative, delivered by Woden Community Services (WCS) concludes on 31 December 2018. This funding provides for a continuation of suicide aftercare services, building on what has been delivered during The Way Back pilot and serving the community need that has been demonstrated.
- This initiative is also consistent with the Minister for Mental Health's Cabinet endorsed strategic priority of the reduction of suicide.
- This funding allows for the continuation of services post-trial whilst the report on the trial is being finalised. The report is expected to be delivered in late 2018.

Background

- The Way Back is targeted at a particular group of people who are the most vulnerable to suicide attempts, those who have recently attempted suicide.
- The continued provision of suicide aftercare services will help to improve the quality of life of consumers who access the service, and reduce the costs from emergency department presentations, hospital admissions, and the loss of future economic potential.
- The trial has demonstrated a need for the service. Early indications are that the trial of The Way Back in the ACT has been successful.
- From the start of the trial in October 2016 to April 2018, 204 Canberrans have engaged with and received services from The Way Back with 82% of participants surveyed feeling encouraged to take positive steps towards their recovery.
- Funding for this initiative aligns with the Australian Government's recent announcement that it will provide \$37.6 million over four years from 2018-19 to improve suicide aftercare services in Australia. ACT Health is still ascertaining the detail of the Australian Government's investment to this initiative.

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39. HEA E24 Youth Mental Health Assertive Outreach

(Budget Statement C, Page 18)

Summary	2018-9	2019-20	2020-21	2021-22	Totals
	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses	1,142	1,016	0	0	2,158

Key points

- This initiative will expand the Child and Adolescent Mental Health Services (CAMHS) through the establishment of an Assertive Outreach Program (AOP). The AOP is recovery-focused community based service which will treatment adolescents and children aged 12-18 years who are experiencing severe, high prevalence mental illness.
- The AOP will specifically target vulnerable groups who, due to a range of complex issues, may face barriers in accessing CAMHS and other community-based mental health services such as Headspace, The Junction and Catholic Care Next Step.
- The initiative will provide AOP to:
 - Actively identify and engage children and adolescents aged 12 – 18 years who are experiencing severe, high prevalence mental illness with barriers to office-based clinical treatment;
 - Reduce the risk of the development of co-morbidities by early engagement with assertive mental health treatment and support;
 - Reduce the severity of psychiatric symptoms, avoid hospital admission or readmission, and reduce duration and length of stay for these children and young people;
 - Support the development and maintenance of positive family relationships; and
 - Partner with key stakeholders to promote early identification, assessment and treatment of children and young people
- In this initiative funding will provide for a Project officer for one year to develop a Mental Health Young Adult 18-25 year stream model of care.

Background

- CAMHS, attempts to provide some form of outreach to children and adolescents who have barriers to accessing CAMHS. However, this can only be provided in a time-limited capacity and is mainly delivered to existing clients of the service. More intensive and higher frequency contact (including afterhours support) with the child or adolescent and other key stakeholders is unable to be provided or sustained within current resource limitations.

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40. HEA E24: Expansion of Older Person’s Mental Health

(Budget Statement C, Page 18)

Summary	2018-9	2019-20	2020-21	2021-22	Totals
	\$'000	\$'000	\$'000	\$'000	\$'000
Expansion of Older Persons Mental Health	744	757	776	795	3,072

Key points

- The expansion of the Older Persons Mental Health Community Team (OPMHCT) will continue the intensive and specialised mental health support for older people living in the community through the Intensive Treatment Service (ITS). This initiative is recurrent funding from the one off allocation provided in the 2016-17 and 2017-18 budgets.
- ITS is a community-based team within the OPMHCT which provides support to people who require intensive mental health treatment and support. This care is provided in the person’s home environment which is generally more familiar, less distressing and less disruptive for them and their family than the hospital setting.
- ITS provides assertive case management and clinical care to support older persons to be discharged from hospital and provides increased levels of support for older persons who are becoming unwell with the aim of preventing an unnecessary hospital admission.
- ITS also provides additional support in the mental health care of people living in Residential Aged Care Facilities. ITS provides a targeted focus on older people living in severe domestic squalor and/or experiencing significant compulsive hoarding issues as a consequence of mental illness.

