

## DECISION ON OPEN ACCESS INFORMATION – MINISTERIAL BRIEFINGS

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

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

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

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

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

I have identified 175 documents holding the information within scope of section 23(1)(i).

### **Decisions**

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

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

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

### **Ombudsman review**

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

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

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

**Further assistance**

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

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

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

5 October 2023

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

	2016–17	1 Jul 2017 to 30 Apr 2018	% change on previous FYTD (Jul 2016 to Apr 2017)	Percentage point change on previous FYTD
<b>Walk-in Centres</b>				
<i>Number of presentations to Walk-in Centres</i>	36,785	34,590	12.5%	n.a.
<b>Emergency department</b>				
<i>Number of presentations by hospital</i>				
Canberra Hospital	85,093	74,229	4.9%	n.a.
Calvary Public Hospital	58,767	50,025	1.9%	n.a.
Total	143,860	124,254	3.7%	n.a.
<i>Number of presentations by category</i>				
1—Resuscitation	642	652	18.8%	n.a.
2—Emergency	14,694	12,761	3.5%	n.a.
3—Urgent	55,380	51,810	13.6%	n.a.
4—Semi-urgent	58,524	48,604	0.0%	n.a.
5—Non-urgent	14,620	10,427	-18.0%	n.a.
Total	143,860	124,254	3.7%	n.a.
<i>Percentage of patients seen on time<sup>1</sup></i>				
1—Resuscitation	99%	100%	n.a.	0.4
2—Emergency	77%	77%	n.a.	0.3
3—Urgent	50%	37%	n.a.	-12.2
4—Semi-urgent	63%	49%	n.a.	-13.8
5—Non-urgent	92%	83%	n.a.	-8.6
Total	63%	50%	n.a.	-12.2
<i>Proportion of presentations with a length of stay of 4 hours or less<sup>2</sup></i>				
Canberra Hospital	71%	60%	n.a.	-10.7
Calvary Public Hospital	76%	71%	n.a.	-3.1
Total			n.a.	

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

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

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

*“The data reported for 1 July 2017 to 30 April 2018 is preliminary data only and is not final. There are no known issues with the data contained in this report however ACT Health will continue working to ensure that the data contained within this report is fit for purpose. Prior to the publication of any data contained within this report, written approval must be sought from ACT Health”*



	2016–17	1 Jul 2017 to 30 Apr 2018	% change on previous FYTD (Jul 2016 to Apr 2017)	Percentage point change on previous FYTD
<b>Elective surgery waiting lists</b>				
<i>Number of patients currently waiting longer than clinically recommended</i>				
Urgency 1 (see within 30 days)	8 (3%)	25 (8%)	>100%	n.a.
Urgency 2 (see within 90 days)	227 (18%)	171 (15%)	-17.4%	n.a.
Urgency 3 (see within 365 days)	200 (5%)	396 (10%)	80.8%	n.a.
Total	435 (8%)	592 (11%)	38.6%	n.a.
<i>Number of removals for surgery</i>	12,826	10,571	0.7%	n.a.
<i>Proportion of removals for surgery that were within clinically recommended timeframes</i>				
Urgency 1 (see within 30 days)	92%	92%	n.a.	0.1
Urgency 2 (see within 90 days)	81%	70%	n.a.	-12.0
Urgency 3 (see within 365 days)	88%	75%	n.a.	-12.8
Total	87%	79%	n.a.	-8.6
<b>Separations from public hospitals</b>				
<i>Number of inpatient separations</i>				
Same day	60,487	49,975	0.8%	n.a.
Overnight	54,431	46,123	2.3%	n.a.
Total	114,918	96,098	1.5%	n.a.
<b>Breast screens</b>				
<i>Number of breast screens performed</i>	17,176	15,002	7.0%	n.a.

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GBC18/408

Portfolio/s Health & Wellbeing

**ISSUE: ACCREDITATION**

**Talking points:**

- I would like to acknowledge the dedication and efforts of all staff involved in working towards achieving accreditation, and I am pleased that ACT Health has met the intent of all recommendations contained in the Not Met Core Action report.
- On 3-5 July 2018, the Australian Council on Healthcare Standards completed an Advanced Completion (AC90) assessment across various ACT Health sites including the Adult Mental Health Inpatient Unit (AHMU).
- During the AC90 assessment, site visit meetings were attended by key senior staff and clinical staff within ACT Health where presentations provided the actions, outcomes, evaluation processes and plans for sustainability for all ACHS recommendations for the 33 Not Met Core Actions.
- At the completion of the AC90 on-site survey on 5 July 2018, ACHS surveyors advised that ACT Health met the intent of all recommendations contained in the Not Met Core Action report.
- ACT Health received the final report from the ACHS on 6 August 2018 and have been awarded accreditation to the National Standards until 30 July 2021.
- Significant feedback has been provided by the surveyors on how impressed they were with the substantial improvements ACT Health has made and the extent of activity to ensure that all recommendations were addressed.
- Across all Standards and clinical areas visited, the surveyors observed and commented on the excellent leadership, collaboration and relationship building that has occurred across diverse areas within ACT Health.

