

Our reference: **CHSFOI25-26.09**

[REDACTED]

Dear [REDACTED]

DECISION ON YOUR ACCESS APPLICATION

I refer to your application under section 30 of the *Freedom of Information Act 2016* (FOI Act), received by Canberra Health Services (the Directorate) on **Thursday 4 September 2025**.

This application requested access to:

'Documents created between the first day of the 2025-26 Budget Estimates hearings and the date this application is processed:

- *The final draft version of answers to questions on notice and questions taken on notice concerning any ACT Public Service Directorate from the 2025-26 Legislative Assembly Budget Estimates hearings that were provided to any ACT Minister's office for review, comment, or approval.*
- *All correspondence and advice between any staff member of any ACT Public Service Directorate and any Minister or member of a Minister's office staff where they have requested amendments, alterations, or proposed changes to the draft answers identified in Part 1. (In relation to this point, the applicant is seeking any request for amendment from the Minister and/or their staff).'*

I am an Information Officer appointed by the Chief Executive Officer of the Directorate under section 18 of the FOI Act to deal with access applications made under Part 5 of the Act. The Directorate was required to provide a decision on your access application by **Friday 17 October 2025**.

I have identified **66** documents holding the information within scope of your access application. These are outlined in the schedule of documents included at Attachment A to this decision letter.

Decisions

I have decided to:

- grant full access to 58 documents; and
- grant partial access to eight documents.

My access decisions are detailed further in the following statement of reasons and the documents released to you are provided as Attachment B to this letter.

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

- The FOI Act;
- The contents of the documents that fall within the scope of your request; and
- The *Human Rights Act 2004*.

Full Access

I have decided to grant full access to the documents at references 1-13, 15, 17-26, 28- 31, 34-42, 44-54, 56-59 and 61-66.

Partial Access

I have decided to grant partial access to the documents at references 14, 16, 27, 32-33, 43, 55 and 60. These documents contain information that I consider, on balance, to be contrary to the public interest to disclose under the test set out in Section 17 of the FOI Act.

Public Interest Factors Favouring Disclosure

The following factors were considered relevant in favour of the disclosure of the documents:

- Schedule 2, 2.1 (a)(i) promote open discussion of public affairs and enhance the government's accountability; and
- Schedule 2, 2.1 (a)(ii) contribute to positive and informed debate on important issues or matters of public interest.

Public Interest Factors Favouring Non-Disclosure

The following factors were considered relevant in favour of the non-disclosure of the documents:

- Schedule 2, 2.2 (a)(ii) prejudice the protection of an individual's right to privacy or any other right under the Human Rights Act 2004.

On balance, the factors favouring disclosure were outweighed by the factors favouring nondisclosure as the redacted information is comprised of personal information, being the mobile numbers of ACT-Government employees. Therefore, I determined the information identified is contrary to the public interest and I have decided not to disclose this information.

Charges

Processing charges are not applicable to this request.

Disclosure Log

Under section 28 of the FOI Act, the Directorate maintains an online record of access applications called a disclosure log. The scope of your access application, my decision and documents released to you will be published in the disclosure log not less than three days but not more than 10 days after the date of this decision.

Please be aware that no personal information will be included in the published information all other information will be published on <https://www.act.gov.au/open/foi-disclosure-logs/act-health-directorate-and-canberra-health-services-disclosure-logs>.

Ombudsman review

My decision on your access request 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 Directorate's disclosure log, 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

ACT Civil and Administrative Tribunal (ACAT) review

Under section 84 of the Act, if a decision is made under section 82(1) on an Ombudsman review, you may apply to the ACAT for review of the Ombudsman decision. Further information may be obtained from the ACAT at:

ACT Civil and Administrative Tribunal
Allara House
15 Constitution Avenue
GPO Box 370
Canberra City ACT 2601
Telephone: (02) 6207 1740
<http://www.acat.act.gov.au/>

Further assistance

Should you have any queries in relation to your request, please do not hesitate to contact the FOI Coordinator on (02) 5124 9831 or email HealthFOI@act.gov.au.

Yours sincerely



Nicole Stevenson
Senior Director
Office of the Chief Executive Officer
Canberra Health Services

17 October 2025

FREEDOM OF INFORMATION SCHEDULE OF DOCUMENTS

Please be aware that under the *Freedom of Information Act 2016*, some of the information provided to you will be released to the public through the ACT Government's Open Access Scheme. The Open Access release status column of the table below indicates what documents are intended for release online through open access. Personal information or business affairs information will not be made available under this policy. If you think the content of your request would contain such information, please inform the contact officer immediately. Information about what is published on open access is available online at: <http://www.health.act.gov.au/public-information/consumers/freedom-information>

APPLICANT NAME	WHAT ARE THE PARAMETERS OF THE REQUEST	FILE NUMBER
	<i>Documents created between the first day of the 2025-26 Budget Estimates hearings and the date this application is processed:</i> <i>The final draft version of answers to questions on notice and questions taken on notice concerning any ACT Public Service Directorate from the 2025-26 Legislative Assembly Budget Estimates hearings that were provided to any ACT Minister's office for review, comment, or approval.</i> <i>All correspondence and advice between any staff member of any ACT Public Service Directorate and any Minister or member of a Minister's office staff where they have requested amendments, alterations, or proposed changes to the draft answers identified in Part 1. In relation to this point, you are seeking any request for amendment from the Minister and/or their staff.</i>	CHSFOI25-26.09

Ref Number	Page Number	Description	Date	Status Decision	Factor	Open Access release status
1.	1	Email - RE: 20250808 - QON 57 - Better Support for Longstay Patients (SF25/246)	11 August 2025			YES
2.	2	Email - RE: QON 57 - Better Support for Longstay Patients (SF25/246)	14 August 2025			YES
3.	3 - 6	v1 - QON 57 - CHS - Better support for long-stay patients - RATTENBURY	08 August 2025			YES

4.	7 - 11	v2 - QON 57 - CHS - Better support for long-stay patients - RATTENBURY	08 August 2025			YES
5.	12 - 15	v3 - QON 57 - CHS - Better support for long-stay patients - RATTENBURY	08 August 2025			YES
6.	16 - 19	v4 - QON 57 - CHS - Better support for long-stay patients - RATTENBURY	08 August 2025			YES
7.	20 - 23	v5 - QON 57 - CHS - Better support for long-stay patients - RATTENBURY	08 August 2025			YES
8.	24 - 25	COR257859 - QON 63 - CHS - Fee for Service Surgeries - EMERSON	08 August 2025			YES
9.	26 - 27	COR257858 - QON 64 - CHS - Disability Liaison Officers - RATTENBURY	08 August 2025			YES
10.	28 - 29	Email - RE: 20250808 - QON 65 - CHS Bed Capacity (SF25/237)	12 August 2025			YES
11.	30 - 31	COR257857 - v1 - QON 65 - CHS - CHS Bed Capacity - CASTLEY	08 August 2025			YES
12.	32 - 33	COR257857 - v2 - MO COMMENTS 12-09 - QON 65 - CHS - CHS Bed Capacity - CASTLEY	08 August 2025			YES
13.	34 - 35	COR257857 - v3 - QON 65 - CHS - CHS Bed Capacity - CASTLEY	08 August 2025			YES
14.	36 - 37	Email - RE: QON 66 - Longstay patients (SF25/238)	12 August 2025	Partial Release	Schedule 2.2 (a)(ii) Privacy	YES
15.	38 - 39	COR257856 - QON 66 - CHS - Long-stay patients - CASTLEY	08 August 2025			YES
16.	40 - 41	Email - FW: 20250808 - CHS QON 69 - Endocrinologist Staffing (SF25/241)	12 August 2025	Partial Release	Schedule 2.2 (a)(ii) Privacy	YES
17.	42	20250810 QON 69 - CHS - Endocrinologist Staffing - CASTLEY - signed	08 August 2025			YES
18.	43 - 44	COR257852 - QON 70 - CHS - Isotretinoin Access and Specialist Wait Times - RATTENBURY	08 August 2025			YES
19.	45 - 46	COR257851 - QON 71 - CHS - Nurse home visits fuel costs - CASTLEY	08 August 2025			YES
20.	47	Email - RE: QON 72 - Asset Maintenance (SF25/244)	14 August 2025			YES

21.	48 - 49	Email - RE: 20250808 - CHS QON 72 - Asset Maintenance (SF25/244)	13 August 2025			YES
22.	50 - 53	v1 - QON 72 - CHS - Asset maintenance - CASTLEY	08 August 2025			YES
23.	54 - 57	v2 - QON 72 - CHS - Asset maintenance - CASTLEY	08 August 2025			YES
24.	58 - 61	v3 - QON 72 - CHS - Asset maintenance - CASTLEY	08 August 2025			YES
25.	62 - 64	v4 - QON 72 - CHS - Asset maintenance - CASTLEY	08 August 2025			YES
26.	65 - 67	QON 73 - CHS - Canberra Health Services and ACT Corrective Services - RATTENBURY	08 August 2025			YES
27.	68 - 69	Email - Updated - QON 203 - AMC and ADHD Diagnosis and Treatment - EMERSON (GBCHS25/174)	21 August 2025	Partial Release	Schedule 2.2 (a)(ii) Privacy	YES
28.	70 - 71	GBCHS25 174 - Estimates 2025-26 - CHS - QON 203 - Alexander Maconochie Centre (ADHD Diagnosis and Treatment) - EMERSON(rev 5)	22 August 2025			YES
29.	72 - 73	GBCHS25 174 - Estimates 2025-26 - CHS - QON 203 - Alexander Maconochie Centre (ADHD Diagnosis and Treatment) - EMERSON(rev 6)	22 August 2025			YES
30.	74 -76	QTON Answer 28 - CHS - Seven Savings Initiatives for Canberra Health Services - COCKS	04 August 2025			YES
31.	77	QTON Answer 35 - CHS - Updated Cost of Episode of Care in a Walk-in Centre - RATTENBURY	22 August 2025			YES
32.	78 - 79	Email - RE: QTON 37	06 August 2025	Partial Release	Schedule 2.2 (a)(ii) Privacy	YES
33.	80	Email - QTON 37	01 August 2025	Partial Release	Schedule 2.2 (a)(ii) Privacy	YES
34.	81 - 82	v1 - QTON Answer 37 - CHS - Data on referrals from WiC to GP - CARRICK	04 August 2025			YES
35.	83 - 84	v2 - QTON Answer 37 - CHS - Data on referrals from WiC to GP - CARRICK	04 August 2025			YES
36.	85 - 86	Email – RE: CHS QTONs (Estimates Hearing)	05 August 2025			YES

37.	87 - 88	v1 - QTON Answer 38 - CHS - Forecast of Services Levels for CHS - COCKS	04 August 2025			YES
38.	89 - 90	v2 - QTON Answer 38 - CHS - Forecast of Services Levels for CHS - COCKS	04 August 2025			YES
39.	91 - 92	v3 - QTON Answer 38 - CHS - Forecast of Services Levels for CHS - COCKS	04 August 2025			YES
40.	93 - 94	v4 - QTON Answer 38 - CHS - Forecast of Services Levels for CHS - COCKS	04 August 2025			YES
41.	95 - 96	QTON Answer 39 - CHS - ED Treatment Spaces - CASTLEY	04 August 2025			YES
42.	97 - 98	QTON Answer 40 - CHS - Exit Interviews - CASTLEY	04 August 2025			YES
43.	99	Email - QTON 41: Concerns raised in exit interviews	04 August 2028	Partial Release	Schedule 2.2 (a)(ii) Privacy	YES
44.	100 - 101	QTON Answer 41 - CHS - Concerns Raised in Exit Interviews - CASTLEY	04 August 2025			YES
45.	102 - 103	Email - RE: CHS QTONs (Estimates Hearing)	06 August 2025			YES
46.	104 - 105	Email - RE: SF25/233 : QTON 42 - Rattenbury - Zagari - Cardiology Staffing Costs	08 August 2025			YES
47.	106 - 107	v1 - QTON Answer 42 - CHS - Cardiology Staffing Costs - RATTENBURY	04 August 2025			YES
48.	108 - 109	v2 - QTON Answer 42 - CHS - Cardiology Staffing Costs - RATTENBURY	04 August 2025			YES
49.	110 - 111	v3 - QTON Answer 42 - CHS - Cardiology Staffing Costs - RATTENBURY	04 August 2025			YES
50.	112 - 113	QTON Answer 43 - CHS - Locum Allowances - RATTENBURY	04 August 2025			YES
51.	114 - 116	QTON Answer 44 - CHS - Eligibility for a Section 245 Payment - RATTENBURY	04 August 2025			YES
52.	117 - 118	QTON Answer 45 - CHS - Attraction and Retention Incentives (ARINs) - EMERSON	04 August 2025			YES
53.	119 - 121	QTON Answer 46 - CHS - Employee Expenses - CASTLEY	04 August 2025			YES

54.	122 - 123	QTON Answer 47 - CHS - Total Midwives Employed at CHS - CLAY	04 August 2025			YES
55.	124	Email - RE: QTON 48	01 August 2025	Partial Release	Schedule 2.2 (a)(ii) Privacy	YES
56.	125 - 126	v1 - QTON Answer - CHS - Cost of Midwives - CASTLEY	04 August 2025			YES
57.	127 - 128	v2 - QTON Answer - CHS - Cost of Midwives - CASTLEY	04 August 2025			YES
58.	129	Email - RE: Due 4 August - CHS QTON 49 (SF25/228) - Access to Continuity of Care	29 July 2025			YES
59.	130 - 131	QTON Answer 49 - CHS - Access to Continuity of Care - TOUGH	04 August 2025			YES
60.	132	Email - RE: QTON 52 - Operations Centre (SF25/227)	08 August 2025	Partial Release	Schedule 2.2 (a)(ii) Privacy	YES
61.	133 - 137	v1 - QTON Answer 52 - CHS - Operations Centre - CASTLEY	04 August 2025			YES
62.	138 - 142	v2 - QTON Answer 52 - CHS - Operations Centre - CASTLEY	04 August 2025			YES
63.	143 - 147	v3 - QTON Answer 52 - CHS - Operations Centre - CASTLEY	04 August 2025			YES
64.	148 - 150	QTON Answer 55 - CHS - Updated Staffing Profile - CASTLEY	04 August 2025			YES
65.	151 - 153	QTON Answer 58 - CHS - AMC Health Assessments - EMERSON	05 August 2025			YES
66.	154 - 155	COR258172 - QTON Answer 206 - CHS - Hennessy House Carparks - CARRICK	16 August 2025			YES
Total Number of Documents						
66						

From: [Kratzel, Jenna](#)
To: [CHS DLO](#); [ACT Health DLO](#)
Subject: RE: 20250808 - QON 57 - Better Support for Longstay Patients (SF25/246)
Date: Monday, 11 August 2025 12:48:27 PM
Attachments: [image001.png](#)
[image002.png](#)

Thanks Christine,

Hayley, I have some comments on question one for addressing – I have placed in your folder as I understand HCSD prepared that response.

Jenna

From: CHS DLO
Sent: Friday, 8 August 2025 12:07 PM
To: Kratzel, Jenna
Subject: 20250808 - QON 57 - Better Support for Longstay Patients (SF25/246)
Importance: High

OFFICIAL

Hi Jenna

QON 57 – Better support for longstay patients is located in your folder [here](#).

For review and progression. Answer for Q1 has been provided by HCSD.

Due to the Committee today, 8 August 2025.

Thank you

Christine

Christine Whittall | Directorate Liaison Officer

Phone: MS Teams | Email: CHSDLO@act.gov.au

Office of the Chief Executive Officer | Canberra Health Services | ACT Government

ACT Legislative Assembly | canberrahealthservices.act.gov.au



‘Creating exceptional health care together.’

Canberra Health Services acknowledges the Ngunnawal people as traditional custodians of the ACT and recognises any other people or families with connection to the lands of the ACT and region.

We acknowledge and respect their continuing culture and contribution to the life of this region.



From: [CHS DLO](#)
To: [Tomlinson, Benjamin](#)
Cc: [Kratzel, Jenna](#)
Subject: RE: QON 57 - Better Support for Longstay Patients (SF25/246)
Date: Thursday, 14 August 2025 11:16:00 AM
Attachments: [image001.png](#)
[image002.png](#)
Importance: High

Hi Ben

Comment has been addressed by CHS and disclaimer added, back in folder [here](#) for review and progression.

Christine

From: Tomlinson, Benjamin

Sent: Thursday, 14 August 2025 8:35 AM

To: CHS DLO

Cc: Kratzel, Jenna

Subject: RE: QON 57 - Better Support for Longstay Patients (SF25/246)

Back in your folder. Some numbers didn't add up...comment in doc

From: CHS DLO <CHSDLO@act.gov.au>

Sent: Thursday, 14 August 2025 8:29 AM

To: Tomlinson, Benjamin <Benjamin.Tomlinson@act.gov.au>; Kratzel, Jenna <Jenna.Kratzel@act.gov.au>

Subject: QON 57 - Better Support for Longstay Patients (SF25/246)

OFFICIAL

Morning Ben and Jenna

QON 57 – Better Support for Longstay pts located [here](#) for review and progression to the Minister.

Thank you

Christine Whittall | Directorate Liaison Officer

Phone: MS Teams | Email: CHSDLO@act.gov.au

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ACT Legislative Assembly | canberrahealthservices.act.gov.au



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QON No. 57

**Legislative Assembly for the
Australian Capital Territory**Select Committee on Estimates 2025–
2026

Inquiry into Appropriation Bill 2025–2026 and Appropriation (Office of the Legislative Assembly) Bill 2025–2026

Answer to question on notice

Asked by: Mr Shane Rattenbury MLA

Addressed to: Minister for Health

Reference: Health – Canberra Health Services

Hearing: 24 July 2025

In relation to: Primary and Acute Health Funding, and Long Stay Patients and better support for long-stay patients

Question received: 01 August 2025

Answer Due: 08 August 2025

- 1) What percentage of health funding in this budget has been allocated for primary healthcare initiatives?
- 2) What percentage of health funding in this budget has been allocated for acute healthcare?
- 3) Can you please outline how the \$80,000,000 allocated over the forward estimates for 'Better support for long-stay patients' will be allocated, including:
 - a) What supports will be provided to patients
 - b) Increases in staffing allocation
 - c) How many patients this funding will support in each financial year?
- 4) Given that the 'Better support for long-stay patients' funding notes that many of maintenance patients in the ACT are limited by access to residential aged care, NDIS packages or other suitable options, can you please outline:
 - a) The number of expected maintenance patients in each financial year
 - b) The number of expected maintenance patients in relation to the reason they have not been able to be discharged, including waiting suitable public housing, residential aged care, NDIS packages or any other requirements
 - c) How ACT Health is working with other sections of Government to assist maintenance patients with quicker discharge from hospital?

MS STEPHEN-SMITH MLA: The answer to the Member's question is as follows:

- 1) The 2025-26 Budget contains one initiative specifically targeted at primary healthcare, being the improving affordability and access to general practitioners' new initiative for which \$7.303 million has been allocated over four years. The Health portfolio does not budget specifically for primary health, however, based on information collated by the Health and Community Services Directorate (HCSD) for reporting to the Australian Institute of Health Welfare. HCSD estimates that six per cent of the Territory's health expenditure is attributable to primary care activities, such as public health, communicable disease control, health promotion, immunisation, environmental health, food standards and hygiene, cancer screening, and prevention of hazardous and harmful drug use.
- 2) Refer to page 81 – 83 and 92 of Budget Statement C:

CHS 2025-26 Expense Budget		
Broken down by Output Class:	\$2,555,517,000.00	%
Output 1.1 - Acute Services	\$1,700,013,000.00	67%
Output 1.2: Mental Health, Justice Health and Alcohol and Drug Services	\$312,280,000.00	12%
Output 1.3: Cancer Services	\$154,805,000.00	6%
Output 1.4: Subacute and Community Services	\$388,419,000.00	15%

- 3) The \$80 million in funding allocated over four financial years under the "Better Support for Long-Stay Patients" initiative has been distributed across divisions based on the resources required to support the growth in health services. This funding cannot be attributed to a specific long-stay patient cohort or area. This is because long-stay patients typically require a wide range of services throughout their entire treatment journey. These services include, but are not limited to, diagnosis and initial assessment (via triage, emergency care, medical history review, and physical examination), diagnostic testing, specialist interventions, admission planning, development of patient care plans, and discharge and post-acute care. The cost of care for each patient varies significantly depending on the complexity of their condition. It encompasses the involvement of nurses, allied health professionals, medical specialists, and a range of support services such as patient transport, medical and surgical supplies, linen, sterilisation, cleaning, security and corporate support.

Given the multifaceted nature of long-stay patient care and the integrated service delivery model, the directorate is unable to provide a breakdown of funding tied to specific long-stay patient activities.

- 4) Note that data provided within this response is operational data and is not validated.
 - a) In 2024-25 FY CHS registered 1420 patients as a maintenance care type patient. Daily we have an average of 127 maintenance care type patients across CHS.
 - b) CHS does not have historic data that can be accessed and are only able to use a snapshot of current patients. As of 5 August 2025, CHS has 136 maintenance care type patients. A

breakdown in category types has not been provided as some categories are <5 patients and therefore potentially identifiable.

- c) CHS has a broad range of teams working internally and externally to support the transition of long stay patients. Below is a snapshot of some of the regular meeting held to support care planning.