Background

- One of the main functions of the ITS is to prevent an acute inpatient admission through the provision of assertive recovery-focused clinical management in the person’s home. In this sense, the ITS involvement represents a ‘step-up’ as other mental health tertiary-level supports are unable to sustain services of the same intensity, frequency and responsiveness as the ITS (mostly due to its smaller client numbers).
- The ITS is also able to facilitate a ‘step-down’ from acute inpatient units and promote earlier discharges from hospital by providing the necessary ‘wrap-around’ in-home support services which would otherwise be unavailable in the person’s normal residence.

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41. HEA E22: Mental Health Detention Exit Community Outreach

(Budget Statement C, Page 18)

	2018-19 \$'000	2019-20 \$'000	2020-21 \$'000	2021-22 \$'000	Total \$'000
Capital	0	0	0	0	0
Net Capital	0	0	0	0	0
Depreciation	0	0	0	0	0
Associated Expenses	0	0	0	0	0
Net Expenses	200	206	0	0	406

Key points

- The Government will continue its investment in the Detention Exit and Community Outreach (DECO) program, which is a joint initiative between ACT Health and the community sector mental health provider Wellways Australia (Wellways).
- In the DECO program Wellways works with the ACT Health Mental Health, Justice Health, Alcohol and Drug Services to provide the support services required to assist people with diagnosed mental health conditions leaving detention to re-establish themselves in the community.
- The funding for DECO in this budget will allow Wellways to continue to provide support for up to 20 individuals at any time, for a maximum of 18 months each. Without this funding, the service would have had to revert to its original capacity of 10 places for a maximum of 3 months.
- DECO is designed to address the gap in the continuum of care for clients between exiting detention and entering the community. By intervening at the post-release stage DECO works to proactively manage the stressors that can exacerbate mental illness for detainees returning to the community.
- DECO reduces the risk of deteriorating mental health during a high-risk time. Without DECO, it is possible that people exiting detention would struggle to adjust to the transition, leading to increased recidivism rates and an increased mental health burden on the ACT's health system.

Background

- Where necessary, the DECO program provides services assisting the client to connect with alcohol and other drugs services, longer term mental health support providers, employment, housing, education and other social connections. Wellways also provide, where appropriate, living and self-management skills training.
- The objectives of the DECO program are:
 - For consumers to develop the personal resources needed to improve their quality of life and enhance their mental health and emotional wellbeing. This can be measured by, and reported in a recognised outcome measurement tool including, but not limited to, the Living Skills Profile.

- That consumers will have improved resilience and social connections in their lives to sustain accommodation, connect consumers to appropriate clinical interventions and reduce recidivism.
- To improve the mental health outcomes and opportunities for consumers to increase their knowledge, skills and confidence to manage future crises through increased awareness of, and capacity to access, community resources and support networks. This includes education, training and employment services where appropriate.
- The DECO program has been expanded through one-off budget allocations in the 2016-17 and 2017-18 budgets. Together, these expansions allowed DECO to provide support for up to 20 individuals at any time for a maximum of 18 months each.
- In June 2016 the number of adult detainees in ACT prisons was 441, an 11% increase from 2015. In addition, 74% of these 441 had previously been imprisoned, which is the largest proportion of any state or territory.
- It is well documented that there is a higher incidence of mental health problems in the prison population than in the general population. Furthermore, individuals with untreated mental health conditions are at higher risks of recidivism on their release from detention.
- Consequently, DECO, which aims to reduce recidivism and provide support for people exiting detention who have diagnosed mental health conditions, is important to help curb the growth of the prison population.
- The services that DECO provide are a cost effective way to manage the risks of recidivism and poor mental health outcomes for detainees. Given that it costs approximately \$120,000 per year to care for one detainee in the Alexander Machonochie Centre, and approximately \$1,043 per day of an acute inpatient overnight admission for mental health in the ACT, DECO has the potential to provide significant cost savings to the Territory and better health outcomes for former detainees.
- The DECO program is distinct from the Throughcare program which is run by ACT Corrections. While these programs are complimentary, they are not a duplication of services as DECO is only available to people with a formally diagnosed mental illness. So, while DECO will work closely with Throughcare clients who have mental illness, DECO is not available for all people who are exiting detention and does not provide direct accommodation services.