Cleared as complete and accurate:	8/8/18	
Cleared by:	Executive Director	Ext: 77880
Information Officer name:	Denise Lamb	
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Lead Directorate:	Health	

- Examples of this commentary within the standards include:
- Standard 1 Governance:
  - The governance documents and supporting committee structure provided all staff with clarity of roles, responsibilities and lines of reporting.
  - The significant achievements and improvement work that has occurred at AMHU to address the ligature risk and the carefully considered cross disciplinary and divisional approach.
  - The Quality Improvement board captured in detail the excellent quality improvement work AMHU staff are undertaking and have achieved. Staff explained this board to the surveyors with great enthusiasm and pride in their achievements. The Surveyors encouraged staff to submit the improvement projects for a quality award.
- Standard 3 Preventing and Controlling Healthcare Associated Infections:
  - It was reported that ACT Health has embraced and embedded the principle and intent of Standard 3 with the significant improvements observed and reported by surveyors on Preventing and Controlling Healthcare Associated Infections
  - Excellent improvements were observed in the kitchen and linen bay at Canberra Hospital. Surveyors commented on the focus, collaboration, investment and Executive Leadership that has occurred to address the issues.
- Standard 4 Medication Safety:
  - The work undertaken to address the secure storage of medications with installation of the locked medication cupboard in theatres and implementation of Wi-Fi fridge monitoring was reported as excellent and demonstrated collaboration between a numbers of staff across divisions in the organisation. The

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Surveyors encouraged staff to submit these improvements for a quality award.

- The high standard of care observed at clinical handover and the implementation of the Electronic Medication Management System across Canberra Hospital and Health Services, with surveyors noting staff are embedding the use of the system to support handover of medications.
- Standard 5 Patient Identification and Procedure Matching:
  - Significant improvements were observed and reported by surveyors in Patient Identification and Procedure Matching including the excellent work undertaken to improve compliance with completion of the surgical safety checklist. Surveyors were impressed by the collaborative multidisciplinary approach taken across divisions to create and sustain change and encouraged staff to document and publish this improvement activity.
- Standard 6 Clinical Handover:
  - Significant achievement was observed in addressing the discharge summary report completion rates.
  - Surveyors were particularly impressed with the Medical Officer Discharge Report education program focusing on ensuring comprehensive understanding of the purpose and importance for timely discharge documentation.
  - Surveyors encouraged staff to publish and submit a quality award nomination for the handover improvements undertaken when transferring patients from the Emergency Department to the AMHU.

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Portfolio/s Health & Wellbeing

**ISSUE: ACT HEALTH GOVERNANCE**

**Talking points:**

- Standard 1: Governance for Safety and Quality in Health Service Organisation is one area in which the Australian Council on Health Care Standards (ACHS) identified as requiring improvement.
- It is important to emphasise that improving quality and safety is an ongoing process in the health system and that doesn't start or end with accreditation. There is significant work underway every day in our hospital that is focused on quality and patient safety.
- The re-accreditation process was an opportunity to identify areas of improvement to ensure we continue to deliver high quality and safe health care to the community. The improvements we are making as a result of this process will make our health services even better.
- The issues and recommendations that relate to governance were dealt with as a priority, ensuring good governance is at the centre of all our important health care reforms moving forward.
- The Directorate's Governance Framework, Clinical Governance Framework and Corporate Plan were reviewed and updated to provide staff with a clear outline of reporting and accountability.
- Another important part of this work was the review of ACT Health's committee structure, with changes made to the existing top level structure to improve governance arrangements within the organisation.
- In addition, ACT Health's new Quality Strategy sets down the guiding principles and strategic priority areas for the next two, five and ten years.
- It will act as a platform to demonstrate ACT Health's improvements in safety and quality of care.

Cleared as complete and accurate: 24/07/2018  
Cleared by: Deputy Director-General Ext: 52248  
Information Officer name: Karen Doran  
Contact Officer name: Sallyanne Pini Ext: 54689  
Lead Directorate: Health

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- A Quality Strategy Implementation Plan and Measurement Framework is currently under development and will be finalised in the second quarter of 2018.
- Once the implementation plan and measurement framework is developed, base line data will be collated to inform the specific percentages for each priority – person-centred care, safe care and effective care.
- The governance arrangements across the organisation are an ongoing focus for the Directorate as they plan to transition into two organisations.