Meeting	Frequency	Meeting Attendees
ACT Executive Steering Committee Meeting – with National Disability Insurance Agency (NDIA) and Health and Community Services Directorate (HCSD)	Quarterly	CHS HCSD NDIA
ACT Monthly Bilateral Meeting	Fortnightly	Commonwealth Department of Health and Ageing
ACTH - State/Territory Health & NDIA Hospital Interface Executive Meeting	Monthly	CHS HCSD NDIA
Disability Senior Officials Group Workshop	As required	CHS HCSD
Hospital to Aged Care Dementia Support Program (HACDSP: ACT, DSA and DHDA)	Monthly	Commonwealth Department of Health and Ageing (DHDA) and Dementia Services Australia (DSA)
Long-stay Older Patients Coordination	Fortnightly	HCSD (Ageing and End of Life Branch) and CHS
Planning for Foundational Support	As required	HCSD
Subacute Care Portfolio meeting	Weekly	CHS HCSD
Support for people under 65 years of age who are ineligible for the National Disability Insurance Scheme (NDIS) and Aged Care programs	As required	CHS HCSD
NDIS – HLO and CHS NDIS Leads	Weekly	CHS NDIS
Public Trustee and Guardian (PTG) /CHS meeting To discuss barriers and problem solve possible solutions for patients under guardianship in hospital. Often barriers to discharge. Also look at communication between hospitals and PTG.	Bimonthly	CHS JACS
Hoarding Case Management Group – “the operation of the HCMG is intended to provide an advisory role to regulators and service delivery decision making with responsibility	Bimonthly	CHS AFP HCSD CMTEDD

and accountability for this remaining with the relevant agency and it authorised agencies"		Public Advocate (ACT HRC) TCCS Hoarding Advocacy Support Service (WCS)
Community Assistance and Temporary Supports (CATS) (and HCSD funded program to support hospital discharge)	Weekly	Come in weekly to the hospital now and will review patients at bedside which makes for a smoother transition on discharge
Domestic Violence Crisis Service (DVCS) To discuss barriers with people, experience family violence and barriers to discharge. Mostly this is around safe accommodation and working out timeliness of DVCS seeing patients in hospital.	Bimonthly	CHS
Discussion of barriers and complexity with either allocation of ACT Housing property or modification to existing allocated property.	As required	CHS HCSD
Digital Discharge Working Group To development of a transition package for people leaving hospital to residential aged care homes.	Monthly	CHS Digital Canberra University of Canberra Warrigal Aged Care.
Strengthening Medicare ACT initiatives	Bimonthly	HCSD CHS

Approved for circulation to the Select Committee on Estimates

Signature:

Date:

By the Minister for Health, Rachel Stephen-Smith

OFFICIAL

QON No. 57



**Legislative Assembly for the
Australian Capital Territory**

Select Committee on Estimates 2025–
2026

Inquiry into Appropriation Bill 2025–2026 and Appropriation (Office of the Legislative Assembly) Bill 2025–2026

Answer to question on notice

Asked by: Mr Shane Rattenbury MLA

Addressed to: Minister for Health

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 - a) What supports will be provided to patients
 - b) Increases in staffing allocation
 - c) How many patients this funding will support in each financial year?
- 4) Given that the 'Better support for long-stay patients' funding notes that many of maintenance patients in the ACT are limited by access to residential aged care, NDIS packages or other suitable options, can you please outline:
 - a) The number of expected maintenance patients in each financial year
 - b) The number of expected maintenance patients in relation to the reason they have not been able to be discharged, including waiting suitable public housing, residential aged care, NDIS packages or any other requirements
 - c) How ACT Health is working with other sections of Government to assist maintenance patients with quicker discharge from hospital?

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MS STEPHEN-SMITH MLA: The answer to the Member's question is as follows:

- 1) The 2025-26 Budget contains one initiative specifically targeted at primary healthcare, being the improving affordability and access to general practitioners' new initiative for which \$7.303 million has been allocated over four years. Information provided to the Australian Institute of Health Welfare reports that in for the 2023-24 report (expected to be released in November 2025), estimates that six per cent of the Territory's health expenditure is attributable to primary care activities, such as public health, communicable disease control, health promotion, immunisation, environmental health, food standards and hygiene, cancer screening, and prevention of hazardous and alcohol and other drug harmful minimisation drug use.
- 2) Refer to page 81 – 83 and 92 of Budget Statement C:

CHS 2025-26 Expense Budget		
Broken down by Output Class:	\$2,555,517,000.00	%
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- 3) The \$80 million in funding allocated over four financial years under the "Better Support for Long-Stay Patients" initiative has been distributed across divisions based on the resources required to support the growth in health services. This funding cannot be attributed in advance to a specific long-stay patient cohort or area. This is because long-stay patients typically require a wide range of services throughout their entire treatment journey. These services include, but are not limited to, diagnosis and initial assessment (via triage, emergency care, medical history review, and physical examination), diagnostic testing, specialist interventions, admission planning, development of patient care plans, and discharge and post-acute care. The cost of care for each patient varies significantly depending on the complexity of their condition. It encompasses the involvement of nurses, allied health professionals, medical specialists, and a range of support services such as patient transport, medical and surgical supplies, linen, sterilisation, cleaning, security and corporate support.

The aim of this initiative is to provide a clear focus on both supporting long-stay patients and enabling them to be discharged in a more timely manner. Teams will approach this flexibly according to patient circumstances and opportunities to improve discharge pathways. Given the multifaceted nature of long-stay patient care and the integrated service delivery model, the directorate is unable to provide a breakdown of funding tied to specific long-stay patient activities.

- 4) Noting that the data provided within this response below is operational data and is not validated.

Commented [JK1]: Can this please be reviewed for accuracy

Commented [HW2R1]: Check by Finance team

Commented [JK3]: Is 'harm minimisation' the preferred language for this?

Commented [HW4R3]: Harm minimisation is correct

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- a) In 2024-25 ~~CHS~~ CHS registered 1420 patients as a maintenance care type patient. ~~The daily~~ ~~Daily we have an~~ average ~~is approximately of~~ 127 maintenance care type patients across CHS.
- b) CHS does not have historical ~~al~~ data that can be accessed ~~and are only able to use a snapshot of current patients~~. As of 5 August 2025, CHS has 136 maintenance care type patients. ~~A breakdown in category types has not been provided as some categories are <5 patients and therefore potentially identifiable. Of these, XXX are awaiting a residential aged care placement and XXX are NDIS participants or awaiting assessment. The remaining patients experience a variety of other challenges (noting some consumers will experience multiple barriers to discharge).~~
- c) CHS has a ~~broad~~ range of teams working internally and externally to support the transition of long stay patients. ~~The table below~~ ~~provides~~ a snapshot of some of the regular meeting held to support care planning.

Commented [JK5]: Can this number please be provided?

Commented [JK6]: I appreciate the number for NDIS may be challenging to provide due to care types - but have included this for completeness in case the figure is able to be provided. If not, is there an approximate? If not, then perhaps some examples of barriers to discharge can be included in the following sentence

Meeting	Frequency	Meeting Attendees
ACT Executive Steering Committee Meeting – with National Disability Insurance Agency (NDIA) and Health and Community Services Directorate (HCSD)	Quarterly	CHS HCSD NDIA
ACT Monthly Bilateral Meeting	Fortnightly	HCSD Commonwealth Department of Health, Disability and Ageing (DHDA)
ACTH - State/Territory Health & NDIA Hospital Interface Executive Meeting	Monthly	CHS HCSD NDIA
Disability Senior Officials Group Workshop	As required	CHS HCSD
Hospital to Aged Care Dementia Support Program (HACDSP: ACT, DSA and DHDA)	Monthly	HCSD Commonwealth Department of Health and Ageing (DHDA) and Dementia Services Australia (DSA)
Long-stay Older Patients Coordination	Fortnightly	HCSD (Ageing and End of Life Branch) and CHS
Planning for Foundational Support	As required	HCSD
Subacute Care Portfolio meeting	Weekly	CHS HCSD
Support for people under 65 years of age who are ineligible for the National Disability	As required	CHS HCSD

Commented [JK7]: and/or CHS?

Commented [JK8]: and/or CHS?

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insurance Scheme (NDIS) and Aged Care programs		
NDIS – HLO and CHS NDIS Leads	Weekly	CHS NDIS
Public Trustee and Guardian (PTG) /CHS meeting To discuss barriers and problem solve possible solutions for patients under guardianship in hospital. Often barriers to discharge. Also look at communication between hospitals and PTG.	Bimonthly	CHS JACS
Hoarding Case Management Group – “the operation of the HCMG is intended to provide an advisory role to regulators and service delivery decision making with responsibility and accountability for this remaining with the relevant agency and its authorised agencies”	Bimonthly	CHS AFP HCSD CMTEDD Public Advocate (ACT HRC) TCSC City and Environment Directorate Hoarding Advocacy Support Service (Woden Community Services)
Community Assistance and Temporary Supports (CATS) (and HCSD funded program to support hospital discharge)	Weekly	Come in w Weekly visit to the hospital now to and will review patients at bedside which makes for a smoother transition on discharge
Domestic Violence Crisis Service (DVCS) t To discuss barriers with-for people who- experience family violence and barriers to discharge. Mostly this is around safe accommodation and working out timeliness of DVCS seeing patients in hospital.	Bimonthly	CHS
Housing ACT D discussion of barriers and complexity with either allocation of ACT H public housing property or modification to existing allocated property.	As required	CHS HCSD
Digital Discharge Working Group t To development of a transition package for people leaving hospital to residential aged care homes.	Monthly	CHS Digital Canberra University of Canberra Warrigal Aged Care.
Strengthening Medicare ACT initiatives	Bimonthly	HCSD CHS

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Approved for circulation to the Select Committee on Estimates

Signature:

Date:

By the Minister for Health, Rachel Stephen-Smith

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QON No. 57



**Legislative Assembly for the
Australian Capital Territory**

Select Committee on Estimates 2025–
2026

Inquiry into Appropriation Bill 2025–2026 and Appropriation (Office of the Legislative Assembly) Bill 2025–2026

Answer to question on notice

Asked by: Mr Shane Rattenbury MLA

Addressed to: Minister for Health

Reference: Health – Canberra Health Services

Hearing: 24 July 2025

In relation to: Primary and Acute Health Funding, and Long Stay Patients and better support for long-stay patients

Question received: 01 August 2025

Answer Due: 08 August 2025

- 1) What percentage of health funding in this budget has been allocated for primary healthcare initiatives?
- 2) What percentage of health funding in this budget has been allocated for acute healthcare?
- 3) Can you please outline how the \$80,000,000 allocated over the forward estimates for 'Better support for long-stay patients' will be allocated, including:
 - a) What supports will be provided to patients
 - b) Increases in staffing allocation
 - c) How many patients this funding will support in each financial year?
- 4) Given that the 'Better support for long-stay patients' funding notes that many of maintenance patients in the ACT are limited by access to residential aged care, NDIS packages or other suitable options, can you please outline:
 - a) The number of expected maintenance patients in each financial year
 - b) The number of expected maintenance patients in relation to the reason they have not been able to be discharged, including waiting suitable public housing, residential aged care, NDIS packages or any other requirements
 - c) How ACT Health is working with other sections of Government to assist maintenance patients with quicker discharge from hospital?

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MS STEPHEN-SMITH MLA: The answer to the Member's question is as follows:

- 1) The 2025-26 Budget contains one initiative specifically targeted at primary healthcare, being the improving affordability and access to general practitioners' new initiative for which \$7.303 million has been allocated over four years. Information provided to the Australian Institute of Health Welfare for the 2023-24 report (expected to be released in November 2025) estimates that six per cent of the Territory's health expenditure is attributable to primary care activities, such as public health, communicable disease control, health promotion, immunisation, environmental health, food standards and hygiene, cancer screening, and alcohol and other drug harm minimisation.
- 2) Refer to page 81 – 83 and 92 of Budget Statement C:

CHS 2025-26 Expense Budget		
Broken down by Output Class:	\$2,555,517,000.00	%
Output 1.1 - Acute Services	\$1,700,013,000.00	67%
Output 1.2: Mental Health, Justice Health and Alcohol and Drug Services	\$312,280,000.00	12%
Output 1.3: Cancer Services	\$154,805,000.00	6%
Output 1.4: Subacute and Community Services	\$388,419,000.00	15%

- 3) The \$80 million in funding allocated over four financial years under the "Better Support for Long-Stay Patients" initiative has been distributed across divisions based on the resources required to support the growth in health services. This funding cannot be attributed in advance to a specific long-stay patient cohort or area. This is because long-stay patients typically require a wide range of services throughout their entire treatment journey. These services include, but are not limited to, diagnosis and initial assessment (via triage, emergency care, medical history review, and physical examination), diagnostic testing, specialist interventions, admission planning, development of patient care plans, and discharge and post-acute care. It encompasses the involvement of nurses, allied health professionals, medical specialists, and a range of support services.

The aim of this initiative is to provide a clear focus on both supporting long-stay patients and enabling them to be discharged in a more timely manner. Teams will approach this flexibly according to patient circumstances and opportunities to improve discharge pathways.

- 4) Noting that the data provided below is operational data and is not validated.
 - a) In 2024-25 CHS registered 1420 patients as a maintenance care type patient. The daily average is approximately 127 maintenance care type patients across CHS.
 - b) CHS does not have historical data that can be accessed. As of 13 August 2025, CHS has 131 maintenance care type patients. Across CHS, 109 patients are awaiting a residential aged care placement and 39 are on a NDIS pathway. The remaining patients experience a variety of other challenges ranging from access to temporary supports to accommodation with care

Commented [JK1]: Can this please be reviewed for accuracy

Commented [HW2R1]: Check by Finance team

Commented [JK3]: Is 'harm minimisation' the preferred language for this?

Commented [HW4R3]: Harm minimisation is correct

Commented [JK5]: Can this number please be provided?

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needs outside of eligibility criteria (noting some consumers will experience multiple barriers to discharge).

*Data provided re figure 109 RACP and estimated figure for NDIS is across all care types.

- c) CHS has a range of teams working internally and externally to support the transition of long stay patients. The table below provides a snapshot of some of the regular meeting held to support care planning.

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Disability Senior Officials Group Workshop	As required	CHS HCSD
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Subacute Care Portfolio meeting	Weekly	CHS HCSD
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Housing ACT discuss barriers and complexity with either allocation of public housing property or modification to existing property.	As required	CHS HCSD
Digital Discharge Working Group to development of a transition package for people leaving hospital to residential aged care homes.	Monthly	CHS Digital Canberra University of Canberra Warrigal Aged Care.
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Approved for circulation to the Select Committee on Estimates

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QON No. 57



**Legislative Assembly for the
Australian Capital Territory**

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2026

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Addressed to: Minister for Health

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MS STEPHEN-SMITH MLA: The answer to the Member's question is as follows:

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Commented [BT1]: 109 - RACF
39 - NDIS
=148. Are some NDIS pathway people also awaiting RACF?
That would be highly unusual wouldn't it?

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needs outside of eligibility criteria (noting some consumers will experience multiple barriers to discharge).

*Data provided re figure 109 RACP and estimated figure for NDIS is across all care types.

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**Legislative Assembly for the
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Select Committee on Estimates 2025–
2026

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Commented [BT1]: 109 - RACF

39 - NDIS

=148. Are some NDIS pathway people also awaiting RACF? That would be highly unusual wouldn't it?

Commented [SR2R1]: Hi Benjamin, this requires a * at the end of the figures. The numbers provided are across all care types, whilst the majority sit within the maintenance care type a small proportion are within other care types thus the discrepancy in the number

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needs outside of eligibility criteria (noting some consumers will experience multiple barriers to discharge).

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Approved for circulation to the Select Committee on Estimates

Signature:

Date:

By the Minister for Health, Rachel Stephen-Smith



Inquiry into Appropriation Bill 2025–2026 and Appropriation (Office of the Legislative Assembly) Bill 2025–2026

Answer to question on notice

Asked by: Mr Thomas Emerson MLA

Addressed to: Minister for Health

Reference: Health – Canberra Health Services

Hearing: 24 July 2025

In relation to: Fee-for-service surgeries

Question received: 01 August 2025

Answer Due: 08 August 2025

1. What's the maximum timeframe for receiving an invoice from a fee-for-service surgeon for services rendered.
2. What provision is there in the budget for paying these invoices in future years when they are not received promptly.

MS STEPHEN-SMITH MLA: The answer to the Member's question is as follows:

1. The maximum timeframe for a fee for service surgeon to submit their claim is 12 months. See relevant clause of VMO contract below.

P.11, Clause 6.5:

Where a claim for payment is greater than 12 months late or the past services component is greater than 12 months past, the VMO agrees the Territory has no obligation to pay such late claim or past service component. The Territory may, in its absolute discretion and in circumstances where the VMO can indicate extenuating circumstances satisfactory to the Territory, determine to accept such late claim or past services component after a period of greater than 12 months, and pay it within a reasonable period of time. The VMO acknowledges that any agreement by the Territory to accept such late claim or past 12 services component from the VMO, or any other VMO, does not oblige the Territory to accept any subsequent late claim or past services component.

2. Budgeting for Fee-for-Service costs is based on upcoming service delivery requirements for the relevant financial year. Any such costs that are yet to have been invoiced at the end of the previous financial year will have been accrued for, and do not, therefore, need to be part of the budget calculations for the new financial year.

Approved for circulation to the Select Committee on Estimates

Signature:

Date:

By the Minister for Health, Rachel Stephen-Smith



Inquiry into Appropriation Bill 2025–2026 and Appropriation (Office of the Legislative Assembly) Bill 2025–2026

Answer to question on notice

Asked by: Mr Shane Rattenbury MLA

Addressed to: Minister for Health

Reference: Health – Canberra Health Services

Hearing: 24 July 2025

In relation to: Disability Liaison Officers

Question received: 01 August 2025

Answer Due: 08 August 2025

A number of disability advocacy organisations have advocated in Budget Submissions for the need for Disability Liaison Officers in CHS to assist patients with accessing health care. They hear from people with disabilities trying to navigate through the hospital system being denied reasonable adjustments and missing out on needed referral opportunities.

- 1) Has CHS considered the establishment of Disability Liaison Officers, and what has been the rationale behind decisions relating to the creation of these positions?
- 2) What programs or supports currently exist to assist people with disabilities with navigating access to healthcare?
- 3) What pathways exist to assist people with disabilities to provide feedback or complaints about their access to healthcare?

MS STEPHEN-SMITH MLA: The answer to the Member's question is as follows:

- 1) The Canberra Health Services (CHS) Disability Access and Inclusion Plan (DAIP) 2022 -2025 includes an action to complete a gap analysis of current resources and specialist service options to identify room for improvement, following this is an action to identify and roll out solutions to address the identified gaps, which may include investigating scope for health navigators or disability liaison officer roles at CHS.

The CHS DAIP 2022-25 is currently being evaluated. The evaluation will examine data collected through consumer feedback, discharged inpatient survey, staff and consumer survey, Access and Inclusion Index, Digital Health Record reports, meeting papers and briefs, and correspondence. The evaluation should be completed by the end of August 2025 and will be used to inform the development of a second action plan.

- 2) CHS Liaison and Navigation Service (LaNS) provides coordination and navigation for people with complex needs across the ACT public health system, inclusive of people with disability. This includes acute and primary health care, community and outpatient services, and non-government organisations. LaNS work closely with the National Disability Insurance Scheme to support access and coordination of disability services and assists individuals awaiting longer term disability services to access interim supports.
- 3) Consumers can provide feedback by talking directly to a CHS staff member (including the Consumer Feedback and Engagement team); completing a Consumer and Carer Feedback Form in writing via the CHS website or Health App; emailing concerns to HealthFeedback@act.gov.au or completing the Patient Experience Survey.

Consumers can make a discrimination or health services complaint to the ACT Human Rights Commission, who can assist to resolve any outstanding concerns.

ADACAS Advocacy works with consumers to resolve a wide range of advocacy topics including mental health, disability and health services.

Approved for circulation to the Select Committee on Estimates

Signature:

Date:

By the Minister for Health, Rachel Stephen-Smith

From: [Kratzel, Jenna](#)
To: [CHS DLO](#)
Subject: RE: 20250808 - QON 65 - CHS Bed Capacity (SF25/237)
Date: Tuesday, 12 August 2025 11:30:52 PM
Attachments: [image001.png](#)
[image002.png](#)

Hi Christine,
 Some comments in the word version to be addressed please.
 Pack is back in your DLO folder.
 Jenna

From: CHS DLO
Sent: Tuesday, 12 August 2025 4:07 PM
To: Kratzel, Jenna
Subject: RE: 20250808 - QON 65 - CHS Bed Capacity (SF25/237)

OFFICIAL

Hi Jenna
 QON 65 has been updated and is back in your folder here - [I:\Stephen-Smith\1 DLO\01. RSS - digital signing\00. Jenna docs for review\See comment in word - 20250808 - QON 65 - CHS Bed Capacity \(SF25-237\)](#)
 Thank you
 Christine

From: Kratzel, Jenna <Jenna.Kratzel@act.gov.au>
Sent: Tuesday, 12 August 2025 12:47 PM
To: CHS DLO <CHSDLO@act.gov.au>
Subject: RE: 20250808 - QON 65 - CHS Bed Capacity (SF25/237)

Thanks Christine,
 Back in your folder with a note in the word version to be addressed.
 Jenna

From: CHS DLO <CHSDLO@act.gov.au>
Sent: Tuesday, 12 August 2025 12:24 PM
To: Kratzel, Jenna <Jenna.Kratzel@act.gov.au>
Subject: 20250808 - QON 65 - CHS Bed Capacity (SF25/237)
Importance: High

OFFICIAL

Hi Jenna
 QON 65 – CHS Bed Capacity is ready for review and progression to the Minister, available here - [I:\Stephen-Smith\1 DLO\01. RSS - digital signing\00. Jenna docs for review\20250808 - QON 65 - CHS Bed Capacity \(SF25-237\)](#)

It was due to the Committee on 8 August 2025.
 Thank you

Christine Whittall | Directorate Liaison Officer

Phone: MS Teams | Email: CHSDLO@act.gov.au

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Inquiry into Appropriation Bill 2025–2026 and Appropriation (Office of the Legislative Assembly) Bill 2025–2026

Answer to question on notice

Asked by: Ms Leanne Castley MLA

Addressed to: Minister for Health

Reference: Health – Canberra Health Services

Hearing: 24 July 2025

In relation to: CHS bed capacity

Question received: 01 August 2025

Answer Due: 08 August 2025

- 1) What is the total bed capacity of the ACT public health system, broken down by facility (including the Canberra Hospital, North Canberra Hospital, University of Canberra Hospital)?
- 2) What is the breakdown of this bed capacity at each facility (including acute, sub-acute, overnight beds, day beds, other)?
- 3) How many emergency department treatment spaces are there at the Canberra Hospital?
- 4) How many emergency department treatment spaces are there at the North Canberra Hospital?

MS STEPHEN-SMITH MLA: The answer to the Member's question is as follows:

1) 2)

Breakdown	Canberra Hospital & University of Canberra Hospital	North Canberra Hospital
Overnight beds	982	297
Day beds	61	14
Total	1043 (inclusive of Acute, Sub-acute and Mental Health Care types)	311 (inclusive of Acute, Sub-acute and Mental Health Care types)

Note: The beds in the above table are based on operational data which is the source for national submission 'Public Hospital Establishment collection'. However this data has not been validated at the time of preparation. Validation will occur as part of the preparation for the 2024-25 'Public Hospital Establishment collection', including application of the relevant methodology and definitions required by AIHW for the collection.

3) Please refer to QTON 39 – Emergency Department Treatment Spaces.