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**42. HEA E24: Expansion of Justice Health Services at the Alexander
Maconochie Centre**

(Budget Statement C, Page 18)

Summary	2018-9	2019-20	2020-21	2021-22	Totals
	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses	1,530	1,561	1,593	1,625	6,309

Key points

- This initiative provides recurrent funding for additional FTE within Forensic Mental Health Services that was allocated for two years in the 2016-17 budget.
- This initiative will support the enhancement of the existing Justice Health Services to meet the service demands of an increasing detainee population at the Alexander Maconochie Centre, including Forensic Mental Health Services, Dental, Nursing, and General Practitioners.

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43. HEA E26: Trial of an ACT Mental Health Recovery College

(Budget Statement C, Page 18)

	2018-19 \$'000	2019-20 \$'000	2020-21 \$'000	2021-22 \$'000	Total \$'000
Capital	0	0	0	0	0
Net Capital	0	0	0	0	0
Depreciation	0	0	0	0	0
Associated Expenses	0	0	0	0	0
Net Expenses	396	443	50	0	889

Key points

- This budget item is funding the trial of a Recovery College in the ACT.
- The focus of a Recovery College in the ACT will be on improving the lives of people with mental illness through educating participants and sharing experiences of mental health.
- The Recovery College model has recently emerged as a new approach for providing mental health education. Co-design is central to this model, whereby educational courses are co-developed and co-facilitated by Peer Educators and Clinical Educators; and where consumers, carers and professionals participate together as students.
- It has the potential, over time, to reduce the level of demand on clinical mental health services.
- Recovery Colleges are recognised internationally as having potential for being a key feature of contemporary, recovery-oriented mental health services.
- ACT Health is committed to innovation in policy design and service delivery. The Recovery College will be delivered in partnership between ACT Health, The Canberra Institute of Technology and the Mental Health Community Coalition of the ACT.
- A successful Recovery College in the ACT aligns with the Whole of Government priority to support early intervention, working to prevent crisis and supporting people to increase their capacity to take a greater role in the management of their health.
- This, in turn, has the potential to reduce the demand on more expensive acute and crisis level clinical services.

Background

- Recovery Colleges are recognised internationally as a key feature of contemporary, recovery-oriented mental health services¹. A Recovery College model is based in an educational setting, using educational principles, co-designed and delivered as equal partners by consumers, peer educators, academics, clinicians and other professional mental health workers.
- Recovery Colleges take an educational approach to mental health, focusing on the strengths of a person to recover and rebuild their lives. The model is quite different, but complementary to

¹ Gill, K. H. (2014). Recovery Colleges: Co-Production in Action: The value of the lived experience in "Learning and Growth for Mental Health". Health Issues, 113(Summer), 10-14

specialist, technical assessment and treatment-based approaches currently offered by specialist mental health services in ACT Health.

- Educational, recovery-oriented services aim to help people to stay well and reduce the likelihood of relapse by helping people to understand their illness and learn how to manage it better in order to pursue their aspirations.
- Introducing a self-directed, group-based alternative, such as a Recovery College in a community setting, provides a form of early intervention for people newly-diagnosed, assistance for people trying to manage a chronic condition, and a path to community re-entry for people whose severe ill-health has sidelined them from society.
- Consumers using mental health services in the ACT and their families have long requested more information, support for self-directed care and self-management, empowerment, choice and employment of peers in providing services.²
- Initiatives such as the Recovery College, that connect service users with other people who have similar experiences, can have additional advantages when people are enabled to learn coping strategies, develop relationship skills, reduce isolation and gain hope.³

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² Meddings, Campbell, Guglietti et. al, 2014, *From Service User to Student – The Benefits of Recovery College*, Clinical Psychology Forum.

³ Corey et. al, 2013 in Meddings, Campbell, Guglietti et. al., 2014, *From Service User to Student – the Benefits of Recovery College*, Clinical Psychology Forum.