## Key Information

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

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Portfolio/s Health & Wellbeing

**ISSUE: RADIOLOGY ACCREDITATION**

**Talking points:**

- The training program in the Radiology Department at Canberra Hospital and Health Services (CHHS) is accredited by the Royal Australian and New Zealand College of Radiologists (RANZCR).
- Although the RANZCR accreditation occurred at around the same time as the CHHS national healthcare standards accreditation, the two matters are not related in any way.
- As a result of this process, the CHHS radiology training program was downgraded from level A to level D, which warns that significant issues which seriously impact the quality of training require immediate action. Failure to meet these recommendations would put future accreditation of the radiology training program in doubt.
- Patients are not at risk. The report relates specifically to teaching and training, and not patient care.
- The final RANZCR report was provided to CHHS on 2 August 2018. The College considers the report to be privileged. CHHS has asked the College for permission to have the report tabled in the Assembly. Subject to that permission being granted, the report will be tabled as soon as possible.
- Fundamentally, RANZCR found that a breakdown in communication between two previous Directors of Training had unfortunately affected the management of trainees.
- Arrangements are already in place to meet all of the College's sixteen recommendations and a process is underway to ensure that the department meets the remaining recommendations within three months. ACT Health is currently implementing changes towards achieving Level A RANZCR accreditation.

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- A report is due and will be made to RANZCR on the hospital's progress by 25 October 2018. RANZCR and CHHS are confident that with a collaborative approach, the recommendations outlined in the report will be met and reaccreditation of the department can be achieved.
- Recent feedback from CHHS radiology registrars indicates that they are very positive about the changes made so far, and reporting greater confidence in the training program.

### Key Information

- The two newly appointed Directors of Training in radiology have moved swiftly to implement improvements in line with the RANZCR recommendations, including:
  - Integrating a formal teaching program which aligns with the curriculum. Four first year trainees have already commenced completion of all the key conditions.
  - Working with the College's 'trainee in difficulty pathway and remediation plans' for trainees who need additional assistance with their training.
  - Recording and reinvigorating the registrar training schedule.
- Additional actions that have been taken to make improvements in the Medical Imaging Department include:
  - National and local advertising for two new radiologists has been undertaken and interviews will occur within the next two weeks.
  - A departmental orientation program has been implemented with all radiologists and trainees receiving a copy of the new program.
  - All trainees are being offered two and three year contracts to align with their training schedule, and will not be required to undertake interviews.
  - Neonatal x-rays have been returned to the department for reporting and paediatric x-rays will be returned once the two new consultants have been appointed.

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- The rostering of radiologists is required to be overseen by the Clinical Director of Radiology, who provides oversight of the roster and ensures the department's clinical needs are being met. The compilation of the roster is undertaken by a non-clinician manager, which is a legitimate process that reduces clinician time on administrative tasks. Suggestions that the rostering didn't have clinical input are misleading.
- RANZCR incorrectly noted that some medical imaging equipment was out of date or not compliant with national standards. It has been confirmed that all equipment meets Medicare requirements and has full appropriate accreditation to June 2020.
- The Medical Imaging Department is also installing a new \$1 million Single Photon Emission Computerized Tomography (SPECT) camera and is currently procuring three new ultrasound units.
- The Department is performing well, with no wait lists for paediatric MRI under general anaesthetic, or for breast imaging. Waiting times for inpatient, emergency and outpatient diagnostic procedures are solid and improving, comparing favourably with peer hospitals in this respect.
- Suggestions that patient deaths can be linked to poor performance of the Medical Imaging Department at Canberra Hospital and Health Services (CHHS) are unfounded. Isolated cases of patient mortality within Canberra Hospital have been appropriately investigated under the Canberra Hospital Clinical Review committee, a quality Assurance Committee under the ACT Health Act.

### Background information:

- The assessors noted that the most significant issue was the negative environment in the department, in particular the poor working relationship between the Directors of Training, the Head of Department, the Director of Medical Imaging, and the Hospital executive. The report cited:
  - A lack of **clinical control over the department**
  - Clinical leaders having minimal involvement with the recruitment of new trainees
  - **Issues with rostering of the clinical staff**

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- Lack of rural rotation and network.

## **Recommendation Timeframes**

- The RANZCR report gives timeframes of 3, 6 and 12 months for Canberra Hospital to implement its recommendations. A three month timeframe signals a recommendation that requires immediate action, as it presents a significant risk to the training program. Seven of the 16 recommendations fall within this timeframe and Canberra Hospital is on track to meet these within the timeframe, with five already complete.
  - For example, the development and delivery of a departmental orientation program with relevant documentation for all trainees commencing at Canberra Hospital.
- A further Seven recommendations are within the six months timeframe and again the department is on track to meet these on time.
  - For example, the immediate recruitment to the two vacant consultant positions to ensure that the department has appropriate levels of resourcing to ensure safe practice for patients and trainee supervision.
- The last two recommendations are within the 12 month timeframe because they require more time for full implementation due to the complexity of the actions required.
  - For example, Canberra Hospital needs to establish a network including private and rural sites to enable trainees to rotate during their training. In response, Canberra hospital has commenced discussion with Orange base hospital as a network site.