4)

Service	Total Capacity
Triage	2 spaces
Adult Resuscitation Bays	2 bays
Adult Fast Track Bays	15 bays (closed at night)
Adult Acute Bays	24 bays (including 1 x negative pressure)
Adult Short Stay	15 spaces
Paediatric Preferred Acute Bays	2

Approved for circulation to the Select Committee on Estimates

Signature:

Date:

By the Minister for Health, Rachel Stephen-Smith

OFFICIAL

QON No. 65



**Legislative Assembly for the
Australian Capital Territory**
Select Committee on Estimates 2025–
2026

Inquiry into Appropriation Bill 2025–2026 and Appropriation (Office of the Legislative Assembly) Bill 2025–2026

Answer to question on notice

Asked by: Ms Leanne Castley MLA

Addressed to: Minister for Health

Reference: Health – Canberra Health Services

Hearing: 24 July 2025
In relation to: CHS bed capacity
Question received: 01 August 2025
Answer Due: 08 August 2025

- 1) What is the total bed capacity of the ACT public health system, broken down by facility (including the Canberra Hospital, North Canberra Hospital, University of Canberra Hospital)?
- 2) What is the breakdown of this bed capacity at each facility (including acute, sub-acute, overnight beds, day beds, other)?
- 3) How many emergency department treatment spaces are there at the Canberra Hospital?
- 4) How many emergency department treatment spaces are there at the North Canberra Hospital?

MS STEPHEN-SMITH MLA: The answer to the Member’s question is as follows:

1) 2)

Breakdown	Canberra Hospital & University of Canberra Hospital	North Canberra Hospital
Overnight beds	982	297
Day beds	61	14
Total	1043 (inclusive of Acute, Sub-acute and Mental Health Care types)	311 (inclusive of Acute, Sub-acute and Mental Health Care types)

Commented [JK1]: Hi, is it possible to separate Canberra and UCH figures? Equally, should there be a note to state that Dhulwa is included in Canberra hospital figures, and Clare Holland House in NCH?

Note: The beds in the above table are based on operational data which is the source for national submission ‘Public Hospital Establishment collection’. However this data has not been validated at the time of preparation. Validation will occur as part of the preparation for the 2024-25 ‘Public Hospital Establishment collection’, including application of the relevant methodology and definitions required by AIHW for the collection.

- 3) Please refer to QTON 39 – Emergency Department Treatment Spaces.

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Adult Short Stay	15 spaces
Paediatric Preferred Acute Bays	2

Approved for circulation to the Select Committee on Estimates

Signature:

Date:

By the Minister for Health, Rachel Stephen-Smith

OFFICIAL

QON No. 65



Legislative Assembly for the
Australian Capital Territory
Select Committee on Estimates 2025–
2026

Inquiry into Appropriation Bill 2025–2026 and Appropriation (Office of the Legislative Assembly) Bill 2025–2026

Answer to question on notice

Asked by: Ms Leanne Castley MLA

Addressed to: Minister for Health

Reference: Health – Canberra Health Services

Hearing: 24 July 2025
In relation to: CHS bed capacity
Question received: 01 August 2025
Answer Due: 08 August 2025

- 1) What is the total bed capacity of the ACT public health system, broken down by facility (including the Canberra Hospital, North Canberra Hospital, University of Canberra Hospital)?
- 2) What is the breakdown of this bed capacity at each facility (including acute, sub-acute, overnight beds, day beds, other)?
- 3) How many emergency department treatment spaces are there at the Canberra Hospital?
- 4) How many emergency department treatment spaces are there at the North Canberra Hospital?

MS STEPHEN-SMITH MLA: The answer to the Member’s question is as follows:

1) 2)

Breakdown	Canberra Hospital & University of Canberra Hospital	<u>University of Canberra Hospital</u>	North Canberra Hospital
Overnight beds	842 982	<u>140</u>	297
Day beds	616 1	<u>0</u>	14
Total	898 (inclusive of Acute, Sub-acute and Mental Health Care types) 1043 (inclusive of Acute, Sub-acute and Mental Health Care types)	<u>140 (Sub-acute and Mental Health Care types)</u>	311 (inclusive of Acute, Sub-acute and Mental Health Care types)

Formatted Table

Commented [JK1]: Hi, is it possible to separate Canberra and UCH figures? Equally, should there be a note to state that Dhulwa is included in Canberra hospital figures, and Clare Holland House in NCH?

Note: North Canberra Hospital data includes Clare Holland House and Canberra Hospital includes Dhulwa. The beds in the above table are based on operational data which is the source for national submission ‘Public

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Hospital Establishment collection’. However this data has not been validated at the time of preparation. Validation will occur as part of the preparation for the 2024-25 ‘Public Hospital Establishment collection’, including application of the relevant methodology and definitions required by AIHW for the collection.

3) Please refer to QTON 39 – Emergency Department Treatment Spaces.

4)

Service	Total Capacity
Triage	2 spaces
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Adult Acute Bays	24 bays (including 1 x negative pressure)
Adult Short Stay	15 spaces
Paediatric Preferred Acute Bays	2

Approved for circulation to the Select Committee on Estimates

Signature:

Date:

By the Minister for Health, Rachel Stephen-Smith

From: [CHS, Government Relations](#)
To: [CHS DLO](#)
Subject: RE: QON 66 - Longstay patients (SF25/238)
Date: Tuesday, 12 August 2025 11:35:00 AM
Attachments: [image003.png](#)
[image004.png](#)
[image005.png](#)
[image006.png](#)

Hi CW

As discussed, I understand DSU have discussed this directly with MO.

Please let me know if you need anything further.

Thank you,

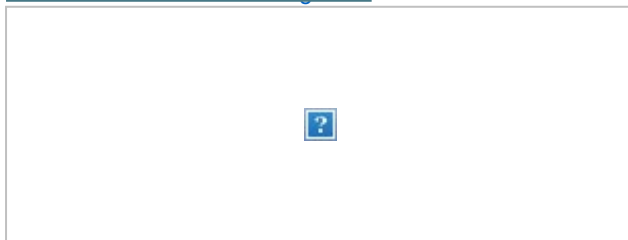
JL

Jaimilee Coomer | A/g Director, **Government Relations**

Phone: 02 512 43143 | Mobile: [REDACTED] | Email: Jaimilee.Coomer@act.gov.au

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We acknowledge and respect their continuing culture and contribution to the life of this region.



From: CHS DLO

Sent: Monday, 11 August 2025 2:32 PM

To: CHS, Government Relations

Subject: QON 66 - Longstay patients (SF25/238)

Importance: High

OFFICIAL

Hi JL

As discussed, is it possible to have the average LOS added into the below table for this QON by COB today?

Total long-stay patients currently occupying beds as of 5 August 2025		
Facility	Total	Average LOS
Canberra Hospital	86	
North Canberra Hospital	26	
University of Canberra Hospital	51	

Let me know if not possible for today and the Mins Office may decide to progress the QTON without the info, but would still like to have for reference.

Thank you

Christine Whittall | Directorate Liaison Officer

Phone: MS Teams | Email: CHSDLO@act.gov.au

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Inquiry into Appropriation Bill 2025–2026 and Appropriation (Office of the Legislative Assembly) Bill 2025–2026

Answer to question on notice

Asked by: Ms Leanne Castley MLA

Addressed to: Minister for Health

Reference: Health – Canberra Health Services

Hearing: 24 July 2025

In relation to: Long-stay patients

Question received: 01 August 2025

Answer Due: 08 August 2025

- 1) How does the ACT define a 'long-stay patient'.
- 2) How many long-stay patients are currently occupying beds at each of Canberra Hospital, North Canberra Hospital and the University of Canberra Hospital.
- 3) What proportion of beds did long-stay patients occupy last financial year and how does this proportion compare to two, five and ten years ago.
- 4) How many long-stay patients have been relocated from ACT hospitals from 1 July 2020 to date? Please provide this data in a table separated by financial year.

MS STEPHEN-SMITH MLA: The answer to the Member's question is as follows:

- 1) In line with AIHW's definition of long-stay patient; ≥ 35 days.
- 2)

Total long-stay patients currently occupying beds as of 5 August 2025	
Facility	Total
Canberra Hospital	86
North Canberra Hospital	26
University of Canberra Hospital	51

3)

Long-stay patients put into proportion				
Facility	2014-15	2019-20	2022-23	2024-25
Canberra Hospital (including University of Canberra Hospital)	18%	23%	28%	21%
North Canberra Hospital	n/a	n/a	n/a	17%
Calvary Public Hospital Bruce	16%	17%	16%	n/a

Note: For more accurate comparison Canberra Hospital and University of Canberra Hospital has been combined. University of Canberra Hospital type patients were cared for within Canberra Hospital prior to its opening in 2018.

4)

Patients Relocated from ACT Hospitals				
2020-21	2021-22	2022-23	2023-24	2024-25
281	335	276	179	264

Note: This is the number of long stay patients who were discharged from hospital to a place other than their usual place of residence

Approved for circulation to the Select Committee on Estimates

Signature:

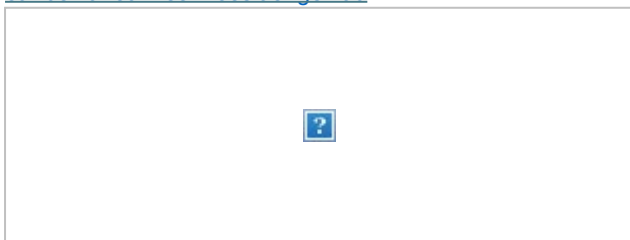
Date:

By the Minister for Health, Rachel Stephen-Smith

From: [CHS, Government Relations](#)
To: [CHS DLO](#)
Subject: FW: 20250808 - CHS QON 69 - Endocrinologist Staffing (SF25/241)
Date: Tuesday, 12 August 2025 11:10:00 AM
Attachments: [image001.png](#)
[image002.png](#)
[20250810 QON 69 - CHS - Endocrinologist Staffing - CASTLEY - signed.pdf](#)
[image003.png](#)
[image004.png](#)

Hi CW
 This one is good to go.
 Thank you
 JL

Jaimilee Coomer | A/g Director, **Government Relations**
 Phone: 02 512 43143 | Mobile: [REDACTED] | Email: Jaimilee.Coomer@act.gov.au
 Health Services Support Unit | Canberra Health Services | ACT Government
canberrahealthservices.act.gov.au



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From: CHS DLO
Sent: Monday, 11 August 2025 1:33 PM
To: CHS, Government Relations
Subject: FW: 20250808 - CHS QON 69 - Endocrinologist Staffing (SF25/241)

OFFICIAL

Hi JL
 Comments from MO on this one:
 “Can the disclaimer please be verified for accuracy before it is submitted - Minister tweaked it slightly for further clarify. It is signed, so if there are no issues then this is good to go.”
 Signed version attached. Could you please check with CHS that it is good to go and I can progress.
 Thank you
 Christine

From: Kratzel, Jenna <Jenna.Kratzel@act.gov.au>
Sent: Monday, 11 August 2025 1:23 PM
To: CHS DLO <CHSDLO@act.gov.au>
Subject: RE: 20250808 - CHS QON 69 - Endocrinologist Staffing (SF25/241)

Hi Christine,
 I’ve placed a note in the folder for your action – back in your DLO folder.
 Jenna

From: CHS DLO <CHSDLO@act.gov.au>

Sent: Thursday, 7 August 2025 12:59 PM

To: Kratzel, Jenna <Jenna.Kratzel@act.gov.au>

Subject: 20250808 - CHS QON 69 - Endocrinologist Staffing (SF25/241)

Importance: High

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Hi Jenna

QON 69 – Endocrinologist Staffing available here - [I:\Stephen-Smith\1 DLO\01. RSS - digital signing\00. Jenna docs for review\20250808 - CHS QON 69 - Endocrinologist Staffing \(SF25-241\)](#)

For review and progression.

Due to the Committee 8 August 2025.

Thank you

Christine

Christine Whittall | Directorate Liaison Officer

Phone: MS Teams | Email: CHSDLO@act.gov.au

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ACT Legislative Assembly | canberrahealthservices.act.gov.au



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QON No. 69



**Legislative Assembly for the
Australian Capital Territory**

Select Committee on Estimates 2025–
2026

Inquiry into Appropriation Bill 2025–2026 and Appropriation (Office of the Legislative Assembly) Bill 2025–2026

Answer to question on notice

Asked by: Ms Leanne Castley MLA

Addressed to: Minister for Health

Reference: Health – Canberra Health Services

Hearing: 24 July 2025

In relation to: Endocrinologist Staffing

Question received: 01 August 2025

Answer Due: 08 August 2025

How many full-time equivalent endocrinologists did Canberra Health Services employ in each financial year since 2020.

MS STEPHEN-SMITH MLA: The answer to the Member's question is as follows:

Canberra Health Services – Full time equivalent Endocrinologists				
2020-21*	2021-22*	2022-23*	2023-24	2024-25
6.8	6.8	7.68	9.03	8.65

* North Canberra Hospital is unable to provide information pertaining to the period prior to its transition from Calvary Healthcare on 3 July 2023.

Note: This is point in time data and is subject to change.

Approved for circulation to the Select Committee on Estimates

Signature:

Date:

By the Minister for Health, Rachel Stephen-Smith



Inquiry into Appropriation Bill 2025–2026 and Appropriation (Office of the Legislative Assembly) Bill 2025–2026

Answer to question on notice

Asked by: Mr Shane Rattenbury MLA

Addressed to: Minister for Health

Reference: Health – Canberra Health Services

Hearing: 24 July 2025

In relation to: Isotretinoin Access and Specialist Wait Times

Question received: 01 August 2025

Answer Due: 08 August 2025

- 1) Some families in the ACT, with teenagers living with cystic acne, currently face out of-pocket costs of up to \$800 to access medication that can transform lives. Will the ACT Government consider allowing GPs to prescribe treatments for cystic acne that are currently only available via a non-GP specialist appointment?
- 2) What is the current waitlist for a public dermatologist?
- 3) What would be the average wait time for someone seeking to obtain medication for cystic acne, such as Isotretinoin, if they were referred this month?

MS STEPHEN-SMITH MLA: The answer to the Member's question is as follows:

- 1) Isotretinoin is listed as a Schedule 4 (Prescription only medicine) under the Therapeutic Goods (Poisons Standard—June 2025) Instrument 2025. Further, it is listed in Appendix D (Additional controls on possession or supply of poisons included in Schedule 4 or 8) as a “Poison available for human use only from or on the prescription or order of a specialist physician or a dermatologist”.

Prescribers must, when prescribing to a woman of child-bearing age, ensure the possibility of pregnancy has been excluded prior to commencement of treatment and advised the patient to avoid becoming pregnant during or for a period of 1 month after completion of treatment.

These conditions are implemented due to isotretinoin's listing as a Category X medicine (under the *Therapeutic Goods Act 1989*) in all trimesters of pregnancy, as it is a known human teratogen. Maternal use of isotretinoin has been associated with an increased risk of congenital malformations, spontaneous abortion, perinatal mortality and premature birth.

The Health and Community Services Directorate (HCSD) understands that the Therapeutic Goods Administration has been approached about removing the listing of Isotretinoin under Appendix D to enable GPs nationally to prescribe the medicine. HCSD is monitoring developments in this space closely through the TGA's Advisory Committee on Medicines Scheduling and to ensure a nationally consistent approach is taken to resolve concerns about effective access to treatment

- 2) As of 3 August 2025, there were 2,279 patients waiting for a public dermatology initial appointment.
- 3) The average wait time is three months for patients to receive treatment for cystic acne, including access to Isotretinoin medication. The wait times depend on the information provided within the referral. Where there is clear evidence of cystic acne, the referral will be triaged as urgent and prioritised to be seen within 3 months.

Note: The data provided above is operational and not validated.

Approved for circulation to the Select Committee on Estimates

Signature:

Date:

By the Minister for Health, Rachel Stephen-Smith



Inquiry into Appropriation Bill 2025–2026 and Appropriation (Office of the Legislative Assembly) Bill 2025–2026

Answer to question on notice

Asked by: Ms Leanne Castley MLA

Addressed to: Minister for Health

Reference: Health – Canberra Health Services

Hearing: 24 July 2025

In relation to: Nurse home visits fuel costs

Question received: 01 August 2025

Answer Due: 08 August 2025

- 1) How much does Canberra Health Services spend on fuel for nurses carrying out home visits in hybrid cars on an annual basis and what is the total number of vehicles used by Canberra Health Services for nurse home visits.

MS STEPHEN-SMITH MLA: The answer to the Member's question is as follows:

- 1) Canberra Health Services does not have a breakdown of vehicles used for specific services and therefore, unable to provide exact details on the number of vehicles or fuel usage specifically for nurses carrying out home visits.

However, Canberra Health Services can provide the following details for FY 2024-25 for the entire fleet:

- 19 Hybrid vehicles
- 126 Plug-in Hybrid Vehicles

Fuel Usage 2024-25			
	Hybrid	PHEV	Total
Unleaded (kilolitres)	7.94	67.13	75.07
Ethanol (kilolitres)	0.85	3.245	4.095
Electricity (megawatts)	-	44.47	44.47
Fuel Cost 2024-25			
	Hybrid	PHEV	Total
Total Ex GST	\$15,250.17	\$107,138.18	\$122,388.35

Approved for circulation to the Select Committee on Estimates

Signature:

Date:

By the Minister for Health, Rachel Stephen-Smith

From: [CHS DLO](#)
To: [Tomlinson, Benjamin](#)
Subject: RE: QON 72 - Asset Maintenance (SF25/244)
Date: Thursday, 14 August 2025 12:31:00 PM
Attachments: [image001.png](#)
[image002.png](#)

Hi Ben
QON 72 updated per Minister's comment – available [here](#).
Thank you
Christine

From: CHS DLO
Sent: Thursday, 14 August 2025 11:47 AM
To: Tomlinson, Benjamin
Cc: Kratzel, Jenna
Subject: QON 72 - Asset Maintenance (SF25/244)

Hi Ben
QON 72 back in folder [here](#) for review and progression to the Minister.
Thank you
Christine

Christine Whittall | Directorate Liaison Officer

Phone: MS Teams | Email: CHSDLO@act.gov.au

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From: [CHS DLO](#)
To: [Tomlinson, Benjamin](#)
Cc: [Kratzel, Jenna](#)
Subject: RE: 20250808 - CHS QON 72 - Asset Maintenance (SF25/244)
Date: Wednesday, 13 August 2025 11:50:00 AM
Attachments: [image001.png](#)
[image002.png](#)
Importance: High

Hi Ben
 QON 72 is back in folder [here](#) following further work from CHS.
 Tracked version with comments and clean versions available.
 Thank you
 Christine

From: Kratzel, Jenna
Sent: Sunday, 10 August 2025 9:58 PM
To: CHS DLO
Subject: RE: 20250808 - CHS QON 72 - Asset Maintenance (SF25/244)

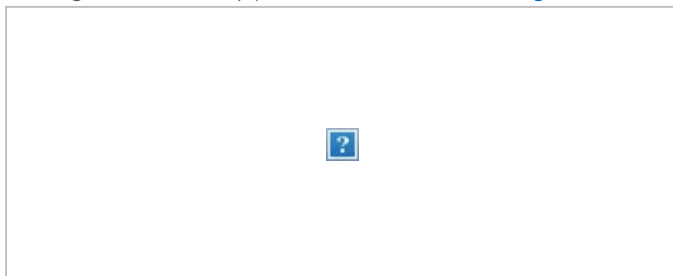
Hi Christine,
 I have placed a couple of comments in the word version for addressing.
 Back in your DLO folder.
 Jenna

From: CHS DLO <CHSDLO@act.gov.au>
Sent: Thursday, 7 August 2025 1:16 PM
To: Kratzel, Jenna <Jenna.Kratzel@act.gov.au>
Subject: 20250808 - CHS QON 72 - Asset Maintenance (SF25/244)
Importance: High

OFFICIAL

Hi Jenna
 CHS QON 72 - Asset Maintenance, located here - [I:\Stephen-Smith\1 DLO\01. RSS - digital signing\00. Jenna docs for review\20250808 - CHS QON 72 - Asset Maintenance \(SF25-244\)](#)
 For review and progression.
[Due to the Committee 8 August 2025.](#)
 Thank you
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Christine Whittall | Directorate Liaison Officer
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Inquiry into Appropriation Bill 2025–2026 and Appropriation (Office of the Legislative Assembly) Bill 2025–2026

Answer to question on notice

Asked by: Ms Leanne Castley MLA

Addressed to: Minister for Health

Reference: Health – Canberra Health Services

Hearing: 24 July 2025

In relation to: Asset maintenance

Question received: 01 August 2025

Answer Due: 08 August 2025

- 1) What is the Canberra Health Services asset maintenance budget for this financial year and how does this compare to the last ten financial years and the forward estimate years.
- 2) What is the total value of deferred maintenance on Canberra Health Services assets and how does this compare to the last ten financial years and the forward estimate years.
- 3) What Canberra Health Services assets, including buildings, are beyond their useful life and what is the replacement value of those assets.
- 4) Which Canberra Health Services assets will reach the end of their useful life in each of the forward estimates years.
- 5) What is the size of the Canberra Health Services asset base and how has this changed over the last ten financial years.
- 6) Is the current budget sufficient to maintain Canberra Health Services' current asset base.
- 7) How many hospital buildings are currently beyond the end of their useful life because appropriate refurbishments, redevelopments and capital maintenance were not completed. How does this compare to five and ten years ago.



MS STEPHEN-SMITH MLA: The answer to the Member's question is as follows:

1)

Repairs and Maintenance budget for Canberra Health Services				
2016-17	2017-18	2018-19	2019-20	2020-21
\$8,606,597.17	\$9,328,729.12	\$10,489,162.25	\$14,838,639.62	\$15,527,662.02
2021-22	2022-23	2023-24	2024-25	2025-26
\$18,439,216.08	\$18,666,820.62	\$31,161,035.00	\$28,764,945.00	\$25,810,513.00

Note: Inclusive of North Canberra Hospital from 2023-24.

2) Works are managed through a combination of strategic planning, budgeting, prioritisation, and ongoing monitoring. Any potential deferred maintenance is rolled into capital improvement plans.