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44. HEA E30: Strengthening Community Based Counselling Services for children and young people

(Budget Statement C, Page 18)

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Capital	0	0	0	0	0
Net Capital	0	0	0	0	0
Depreciation	0	0	0	0	0
Associated Expenses	0	0	0	0	0
Net Expenses	412	424	437		1,273

Key points

- This budget initiative will deliver on a Labor 2016 election commitment, as well as further Government investment in 2017-18, to enhance the clinical capacity of headspace Canberra (headspace).
- headspace offers an extremely important early intervention mental health service for those aged between 12 to 25 years with emerging mental health and substance use challenges.
- headspace fills an important service delivery gap for young people in the ACT and the increase in the clinical capacity of this service will continue to assist in providing an accessible and early intervention mental health service.
- The demand for headspace Canberra services has grown since 2008 resulting in a 259 percent increase in referrals from the first year to 2015¹. This increase in demand is indicative of the rise in incidence of mental health problems and the high need in the Canberra community for the early intervention work headspace Canberra undertakes.
- Improving the mental health of young people has the potential to reduce pressure on acute care facilities and deliver much better functional outcomes for our young people.
- Previous funding has increased the clinical capacity of headspace and reduced the wait times for consumers. This funding will continue to enhance these benefits.

Background

- The 2007 National Survey of Mental Health and Wellbeing underscores the burden that mental illness places on young people in Australia. The Survey tells us that the prevalence of mental disorders declines with age from more than one in four (26.4%) in the youngest age group (16-24) to around one in twenty (5.9%) in the oldest age group (75-85 years)². It is this over representation of young people with mental illness which contributes directly to the lost productivity and job turnover costs related to the high overall economic costs of mental illness both in Australia and internationally.

¹ Data provided by headspace national.

² The Mental health of Australians 2: report on the 2007 national survey of mental health and wellbeing

- Mental health and substance use disorders are the most serious health problems affecting young people. The peak period of onset of mental health and substance use problems is during adolescence and early adulthood.³
- Rates of mental health problems for young people in the ACT have been reported to be generally consistent with young people nationally.⁴
- Based on a prevalence rate of one in four young people experiencing a mental or substance use disorder in any given year⁵, in the ACT and in Australia overall, the economic cost of mental ill-health is very high. Nationally, economic analysis estimates can reach as high as \$28.6 billion a year in direct and indirect costs.⁶ Additionally, lost productivity and job turnover costs our nation a further \$12 billion a year⁷. Collectively these impacts cost \$40 billion a year, or more than two per cent of GDP.
- headspace Canberra is focused on providing promotion, prevention and early intervention activities which enable young people to gain assistance when the first indicators of a mental health problem occur. Early access to support often enables a shorter intervention, a quicker recovery, a reduced impact on functioning and reduces demand on expensive acute care services.
- Further, headspace seeks to increase accessibility to high risk groups of young people including Aboriginal and Torres Strait Islander young people; young people from Culturally and Linguistically Diverse backgrounds; Lesbian, Gay, Bisexual, Transgender, Intersex, and Queer young people; and young people at risk of homelessness.

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³ Kessler et al., 2005

⁴ Sawyer, M.G., Arney, F.M., Baghurst, P.A., Clark, J.J., Graetz, B.W., Kosky, R.J. et al. (2000). The Mental Health of Young People in Australia. Mental Health and Special Programs Branch, Commonwealth Department of Health and Aged Care: Canberra

⁵ Australian Institute of Health and Welfare (2007) Young Australians: their health and wellbeing

⁶ Medibank and Nous Group. The Case for Mental Health Reform in Australia: A Review of Expenditure and System Design: Medibank and Nous Group, 2013.

⁷ Harvey SB, Joyce S, Tan L, et al. Developing a mentally healthy workplace: A review of the Literature. A report for the National Mental Health Commission and the Mentally Healthy Workplace Alliance. 2014. [http://www.mentalhealthcommission.gov.au/media/116414/ Developing%20a%20mentally%20healthy%20workplace_Final%20November%202014.docx](http://www.mentalhealthcommission.gov.au/media/116414/Developing%20a%20mentally%20healthy%20workplace_Final%20November%202014.docx) (accessed 25 November 2014).