## **Recent Accreditation of other units**

- The accreditation status of some other clinical teaching programs is outlined below:
  - In the Division of Surgery and Oral Health, several specialties were recently reaccredited by the Royal College of Surgeons (RACS), including Urology, Vascular Surgery, Orthopaedics, and General Surgery. There are no further RACS accreditations pending until 2019.
  - RACS also surveyed the Paediatric Surgery program for reaccreditation in July 2018. No feedback, formal or informal, has yet been received.
  - The Royal College of Physicians reviewed the Department of Paediatrics for Advanced Training in General Paediatrics in July 2018. Informal feedback indicates a good result and we anticipate receiving the full three year accreditation

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- The Royal Australian and New Zealand College of Obstetricians and Gynaecologists will review the training program in the Department of Obstetrics and Gynaecology in October 2018
- The Medical Oncology program will be reaccredited later in 2018.
- ACT Pathology is an Accredited Laboratory registered with the Royal College of Pathologists Australasia (RCPA), which regained accredited training status in December 2017 for a further three year period.
- BreastScreen ACT was reaccredited in December 2017. The results were positive noting the excellent quality of service, in particular a commendation on high cancer detection and recall rates.

Cleared as complete and accurate: 09/08/18  
Cleared by: Deputy Director-General Ext: 42728  
Information Officer name: Chris Bone  
Contact Officer Name: Christine Whittall Ext: 45804  
Lead Directorate: Health

GBC18/408

**Portfolio/s:** Health & Wellbeing

**ISSUE: ACT HEALTH ORGANISATIONAL UPDATE**

**Talking points:**

- The proposal to restructure ACT Health was considered over a number of months and involved a range of conversations between myself and the Minister for Mental Health.
- The ACT Health Directorate Executive Leadership Team, with the support of a dedicated Transition Office, will be overseeing the transition planning.
- The ACT Health Directorate will become two organisations from 1 October 2018. This change is an essential evolution for our growing population and expanding health system, and will bring greater clarity about the distinct roles and responsibilities of frontline staff and corporate staff.
- Staff who deliver frontline health services to the Canberra community will come under the umbrella of a dedicated health services delivery organisation.
- There will be a second organisation responsible for strategic policy and planning which will set the strategic direction for health services across the ACT.
- The creation of two health organisations will enable a clearer focus on efficiency and effectiveness for clinical operations, and free up capacity within the ACT Health Directorate to undertake core strategy and system stewardship functions.

Governance and Consultation

- Work is well underway in preparation for the formation of two organisations, which are planned to commence from 1 October 2018.
- The interim Director-General is leading the transition process, which follows from a recent review of the current organisation's form and functions. An interim structure was implemented on 16 July 2018 to establish the foundation for the next stage of the restructure which will focus on ensuring the organisations are designed in a fit for purpose and sustainable manner.

Cleared as complete and accurate: 07/08/2018  
Cleared by: Director  
Information Officer name: Catherina O'Leary  
Lead Directorate: Health

Ext: 75391

- In addition, the Head of Service is leading planning work to define the principles that will underpin the establishment of the two new organisations, and their governance relationship.
- The planning process includes developing recommendations on the relationship between the service delivery organisation and the planning and policy organisation. It is essential that this relationship supports a model providing effective governance, management and accountability. This process has involved consultation with key stakeholders to seek their views on the governance model and key relationships required to ensure effective functioning of the organisations.
- A Transition Office has been established and is undertaking regular staff and stakeholder communications and engagement activities, to ensure that we deliver a model that will work on the ground for both staff and ACT Health consumers.
- I remain committed to enabling and encouraging staff, stakeholders and the community to invest in this change process.

### Impacts for Patients/Consumers

- These proposed changes are primarily administrative in nature at this stage and are being developed with careful consideration to ensure that there will be no negative impacts on the services that we offer.
- The organisational change will be implemented from 1 October 2018, and for patients and consumers, the transition will be a seamless one. People visiting one of the three public hospitals, our popular Walk-in Centres or in any way accessing the many community based health services that we offer will not experience any disruption as a result of this announcement.

### Impacts for Staff

- I would like to reassure all ACT Health employees that staff will continue to be engaged in the development of the new structure.
- We are working to ensure that we minimise disruption for staff members as much as possible.
- Should it be determined that there could potentially be direct changes for staff, appropriate consultation with affected staff and their unions will be undertaken before any final decisions are made.
- The Interim Director-General has advised that, if required, any impacted staff will be personally advised prior to any formal release of a document for consultation.