3) Canberra Health Services assets that are beyond their useful life include:

- 1969 Canberra Hospital Building 9 - \$4,797,000.00
- 1972 Canberra Hospital Building 1 - \$456,300,000.00
- 1973 Canberra Hospital Building 3 - \$195,700,000.00
- 1975 Canberra Hospital Building 7 - \$6,458,000.00
- 1979 Gaunt Place Cottage 2 – RILU \$5,003,000.00

4)

Canberra Health Services assets will reach the end of their useful life in each of the forward estimates years			
Building Name	RuL (%)	Year Built	Age
Canberra Hospital Building 01	0%	1972	53
Canberra Hospital Building 02	36%	1993	32
Canberra Hospital Building 03	0%	1973	52
Canberra Hospital Building 04	62%	2006	19
Canberra Hospital Building 05	98%	2024	1
Canberra Hospital Building 07	0%	1975	50
Canberra Hospital Building 08	72%	2020	14
Canberra Hospital Building 09	0%	1969	56
Canberra Hospital Building 10	18%	1984	41
Canberra Hospital Building 11	76%	2013	12
Canberra Hospital Building 12	32%	1991	34
Canberra Hospital Building 13	38%	1994	31
Canberra Hospital Building 15	80%	2015	10
Canberra Hospital Building 19	78%	2014	11
Canberra Hospital Building 20	36%	1993	32

Canberra Hospital Building 21	74%	2012	13
Canberra Hospital Building 25	74%	2012	13
Canberra Hospital Building 26	72%	2011	14
Canberra Hospital Building 27	74%	2012	13
Canberra Hospital Building 28	90%	2020	5
Gaunt Place Cottage 1 - Renal Unit	8%	1979	46
Gaunt Place Cottage 2 - RILU	8%	1979	46
Step Up Step Down	90%	2020	5
Woden Valley Child Care Centre	40%	1995	30
Belconnen Community Health Centre	76%	2013	12
Belconnen Residential Unit 1	72%	2011	14
Belconnen Residential Unit 2	72%	2011	14
Brian Hennessey Rehabilitation Centre	10%	1980	45
Duffy House	74%	2012	13
Dhulwa Secure Mental Health Unit	82%	2016	9
Phillip Residential Unit 1 - Student Accommodation (111/116 Easty St)	72%	2011	14
Phillip Residential Unit 2 - Student Accommodation (159/116 Easty St)	72%	2011	14
Phillip Residential Unit 3 - Student Accommodation (163/116 Easty St)	72%	2011	14
Garran Residential Unit 1	50%	2000	25
Gungahlin Community Health Centre	74%	2012	13
Inner North Walk In Centre	12%	1981	44
Ngunnawal Child Health Clinic	50%	2000	25
Philip Community Health Centre	0%	1975	50
Tuggeranong Community Health Centre	76%	2013	12
Weston Creek Walk In Centre	10%	1980	45
North Canberra Hospital- Xavier Building	8%	1979	46
North Canberra Hospital- ICU/CCU Building	68%	2009	16
North Canberra Hospital- Marian Building	8%	1979	46
North Canberra Hospital- O'Shannassy Building	8%	1979	46
North Canberra Hospital- Lewisham Building	18%	1984	41
North Canberra Hospital- Engineering Building	10%	1980	45
North Canberra Hospital- Keaney Building	64%	2007	18
North Canberra Hospital- Mark Maher Building	8%	1979	46
University of Canberra Hospital	84%	2018	8

Note: The remaining useful life (RUL) in this table is based on the original construction date and not the quantum of works completed to extend the asset's life.

- 5) This data has been reported and published in the CHS Annual Report over the last ten financial years.
- 6) Yes
- 7) Nil to report. Refer to the table in Question 4 for remaining useful life assets.

Approved for circulation to the Select Committee on Estimates

Signature:

Date:

By the Minister for Health, Rachel Stephen-Smith

QON No. 72

**Legislative Assembly for the
Australian Capital Territory**Select Committee on Estimates 2025–
2026

Inquiry into Appropriation Bill 2025–2026 and Appropriation (Office of the Legislative Assembly) Bill 2025–2026

Answer to question on notice

Asked by: Ms Leanne Castley MLA

Addressed to: Minister for Health

Reference: Health – Canberra Health Services

Hearing: 24 July 2025

In relation to: Asset maintenance

Question received: 01 August 2025

Answer Due: 08 August 2025

- 1) What is the Canberra Health Services asset maintenance budget for this financial year and how does this compare to the last ten financial years and the forward estimate years.
- 2) What is the total value of deferred maintenance on Canberra Health Services assets and how does this compare to the last ten financial years and the forward estimate years.
- 3) What Canberra Health Services assets, including buildings, are beyond their useful life and what is the replacement value of those assets.
- 4) Which Canberra Health Services assets will reach the end of their useful life in each of the forward estimates years.
- 5) What is the size of the Canberra Health Services asset base and how has this changed over the last ten financial years.
- 6) Is the current budget sufficient to maintain Canberra Health Services' current asset base.
- 7) How many hospital buildings are currently beyond the end of their useful life because appropriate refurbishments, redevelopments and capital maintenance were not completed. How does this compare to five and ten years ago.



MS STEPHEN-SMITH MLA: The answer to the Member's question is as follows:

1)

Repairs and Maintenance budget for Canberra Health Services				
2016-17	2017-18	2018-19	2019-20	2020-21
\$8,606,597.17	\$9,328,729.12	\$10,489,162.25	\$14,838,639.62	\$15,527,662.02
2021-22	2022-23	2023-24	2024-25	2025-26
\$18,439,216.08	\$18,666,820.62	\$31,161,035.00	\$28,764,945.00	\$25,810,513.00

Note: Inclusive of North Canberra Hospital from 2023-24.

2) Works are managed through a combination of strategic planning, budgeting, prioritisation, and ongoing monitoring. Any potential deferred maintenance is rolled into capital improvement plans.

3) Canberra Health Services assets that are beyond their useful life include:

- 1969 Canberra Hospital Building 9 - \$4,797,000.00
- 1972 Canberra Hospital Building 1 - \$456,300,000.00
- 1973 Canberra Hospital Building 3 - \$195,700,000.00
- 1975 Canberra Hospital Building 7 - \$6,458,000.00
- 1979 Gaunt Place Cottage 2 – RILU \$5,003,000.00

4)

Canberra Health Services assets will reach the end of their useful life in each of the forward estimates years			
Building Name	RuL (%)	Year Built	Age
Canberra Hospital Building 01	0%	1972	53
Canberra Hospital Building 02	36%	1993	32
Canberra Hospital Building 03	0%	1973	52
Canberra Hospital Building 04	62%	2006	19
Canberra Hospital Building 05	98%	2024	1
Canberra Hospital Building 07	0%	1975	50
Canberra Hospital Building 08	72%	2020	14
Canberra Hospital Building 09	0%	1969	56
Canberra Hospital Building 10	18%	1984	41
Canberra Hospital Building 11	76%	2013	12
Canberra Hospital Building 12	32%	1991	34
Canberra Hospital Building 13	38%	1994	31
Canberra Hospital Building 15	80%	2015	10
Canberra Hospital Building 19	78%	2014	11
Canberra Hospital Building 20	36%	1993	32

Canberra Hospital Building 21	74%	2012	13
Canberra Hospital Building 25	74%	2012	13
Canberra Hospital Building 26	72%	2011	14
Canberra Hospital Building 27	74%	2012	13
Canberra Hospital Building 28	90%	2020	5
Gaunt Place Cottage 1 - Renal Unit	8%	1979	46
Gaunt Place Cottage 2 - RILU	8%	1979	46
Step Up Step Down	90%	2020	5
Woden Valley Child Care Centre	40%	1995	30
Belconnen Community Health Centre	76%	2013	12
Belconnen Residential Unit 1	72%	2011	14
Belconnen Residential Unit 2	72%	2011	14
Brian Hennessey Rehabilitation Centre	10%	1980	45
Duffy House	74%	2012	13
Dhulwa Secure Mental Health Unit	82%	2016	9
Phillip Residential Unit 1 - Student Accommodation (111/116 Easty St)	72%	2011	14
Phillip Residential Unit 2 - Student Accommodation (159/116 Easty St)	72%	2011	14
Phillip Residential Unit 3 - Student Accommodation (163/116 Easty St)	72%	2011	14
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North Canberra Hospital- Mark Maher Building	8%	1979	46
University of Canberra Hospital	84%	2018	8

Note: The remaining useful life (RUL) in this table is based on the original construction date and not the quantum of works completed to extend the asset's life.

- 5) This data has been reported and published in the CHS Annual Report over the last ten financial years.
- 6) Yes
- 7) Nil to report. Refer to the table in Question 4 for remaining useful life assets.

Approved for circulation to the Select Committee on Estimates

Signature:

Date:

By the Minister for Health, Rachel Stephen-Smith

OFFICIAL

QON No. 72



**Legislative Assembly for the
Australian Capital Territory**

Select Committee on Estimates 2025–
2026

Inquiry into Appropriation Bill 2025–2026 and Appropriation (Office of the Legislative Assembly) Bill 2025–2026

Answer to question on notice

Asked by: Ms Leanne Castley MLA

Addressed to: Minister for Health

Reference: Health – Canberra Health Services

Hearing: 24 July 2025

In relation to: Asset maintenance

Question received: 01 August 2025

Answer Due: 08 August 2025

- 1) What is the Canberra Health Services asset maintenance budget for this financial year and how does this compare to the last ten financial years and the forward estimate years.
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- 7) How many hospital buildings are currently beyond the end of their useful life because appropriate refurbishments, redevelopments and capital maintenance were not completed. How does this compare to five and ten years ago.

OFFICIAL

QON No. 72



Legislative Assembly for the
Australian Capital Territory

MS STEPHEN-SMITH MLA: The answer to the Member's question is as follows:

1)

Repairs and Maintenance budget for Canberra Health Services				
2016-17	2017-18	2018-19	2019-20	2020-21
\$8,606,597.17	\$9,328,729.12	\$10,489,162.25	\$14,838,639.62	\$15,527,662.02
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\$18,439,216.08	\$18,666,820.62	\$31,161,035.00	\$28,764,945.00	\$25,810,513.00

Note: Inclusive of North Canberra Hospital from 2023-24.

- 2) Works are managed through a combination of strategic planning, budgeting, prioritisation, and ongoing monitoring. Any potential deferred maintenance is rolled into capital improvement plans.
- 3) Canberra Health Services assets that are beyond their useful life include:
- 1969 Canberra Hospital Building 9 - \$4,797,000.00
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 - 1979 Gaunt Place Cottage 2 – RILU \$5,003,000.00

4)

Canberra Health Services assets will reach the end of their useful life in each of the forward estimates years			
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Canberra Hospital Building 02	36%	1993	32
Canberra Hospital Building 03	0%	1973	52
Canberra Hospital Building 04	62%	2006	19
Canberra Hospital Building 05	98%	2024	1
Canberra Hospital Building 07	0%	1975	50
Canberra Hospital Building 08	72%	2020	14
Canberra Hospital Building 09	0%	1969	56
Canberra Hospital Building 10	18%	1984	41
Canberra Hospital Building 11	76%	2013	12
Canberra Hospital Building 12	32%	1991	34
Canberra Hospital Building 13	38%	1994	31
Canberra Hospital Building 15	80%	2015	10
Canberra Hospital Building 19	78%	2014	11
Canberra Hospital Building 20	36%	1993	32

Commented [JK1]: In the table at question four, RILU states that the RuL is 8%. The other four assets have a RuL% as 0% in the below. Should RILU be removed from this answer or can an asset reach the end of its useful life before 0%?

Commented [JK2]: Is it possible to present this information based on which assets will reach the end of their useful life by financial year? If an asset will not reach the end of its useful life in the forward estimates (2025-26, 2026-27, 2027-28 and 2028-29) it might be worth removing from this response to avoid confusion

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Canberra Hospital Building 21	74%	2012	13
Canberra Hospital Building 25	74%	2012	13
Canberra Hospital Building 26	72%	2011	14
Canberra Hospital Building 27	74%	2012	13
Canberra Hospital Building 28	90%	2020	5
Gaunt Place Cottage 1 - Renal Unit	8%	1979	46
Gaunt Place Cottage 2 - RILU	8%	1979	46
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Ngunnawal Child Health Clinic	50%	2000	25
Philip Community Health Centre	0%	1975	50
Tuggeranong Community Health Centre	76%	2013	12
Weston Creek Walk In Centre	10%	1980	45
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University of Canberra Hospital	84%	2018	8

Note: The remaining useful life (RUL) in this table is based on the original construction date and not the quantum of works completed to extend the asset's life.

- 5) This data has been reported and published in the CHS Annual Report over the last ten financial years.
- 6) Yes
- 7) Nil to report. Refer to the table in Question 4 for remaining useful life assets.

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Approved for circulation to the Select Committee on Estimates

Signature:

Date:

By the Minister for Health, Rachel Stephen-Smith



Inquiry into Appropriation Bill 2025–2026 and Appropriation (Office of the Legislative Assembly) Bill 2025–2026

Answer to question on notice

Asked by: Ms Leanne Castley MLA

Addressed to: Minister for Health

Reference: Health – Canberra Health Services

Hearing: 24 July 2025

In relation to: Asset maintenance

Question received: 01 August 2025

Answer Due: 08 August 2025

- 1) What is the Canberra Health Services asset maintenance budget for this financial year and how does this compare to the last ten financial years and the forward estimate years.
- 2) What is the total value of deferred maintenance on Canberra Health Services assets and how does this compare to the last ten financial years and the forward estimate years.
- 3) What Canberra Health Services assets, including buildings, are beyond their useful life and what is the replacement value of those assets.
- 4) Which Canberra Health Services assets will reach the end of their useful life in each of the forward estimates years.
- 5) What is the size of the Canberra Health Services asset base and how has this changed over the last ten financial years.
- 6) Is the current budget sufficient to maintain Canberra Health Services' current asset base.
- 7) How many hospital buildings are currently beyond the end of their useful life because appropriate refurbishments, redevelopments and capital maintenance were not completed. How does this compare to five and ten years ago.



MS STEPHEN-SMITH MLA: The answer to the Member's question is as follows:

1)

Repairs and Maintenance budget for Canberra Health Services				
2016-17	2017-18	2018-19	2019-20	2020-21
\$8,606,597.17	\$9,328,729.12	\$10,489,162.25	\$14,838,639.62	\$15,527,662.02
2021-22	2022-23	2023-24	2024-25	2025-26
\$18,439,216.08	\$18,666,820.62	\$31,161,035.00	\$28,764,945.00	\$25,810,513.00

Note: Inclusive of North Canberra Hospital from 2023-24.

2) Works are managed through a combination of strategic planning, budgeting, prioritisation, and ongoing monitoring. Any potential deferred maintenance is rolled into capital improvement plans.

3) Canberra Health Services assets that are beyond their useful life include:

- 1969 Canberra Hospital Building 9 - \$4,797,000.00
- 1972 Canberra Hospital Building 1 - \$456,300,000.00
- 1973 Canberra Hospital Building 3 - \$195,700,000.00
- 1975 Canberra Hospital Building 7 - \$6,458,000.00
- 1979 Gaunt Place Cottage 2 - \$5,003,000.00

Note: Gaunt Place Cottage 2 is currently unoccupied and has been assessed as end of life.

4)

Building Name	Year Built	Age	EoUL	RuL (%)
Canberra Hospital Building 01	1972	53	2022	0%
Canberra Hospital Building 03	1973	52	2023	0%
Canberra Hospital Building 07	1975	50	2025	0%
Canberra Hospital Building 09	1969	56	2019	0%
Gaunt Place Cottage 1	1979	46	2029	8%
Gaunt Place Cottage 2	1979	46	2029	8%
North Canberra Hospital - Xavier Building	1979	46	2029	8%
North Canberra Hospital - Marian Building	1979	46	2029	8%
North Canberra Hospital - O'Shannassy Building	1979	46	2029	8%
North Canberra Hospital - Mark Maher Building	1979	46	2029	8%

Note: The remaining useful life (RUL) in this table is based on an estimated 50-year useful building life commencing from the original construction date and does not account for works completed to extend the asset's life.

- 5) This data has been reported and published in the CHS Annual Report over the last eight financial years, CHS Annual Reports can be found here: [Publications - Canberra Health Services](#). Prior to 2018, Asset management for CHS was included within the ACT Health Annual Report found here: [ACT Health annual reports - Open Government Information](#).

Year ended	Managed assets total value
30 June 2015	\$886.129 million
30 June 2016	\$944.756 million
30 June 2017	\$1,028.959 million
30 June 2018	\$1,197.751 million
30 June 2019	\$1,126.391 million
30 June 2020	\$1,143.986 million
30 June 2021	\$1.172 billion
30 June 2022	\$1.187 billion
30 June 2023	\$1.307 billion
30 June 2024	\$1.994 billion

- 6) Yes
- 7) Nil to report.

Approved for circulation to the Select Committee on Estimates

Signature:

Date:

By the Minister for Health, Rachel Stephen-Smith



Inquiry into Appropriation Bill 2025–2026 and Appropriation (Office of the Legislative Assembly) Bill 2025–2026

Answer to question on notice

Asked by: Mr Shane Rattenbury MLA

Addressed to: Minister for Health

Reference: Health – Canberra Health Services

Hearing: 24 July 2025

In relation to: Canberra Health Services and ACT Corrective Services

Question received: 01 August 2025

Answer Due: 08 August 2025

- 1) Are Canberra Health Services engaging with ACT Corrective Services to facilitate with disability screening and assessment tools to support detainees?
- 2) Can you please list all disability assessments currently offered to detainees?
- 3) What access to psychological support, medical treatment, and pharmacological supports are available to detainees?
- 4) Does this access to supports after screening differ between AMC and Bimberi? Does it involve support for detainees with ADHD?
- 5) In light of raising the age of criminal responsibility, what steps is the ACT Government taking to ensure that children, many of whom have neurodevelopmental disorders and all of whom need holistic trauma informed care, get the care they need?

MS STEPHEN-SMITH MLA: The answer to the Member's question is as follows:

- 1) On induction to the Alexander Maconochie Centre (AMC), Justice Health Services (JHS) complete an induction health assessment which includes disability screening using the Washington Group Short Set tool. A set of six questions is used to identify individuals with disabilities. When clinically required, these individuals are referred to the JHS Complex Care Team for further assessment and case management. Clients are also referred to ACT Corrective Services (ACTCS) Specialist Interventions Unit for further assessment. In some instances, the Unit offers a range of services to support detainees who require reasonable adjustments within the custodial environment.
- 2) Disability assessments are varied and are dependent on the identified clinical need with referrals made to relevant Canberra Health Services' (CHS) health professionals for further assessments

as required. ACTCS and Winnunga Nimmityjah Aboriginal Health and Community Services (WNAHCS) also provide assessments around disability in the AMC.

In addition, as part of the three-phase induction process, detainees entering custody participate in a disability screening process. Managed by ACTCS, detainees are encouraged to self-report any disability-related matters, including individual needs, supports required and guardianship arrangements. Typically occurring on initial contact with the Court Transport Unit, the collected information is shared with staff at the AMC in preparation for detainee arrival.

- 3) CHS works closely with ACT Corrective Services to ensure the health and wellbeing of detainees at the AMC. CHS provides various health services for detainees including pharmacological and psychosocial interventions as well as other treatments, care and support. Support for detainees with a disability is a shared role between JHS, Custodial Mental Health Services (CMHS), ACTCS and WNAHCS, dependant on a detainee's need and identified service provider.

All detainees are offered a health induction assessment within 24-hours of arrival to the AMC, inclusive of a specialist mental health assessment and disability screening.

Based on this initial induction assessment and subsequent reviews, including those prompted by detainee health requests, detainees may be referred to the primary health team, specialist health services and/or the CMHS for specialist mental health care. Crisis mental health services, including a brief intervention clinic, are available to all detainees where there are acute mental health concerns. In more acute circumstances, detainees will be transferred to a CHS inpatient mental health facility.

ACTCS' Supports and Interventions Unit provides support to detainees who do not meet the criteria for treatment by JHS CMHS, and who require support for mild to moderate mental health needs and disability support. This support includes individualised counselling services, psychological support for adjustment to custody, grief and loss, and high prevalence mental wellbeing concerns is provided by ACTCS.

- 4) CMHS provide services in both the AMC and Bimberi Youth Justice Centre (BYJC), with a specialist child and adolescent forensic psychiatrist operating in BYJC.

ADHD treatment at the AMC and BYJC is guided by a comprehensive clinical assessment. This includes consideration of the individual's current circumstances, personal history—including socioeconomic, medical, and physical factors—and the custodial context, including associated risks. Medications for the treatment of ADHD are indicated where there is an established diagnosis and treatment history and/or where there is an indication for treatment due to significant functional impairment. Available treatments include a range of both non-stimulant and stimulant based medications as well as behavioural and psychological interventions.

- 5) The Health and Community Services Directorate (HCSD) is progressing a body of work to enable GP's to diagnose and treat people who experience ADHD. This will support early intervention for children who experience developmental disorders and illness by making assessment and treatment more accessible in the ACT.

Work is underway to design a pilot for the ACT, which will be consulted on. It is anticipated that consultation on the pilot model will commence in the next couple of months, building on

targeted stakeholder engagement that is already underway. HCSD anticipates the ACT's reforms will commence as a pilot, which will be evaluated. The outcome of that evaluation, experience in other jurisdictions and work underway on nationally consistent approaches will all inform permanent reforms.

The ACT Government's commitment to raise the minimum age of criminal responsibility (MACR) to 14 years is helping to establish trauma-informed, culturally sensitive responses to harmful behaviour that prioritise healing and early support. A key part of this reform is the Therapeutic Support Panel for Children and Young People (the Panel) which is made up of experts who guide and coordinate therapeutic responses for children and young people who are involved in risky or harmful behaviour. It focuses on addressing the root causes of that behaviour, such as trauma or disability, and providing tailored support to help change life outcomes.

Children and young people working with the Panel have their therapeutic needs identified and responded to, including accessing health, mental health and disability assessment and diagnosis. If required, under section 501R(3)(b) of the Children and Young People Act 2008 the Chair of the Panel has the legislative authority to ask a territory entity to provide assistance, facilities or services relevant to the physical or emotional wellbeing of the child or young person. Under section 501R(4) a territory entity that receives such a request must comply with it promptly and take reasonable steps to prioritise services needed to support the child or young person.

The Panel also has a role in identifying systemic issues affecting children and young people who engage in harmful behaviours in the ACT, through the preparation of a yearly report to government to inform future service design priorities.