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45. Indicator 5— Proportion of clients with a mental health seclusion episode

Table 1: The proportion of mental health clients who are subject to a seclusion episode while being an admitted patient in an ACT public mental health inpatient unit

Strategic indicator	2017–18 target	2017–18 est. outcome ¹	2018–19 target
The proportion of mental health clients who are subject to a seclusion episode while being an admitted patient in an ACT public mental health inpatient unit	<3%	7%	<5%

Note:

1. Dhulwa is specifically used to treat complex patients and increases in seclusion can be expected following the opening of Dhulwa. As a result of the inclusion of Dhulwa patients, ACT Health has increased the target to less than 5 per cent in 2018–19.

Key Points

- The previous target of <3% was based on the acute inpatient facilities available in previous years. More mental health admitted inpatient services are now available for acute short stay admissions (six beds) and the mental health secure unit, Dhulwa (ten beds).
- An estimated projected outcome for 2017-18 suggests the seclusion rate will be 7%, based on current monthly trends.
- The increase in the use of seclusion is complex, but relates to the high acuity and volatility of consumers being admitted when acutely mentally unwell, the higher number of people being admitted for an acute inpatient episode has increased.
- It is recommended that the target for 2018-19 be adjusted to <5% to account for the increase in available beds for acute mental health care requiring brief intensive treatment (short stay) or a more secure environment such as Dhulwa or the Adult Mental health Unit at The Canberra Hospital.
- ACT public mental health inpatient services have consistently reported a low rate of seclusion episodes, and is one of lowest rates of any jurisdiction. Occasionally the rate is affected by a small number of consumers experiencing high acuity mental ill health, resulting in multiple seclusion episodes during the early stages of an acute admission. These outliers directly impact on the rate of seclusion due to the consistently low number of people who are subject to a seclusion episode overall.
- This indicator is currently under review for change by 2019-20 as part of the System-Wide Data Review post implementation process to align with the national definition reported in the Report on Government Services (ROGS) and the Mental Health Services in Australia. Currently the local ACT Budget Report indicator applies the Australian Health Care Standards definition.

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46. Strategic Indicator 6—Acute psychiatric unit patient 28 day unplanned readmission rate

Table 1: The proportion of clients who return to hospital within 28 days of discharge from an ACT public acute psychiatric unit following an acute episode of care

Strategic indicator	2017–18 target	2017–18 est. outcome	2018–19 target
Proportion of clients who return to hospital within 28 days of discharge from an ACT acute psychiatric mental health inpatient unit	<10%	NP ¹	<10%

Note:

1. Due to considerations of the recommendations made under the Auditor General’s Report Mental Health Services – Transition from Acute Care 2016 report, this indicator was not available at the time of publishing.

Key Points

- This indicator is based on the Australian Health Care Standards (ACHS) definition of unplanned readmissions. A clinical review/audit is required to determine if a return to hospital for an inpatient admission within 28 days is part of planned treatment and care or unplanned. The intent of the indicator is to show the rate of readmissions within 28 days that are unexpected and not part of ongoing supported recovery treatment planning.
- It is recommended the unplanned re-admission rate target remain at <10% for 2018-19, if the local definition for this indicator continues to be aligned with the ACHS mental health acute inpatient indicator definition.
- An estimated outcome for 2017-18 is not available at this time due to the unplanned readmission within 28 days not being distinguishable from all readmissions, planned or unplanned. This is in part impacted on by the Auditor-General’s Report, Mental Health Services – Transition from Acute Care. This report recommended the clinical review/audit for readmissions within 28 days not be conducted by the inpatient facility staff receiving the consumer due to a potential perception of a conflict of interest.

Key Information

- At the national level reporting, the indicator for 28 day readmissions for mental health acute inpatient services includes both planned and unplanned readmissions. The definition is different from the rate provided at the jurisdiction level in the ACT Budget Report which reports only unplanned readmissions.
- The national rate is higher due to the inclusion of all mental health readmissions within 28 days. An alternative option is to align the local ACT indicator with the national definition. A consequence would be the previous reported rates in the ACT Budget Report will not be comparable. There is no

national target established for the national indicator. The national average rate inclusive of unplanned and planned readmissions within 28 days is 14.6%, the ACT rate is currently at 13.6% as of 2016-17.

- This indicator is currently under review for change by 2019-20 as part of the System-Wide Data Review post implementation process to align with the national definition reported in the Report on Government Services (ROGS) and the Mental Health Services in Australia. Currently the local ACT Budget Report indicator applies the Australian Health Care Standards definition.

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