Cleared as complete and accurate: 07/08/2018

Cleared by:

Director

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Information Officer name:

Catherina O'Leary

Lead Directorate:

Health

- Every possible opportunity will be provided to staff and unions to provide feedback on proposed changes to organisational reforms.
- Final decisions on new organisational structures will only be taken once there has been full and appropriate consultation.
- Staff are also encouraged to contact the Transition Office with suggestions, questions or concerns, and to participate in the numerous forums being offered over the coming weeks.

### Territory-wide Health Services Framework

- The clinical and service planning underway through the Territory-wide Health Services Framework will remain a key priority for government.
- Due to the proposed timing of the organisational change, it is anticipated that while work continues in refining the Specialty Service Plans and structure of Canberra Hospital and Health Services (CHHS), implementation of these Framework items will be phased in from late 2018 to take full advantage of the development of the two new organisations and the recruitment of a new leadership team.

### Director-General Position

- Mr Michael De’Ath commenced in the role of interim Director-General, ACT Health Directorate on Monday 9 April 2018, while the recruitment process for a new Director-General and Chief Executive Officer, CHHS, is underway. These positions were advertised nationally, and closed on 24 June 2018. An announcement will be made in due course.

### **Key Information**

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

Cleared as complete and accurate: 07/08/2018  
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## Background Information

- A recent freedom of information request may see the publication of reports prepared for ACT Health and Chief Ministers Directorate outlining consideration of Directorate governance structures.
- The recent Accreditation Audit highlighted governance across the Directorate as an area for improvement. ACT Health has since been successfully accredited.

Cleared as complete and accurate: 07/08/2018  
Cleared by: Director  
Information Officer name: Catherina O'Leary  
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GBC18/408

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

- On 14 February 2017, I announced that ACT Health would undertake a System-Wide Data Review (the Review), after ACT Health was unable to provide data on emergency department performance, elective surgery waiting times and mental health data for the 2017 Report on Government Services.
- The Review has now been completed and an Outcomes Report was delivered to me in the first week of April 2018.
- With the issues, key findings and recommendations identified as part of the Outcomes Report, a further round of consultation was conducted with stakeholders on the results of the Review and the development of a work program to implement the Review outcomes.
- As part of this Review, ACT Health was required to:
  1. Provide advice on the publication of data for consumers;
  2. Ensure consumers can easily understand the information published by ACT Health; and
  3. Develop options for real-time provision of information, for example live Emergency Department waiting times, and elective surgery waiting times.
- ACT Health currently provides data for over 130 performance indicators. This data is published in a number of reports, including the Commonwealth's *Report on Government Services* and 'My Hospitals', a website that provides Australians with nationally comparable data on hospitals.
- Consultation has been, and will continue to be, undertaken with the Health Care Consumers Association (HCCA) to better understand consumer requirements for information about the ACT's health services.

Cleared as complete and accurate: 23/07/2018  
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Lead Directorate: Health

TRIM Ref: GBC18/408



- Additionally, broader community consultation will be conducted to ensure that a full range of views are obtained to inform ACT Health's ongoing public reporting.
- ACT Health is continuing work with the HCCA to develop options for improving public reporting using innovative technologies moving forward.

## Background Information

- On 14 February 2017, the System-Wide Data Review was announced. The Terms of Reference for the Review were released in late March 2017, and specified six pillars of work to be completed by 31 March 2018
- Pillar Six required ACT Health to 'Provide advice on the publication of data for consumers that facilitates improved understanding of ACT Health information, performance, quality and safety, including options for real-time provision of information'.
- As part of the System-Wide Data Review, ACT Health has put the publication of its *Quarterly Performance Reports* on hold. This has been done to allow ACT Health time to review and develop new reporting processes to ensure that all data released has undergone a robust quality assurance process.

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TRIM Ref: GBC18/408

GBC18/408

**Portfolio/s:** Health & Wellbeing

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

**Talking points:**

- On 14 February 2017, I announced that ACT Health would undertake a System-Wide Data Review (the Review), after ACT Health was unable to provide data on emergency department performance, elective surgery waiting times and mental health data for the 2017 Report on Government Services.
- The Review has now been completed and an Outcomes Report was delivered to me in the first week of April 2018.
- The Review process involved a variety of stakeholders – for example:
  - consumers;
  - clinical and other health service providers;
  - non-clinical staff;
  - teaching, training and research groups;
  - national health agencies; and
  - the broader ACT Health Directorate and ACT Government.
- These discussions focused on the identification of data management and governance issues rather than how resolving these issues would take place as part of a cohesive implementation plan.
- With the issues, key findings and recommendations identified as part of the Outcomes Report, a further round of consultation was conducted with stakeholders on the results of the Review and the development of a work program to implement the Review outcomes.
- In particular, the consultation focused on the work program’s areas of priority, required resourcing and other considerations, to ensure that key stakeholder feedback and views inform a comprehensive plan for moving forward.