Approved for circulation to the Select Committee on Estimates

Signature:

Date:

By the Minister for Health, Rachel Stephen-Smith

From: [CHS DLO](#)
To: [Kratzel, Jenna](#)
Subject: Updated - QON 203 - AMC and ADHD Diagnosis and Treatment - EMERSON (GBCHS25/174)
Date: Thursday, 21 August 2025 12:41:00 PM
Attachments: [image001.png](#)
[image002.png](#)

Hi Jenna

As discussed, this QON has now been updated:

[K:\Stephen-Smith\1 DLO\01. RSS - digital signing\00. Jenna docs for review\01 URGENT\URGENT - 20250821 - GBCHS25-174 - QON 203 - AMC x ADHD](#)

Thank you,

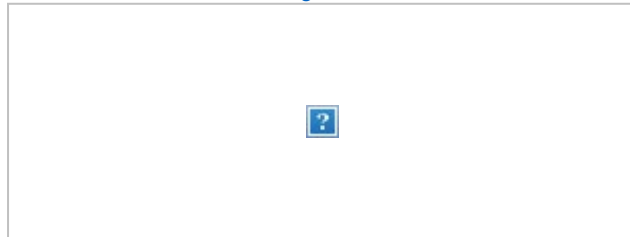
JL

Jaimilee Coomer | Assistant Director, **Government Relations**

Phone: 02 512 43143 | Mobile: [REDACTED] | Email: Jaimilee.Coomer@act.gov.au

Health Services Support Unit | Canberra Health Services | ACT Government

canberrahealthservices.act.gov.au



'Creating exceptional health care together.'

Canberra Health Services acknowledges the Ngunnawal people as traditional custodians of the ACT and recognises any other people or families with connection to the lands of the ACT and region.

We acknowledge and respect their continuing culture and contribution to the life of this region.



From: CHS DLO

Sent: Thursday, 21 August 2025 10:42 AM

To: Kratzel, Jenna

Subject: QON 203 - AMC and ADHD Diagnosis and Treatment - EMERSON (GBCHS25/174)

Importance: High

Good morning Jenna

QON 203 response has been drafted by CHS and is ready for your review and progression to the Minister.

Found here: [K:\Stephen-Smith\1 DLO\01. RSS - digital signing\00. Jenna docs for review\01 URGENT\URGENT - 20250821 - GBCHS25-174 - QON 203 - AMC x ADHD](#)

Due to the Committee: **Tomorrow, 22 August 2025.**

Thank you,

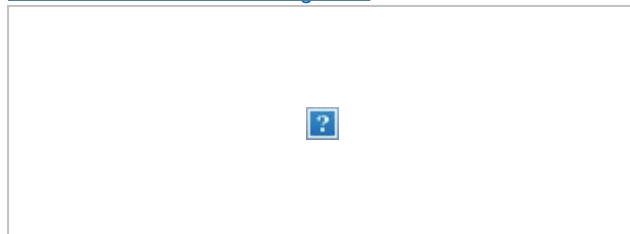
JL

Jaimilee Coomer | Assistant Director, **Government Relations**

Phone: 02 512 43143 | Mobile: [REDACTED] | Email: Jaimilee.Coomer@act.gov.au

Health Services Support Unit | Canberra Health Services | ACT Government

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‘Creating exceptional health care together.’

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QON No. 203

**Legislative Assembly for the
Australian Capital Territory**Select Committee on Estimates 2025–
2026

Inquiry into Appropriation Bill 2025–2026 and Appropriation (Office of the Legislative Assembly) Bill 2025–2026

Answer to question on notice

Asked by: Mr Thomas Emerson MLA

Addressed to: Minister for Corrections

Redirected to: Minister for Health

Reference: JCSD - Budget Statement D - Output 2

Hearing: 31 July 2025

In relation to: Alexander Maconochie Centre and ADHD Diagnosis and Treatment

Question received: 05 August 2025

Answer Due: 22 August 2025

Can you provide detailed information on ADHD diagnosis and treatment protocols in AMC.

MS BERRY MLA: The answer to the Member's question is as follows:

Commensurate with the community setting, treatment and management of adult Attention Deficit Hyperactivity Disorder (ADHD) is provided by both primary and specialist care services in the Alexander Maconochie Centre (AMC). ADHD treatment at the AMC is guided by a comprehensive clinical assessment. This includes consideration of the individual's current circumstances, personal history—including socioeconomic, medical, and physical factors—and the custodial context, including associated risks.

Custodial Primary Health Services (CPHS) may provide initial assessment and/or ongoing pharmacological treatment and follow-up for ADHD where there is an established diagnosis.

Custodial Mental Health Services (CMHS) provides specialist psychiatric assessment on referral from a CPHS Medical Officer or where there is an indication for assessment and/or treatment for ADHD based on self-reported or observed symptomatology including significant functional impairment. CMHS may diagnose ADHD and initiate or modify pharmacological and non-pharmacological interventions. Canberra Health Services does not offer universal screening for ADHD either in the community or in the AMC.

Medications for the treatment of ADHD are generally indicated where there is an established diagnosis and treatment history and/or where there is an indication for treatment due to significant functional impairment. Available medications include a range of both non-stimulant and stimulant based treatments as guided by clinical protocols.

Approved for circulation to the Select Committee on Estimates

Signature:

Date:

By the Acting Minister For Health, Yvette Berry MLA

QON No. 203

**Legislative Assembly for the
Australian Capital Territory**Select Committee on Estimates 2025–
2026

Inquiry into Appropriation Bill 2025–2026 and Appropriation (Office of the Legislative Assembly) Bill 2025–2026

Answer to question on notice

Asked by: Mr Thomas Emerson MLA

Addressed to: Minister for Corrections

Redirected to: Minister for Health

Reference: JCSD - Budget Statement D - Output 2

Hearing: 31 July 2025

In relation to: Alexander Maconochie Centre and ADHD Diagnosis and Treatment

Question received: 05 August 2025

Answer Due: 22 August 2025

Can you provide detailed information on ADHD diagnosis and treatment protocols in AMC.

MS BERRY MLA: The answer to the Member's question is as follows:

Commensurate with the community setting, treatment and management of adult Attention Deficit Hyperactivity Disorder (ADHD) is provided by both primary and specialist care services in the Alexander Maconochie Centre (AMC). ADHD treatment at the AMC is guided by a comprehensive clinical assessment. This includes consideration of the individual's current circumstances, personal history—including socioeconomic, medical, and physical factors—and the custodial context, including associated risks.

Justice Health Services (JHS) may provide initial assessment and/or ongoing pharmacological treatment and follow-up for ADHD where there is an established diagnosis.

Custodial Mental Health Services (CMHS) provides specialist psychiatric assessment on referral from a JHS Medical Officer or where there is an indication for assessment and/or treatment for ADHD based on self-reported or observed symptomatology including significant functional impairment. CMHS may diagnose ADHD and initiate or modify pharmacological and non-pharmacological interventions. Canberra Health Services does not offer universal screening for ADHD either in the community or in the AMC.

Medications for the treatment of ADHD are generally indicated where there is an established diagnosis and treatment history and/or where there is an indication for treatment due to significant functional impairment. Available medications include a range of both non-stimulant and stimulant based treatments as guided by clinical protocols.

Approved for circulation to the Select Committee on Estimates

Signature:

Date:

By the Acting Minister For Health, Yvette Berry MLA



Inquiry into Appropriation Bill 2025–2026 and Appropriation (Office of the Legislative Assembly) Bill 2025–2026

Answer to question taken on notice

Asked by: Mr Ed Cocks MLA

Addressed to: Minister for Health

In relation to: Health system budget and Seven sustainability initiatives

Hearing: 24 July 2025

Uncorrected Proof Transcript pp 35-36

Transcript provided: 29 July 2025

Answer Due: 04 August 2025

MS HUGHES took on notice the following question:

Ms Hughes: I am Rosalie Hughes, the Chief Financial Officer at CHS. I have read and acknowledged the privilege statement. In terms of, first of all, the sustainability initiatives, we have a signed off suite of seven initiatives that are underway. They have delivered in excess of—we were targeting to deliver 27 million at the end of 30 June 2025. We delivered in excess of that.

Those initiatives covered off agency nursing costs. So one very successful initiative has been to reduce the number of agency nurses and increase the graduate nursing intake dramatically, and so far we reduced our costs in the second six months by \$15 million just by doing that, and we have more nurses on the floor, so that has been a very much a win/win.

Working at looking to other itinerant labour, I call it, but other contracted work forces that are not inhouse that might come from outside, so we have extra costs, how can we have a more Canberra-based workforce, so looking at those things but also working with medical staff around how can we be more efficient, how can we have shorter lengths of stay for some things that also will then have a better outcome for patients but cost less, and procurement, yes.

THE CHAIR: I am sorry to interrupt. In the interest of time. I know there is a lot of interest in this session. Are those initiatives specified within the budget or is that

something that you can provide on notice, detail of what those seven initiatives are and what they are delivering?

Ms Hughes: Yes, we can provide that on notice because they are inherently in the budget because they are in the forecast numbers.

THE CHAIR: Yes, but detail of what those saving measures or initiatives are that is not in the budget, we will need to see on a document.

Ms Hughes: We can provide that on notice.

MS STEPHEN-SMITH MLA: The answer to the Member's question is as follows:

Initiative	Key Actions
1. Agency Nursing Reduction	• Tighten pathway for the approval of new/extension of contracted agency staff • Review and revise current contract terms and pricing • Reduction of AIN and overall usage of agency nurses • Review and standardise business processes
2. Review of outsourced surgical contracts	• Renegotiate contractual arrangements for outsourcing -in future to reduce overall cost
3. Procurement Savings	• Standardise and tighten procurement approval pathway • Contract Spend tracking • Review \$50 million of line items not currently under contract and progress procurements for these. • Achieve savings target for Capital procurement items
4. Visiting Medical Officers	• Revise VMO contract offering and policy and procedure around VMO use • Move from Fee for Service to sessional VMO contracts • Conversion of VMO to staff salaried positions
5. Gawanggal Mental Health Unit Closure	• Clinically appropriate alternative care arrangements in place for two consumers in Gawanggal and those who would be referred in future • GMHU closed April 2025 with staff redeployed across CHS • GMHU facility to be relocated or alternative developed as part of the Northside Hospital Project.
6. Staffing FTE Controls	• Introduce organisational profile tool, to bring together information from CHRIS21 and finance systems. • Reset FTE approval, centralising and tightening the process and reviewing requests versus current need/efficiency opportunities, ensuring all recruitment is within agreed budget levels
7. Revenue Optimisation	• Resolve backlog of errors and exceptions in PBRC to maximise revenue collection • Ensure admin and mgmt. staff fully trained to ensure data for revenue generation is captured • Epic system enhancements to align workflow to best practice revenue capture

Approved for circulation to the Select Committee on Estimates

Signature:

Date:

By the Minister for Health, Ms Rachel Stephen-Smith

QTON No. 35

**Legislative Assembly for the
Australian Capital Territory**Select Committee on Estimates 2025–
2026

Inquiry into Appropriation Bill 2025–2026 and Appropriation (Office of the Legislative Assembly) Bill 2025–2026

Answer to question taken on notice

Asked by: Mr Shane Rattenbury MLA

Addressed to: Minister for Health

In relation to: Walk in Centres and Cost of treatment and Updated cost of an episode of treatment

Hearing: 24 July 2025

Uncorrected Proof Transcript p 52

Transcript provided: 28 July 2025

Answer Due: 04 August 2025

MS ZAGARI took on notice the following question:

MR RATTENBURY: Thank you. Do you know the updated cost on an episode of treatment in the walk-in centres?

Ms McKenzie: We do not have the immediately. We will see if we can provide that before the end of the session.

MS STEPHEN-SMITH MLA: The answer to the Member's question is as follows:

In the 2023-24 National Health Costing Data Collection, the average cost of a Walk-in Centre episode of care was \$165 per episode. This figure remains subject to change pending external validation by the Independent Health and Aged Care Pricing Authority (IHACPA).

Approved for circulation to the Select Committee on Estimates

Signature:

Date:

By the Minister for Health, Ms Rachel Stephen-Smith

From: [Kratzel, Jenna](#)
To: [CHS DLO](#)
Subject: RE: QTON 37
Date: Wednesday, 6 August 2025 10:42:22 AM
Attachments: [image001.png](#)
[image002.png](#)

Hi Christine,
 Please see note in the DLO folder for this one.
 Can this please be checked urgently.
 Thanks!
 Jenna

From: CHS DLO
Sent: Friday, 1 August 2025 5:09 PM
To: Kratzel, Jenna
Subject: RE: QTON 37

OFFICIAL

Hi Jenna
 Thank you - This comment has been addressed by CHS, I have replied to it in the Word version so you have the context.
 PDF remains the same.
 Christine

Christine Whittall | Directorate Liaison Officer

Phone: MS Teams | Email: CHSDLO@act.gov.au

Office of the Chief Executive Officer | Canberra Health Services | ACT Government

ACT Legislative Assembly | canberrahealthservices.act.gov.au



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We acknowledge and respect their continuing culture and contribution to the life of this region.



From: Kratzel, Jenna <Jenna.Kratzel@act.gov.au>
Sent: Friday, 1 August 2025 1:01 PM
To: CHS DLO <CHSDLO@act.gov.au>
Subject: QTON 37

Hi Christine,
 I have placed a comment in the word version on QTON 37 for addressing – it's back in your DLO folder.
 Jenna

Jenna Kratzel

A/g Senior Adviser

Office of Minister Rachel Stephen-Smith MLA

ACT Government

Email: Jenna.Kratzel@act.gov.au

M: [REDACTED]

ACT Legislative Assembly, 196 London Circuit, Canberra, ACT 2600

From: [Kratzel, Jenna](#)
To: [CHS DLO](#)
Subject: QTON 37
Date: Friday, 1 August 2025 1:01:17 PM

Hi Christine,

I have placed a comment in the word version on QTON 37 for addressing – it's back in your DLO folder.

Jenna

Jenna Kratzel

A/g Senior Adviser

Office of Minister Rachel Stephen-Smith MLA

ACT Government

Email: Jenna.Kratzel@act.gov.au

M: [REDACTED]

ACT Legislative Assembly, 196 London Circuit, Canberra, ACT 2600



Inquiry into Appropriation Bill 2025–2026 and Appropriation (Office of the Legislative Assembly) Bill 2025–2026

Answer to question taken on notice

Asked by: Ms Fiona Carrick MLA

Addressed to: Minister for Health

In relation to: Walk in Centres and GP referrals

Hearing: 24 July 2025

Uncorrected Proof Transcript p 58

Transcript provided: 28 July 2025

Answer Due: 04 August 2025

Ms McKenzie took on notice the following question:

MS CARRICK: So I just want to say I support nurse practitioners and appreciate the great work that they do. But on the— when we are talking about the referrals, do you have— I mean, the nurse practitioners have got a scope of works. Do you have data on the referrals to GPs as opposed to the referrals to emergency?

Ms McKenzie: The data—and Ms Hudson is absolutely right, I should have said at the outset. That it is drawn from operational data and may not align with published data sets. That was a health warning a little bit late. Still there. And no, not at hand. I do not have data on referral because we do take that as part of our day-on-day review of operations of the whole health service. So I do not have data on referral to general practitioners—

MS CARRICK: At all?

Ms McKenzie: But whether we have that—

CHAIR: Sorry, you said—

Ms McKenzie: —I can take on notice to clarify whether we are able to get that.

MS CARRICK: Yes, if you could take that on notice about just like— just for sake of clarity, what referrals are out of GPs, what referrals are out of emergency and, you know, if there is referrals presumably elsewhere?

THE CHAIR: And if— to be clear, if you can take on notice, anything that you can

provide, not just whether you can or not.

Ms Zagari: Yes, because if we cannot—

MS CARRICK: Yes, actually provide it.

Ms Zagari: —provide that specific metric because a part of the walk-in-centre review is to actually encourage people to see their GP, particularly for ongoing care. So one of the things that is ticked in the DHR is, did you talk to the person about seeing their regular GP? So the challenge is then reflecting what is a referral to a GP because they require GP care as opposed to as part of the routine practice at the walk-in-centre. I have told this person they should see their GP in future.

MS STEPHEN-SMITH MLA: The answer to the Member’s question is as follows:

The following data shows operational measures of the number of referrals to GPs from Walk-in Centres. Referrals to GPs may occur after treatment in a Walk-in Centre.

Walk in Centre location	Presentations	Referrals to GP	Proportion
Name	2024-25	2024-25	%
Belconnen	30,009	1,291	4%
Inner North (Dickson)	24,254	1,660	7%
Gungahlin	25,744	1,428	6%
Tuggeranong	25,719	1,780	7%
Weston Creek	29,996	1,672	6%

Approved for circulation to the Select Committee on Estimates

Signature:

Date:

By the Minister for Health, MS Rachel Stephen-Smith

OFFICIAL

QTON No. 37



**Legislative Assembly for the
Australian Capital Territory**

Select Committee on Estimates 2025–
2026

Inquiry into Appropriation Bill 2025–2026 and Appropriation (Office of the Legislative Assembly) Bill 2025–2026

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Tuggeranong	25,719	1,780	7%
Weston Creek	29,996	1,672	6%

Commented [JK1]: Just to clarify, does this include the number of people encouraged to see their GP per usual review practices in the walk-in-centre or stand-alone referrals to GP?

Approved for circulation to the Select Committee on Estimates

Signature: _____ Date: _____

By the Minister for Health, MS Rachel Stephen-Smith

From: [CHS DLO](#)
To: [Kratzel, Jenna](#)
Subject: RE: CHS QTONs (Estimates Hearing)
Date: Tuesday, 5 August 2025 12:08:00 PM
Attachments: [image001.png](#)
[image002.png](#)

Hi Jenna

Re our discussion on QTON 38 (Forecast of Service Levels for CHS) yesterday evening, CHS have advised that:

- The original response was prepared on 29 July 2025 to meet timeframes required for QTONs. This means it would not have included a full day of activity for the 29 July 2025.
- The response of 13,867 presentations was at the time of preparation from 1 July to 29 July 2025. The additional days to the end of the month were three. (29th, 30th and 31st).
- The remaining three days of the year averaged 500 presentations per day.
- Given we are now at 5th August, we can provide the full month of July, which at time of preparation is 15,338 presentations.

The QTON wording remains the same. Available in your folder [here](#).

Thank you

Christine

From: CHS DLO

Sent: Monday, 4 August 2025 5:09 PM

To: Kratzel, Jenna

Subject: RE: CHS QTONs (Estimates Hearing)

Hi Jenna

QTON 38 is back in your folder for review and progression to Minister.

The remaining QTONs with CHS are:

- QTON 46: Employer Expenses (SF25/221)
- QTON 55: Updated CHS Staffing Profile (SF25/222)
- QTON 42: Cardiology Staffing Costs (SF25/233)

Thank you

Christine

From: Kratzel, Jenna <Jenna.Kratzel@act.gov.au>

Sent: Friday, 1 August 2025 3:22 PM

To: CHS DLO <CHSDLO@act.gov.au>

Subject: RE: CHS QTONs (Estimates Hearing)

Thanks Christine,

I've placed a comment in the word version of QTON 38 to be addressed.

Back in your DLO folder.

Jenna

From: CHS DLO <CHSDLO@act.gov.au>

Sent: Friday, 1 August 2025 2:51 PM

To: Kratzel, Jenna <Jenna.Kratzel@act.gov.au>

Subject: CHS QTONs (Estimates Hearing)

Importance: High

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Hi Jenna

The following QTONs are available in your [folder](#) for review and progression to the Minister for signing.

- QTON 39: ED Treatment Spaces (SF25/230)
- QTON35: Updated Cost of Episode of Care in a WiC (SF25/213)

- QTON 36: WiC Performance (SF25-231)

Due to the Committee on Monday.

Thank you

Christine Whittall | Directorate Liaison Officer

Phone: MS Teams | Email: CHSDLO@act.gov.au

Office of the Chief Executive Officer | Canberra Health Services | ACT Government

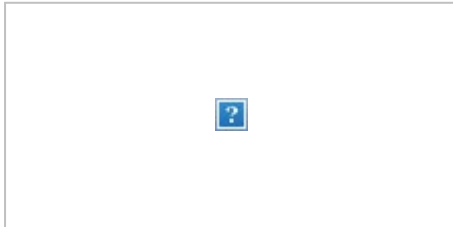
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Inquiry into Appropriation Bill 2025–2026 and Appropriation (Office of the Legislative Assembly) Bill 2025–2026

Answer to question taken on notice

Asked by: Mr Ed Cocks MLA

Addressed to: Minister for Health

In relation to: Service demand and Detail of demand vs forecasts

Hearing: 24 July 2025

Uncorrected Proof Transcript p 67

Transcript provided: 28 July 2025

Answer Due: 04 August 2025

MS ZAGARI took on notice the following question:

THE CHAIR: Yes, so you are within the capacity. But presumably, given the conversation that is been happening around the budget, that it is driven by increases in demand for health services, presumably there are forecasts for the number of services you would expect to be providing and the amount of demand going through the emergency department.

What I am trying to find out is, there was a comment made about there is—it seemed to be suggesting that there is growth that is above what was expected and I am just trying to find out before whatever forecasts you have done around demand and service usage, are the numbers that you are seeing in line with that because it would be very concerning if this early in the year we were already seeing above.

Ms Hughes: They are. So last—although I started my role in November, last financial year there were the—CHS opened more beds in both TCH and in North Canberra Hospital then was built into the budget. This year the budget is based on the number of beds open. So effectively, there has been 30 more at North Canberra over the last year than was actually put into that budget because that was an uplift to cover the activity that we were seeing. So, you kind of get step costs with health care.

THE CHAIR: Yes, but we are back to back to the discussion of costs.

Ms Hughes: Sorry.

THE CHAIR: Maybe just to make things easy, would you be able to provide on notice, perhaps, what you had forecast in terms of service levels for the first month and where we are at?

Ms Zagari: We can.

MS STEPHEN-SMITH MLA: The answer to the Member's question is as follows:

The forecasted level of service demand in the ACT's Emergency Departments for the month of July 2025 is 14,605 (presentations).

The actual level of service demand in the ACT's Emergency Departments from the 1 July 2025 to the 29 July 2025 is 13,867 (presentations).

Approved for circulation to the Select Committee on Estimates

Signature:

Date:

By the Minister for Health, Rachel Stephen-Smith

OFFICIAL

QTON No. 38



**Legislative Assembly for the
Australian Capital Territory**

Select Committee on Estimates 2025–
2026

Inquiry into Appropriation Bill 2025–2026 and Appropriation (Office of the Legislative Assembly) Bill 2025–2026

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Commented [JK1]: Is it possible to have this expanded to include whole month of July?