Cleared as complete and accurate: 23/07/2018  
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Lead Directorate: Health

TRIM Ref: GBC18/408

- The delivery of high quality health services to the Canberra community continues to be a key priority of the ACT Government. High quality data and reporting are the foundations of an informed hospital and health care system that is accountable, transparent and responsive. This is why I called for this Review to be undertaken.
- The System-Wide Data Review has enabled ACT Health to constructively learn, build capability and expertise, and address root cause and systemic issues.
- I look forward to making further comments about the Review as well as tabling the final Report, Government response and Implementation Plan in August 2018.

**Key Information**

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

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

Future work includes:

- Mental Health Services – implementing new performance indicators and reports across all services ranging from day to day operational reports to those presented in this place;
- Elective Surgery Waiting Lists – an analysis of the impact of activity based funding methodologies on the elective surgery management practices;
- University of Canberra Public Hospital – designing new performance metrics including the potential for automated costing;
- Consumer Information – developing options for improving public reporting and innovative technologies available moving forward; and
- Real-time data for Clinicians – trialling new technologies and analysis tools for clinicians to inform and improve patient outcomes.

Cleared as complete and accurate: 23/07/2018  
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GBC18/408

Portfolio/s: Health & Wellbeing

**ISSUE: BED NUMBERS AND BED OCCUPANCY**

**Talking points:**

- Bed occupancy is calculated on the availability of beds at Canberra's public hospitals (Canberra, Calvary Public and University of Canberra) to receive admissions, and in total minutes per day. The calculation fluctuates with the level of demand across the system.
- As at 21 August 2018 the total number of open beds is 1,004 which comprises of:
  - Canberra Hospital - 659;
  - UCH - 84; and
  - Calvary - 261.
- It is important to note that 95 per cent is a functionally full hospital.
- Under the Canberra Hospital Winter Management Plan 2018, which commenced on 1 July 2018, 72 additional beds have been opened across the hospital (with a further 12 flexible paediatric beds). These additional beds will be operational until 30 November 2018.
- These 72 additional beds will help to relieve the pressure across the system and assist in achieving National targets in emergency areas.
- It will also help the hospital, as the major tertiary and trauma centre for our region, to manage demand, including the increase for emergency procedures, which in recent years has been growing at a rate in the order of six per cent per annum.
- University of Canberra Hospital (UCH) commenced clinical operations on 17 July 2018 with 84 beds open, including 64 rehabilitation and 20 mental health rehabilitation beds.

Cleared as complete and accurate: 20/08/2018  
Cleared by: Deputy Director-General Ext: 42728  
Contact Officer Name: Mark Dykgraaf Ext: 45802  
Lead Directorate: Health

## Key Information

- The bed occupancy rate for Canberra Hospital and Calvary Hospital for the financial year to 30 June 2018 was 86 per cent, with Canberra Hospital at 94 per cent and Calvary at 69 per cent<sup>1</sup>, which is consistent with previous years. The 2017-18 Strategic Indicator 7 target was 90 per cent and has been since 2013-14.<sup>2</sup>
- During the 2017-18 financial year, Canberra Hospital experienced a busy winter season due to the largest influenza season since the 2009 pandemic year and successfully managed the occupancy through the Winter Beds Strategy. The 2017-18 Winter Beds Strategy enabled Canberra Hospital to deploy up to 34 additional beds in response to surges in demand. The additional beds used to meet winter demand closed on 29 November 2017.
- Bed occupancy rates for the financial years 2015-16 to 2017-18 are as follows, noting that 2017-18 data is preliminary and has not yet been fully validated.

Financial Year	Bed Occupancy		
	Canberra Hospital	Calvary Public Hospital	ACT public hospitals
2015-16	91%	75%	86%
2016-17	94%	71%	86%
2017-18 (Preliminary)	94%	69%	86%

## Background Information

- The calculation of occupancy figures does not include:
  - Same day beds, theatre, procedure rooms, hospital in the home, home birth, and community dialysis; and
  - Down-time (such as cleaning following a patient discharge).

<sup>1</sup> AIHW METeOR Definition:

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

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

<sup>2</sup> Australian Capital Territory Budget, 2017-18

Cleared as complete and accurate: 20/08/2018

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Contact Officer Name: Mark Dykgraaf Ext: 45802

Lead Directorate: Health

- Not all beds can be utilised for admission from the ED.
- ACT Government has traditionally allocated funding to opening specific beds within the ACT Budget process. ACT Health is transitioning to an Activity Based Funding (ABF) model.
- ABF incentivises hospitals to perform efficiently and maximise services provided for the available funds. ABF is patient-centred with funding tied to the treatment of patients. ABF is transparent, clear on what basis funding is provided, and increases hospital autonomy to deliver care within a clear funding and accountability framework. Furthermore, ABF will allow ACT Health to determine, and be accountable for, the overall level of funded services to meet operational requirements to be provided while requiring (and empowering) hospitals to deliver those services in the best possible way.
- The number of hospital beds in use will be controlled by public hospitals, allow them to be responsive to demand and remove the notion of ‘funded beds’. The idea of occupancy as a function of funded beds will be less relevant and future strategic indicators to measure service supply and demand will be developed.
- The maternity escalation policy includes overflow when required, firstly into the Birth Centre beds and then into the Paediatric Surgical space when there are no children using that ward. There has been no allocation of extra or new maternity beds as yet.
- Below is the breakdown of the additional 72 beds opened across the hospital under the Winter Management Plan 2018:

Division	Unit	Name of Ward	Number of beds
Critical Care	Emergency Department	Emergency Medicine Unit (EMU) beds	4
		Acute beds	8
		Flu Beds	4
	ICU		2
Medicine	7 B South	Gen Med/ Resp med	16
Rehabilitation and Community Care (RACC)	11 A	Geriatric Medicine	4
	11 C		2
	7 A		8
Surgery	10 A	General Surgery, Ear Nose and Throats (ENT)	4
	9 B	Surgical Beds	8
	5 B	Orthopaedics	2
	6 B	Cardiothoracic	4
Cancer and Community Health Services (CACH)	4 A	Oncology	4
	14 B		2
Paediatrics	Paediatric Surgical		12 (flexible)
TOTAL			72 <i>plus 12 flexible Paediatric beds</i>

Cleared as complete and accurate: 20/08/2018  
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 Lead Directorate: Health

GBC18/408

**Portfolio/s:** Health & Wellbeing**ISSUE: EMERGENCY DEPARTMENT DEMAND****Talking points:**

- Canberra Hospital and Health Services (CHHS) has a number of plans in place to manage the increased demand for services that occurs across the busy winter period.
- The number of presentations to the CHHS Emergency Department increased from 85,093 during 2016-2017 to 88,661 in 2017-2018. This represents a 4.1 per cent increase in the total number of presentations to the Emergency Department year on year. It is expected based on current projections that this winter season will be busier than 2017.
- In the 2017 winter season, CHHS opened additional beds and deployed additional staffing in a number of key areas. This same strategy has been employed to meet increased demand during the 2018 winter season.
- Daily operational disciplines are used to ensure that the hospital is operating effectively. During the winter season there are up to 650 patients being discharged per week and there is a close operational focus on managing patient movement throughout the hospital.
- The current winter plan covers the period from 1 July 2018 to 30 November 2018.
- Funding announced in the 2018-19 budget will provide a number of full time equivalent frontline staff, including additional nurses, allied health workers and doctors.
- The funding aligns with the CHHS winter bed strategy and will optimise the seamless transfer of patients to the most appropriate clinical environment.
- 72 more beds have been made available for winter this year. This is double the beds available compared to last year's winter period.

Cleared as complete and accurate: 26/07/2018  
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TRIM Ref: GBC18/408



- The Australasian College for Emergency Medicine (ACEM) released their 2018 Access Block Point Prevalence Survey on 11 July 2018, which included statistics about the ACT.
- The Access Block Point Prevalence Survey is a snapshot survey that was conducted nationwide on Monday 4 June 2018 at 10am. Following weekend activity, Monday mornings are known to be one of the busiest times in public hospitals, especially in relation to access.
- Access Block, or bed block as it is more commonly referred, is not an ACT specific issue. It is a challenge faced by all hospitals providing emergency health care services.
- Canberra Hospital takes a whole of hospital approach to access and patient flow. We are reviewing our processes in relation to the discharge stream in the ED, admission to ward in the hospital, and patient discharge from the inpatient hospital setting. This should result in further improvements in ED timeliness.

**Key Information**

- A media campaign has been developed to emphasise the use of alternative services to the Emergency Department (ED) at CHHS and will be released in advance of the flu season. The strategy has two parts:
  - Communication activities designed to educate the general public about the array of after-hours primary health care options available in the ACT.
  - A targeted social media campaign designed to educate parents and caregivers of '0-4 year olds (parents and carers) and 18-24 year olds about the role of emergency departments in the delivery of after-hours health care in the ACT and alternatives to ED services. The social media campaign will focus on addressing the factors that motivate 18-24 year olds and parents and caregivers of 0-4 year olds to present at an ED when they (or their child) have a non-urgent illness or injury after-hours.
- Parents and caregivers of 0-4 year olds will be directed to after-hours GP services, the Pregnancy, Birth and Baby telephone helpline and online service/Health Direct. Communication to this audience will focus on promoting the benefits of these services (accessibility, expertise, connections with other health services/health professionals).