Approved for circulation to the Select Committee on Estimates

Signature:

Date:

By the Minister for Health, Rachel Stephen-Smith

OFFICIAL

QTON No. 38



**Legislative Assembly for the
Australian Capital Territory**

Select Committee on Estimates 2025–
2026

Inquiry into Appropriation Bill 2025–2026 and Appropriation (Office of the Legislative Assembly) Bill 2025–2026

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Uncorrected Proof Transcript p 67

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The forecasted level of service demand in the ACT's Emergency Departments for the month of July 2025 is 14,605 (presentations).

The actual level of service demand in the ACT's Emergency Departments from the 1 July 2025 to the 31 July 2025 is 15,338 (presentations).

Note that July 2025 data is unvalidated and is subject to data maturity and revision.

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Approved for circulation to the Select Committee on Estimates

Signature:

Date:

By the Minister for Health, Rachel Stephen-Smith

OFFICIAL

QTON No. 38



**Legislative Assembly for the
Australian Capital Territory**

Select Committee on Estimates 2025–
2026

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OFFICIAL

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Note that July 2025 data is unvalidated and is subject to data maturity and revision.

Commented [JK1]: Is it possible to have this expanded to include whole month of July?

Commented [JK2R1]: Previous version with date range being 1 July to 29 July was 13,867 presentations. The additional two days has increased the number by 1,471 which is approximately 735 per day. This seems like a significant increase. I acknowledging the disclaimer re: unvalidated data but keen for this to be reviewed please

Approved for circulation to the Select Committee on Estimates

Signature:

Date:

By the Minister for Health, Rachel Stephen-Smith



Inquiry into Appropriation Bill 2025–2026 and Appropriation (Office of the Legislative Assembly) Bill 2025–2026

Answer to question taken on notice

Asked by: Ms Leanne Castley MLA

Addressed to: Minister for Health

In relation to: Emergency Department and Set up of treatment areas

Hearing: 24 July 2025

Uncorrected Proof Transcript p 68

Transcript provided: 28 July 2025

Answer Due: 04 August 2025

MS ZAGARI took on notice the following question:

MS CASTLEY: Can I just ask, sorry, I was not here this morning. Happy to look back if I need to. So, the new ED, you said beds and treatment spaces, someone talked about Jason recliners, can you explain what it looks like, how many beds there are, do people get moved into a different section as they go through the process?

Ms Zagari: So yes, and what I will do is I will provide a note of the detail around what is in each pod of the emergency department. So, the emergency's—

MS STEPHEN-SMITH MLA: The answer to the Member's question is as follows:

There are the following spaces within the Emergency Department – Level 2, Building 5 of Canberra Hospital, noting not all spaces and bays are utilised currently as part of the Year 1 Utilisation Plan.

Service	Total Capacity
Triage	6 spaces
Adult Resuscitation Bays	7 bays
Step Down Resuscitation Bays	4 bays
Adult Fast Track Bays	24 bays
Adult Acute Bays	36 bays
Adult Short Stay	24 spaces
Paediatric Fast Track	12 spaces
Paediatric Acute Bays	6 bays
Paediatric Short Stay	6 spaces
Behavioural Assessment Unit	6 spaces
Safe Assessment Rooms	2 rooms

Approved for circulation to the Select Committee on Estimates

Signature:

Date:

By the Minister for Health, Rachel Stephen-Smith



Inquiry into Appropriation Bill 2025–2026 and Appropriation (Office of the Legislative Assembly) Bill 2025–2026

Answer to question taken on notice

Asked by: Ms Leanne Castley MLA

Addressed to: Minister for Health

In relation to: Medical staffing and Exit interviews

Hearing: 24 July 2025

Uncorrected Proof Transcript pp 71-72

Transcript provided: 28 July 2025

Answer Due: 4 August 2025

MS ZAGARI took on notice the following questions:

MS CASTLEY: I mean, I am concerned about the number of resignations across the board, and you mentioned that there is exit interviews, you have got one next week.

Does everybody get offered an exit interview and are they taking those up?

Ms Zagari: They do, and certainly, the cardiologist I have spoken to is taking it up and we will work through whether we can actually resolve any matters that arise out of that. So, you know, it may be possible if there are issues that we could resolve, that people may make different decisions, and so, that is part of the purpose of it. But also to understand whether there are workplace related drives that have led people to make a decision on exiting.

MS CASTLEY: That is with past resignations as well?

Ms Zagari: I have to take on notice that. I have been in the position for—

Ms CASTLEY: Yes, understand that.

Ms Zagari: But I will check.

MS STEPHEN-SMITH MLA: The answer to the Member's question is as follows:

Exit interviews are offered to staff leaving Canberra Health Services, they are offered through the People and Culture Division, the Workforce Resolution team and the Nursing and Midwifery Workforce Unit. During the 2024-25 period we conducted 186 exit interviews.

Approved for circulation to the Select Committee on Estimates

Signature:

Date:

By the Minister for Health, Rachel Stephen-Smith

From: [Kratzel, Jenna](#)
To: [CHS DLO](#)
Cc: [Tomlinson, Benjamin](#)
Subject: QTON 41: Concerns raised in exit interviews
Date: Monday, 4 August 2025 11:13:57 AM

Hi Christine,

Some edits were made to *QTON 41: Concerns raised in exit interviews (SF25/232)*.

Can Janet/CHS please review before this is submitted to the Committee. Minister has signed the updated version so if Janet is comfortable with the edits, this can progress.

Pack is back in your DLO folder.

Jenna

Jenna Kratzel

A/g Senior Adviser

Office of Minister Rachel Stephen-Smith MLA

ACT Government

Email: Jenna.Kratzel@act.gov.au

M: [REDACTED]

ACT Legislative Assembly, 196 London Circuit, Canberra, ACT 2600



Inquiry into Appropriation Bill 2025–2026 and Appropriation (Office of the Legislative Assembly) Bill 2025–2026

Answer to question taken on notice

Asked by: Ms Leanne Castley MLA

Addressed to: Minister for Health

In relation to: Medical staffing and Concerns raised in exit interviews

Hearing: 24 July 2025

Uncorrected Proof Transcript pp 72-73

Transcript provided: 28 July 2025

Answer Due: 4 August 2025

MS STEPHEN-SMITH took on notice the following question:

Mr White: Thank you, good afternoon, Andrew White Executive Branch Manager People and Culture at Canberra Health Services and I have read and acknowledged the privilege statement. We have an overarching position on exit interviews. So every exiting employee gets the opportunity to participate in an exit survey, which is an online survey which staff complete, which is asking generic questions about your experience in the health service, your reasons for leaving retirement, moving to another jurisdiction, et cetera, et cetera. And employers are also given the opportunity to have an exit interview as part of that process as well. Historically that has been conducted through my branch in People and Culture. That has recently transferred to the Workforce Resolution and Support Services branch, which sits under the CEE's office.

MS CASTLEY: Okay. Thank you. I am wondering, is it possible to provide possibly on notice with the list of concerns that have been raised across the two departments over the past 12 months?

Ms Stephen-Smith: Through exit interviews or—

MS CASTLEY: Yes, yes, just a bit of high-level information about what their concerns have been.

Ms Stephen-Smith: We can take that question on notice.

MS STEPHEN-SMITH MLA: The answer to the Member's question is as follows:

No medical staff in Orthopaedics or Cardiology have participated in exit interviews in the last 12 months.

Approved for circulation to the Select Committee on Estimates

Signature:

Date:

By the Minister for Health, Rachel Stephen-Smith

From: [Kratzel, Jenna](#)
To: [CHS DLO](#)
Subject: RE: CHS QTONs (Estimates Hearing)
Date: Wednesday, 6 August 2025 10:13:57 AM
Attachments: [image001.png](#)
[image002.png](#)

Thanks Christine,

I have placed a note in the pack (still in my folder) and would be grateful for some additional information before I progress to Minister.

Jenna

From: CHS DLO
Sent: Wednesday, 6 August 2025 9:53 AM
To: Kratzel, Jenna
Subject: RE: CHS QTONs (Estimates Hearing)
Importance: High

OFFICIAL

Morning Jenna

QTON 42 has now been returned from CHS and I have placed into your folder [here](#).

For review and progression to the Minister.

It was due to the Committee on 4 August.

Thank you

Christine

From: CHS DLO
Sent: Tuesday, 5 August 2025 3:59 PM
To: Kratzel, Jenna <Jenna.Kratzel@act.gov.au>
Subject: RE: CHS QTONs (Estimates Hearing)

Hi Jenna

The highlighted below outstanding QTONs are now available for your review in your folder [here](#) (QTON 45 and QTON 55).

QTON 42 is progressing via clearance channels at the moment and should be with the office shortly.

Thank you

Christine

From: CHS DLO
Sent: Monday, 4 August 2025 5:09 PM
To: Kratzel, Jenna <Jenna.Kratzel@act.gov.au>
Subject: RE: CHS QTONs (Estimates Hearing)

Hi Jenna

QTON 38 is back in your folder for review and progression to Minister.

The remaining QTONs with CHS are:

- [QTON 46: Employer Expenses \(SF25/221\)](#)
- [QTON 55: Updated CHS Staffing Profile \(SF25/222\)](#)
- QTON 42: Cardiology Staffing Costs (SF25/233)

Thank you

Christine

From: Kratzel, Jenna <Jenna.Kratzel@act.gov.au>
Sent: Friday, 1 August 2025 3:22 PM
To: CHS DLO <CHSDLO@act.gov.au>
Subject: RE: CHS QTONs (Estimates Hearing)

Thanks Christine,

I've placed a comment in the word version of QTON 38 to be addressed.

Back in your DLO folder.

Jenna

From: CHS DLO <CHSDLO@act.gov.au>

Sent: Friday, 1 August 2025 2:51 PM

To: Kratzel, Jenna <Jenna.Kratzel@act.gov.au>

Subject: CHS QTONs (Estimates Hearing)

Importance: High

OFFICIAL

Hi Jenna

The following QTONs are available in your [folder](#) for review and progression to the Minister for signing.

- QTON 39: ED Treatment Spaces (SF25/230)
- QTON35: Updated Cost of Episode of Care in a WiC (SF25/213)
- QTON 36: WiC Performance (SF25-231)

Due to the Committee on Monday.

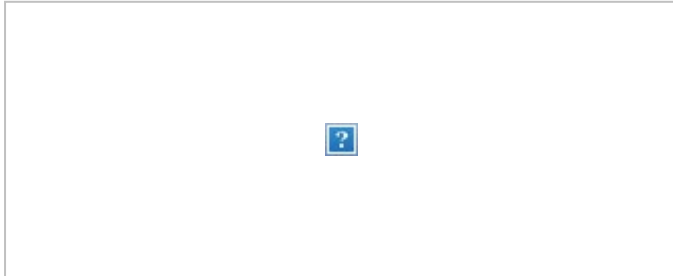
Thank you

Christine Whittall | Directorate Liaison Officer

Phone: MS Teams | Email: CHSDLO@act.gov.au

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'Creating exceptional health care together.'

Canberra Health Services acknowledges the Ngunnawal people as traditional custodians of the ACT and recognises any other people or families with connection to the lands of the ACT and region.

We acknowledge and respect their continuing culture and contribution to the life of this region.



From: [CHS DLO](#)
To: [Kratzel, Jenna](#)
Subject: RE: SF25/233 : QTON 42 - Rattenbury - Zagari - Cardiology Staffing Costs
Date: Friday, 8 August 2025 9:57:00 AM
Attachments: [image001.png](#)
[image002.png](#)

Hi Jenna

As discussed, QTON 42 has been updated to remove the reference to a 'band 5' specialist, available [here](#).
 For review and progression.

Thank you

Christine

From: Kratzel, Jenna

Sent: Thursday, 7 August 2025 4:43 PM

To: CHS DLO

Subject: RE: SF25/233 : QTON 42 - Rattenbury - Zagari - Cardiology Staffing Costs

Hi,

Thank you this is very helpful.

The information in the QTON has some inconsistencies when compared with the information below.

I've placed a comment in the word doc (titled *tracked*) for review. It is now back in your folder.

Jenna

From: CHS DLO <CHSDLO@act.gov.au>

Sent: Thursday, 7 August 2025 1:50 PM

To: Kratzel, Jenna <Jenna.Kratzel@act.gov.au>

Subject: SF25/233 : QTON 42 - Rattenbury - Zagari - Cardiology Staffing Costs

OFFICIAL

Hi Jenna

CHS have provided the below justification for QTON 42 – Cardiology Staffing Costs. QTON back in your folder [here](#).

Clarification requested:

Re QTON 42 (Cardiology Staffing Costs) MO are still keen to understand source of the information. MPEA (from 2022) is significantly different, which makes sense given annual increases. But the only disclaimer is that the figure does not include superannuation, it does not specify whether figure is based on base salary from a treasury costing template, so I am keen to ensure the figure is replicable. Average Salary Costing template for 2024-25 places band 5 average salary at \$262,556 which equates to \$1009 per day.

Response from CHS:

The \$1,365.93 per day figure for Cardiologist was derived by taking the total actual salary and allowances recorded in Chris 21 (in FY24/25) for all staff specialists (all levels – not just band 5) in the TCH Cardiology Unit and dividing it the average FTE per pay period for the same cohort of staff over the FY24/25. This was done as the comment from the CEO office asked for "the average paid to staff specialists" – so we have taken the average of actual payments to Cardiologist at TCH in FY24/25. P&C do not have treasury costings so we can't comment on why it is different although it appears to be costing on base salary only (and perhaps oncosts) and may not include allowances. A staff specialist total package comprises of several component including base salary and various allowances such as private practice, on-call, phone allowance, managerial allowances, ARINs (if applicable), s245 (if applicable).

In the case of the cardiology unit at TCH for FY24/25, the components of remuneration for staff specialists include:

- Base salary
- On-call allowances
- Private practice allowances

- Phone allowances
- Managerial allowances

On average, a 1FTE staff specialist earned \$355,142.68 (excl super) in Cardiology based on Chris21 pay reports for FY24/25. This amount divided by 260 days (52 weeks x 5 days) = \$1,365.93 per day

CEO comments:

I support the calculation and methodology used by P+C on this one. They have specifically used cardiology as paid as the calculation basis. Using all staff specialists as the comparator would produce a higher figure as it would include ARIN, s245 etc so they have used cardiologists only.

Let me know if you need further info to progress to the Minister.

Thank you

Christine

Christine Whittall | Directorate Liaison Officer

Phone: MS Teams | Email: CHSDLO@act.gov.au

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ACT Legislative Assembly | canberrahealthservices.act.gov.au



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OFFICIAL - SENSITIVE

QTON No. 42

Legislative Assembly for the
Australian Capital TerritorySelect Committee on Estimates 2025–
2026

Inquiry into Appropriation Bill 2025–2026 and Appropriation (Office of the Legislative Assembly) Bill 2025–2026

Answer to question taken on notice

Asked by: Mr Shane Rattenbury MLA

Addressed to: Minister for Health

In relation to: Medical staffing and Cardiology locum and staff specialist costs

Hearing: 24 July 2025

Uncorrected Proof Transcript p 74

Transcript provided: 28 July 2025

Answer Due: 4 August 2025

MS ZAGARI took on notice the following question:**MR RATTENBURY:** Just a supplementary matter. And then I want to ask about you spoke about locums filling the gap and I recognise it is a standard practice. Can you tell us the cost difference between a say day of a locum versus a day of a staff specialist in this sort of cardiology area?**Ms Zagari:** I will take that on notice Mr Rattenbury and there will be a variability between—**MR RATTENBURY:** Of course, depending on the level.**Ms Zagari:** —because, you know, if it is a VMO versus a locum versus a staff specialist, so there is actually a range of employment arrangements, but we will take that on notice and come back with that.**MR RATTENBURY:** I am happy for you to sort of judge the best information.**Ms Zagari:** Maybe a table. Lovely, thank you.**MS STEPHEN-SMITH MLA:** The answer to the Member's question is as follows:

Locum rates may vary, depending on the skill of the individual, duration of a vacancy and hours of work. The cost difference between a staff specialist (band 5) and a specialist locum on a fixed daily rate of \$2,500 is \$28.30 per day.

Commented [JK1]: Hi Christine, how was this figure calculated?

OFFICIAL - SENSITIVE

Locum rates may vary, depending on the skill of the individual, duration of a vacancy and hours of work. The cost difference between the daily rate of a Locum and a Staff Specialist Band 5 [taken as an average over 2024/25 financial year](#) is.

Staff Specialist Band 5 – Daily rate*	Locum – Daily Rate	Difference
\$1,387.90	\$2,500.00	\$1,112.10

Average daily cost - Staff Specialist Band 5 – in Cardiology department *	Locum – Daily Rate	Difference
\$1,365.93	\$2,500.00	\$1,134.07

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[*Exclusive of Superannuation - daily rate is calculated based on a 40-hr week.](#)

[*Base remuneration only – Total remuneration for staff specialists can vary due to other payments such as group AR_In, individual ARIns, s245s, managerial allowances, varying private practice schemes as per entitlements under the Medical Practitioner Enterprise Agreement.](#)

[Daily rate is calculated based on a 40-hr week.](#)

Approved for circulation to the Select Committee on Estimates

Signature:

Date:

By the Minister for Health, Rachel Stephen-Smith

OFFICIAL - SENSITIVE

QTON No. 42



**Legislative Assembly for the
Australian Capital Territory**

Select Committee on Estimates 2025–
2026

Inquiry into Appropriation Bill 2025–2026 and Appropriation (Office of the Legislative Assembly) Bill 2025–2026

Answer to question taken on notice

Asked by: Mr Shane Rattenbury MLA

Addressed to: Minister for Health

In relation to: Medical staffing and Cardiology locum and staff specialist costs

Hearing: 24 July 2025

Uncorrected Proof Transcript p 74

Transcript provided: 28 July 2025

Answer Due: 4 August 2025

MS ZAGARI took on notice the following question:

MR RATTENBURY: Just a supplementary matter. And then I want to ask about you spoke about locums filling the gap and I recognise it is a standard practice. Can you tell us the cost difference between a day of a locum versus a day of a staff specialist in this sort of cardiology area?

Ms Zagari: I will take that on notice Mr Rattenbury and there will be a variability between—

MR RATTENBURY: Of course, depending on the level.

Ms Zagari: —because, you know, if it is a VMO versus a locum versus a staff specialist, so there is actually a range of employment arrangements, but we will take that on notice and come back with that.

MR RATTENBURY: I am happy for you to sort of judge the best information.

Ms Zagari: Maybe a table. Lovely, thank you.

MS STEPHEN-SMITH MLA: The answer to the Member's question is as follows:

Locum rates may vary, depending on the skill of the individual, duration of a vacancy and hours of work. The cost difference between a staff specialist (band 5) and a specialist locum on a fixed daily rate of \$2,500 is \$28.30 per day.

Commented [JK1]: Hi Christine, how was this figure calculated?

OFFICIAL - SENSITIVE

Locum rates may vary, depending on the skill of the individual, duration of a vacancy and hours of work. The cost difference between the daily rate of a Locum and a Staff Specialist Band 5 taken as an average over 2024/25 financial year is.

<u>Staff Specialist Band 5 – Daily rate*</u>	<u>Locum – Daily Rate</u>	<u>Difference</u>
<u>\$1,387.90</u>	<u>\$2,500.00</u>	<u>\$1,112.10</u>

<u>Average daily cost - Staff Specialist Band 5 – in Cardiology department *</u>	<u>Locum – Daily Rate</u>	<u>Difference</u>
<u>\$1,365.93</u>	<u>\$2,500.00</u>	<u>\$1,134.07</u>

*Exclusive of Superannuation - daily rate is calculated based on a 40-hr week.

*Base remuneration only – Total remuneration for staff specialists can vary due to other payments such as group AR_In, individual ARIns, s245s, managerial allowances, varying private practice schemes as per entitlements under the Medical Practitioner Enterprise Agreement.

Daily rate is calculated based on a 40-hr week.

Commented [JK2]: Hi Christine,
The updated advice from CHS is that the \$1,365.93 per day figure for Cardiologist was derived by taking the total actual salary and allowances recorded in Chris 21 (in FY24/25) for all staff specialists (all levels – not just band 5), however QTON states cost difference is Locum and Staff Spec Band 5. Can this please be reviewed.

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Approved for circulation to the Select Committee on Estimates

Signature:

Date:

By the Minister for Health, Rachel Stephen-Smith

QTON No. 42



**Legislative Assembly for the
Australian Capital Territory**

Select Committee on Estimates 2025–
2026

Inquiry into Appropriation Bill 2025–2026 and Appropriation (Office of the Legislative Assembly) Bill 2025–2026

Answer to question taken on notice

Asked by: Mr Shane Rattenbury MLA

Addressed to: Minister for Health

In relation to: Medical staffing and Cardiology locum and staff specialist costs

Hearing: 24 July 2025
Uncorrected Proof Transcript p 74
Transcript provided: 28 July 2025
Answer Due: 4 August 2025

MS ZAGARI took on notice the following question:

MR RATTENBURY: Just a supplementary matter. And then I want to ask about you spoke about locums filling the gap and I recognise it is a standard practice. Can you tell us the cost difference between a say day of a locum versus a day of a staff specialist in this sort of cardiology area?

Ms Zagari: I will take that on notice Mr Rattenbury and there will be a variability between—

MR RATTENBURY: Of course, depending on the level.

Ms Zagari: —because, you know, if it is a VMO versus a locum versus a staff specialist, so there is actually a range of employment arrangements, but we will take that on notice and come back with that.

MR RATTENBURY: I am happy for you to sort of judge the best information.

Ms Zagari: Maybe a table. Lovely, thank you.

MS STEPHEN-SMITH MLA: The answer to the Member’s question is as follows:

Locum rates may vary, depending on the skill of the individual, duration of a vacancy and hours of work. The cost difference between the daily rate of a Locum and a Staff Specialist/Senior Staff Specialist taken as an average over 2024/25 financial year is.

Average daily cost - Staff Specialist/Senior Staff Specialist – in Cardiology department *	Locum – Daily Rate	Difference
\$1,365.93	\$2,500.00	\$1,134.07

*Exclusive of Superannuation - daily rate is calculated based on a 40-hr week.

Approved for circulation to the Select Committee on Estimates

Signature:

Date:

By the Minister for Health, Rachel Stephen-Smith



Inquiry into Appropriation Bill 2025–2026 and Appropriation (Office of the Legislative Assembly) Bill 2025–2026

Answer to question taken on notice

Asked by: Mr Shane Rattenbury

Addressed to: Minister for Health

In relation to: Medical staffing and Locum allowances

Hearing: 24 July 2025

Uncorrected Proof Transcript pp 74-75

Transcript provided: 28 July 2025

Answer Due: 04 August 2025

MS ZAGARI took on notice the following questions:

MR RATTENBURY: Related to that, the locums, do they tend to come from the

ACT or do they tend to come from somewhere where they have to travel in?

Ms Zagari: Often locums come from interstate, so New South Wales would not be unusual, so somebody might come from Sydney and come for a period of time, so I mean, it does depend, but often locums come from interstate.

MR RATTENBURY: And does the ACT pay their travel costs?

Ms Zagari: I will take that on notice.

MR RATTENBURY: Okay. And do we also then pay them a sort of a travelling allowance, like meals, accommodation, in addition?

Ms Zagari: So I will take them on notice, and what I will come back with is the range of payments that might be made to a locum under various arrangements, so that—or I can keep it specifically to cardiology and the arrangements that are currently in place or I can provide a broader, “These are the things that might be included in the cost of a locum.”.

MS STEPHEN-SMITH MLA: The answer to the Member’s question is as follows:

Canberra Health Services reimburses approved travel costs for locums. There is no fixed list of allowances – these are negotiated prior to commencement. Travel costs may include but are not limited to flights and accommodation.

Approved for circulation to the Select Committee on Estimates

Signature:

Date:

By the Minister for Health, Rachel Stephen-Smith



Inquiry into Appropriation Bill 2025–2026 and Appropriation (Office of the Legislative Assembly) Bill 2025–2026

Answer to question taken on notice

Asked by: Mr Shane Rattenbury MLA

Addressed to: Minister for Health

In relation to: Eligibility for a Section 245 Payment

Hearing: 24 July 2025

Uncorrected Proof Transcript pp 75–76

Transcript provided: 28 July 2025

Answer Due: 04 August 2025

MR WHITE took on notice the following questions:

MR RATTENBURY: Thank you. And in that vein, can you tell me what—I think this is the same area, but what a section 245 payment is?

Ms Zagari: Mr White, can you answer this one, please?

Mr White: So section 245 under the PSM Act is an additional payment. It is a incentive payment on top of base salary and wages.

MR RATTENBURY: And who would be entitled to a section 245 payment?

Mr White: So it is an individual incentive arrangement which is paid, typically it is paid to our clinical staff in particular, our doctors.

MR RATTENBURY: And that is the staff specialist doctors or VMOs or locums?

Mr White: Yes, that is correct. No, just to our existing staff. It is not for a contract; it is for existing staff arrangements.

MR RATTENBURY: And are there many of those?

Mr White: The section 245's, yes, I can actually answer that—

Ms Zagari: Do we take it on notice? Have you got a number?

Mr White: I actually do not have my folder. Apologies, I did not bring it.

MR RATTENBURY: No, that is okay.

Mr White: ...(indistinct)... [1.58.08] different line of questioning.

MR RATTENBURY: We can come back later if you have got it to hand.

Ms Zagari: Yes.

Mr White: Okay. Sure.

MR RATTENBURY: And while you are thinking about that, I am interested to understand what the scale of them is in terms of—

Ms Zagari: So the range—

Mr White: In terms of dollar value you are talking about.

MR RATTENBURY: Yes. Yes. Is it I have no idea whether it is \$5,000 or \$100,000 or—

Ms Stephen-Smith: I am learning something here. Does the section 245 cover ARIns? Or is that a different instrument?

MR RATTENBURY: No, I believe that is different.

Mr White: That is a different instrument.

Ms Stephen-Smith: Yes, it is a different arrangement. Yes.

Mr White: So we have the group ARIn arrangement, which is based on a classification, and then we have the section 245's, which is an individual arrangement.

Ms Stephen-Smith: Individual, okay.

Mr White: So the individual arrangement would be individual, so it is different according to the person.

MR RATTENBURY: Of course.

Mr White: So the range would be different.

MR RATTENBURY: And I am interested to understand how somebody applies for or becomes eligible for a section 245 payment as well. So if I can give you that bundle of questions or—I do not if you can answer that straight up or?

Mr White: I will come back to that.

MS STEPHEN-SMITH MLA: The answer to the Member's question is as follows:

There are 86 Section 245 (S245) Determinations in place within Canberra Health Services (CHS) as of 30 June 2025.

The scale of S245 determinations represented as a dollar value is: \$17,793.86 - \$229,683.16

- 87 per cent of the S245's are equal to, or below \$75,000 per annum. For comparison, this figure is the upper limit of most Group ARIns that are available to eligible craft groups.

All public servants employed by the ACT Government can be eligible for a payment under S245 of the *Public Sector Management Act 1994* (PSM Act) subject to the head of service deeming the payment appropriate. Payments under a S245 Determination may be subject to a condition in relation to the use of the additional payment and must be made from money appropriated by the Legislative Assembly.

Approved for circulation to the Select Committee on Estimates

Signature:

Date:

By the Minister for Health, Rachel Stephen-Smith



Inquiry into Appropriation Bill 2025–2026 and Appropriation (Office of the Legislative Assembly) Bill 2025–2026

Answer to question taken on notice

Asked by: Mr Thomas Emerson MLA

Addressed to: Minister for Health

In relation to: Attraction and Retention Incentives (ARINs)

Hearing: 24 July 2025

Uncorrected Proof Transcript p 77

Transcript provided: 28 July 2025

Answer Due: 04 August 2025

MR WHITE took on notice the following questions:

MR EMERSON: Do you have on hand how many non-executives are currently on ARINs?

Mr White: I do have that in a folder. I will come back to that today.

MR EMERSON: Okay, thank you. And maybe while you are at it, how many might be on double ARINs and whether that number has gone up or down over the last—that might be harder. Over the last five years, yes.

Mr White: Sorry, double ARIn?

Ms Stephen-Smith: What is a double ARIn? Yes.

MR EMERSON: The additional that they are receiving, the incentives. Is that arrangement no longer in place?

Mr White: You are saying a group ARIn and an individual ARIn?

MR EMERSON: An individual, yes.

Mr White: I will take that one on notice.

MS STEPHEN-SMITH MLA: The answer to the Member's question is as follows:

As of 25 July 2025	Total
Total non-executives receiving a ARIn	338
Total non-executives receiving a ARIn and S245	8

Canberra Health Services is unable to provide a comparison over the last five years as this is a manual process and would be administratively burdensome as well as an unreasonable diversion of resources.

Approved for circulation to the Select Committee on Estimates

Signature:

Date:

By the Minister for Health, Rachel Stephen-Smith



Inquiry into Appropriation Bill 2025–2026 and Appropriation (Office of the Legislative Assembly) Bill 2025–2026

Answer to question taken on notice

Asked by: Ms Leanne Castley MLA

Addressed to: Minister for Health

In relation to: Employee Expenses

Hearing: 24 July 2025

Uncorrected Proof Transcript pp 89-90

Transcript provided: 28 July 2025

Answer Due: 04 August 2025

MS HUGHES took on notice the following question:

MS CASTLEY: Okay. So can we go back to finances now? The expenditure on employee expenses for each of the forward estimate years?

Ms Hughes: Yes. That is on page 92 of the budget statement B. And it is for 25-26, \$1.621 billion, 26-27 \$1.585, 27-28 \$1.626 and 28-29 \$1.663.

MS CASTLEY: So how much of the change in employee expenses is driven by the number of employees? And could you also separately tell us how much of the change is due to change in wage levels?

Ms Hughes: We could probably bring back the percentages around those for you.

Ms Stephen-Smith: Yes. We will take that question on notice.

MS STEPHEN-SMITH MLA: The answer to the Member's question is as follows:

Table 1

	2024-2025		2023-2024	
	Salary, Wages & Superannuation*	Paid FTE (Pay 26)	Salary, Wages & Superannuation*	Paid FTE (Pay 26)
Nursing	\$679,460,782	4,895	\$552,178,594	4,371
Medical	\$351,208,055	1,252	\$321,910,153	1,155
Admin/Clerical	\$182,066,925	1,393	\$171,467,057	1,452
Health Professional	\$194,605,905	1,367	\$162,177,817	1,295
Support Services	\$74,359,700	740	\$64,310,470	664
Technical & Infrastructure	\$34,009,657	300	\$30,377,044	289
Total	\$1,515,711,024	9,947	\$1,302,421,135	9,227

Table 2

	2024-2025		2023-2024	
	Salary, Wages & Superannuation (Average per FTE)	Paid FTE (Pay 26)	Salary, Wages & Superannuation (Average per FTE)	Paid FTE (Pay 26)
Nursing	\$138,806	4,895	\$126,334	4,371
Medical	\$280,506	1,252	\$278,710	1,155
Admin/Clerical	\$130,747	1,393	\$118,077	1,452
Health Professional	\$142,346	1,367	\$125,196	1,295
Support Services	\$100,435	740	\$96,837	664
Technical & Infrastructure	\$113,301	300	\$104,940	289
Total		9,947		9,227

In Table 1 the increase in total salary, wages and superannuation between pay 26 in 2024-25 and 2023-24 was \$213,289,889. The amount due to average salary increases was \$102,006,699 or 48 per cent of the total increase. The amount due to increases in FTEs was \$111,283,190 or 52 per cent of the total increase.

This has been calculated by multiplying 2023-24 FTEs by the 2024-25 average salary and comparing to the 2024-25 total salary, wages and superannuation for each respective FTE classification.

***NOTE:**

- *The information has been extracted from raw HR data and should not be used as a reference point for the published financial statements, as those statements include additional employee-related expenses.*
- *Please note that the 2024–25 financial data is yet to be finalised and cleared by the Audit Office as part of the whole-of-government financial statement process. This information is provided solely to address the specific Question on Notice.*
- *Each classification includes a broad range of sub-classifications and does not represent any specific employment arrangements.*

Approved for circulation to the Select Committee on Estimates

Signature:

Date:

By the Minister for Health, Rachel Stephen-Smith



Inquiry into Appropriation Bill 2025–2026 and Appropriation (Office of the Legislative Assembly) Bill 2025–2026

Answer to question taken on notice

Asked by: Ms Jo Clay

Addressed to: Ms Katie McKenzie

In relation to: Total Midwives Employed at Canberra Health Services

Hearing: 24 July 2025

Uncorrected Proof Transcript pp 95-96

Transcript provided: 28 July 2025

Answer Due: 4 August 2025

MS MCKENZIE took on notice the following question:

MS CLAY: Great. It sounds like some great steps. So can I just check how many midwives do we have practicing now? We do not— it sounds like we do not have any new positions funded in this year's budget. So we are doing all the business-as-usual recruitment. But there is no, I guess, no money— if you have got twice as many putting up their hands for job, you would not be able to hire them would you, because there is no funding in there for that?

Ms McKenzie: I think if we had twice as many putting up their hand we would be celebrating.

Ms Stephen-Smith: We would probably be finding the money.

Ms McKenzie: We would be finding the money, I feel confident. Although it is not for me to say, minister. But I do feel that we would be doing that. So just to reiterate, we have— we are intending to offer every graduating midwife a permanent position at Canberra Health Services. We are having to supplement some of our workforce at the moment with agency. And we continue to run standard recruitment processes locally, nationally and internationally.

MS CLAY: Sure. And how many midwives do we have now in public employment?

Ms McKenzie: That figure I would have to take as a question on notice.

MS CLAY: That would be great. Thank you.

Ms McKenzie: Yes.

MS CLAY: And all of these positions, do they also practice in continuity of fair midwifery or are they practicing in other types of midwifery?

Ms McKenzie: No, they practice in the multitude of models that we offer for women and birthing people.

MS CLAY: Are you able to tell me how many midwives we have now employed practicing in continuity of care?

Ms McKenzie: I can take that as a question on notice as well.

MS STEPHEN-SMITH MLA: The answer to the Member's question is as follows:

As of 18 July 2025, there are 330 Midwives employed across Canberra Health Services (CHS). This includes 201 at Canberra Hospital and 129 at North Canberra Hospital. Of those, there are 34 Continuity of Care Midwives. This includes 18 at Canberra Hospital and 16 at North Canberra Hospital.

Approved for circulation to the Select Committee on Estimates

Signature:

Date:

By the Minister for Health, Rachel Stephen-Smith

From: [CHS DLO](#)
To: [Kratzel, Jenna](#)
Subject: RE: QTON 48
Date: Friday, 1 August 2025 6:46:00 PM

Hi Jenna
Comment replied to in the word version – Back in your folder now.
PDF remains unchanged as no wording was altered.
Thank you
Christine

From: Kratzel, Jenna
Sent: Friday, 1 August 2025 12:52 PM
To: CHS DLO
Subject: QTON 48

Hi Christine,

I have made a comment in the word version of QTON 48 for addressing please – it is back in your DLO folder.

Jenna

Jenna Kratzel

A/g Senior Adviser

Office of Minister Rachel Stephen-Smith MLA

ACT Government

Email: Jenna.Kratzel@act.gov.au

M: [REDACTED]

ACT Legislative Assembly, 196 London Circuit, Canberra, ACT 2600



Inquiry into Appropriation Bill 2025–2026 and Appropriation (Office of the Legislative Assembly) Bill 2025–2026

Answer to question taken on notice

Asked by: Ms Leanne Castley MLA

Addressed to: Minister for Health

In relation to: Cost of Midwives

Hearing: 24 July 2025

Uncorrected Proof Transcript p 98

Transcript provided: 28 July 2025

Answer Due: 04 August 2025

MS ZAGARI took on notice the following question:

MS CASTLEY: And do you have those figures of what the cost—the difference is, an agency nurse—midwife costs so much a year?

Ms Zagari: We can provide it for you, but again it is a variable thing depending on the agency and the—because we employ our agency staff on long-term contracts, it does depend on the individual and the agency that they are employed through, but we can give you an average kind of cost.

MS CASTLEY: Yes, there must be—you must have some dearer if you want—

Ms Zagari: Correct.

MS CASTLEY: Yes.

Ms Zagari: Yes.

MS CASTLEY: Thanks.

MS STEPHEN-SMITH MLA: The answer to the Member's question is as follows:

- Average cost of an agency Midwife over 12 months,
 - RM1: \$158,000 - \$292,000
 - RM2: \$214,000 - \$296,000

**Annualised rates are based on base hourly rates in ProACT as of 29 July 2025 and exclude Penalties and Overtime.*

**Hourly rates can vary significantly depending on the supplier, as such the cost range for agency staff has a significantly higher range than Salaried staff.*

**Canberra Health Services only utilise agency Midwives across the RM1 – RM2 classifications*

- Average cost of salaried Midwife over 12 months,
 - Undergraduate Student of Midwifery: \$67,567
 - RM1: \$81,181-106,712
 - RM2: \$110,733-117,053
 - RM3: \$126,196- \$141,990
 - RM4: \$141,990- \$161,380
 - RM5: \$141,990- \$211,259

**Salary only, taking values from EBA as of 5 June 2025.*

**Excluding allowances, penalties or overhead costs*

Approved for circulation to the Select Committee on Estimates

Signature:

Date:

By the Minister for Health, Rachel Stephen-Smith

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QTON No. 48



**Legislative Assembly for the
Australian Capital Territory**

Select Committee on Estimates 2025–
2026

Inquiry into Appropriation Bill 2025–2026 and Appropriation (Office of the Legislative Assembly) Bill 2025–2026

Answer to question taken on notice

Asked by: Ms Leanne Castley MLA

Addressed to: Minister for Health

In relation to: Cost of Midwives

Hearing: 24 July 2025

Uncorrected Proof Transcript p 98

Transcript provided: 28 July 2025

Answer Due: 04 August 2025

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MS CASTLEY: And do you have those figures of what the cost—the difference is, an agency nurse—midwife costs so much a year?

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MS CASTLEY: Yes, there must be—you must have some dearer if you want—

Ms Zagari: Correct.

MS CASTLEY: Yes.

Ms Zagari: Yes.

MS CASTLEY: Thanks.

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 - RM1: \$158,000 - \$292,000
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**Annualised rates are based on base hourly rates in ProACT as of 29 July 2025 and exclude Penalties and Overtime.*

Commented [JK1]: If base hourly rate is calculated from ProAct does this mean the average does not include NCH agency midwives?

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**Hourly rates can vary significantly depending on the supplier, as such the cost range for agency staff has a significantly higher range than Salaried staff.*

**Canberra Health Services only utilise agency Midwives across the RM1 – RM2 classifications*

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**Salary only, taking values from EBA as of 5 June 2025.*

**Excluding allowances, penalties or overhead costs*

Approved for circulation to the Select Committee on Estimates

Signature:

Date:

By the Minister for Health, Rachel Stephen-Smith

From: [Kratzel, Jenna](#)
To: [CHS DLO](#)
Subject: RE: Due 4 August - CHS QTON 49 (SF25/228) - Access to Continuity of Care
Date: Tuesday, 29 July 2025 10:46:46 AM
Attachments: [image001.png](#)
[image002.png](#)

Thanks Christine,

I have reviewed and have made a note for consideration – the pack is back in your DLO folder.

Jenna

From: CHS DLO
Sent: Monday, 28 July 2025 4:56 PM
To: Kratzel, Jenna
Subject: Due 4 August - CHS QTON 49 (SF25/228) - Access to Continuity of Care
Importance: High

OFFICIAL

Hi Jenna

QTON 49 from Estimates – Access to Continuity of Care is ready for review and progression to the Minister - [I:\Stephen-Smith\1 DLO\01. RSS - digital signing\00. Jenna docs for review\20250804 - QTON 49 - Access to Continuity of Care \(SF25-228\)](#)

Due to the Committee 4 August 2025.

Thank you

Christine

Christine Whittall | Directorate Liaison Officer

Phone: MS Teams | Email: CHSDLO@act.gov.au

Office of the Chief Executive Officer | Canberra Health Services | ACT Government

ACT Legislative Assembly | canberrahealthservices.act.gov.au



‘Creating exceptional health care together.’

Canberra Health Services acknowledges the Ngunnawal people as traditional custodians of the ACT and recognises any other people or families with connection to the lands of the ACT and region.

We acknowledge and respect their continuing culture and contribution to the life of this region.





Inquiry into Appropriation Bill 2025–2026 and Appropriation (Office of the Legislative Assembly) Bill 2025–2026

Answer to question taken on notice

Asked by: Ms Caitlin Tough

Addressed to: Minister for Health

In relation to: Midwifery continuity of care and Access by patients in the FMU

Hearing: 24 July 2025

Uncorrected Proof Transcript p 9

Transcript provided: 28 July 2025

Answer Due: 4 August 2025

MS MCKENZIE took on notice the following question:

MS TOUGH: Yes, sorry. This might be something to take on notice it might be too specific. But with the continuity midwife program, are pregnant women and other pregnant people who are getting other treatments through the Canberra Hospital, say they are through the FMU or a different model of treatment service able to access the continuity in the advice as well, or is it a different model for their care?

Ms McKenzie: So FMU is a different model. continuity is able to support women of all risks and all—sorry, women and birthing people of all risks and all needs. So having a higher acuity does not necessarily exclude you from a continuity program.

MS TOUGH: Yes. So someone in FMU would access the continuity?

Ms McKenzie: I am going to have to take that as a specific question on notice.

MS TOUGH: Yes, sorry. I knew it was going to be a bit specific, just—yes.

Ms McKenzie: I would like, yes, question on notice.

MS TOUGH: Yes. Thank you.

MS STEPHEN-SMITH MLA: The answer to the Member's question is as follows:

FMU has been renamed to Maternal Fetal Medicine (MFM) and is a model of care for high-risk pregnancies that meet specific criteria. MFM aim to provide continuity of midwifery care within the midwives in the MFM team, and medical continuity where possible with the same medical practitioners.

No, Women and birthing people are unable to be engaged with the Continuity of Care Program as well as MFM.

Approved for circulation to the Select Committee on Estimates

Signature:

Date:

By the Minister for Health, Rachel Stephen-Smith

From: [CHS DLO](#)
To: [Kratzel, Jenna](#)
Subject: RE: QTON 52 - Operations Centre (SF25/227)
Date: Friday, 8 August 2025 12:33:00 PM
Importance: High

Hi Jenna
CHS have updated QTON 52 – Operations Centre, and I have placed back in your folder [here](#).
For review and progression to the Minister.
It is overdue to the Committee, and was due 4 August 2025.
Thank you
Christine

From: Kratzel, Jenna
Sent: Friday, 1 August 2025 1:23 PM
To: CHS DLO
Subject: QTON 52

Hi Christine,
I have made a few comments in the QTON 52, word document to be addressed.
It is back in your DLO folder.

Jenna

Jenna Kratzel

A/g Senior Adviser

Office of Minister Rachel Stephen-Smith MLA

ACT Government

Email: Jenna.Kratzel@act.gov.au

M: [REDACTED]

ACT Legislative Assembly, 196 London Circuit, Canberra, ACT 2600

QTON No. 52

**Legislative Assembly** for the
Australian Capital TerritorySelect Committee on Estimates 2025–
2026

Inquiry into Appropriation Bill 2025–2026 and Appropriation (Office of the Legislative Assembly) Bill 2025–2026

Answer to question taken on notice

Asked by: Ms Leanne Castley MLA

Addressed to: Minister for Health

In relation to: Integrated Operations Centre and Costs and contract management

Hearing: 24 July 2025

Uncorrected Proof Transcript pp 122-124

Transcript provided: 28 July 2025

Answer Due: 04 August 2025

MS ZAGARI took on notice the following questions:

MS CASTLEY: Great. Thank you.

I would like to talk about the Operation Centre. Now the contract was valued at \$580,000, I believe. Is that correct? Finished in the middle of March this year. I am wondering has there been any review or analysis of its performance so far and whether it met the identified KPIs?

Ms Stephen-Smith: Ms Zagari.

Ms Zagari: So there has been a formal assessment against the terms of the contract.

But what there has been, is an ongoing assessment and iteration of the role of the operation centre within the hospital. So as we update and make changes to implementation policies—so the operation centre itself is— has been fully kitted out. So the screens are in, all of the technology has been installed, and the operation centre is running as intended, with some changes over time to policy in response to working with the clinical workforce. And what we have seen is significant improvements in

performance in areas that are related to the operations of the centre.

I will take on notice the question about whether the specific contract KPIs have been assessed and a report produced. And I will respond to that on notice.

MS CASTLEY: Thank you. So will there be a review in future? Do you have one planned?

Ms Stephen-Smith: Well I think, Ms Castley, the inquiry that the Assembly called on the government to do included the integrated operation centre, so yes.

MS CASTLEY: Yes. But until that, if we had not have done that, you would not have had any kind of— not inquiry, but review like—

Ms Stephen-Smith: Well I do not think—no, no. I do not think that is a fair characterisation because when we—

MS CASTLEY: Well I am just asking the question, minister.

Ms Stephen-Smith: When we debated the— sorry, it sounded like you were making an assertion.

And when we debated that, I did talk about the fact that we were going to have to undertake continued sustainability work. I talked about the \$13 million that was included in the budget for the CHS transformation program. And that looking broadly at efficiency and productivity in CHS is directly related to the work of the integrated operation centre. So that was definitely going to always be part of this conversation about how has it contributed to improved flows—

MS CASTLEY: Patient outcomes.

Ms Stephen-Smith: —through port productivity. The focus has primarily been on Canberra Hospital to date. How do we ensure that this is— continues to be a territory wide activity? And better— you know, one of the benefits of having North Canberra Hospital as part of the integrated hospital network? Is that load sharing and ensuring

that people are in the right place at the right time? So it was inevitably going to be part of that work. But now it is specifically part of the work that the Assembly has called on us to do.

MS CASTLEY: And just to confirm, so the contract to establish the centre, if I am correct, happy to be corrected, was \$580,000. What was the total cost— is that the total cost of the operation centre and does this include staffing costs? I do not imagine it does.

Ms Stephen-Smith: No, I think that contract for the consultant—

Ms Zagari: Correct.

MS CASTLEY: Right the consultant.

Ms Zagari: The initiation and embedment of it. So it was solely that piece of work.

MS CASTLEY: Sure.

Ms Zagari: And then the staffing of the ops centre itself through bringing together different areas of the organisation is separate to that.

MS CASTLEY: Yes. And screens and all of that, do we have an idea of what that cost is?

Ms Zagari: I will get that cost.

MS CASTLEY: Thank you.

Ms Stephen-Smith: We can take that on notice.

Ms Zagari: Yes.

Ms Stephen-Smith: And there was some specific funding that was identified in the 24-25 budget.

MS CASTLEY: Yes. The contract with— is it Nassato(?)... [4.24.00]? The operation centre, for implementation support. It finishes December this year. Is that—what is that for?

Ms Zagari: We would have to take that on notice, Ms Castley.

MS CASTLEY: Okay. And there is another contract with the same company that established the operation centre, it was \$314,000. It expires on 2 September. If you could provide details of what that contract covers as well?

Ms Zagari: So is that with Nassato again?

MS CASTLEY: Yes, same company.

Ms Zagari: Okay.

MS CASTLEY: Yes, that would be great. And yes, okay, you already talked about value for money. That is it for operation centre. Thank you.

MS STEPHEN-SMITH MLA: The answer to the Member's question is as follows:

- Key deliverables of the contract with Keezz are ongoing and on track, these are continually reviewed as the contractor is emerged in the business. A report has not been produced as the KPI at the conclusion of the contract will be reviewed.
- 14 existing screens were relocated to the Integrated Operations Centre (IOC). Screen purchases have been coordinated through Facilities Management in order to utilise the most efficient price through existing contracts.
 - In September 2024, 10 new screens were purchased at a cost of \$2, 380.27 each. Making a total of \$23, 802.73.
 - In October 2024, a further 14 screens were purchased at a \$1,983.60 each making a total of \$27,770.40.
 - In July 2025, 14 new screens were purchased by the IOC at \$1,623.35 each making a total of \$22, 726.90.
 - In total, the screens purchased for Canberra Hospital and North Canberra Hospital have cost \$74,300.03
- The contracts with Nasato are complete, the final contract end date was the 28 July 2025, these contracts are for the supply of expert consultancy advice in relation to the establishment of the IOC.

Approved for circulation to the Select Committee on Estimates

Signature:

Date:

By the Minister for Health, Rachel Stephen-Smith

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QTON No. 52



**Legislative Assembly for the
Australian Capital Territory**

Select Committee on Estimates 2025–
2026

Inquiry into Appropriation Bill 2025–2026 and Appropriation (Office of the Legislative Assembly) Bill 2025–2026

Answer to question taken on notice

Asked by: Ms Leanne Castley MLA

Addressed to: Minister for Health

In relation to: Integrated Operations Centre and Costs and contract management

Hearing: 24 July 2025

Uncorrected Proof Transcript pp 122-124

Transcript provided: 28 July 2025

Answer Due: 04 August 2025

MS ZAGARI took on notice the following questions:

MS CASTLEY: Great. Thank you.

I would like to talk about the Operation Centre. Now the contract was valued at \$580,000, I believe. Is that correct? Finished in the middle of March this year. I am wondering has there been any review or analysis of its performance so far and whether it met the identified KPIs?

Ms Stephen-Smith: Ms Zagari.

Ms Zagari: So there has been a formal assessment against the terms of the contract. But what there has been, is an ongoing assessment and iteration of the role of the operation centre within the hospital. So as we update and make changes to implementation policies—so the operation centre itself is—has been fully kitted out. So the screens are in, all of the technology has been installed, and the operation centre is running as intended, with some changes over time to policy in response to working with the clinical workforce. And what we have seen is significant improvements in

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performance in areas that are related to the operations of the centre.

I will take on notice the question about whether the specific contract KPIs have been assessed and a report produced. And I will respond to that on notice.

MS CASTLEY: Thank you. So will there be a review in future? Do you have one planned?

Ms Stephen-Smith: Well I think, Ms Castley, the inquiry that the Assembly called on the government to do included the integrated operation centre, so yes.

MS CASTLEY: Yes. But until that, if we had not have done that, you would not have had any kind of— not inquiry, but review like—

Ms Stephen-Smith: Well I do not think—no, no. I do not think that is a fair characterisation because when we—

MS CASTLEY: Well I am just asking the question, minister.

Ms Stephen-Smith: When we debated the— sorry, it sounded like you were making an assertion.

And when we debated that, I did talk about the fact that we were going to have to undertake continued sustainability work. I talked about the \$13 million that was included in the budget for the CHS transformation program. And that looking broadly at efficiency and productivity in CHS is directly related to the work of the integrated operation centre. So that was definitely going to always be part of this conversation about how has it contributed to improved flows—

MS CASTLEY: Patient outcomes.

Ms Stephen-Smith: —through port productivity. The focus has primarily been on Canberra Hospital to date. How do we ensure that this is— continues to be a territory wide activity? And better— you know, one of the benefits of having North Canberra Hospital as part of the integrated hospital network? Is that load sharing and ensuring

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that people are in the right place at the right time? So it was inevitably going to be part of that work. But now it is specifically part of the work that the Assembly has called on us to do.

MS CASTLEY: And just to confirm, so the contract to establish the centre, if I am correct, happy to be corrected, was \$580,000. What was the total cost— is that the total cost of the operation centre and does this include staffing costs? I do not imagine it does.

Ms Stephen-Smith: No, I think that contract for the consultant—

Ms Zagari: Correct.

MS CASTLEY: Right the consultant.

Ms Zagari: The initiation and embedment of it. So it was solely that piece of work.

MS CASTLEY: Sure.

Ms Zagari: And then the staffing of the ops centre itself through bringing together different areas of the organisation is separate to that.

MS CASTLEY: Yes. And screens and all of that, do we have an idea of what that cost is?

Ms Zagari: I will get that cost.

MS CASTLEY: Thank you.

Ms Stephen-Smith: We can take that on notice.

Ms Zagari: Yes.

Ms Stephen-Smith: And there was some specific funding that was identified in the 24-25 budget.

MS CASTLEY: Yes. The contract with— is it Nassato(?)... [4.24.00]? The operation centre, for implementation support. It finishes December this year. Is that—what is that for?

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 - In total, the screens purchased for Canberra Hospital and North Canberra Hospital have cost \$74,300.03
- The contracts with Nasato are complete, the final contract end date was the 28 July 2025, these contracts are for the supply of expert consultancy advice in relation to the establishment of the IOC.

Commented [JK1]: According to Tenders ACT contract register [Find Contracts](#), CHS entered into three contracts relating to the IOC - two with Keezz and one with Nisato. According to Tenders ACT contracts register, the contract with Nisato and one with Keezz is still current, while the other contract with Keezz expired on 14 March 2025. Can the response please be reviewed

Commented [JK2]: Tenders ACT only has one contract with Nisato listed - ending 31 December 2025. Can this statement please be reviewed or refined if the contract concluded earlier than expected

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Approved for circulation to the Select Committee on Estimates

Signature:

Date:

By the Minister for Health, Rachel Stephen-Smith

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QTON No. 52



**Legislative Assembly for the
Australian Capital Territory**

Select Committee on Estimates 2025–
2026

Inquiry into Appropriation Bill 2025–2026 and Appropriation (Office of the Legislative Assembly) Bill 2025–2026

Answer to question taken on notice

Asked by: Ms Leanne Castley MLA

Addressed to: Minister for Health

In relation to: Integrated Operations Centre and Costs and contract management

Hearing: 24 July 2025

Uncorrected Proof Transcript pp 122-124

Transcript provided: 28 July 2025

Answer Due: 04 August 2025

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Ms Zagari: And then the staffing of the ops centre itself through bringing together different areas of the organisation is separate to that.

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Ms Zagari: I will get that cost.

MS CASTLEY: Thank you.

Ms Stephen-Smith: We can take that on notice.

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Ms Zagari: We would have to take that on notice, Ms Castley.

MS CASTLEY: Okay. And there is another contract with the same company that established the operation centre, it was \$314,000. It expires on 2 September. If you could provide details of what that contract covers as well?

Ms Zagari: So is that with Nassato again?

MS CASTLEY: Yes, same company.

Ms Zagari: Okay.

MS CASTLEY: Yes, that would be great. And yes, okay, you already talked about value for money. That is it for operation centre. Thank you.

MS STEPHEN-SMITH MLA: The answer to the Member's question is as follows:

- **Key deliverables** of the contract with Keezz are ongoing and on track, an extension in the form of a new contract was issued in March 2025 due to the scope of the work that was required to implement the Integrated Operations Centre (IOC) and all of its functions. These are continually reviewed as the contractor is emersed in the business. A report has not been produced. The KPI are expected to be met at the conclusion of the contract.
- 14 existing screens were relocated to the IOC. Screen purchases have been coordinated through Facilities Management in order to utilise the most efficient price through existing contracts.
 - In September 2024, 10 new screens were purchased at a cost of \$2, 380.27 each. Making a total of \$23, 802.73.
 - In October 2024, a further 14 screens were purchased at a \$1,983.60 each making a total of \$27,770.40.
 - In July 2025, 14 new screens were purchased by the IOC at \$1,623.35 each making a total of \$22, 726.90.
 - In total, the screens purchased for Canberra Hospital and North Canberra Hospital have cost \$74,300.03
- The contract with Nisato is complete and was issued based on an agreed roster rotation of days with the business. This resulted in the cessation of the contract on 28 July 2025. The original contract was till the 31 December 2025, to allow flexibility of time committed to the IOC. In partnership with the business the work was completed ahead of schedule. These contracts are for the supply of expert consultancy advice in relation to the establishment of the IOC.

Commented [JK1]: According to Tenders ACT contract register [Find Contracts](#), CHS entered into three contracts relating to the IOC - two with Keezz and one with Nisato. According to Tenders ACT contracts register, the contract with Nisato and one with Keezz is still current, while the other contract with Keezz expired on 14 March 2025. Can the response please be reviewed

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Approved for circulation to the Select Committee on Estimates

Signature:

Date:

By the Minister for Health, Rachel Stephen-Smith



Inquiry into Appropriation Bill 2025–2026 and Appropriation (Office of the Legislative Assembly) Bill 2025–2026

Answer to question taken on notice

Asked by: Ms Leanne Castley MLA

Addressed to: Minister for Health

In relation to: CHS staffing and Breakdown of estimated employment levels

Hearing: 24 July 2025

Uncorrected Proof Transcript pp 91-92

Transcript provided: 28 July 2025

Answer Due: 04 August 2025

MS HUGHES took on notice the following questions:

MS CASTLEY: Okay. And I am just wondering, page 77 of the budget paper, notes the increase of 449 FTE staff between 24-25. The budget net estimated outcome due to extra demand for services. Can you just talk a bit about what the categories of these positions are? And if we can understand the proportion of the new roles, where they medical professionals or admin staff?

Ms Stephen-Smith: Yes. Thank you. Sorry, Rosie.

Ms Hughes: So all of the new roles in the budget are clinical staff. They are either nursing or doctors.

MS CASTLEY: Yes.

Ms Hughes: And in fact, admin staff have— are currently less than they were 12 months ago. We have had a reduction in the number admin staff. So we can give specific numbers about how staffing has moved in the last 12 months. And the budget is based on those moves.

MS CASTLEY: Thank you. And can you provide also a breakdown of by salary level with the— yes, thank you. And there was also an increase of 98 staff from 24-25, estimated outcome in the 25-26 budget. Can you supply the same breakdown for those positions and salaries as well.

Ms Hughes: Yes.

MS CASTLEY: Thank you. Great.

MS STEPHEN-SMITH MLA: The answer to the Member's question is as follows:

1) 2)

November 2024 has been used as a proxy for Budget 2024-25 due to limitations in reporting.
June 2025 has been used as it is an actual reflection of FTEs as opposed to estimated outcome.

Canberra Health Services	Average FTE of the Month		FTE Movement	Weighted Average Salary as at Budget 2024-25	Weighted Average Salary as at 24-25 Estimated Outcome	Average Increase
	November 2024 Actuals	June 2025 Actuals				
Nursing	4,482	4,891	410	\$102,999	\$106,634	\$3,635
Medical	1,180	1,255	75	\$170,201	\$175,113	\$4,911
Admin/Clerical	1,466	1,391	-76	\$101,556	\$105,116	\$3,560
Health Professional	1,352	1,367	15	\$111,989	\$115,720	\$3,731
Support Services	746	740	- 6	\$68,680	\$71,562	\$2,882
Technical & Infrastructure	293	298	6	\$86,193	\$89,720	\$3,527
Total FTEs	9,518	9,942	423			

3)

Canberra Health Services	Average FTE of the Month		FTE Movement	Weighted Average Salary as at 24-25 Estimated Outcome	Weighted Average Salary for Budget 2025-26	Average Increase
	24-25 Estimated Outcome	Revised Budget 2025-26				
Nursing	4,915	4,944	29	\$106,634	\$107,412	\$779
Medical	1,255	1,343	88	\$175,113	\$181,705	\$6,593
Admin/Clerical	1,393	1,487	95	\$105,116	\$106,523	\$1,407
Health Professional	1,367	1,426	59	\$115,720	\$117,302	\$1,582
Support Services	740	806	66	\$71,562	\$72,466	\$904
Technical & Infrastructure	298	241	-57	\$89,720	\$89,957	\$237
Total FTEs	9,968	10,248				

The revised budget figure reflects updates to CHS' FTE Budget since Budget 2025-26. The FTE budget estimate published as part of the Budget 2025-26 was calculated in May using prior year modelling and budget practices. In a move towards financially sustainably CHS has undertaken serious

investigation of its existing FTE budget from the bottom up with the total FTE budget set at 10,248. This budget better reflects an achievable and financially sustainable staffing model for 2025-26 consistent with the expected demand for health care service at CHS.

The decrease in Technical and Infrastructure classification FTEs is primarily due to the high number of casual staff engaged for backfilling and ad hoc duties. While these roles contribute to an inflated actual FTE count, the associated costs are relatively low compared to the budget. As a result, the budget has only been adjusted to reflect the actual expenditure.

***NOTE:**

- *The information has been extracted from raw HR data and should not be used as a reference point for the published financial statements, as those statements include additional employee-related expenses.*
- *Please note that the 2024–25 financial data is yet to be finalised and cleared by the Audit Office as part of the whole-of-government financial statement process. This information is provided solely to address the specific Question on Notice.*
- *Monthly average FTE figures have been used to align with the weighted average salary at the time the budget statement was prepared.*
- *Movements in average salary by classification reflect Enterprise Agreement pay increases and associated labour costs.*
- *Weighted average salary by classification considers the number of budgeted FTEs and salary levels within each classification. These figures may differ from final staffing levels at the end of each financial year.*

Approved for circulation to the Select Committee on Estimates

Signature:

Date:

By the Minister for Health, Rachel Stephen-Smith



Inquiry into Appropriation Bill 2025–2026 and Appropriation (Office of the Legislative Assembly) Bill 2025–2026

Answer to question taken on notice

Asked by: Mr Thomas Emerson MLA

Addressed to: Minister for Health

In relation to: Justice Health and Health assessments

Hearing: 24 July 2025

Uncorrected Proof Transcript pp 63-64

Transcript provided: 29 July 2025

Answer Due: 05 August 2025

MR ALOISI and **MS ZAGARI** took on notice the following question:

MR EMERSON: I have a Justice Health question. So our point 1.2 in this area indicates the proportion of detainees at the AMC with completed health assessment within 24 hours of detention, the last year was 97 per cent and at Bimberi, it was 95 per cent. Why are these figures below the targeted 100 per cent? Should not everyone just complete the full induction process?

Mr Aloisi: Bruno Aloisi, General Manager for Mental Health, Justice Health and Alcohol and Drug Services. Yes, an assessment is offered upon induction to all detainees in AMC and young person's entering Bimberi. In some cases though, we might have situations where the person might refuse or decline an assessment, that does occur on occasion. So particularly with Bimberi where you have got small case numbers, small client numbers, you then generally tend to get larger fluctuations in terms of that percentage not meeting that percentage.

Sometimes we will make an assessment, it might be in terms of consultation with our colleagues in Corrective Services or Youth Justice Services, that it is not appropriate at that time to conduct the assessment, but we will come back to that person and conduct the assessment even if it does not occur within that first period. But just because we do not complete the formal full health assessment, it does not mean that we also do not make an assessment of how they are doing, and it involves—so it

might involve active monitoring. For example, if someone was in a highly agitated or unwell state, what we do—whilst we might not be able to have a face-to-face interview at that time because it would not be appropriate and we do not want to, obviously, escalate their behaviour, what we will do is take a monitoring approach to that person and so that will dictate in terms of how we might manage that person within those facilities, again in consultation with our Corrective Services and Bimberi Youth Justice colleagues.

MR EMERSON: Would you be able to provide a notice perhaps a breakdown of the kinds of reasons which one was not undertaken in 24 hours. You know, some might be sometimes be that it happened within 48 hours, some might be what you have just described over a refusal otherwise.

Mr Aloisi: Yes, I can look into it if that would assist.

MR EMERSON: Thank you. And does that—

Ms Stephen-Smith: For Hansard, that was a, yes, we will take it on notice.

Mr Aloisi: Yes

MR EMERSON: Taking it on notice. Thank you.

Ms Zagari: And, sorry, with the same caveat around small numbers, where they are less than five, it might cause them to be identified. We could do a percentage breakdown, perhaps.

MR EMERSON: It might be a proportion. That would be great, yes, of the three per cent.

Ms Zagari: Yes.

Mr Aloisi: Yes. We could most definitely find the sort of common themes.

MS STEPHEN-SMITH MLA: The answer to the Member's question is as follows:

A general health screening assessment (inclusive of mental health) is provided to detainees and young persons upon induction to the Alexander Maconochie Centre (AMC) and Bimberi Youth Justice Centre (BYJC), respectively.

Justice Health Services reviewed all 26 cases across AMC and BYJC during 2024-25 where the health assessment was not completed within the 24-hour target timeframe. The most common reason for non-completion was due to refusal by the detainee or young person to undergo the assessment (77 per cent of cases). This refusal was often accompanied by heightened emotional states and displays of aggressive or agitated behaviour. In these cases, the health assessment was provided at a more appropriate time when the detainee or young person was more settled or more amenable to undergoing the assessment.

Approved for circulation to the Select Committee on Estimates

Signature:

Date:

By the Minister for Health, Ms Rachel Stephen-Smith

QTON No. 206

**Legislative Assembly for the
Australian Capital Territory**Select Committee on Estimates 2025–
2026

Inquiry into Appropriation Bill 2025–2026 and Appropriation (Office of the Legislative Assembly) Bill 2025–2026

Answer to question taken on notice

Asked by: Ms Fiona Carrick MLA

Addressed to: Minister for Health

In relation to: Health services and facilities and Hennessy House car parks

Hearing: 5 August 2025

Uncorrected Proof Transcript pp 6-7

Transcript provided: 8 August 2025

Answer Due: 16 August 2025

Ms Geraghty took on notice the following question:

MS CARRICK: Yes, I did. It was about the North Canberra Hospital. I understand that you have closed some car parks around Hennessy House. Is that correct?

Ms Geraghty: We will go and have a look.

MS CARRICK: It is about parking. It is about the late shift when there are no parks at Hennessy House. The nurses have to park in the CIT car park, and then they are walking through the bush at 11 o'clock at night when the shift finishes. And that is not really very appropriate, you know, with women's safety.

Ms Geraghty: So this may be a question for Canberra Health Services. We have only done some investigative work on the site to start with. We have not commenced any works at this stage. Any car parking that we would impact through construction, we would work very carefully with Canberra Health Services and the staff to make sure that they have got—you know, they are adequately communicated and work with them. We are not aware of that exact situation, but happy to come back to you—

MS CARRICK: Can you take that on notice?

Ms Geraghty: —on notice and work with CHS to make sure that we can give you a response.

MS CARRICK: Yes and ensure that the nurses doing the night shift are not working through the bush at night.

Mr Barr: Yes, well that is Canberra Health Services' responsibility. We will raise it with them for you.

MS CARRICK: Okay, thank you.

MS STEPHEN-SMITH MLA: The answer to the Member's question is as follows:

No carpark have been closed around Gawanggal (formerly Brian Hennessy House).

North Canberra Hospital has implemented a new initiative to ease parking pressures and enhance access for staff, particularly during peak periods. As part of this initiative, over 100 parking spaces have been made available at the CIT Bruce campus for hospital staff working day shifts, in addition to existing onsite parking options.

To support staff commuting between the two locations, a free courtesy shuttle service operates Monday to Friday, running on a 15-minute continuous loop from 5:30am to 5:30pm. The shuttle stops at four convenient locations across the hospital campus:

- Behind the O'Shannassy Building
- Between the Emergency Department and Keaney Building
- Under the Xavier Building portico (main entrance)
- CIT Bruce car park

This service is designed to provide a reliable and efficient transport option for staff throughout the day and free up parking spaces for patients.

Afterhours parking for staff is available in the multi-storey carpark on Mary Potter Cct, directly across the road from the hospital's main entrance.

Approved for circulation to the Select Committee on Estimates

Signature:

Date:

By the Minister for Health, Rachel Stephen-Smith