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

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Lead Directorate: Health

TRIM Ref: GBC18/408

GBC18/408

**Portfolio/s:** Health & Wellbeing

**ISSUE: CLADDING - CENTENARY HOSPITAL FOR WOMEN AND CHILDREN**

**Talking points:**

- ACT Health were made aware of a fire risk posed by the type of Aluminium Composite Panel (ACP) cladding attached to the Centenary Hospital for Women and Children (CHWC) building following a desktop audit conducted in June 2017 on healthcare facilities constructed since 2008, and the subsequent assessment by independent fire safety consultants, Defire in early August 2017.
- Works to replace the identified panels were completed on 11 July 2018 with Certificate of Occupancy and Use issued on 18 July 2018.

Cleared as complete and accurate: 23/07/2018  
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Lead Directorate: Health

GBC18/408

**Portfolio/s:** Health & Wellbeing

**ISSUE: FUTURE OF BUILDING SPACES WHERE SERVICES TRANSITIONED TO UNIVERSITY OF CANBERRA HOSPITAL**

**Talking points:**

- A mix of clinical and administrative spaces become vacant in July 2018 when services relocated to University of Canberra Hospital (UCH).
- Where there is existing demand for these spaces, that demand will be accommodated.
- With regards to spaces where there is no immediate demand for occupancy, the spaces will be made safe and secured until future use is determined.

**Key Information**

- Spaces that will be vacated when services relocate to UCH include:
  - Areas at Canberra Hospital in buildings 3, 6, 15 and Gaunt Place;
  - Some areas at Brian Hennessy Rehabilitation Centre;
  - Spaces from Calvary Hospital;
  - Spaces at Belconnen, Phillip and City Community Health Centres, including clinic and therapy rooms, offices, workstations and gymnasium; and
  - Spaces at Village Creek Centre, including offices, workstations and consult rooms.

Cleared as complete and accurate: 25/07/2018  
Cleared by: Deputy Director-General Ext:42728  
Information Officer name: Chris Bone  
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Lead Directorate: Health

GBC18/408

**Portfolio/s:** Health & Wellbeing**ISSUE: ACT HEALTH INFRASTRUCTURE PLANNING****Talking points:**Expansion of the Centenary Hospital for Women and Children (CHWC)

- The 2016 election commitment stated that the CHWC Expansion works was expected to be completed in 2019, however this was prior to any feasibility, planning and early design works being undertaken.
- Very early planning indicated a completion date of 2020-21 financial year, as indicated in the 2017-18 budget announcement. More detailed feasibility and planning work was undertaken in 2017-18 to inform the 2018-19 capital budget bid, which further refined the completion date to target 2021-22.
- Planning and design for the various elements of the CHWC Expansion project is progressing. The 2018-19 Budget provided \$2.5 million in capital injection and a further \$4 million capital provision.
- Through the progression and development of design to occur in 2018-19, a detailed delivery and procurement program will be determined. Overall, the project is forecasted to be completed in financial year 2021-2022.

Surgical Procedures, Interventional Radiology and Emergency (SPIRE) Centre

- SPIRE is a significant and inter-generational investment. The Government has committed \$500 million to the new facility that will provide coordinated, specialised acute and emergency care.
- ACT Health is progressing due diligence for the SPIRE project, including health planning requirements, feasibility studies and early design work. This has included the development of preliminary demand modelling forecasts; scope options analysis and high level engineering studies.
- ACT Health has undertaken early design and planning work exploring the options for the SPIRE, including site locations, service design options and opportunities for suitable integration with the existing Canberra Hospital infrastructure and services.

Cleared as complete and accurate: 17/08/2018  
Cleared by: Executive Director Ext: 59071  
Information Officer name: Vanessa Brady  
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Lead Directorate: Health

- We are working closely with our other Directorate partners, such as Environment Planning and Sustainable Development Directorate and Transport Canberra and City Services, to explore the full benefits of integrating the health precinct at Garran with the Woden Town Master Plan and other landmark proposals in the area.
- The ACT Health Territory-wide Health Services Framework 2017-2027 seeks to improve health care delivery across the ACT through changes in service processes and clinical specifications. The outcome of this significant program of work is the development of Specialty Services Plans (SSPs). SSPs will provide the blueprint for the how our health services will evolve to meet the needs of the ACT community into the future.
- As part of the Territory-wide Health Services Framework, clinical services planning is validating the quantum of activity that our hospitals will be required to meet in the future, to ensure we future proof our health infrastructure solution.
- The recent announcement in May 2018, declared that the ACT Government and Calvary would commence negotiations around a new agreement for ongoing collaboration in the delivery of acute and palliative care services. This will further strengthen our commitment to enable a co-ordinated future investment strategy in infrastructure, which considers system-wide pressures and demands for the next 20- 30 years and directly responds to the Territory-wide Health Services Framework.
- We are working to ensure that whole of health system planning principles are considered in developing the infrastructure solution for SPIRE and the Canberra Hospital campus. Like many hospital campuses around Australia, Canberra Hospital has a number of key facilities which are aged and nearing end of life, and the opportunity SPIRE presents to address some of these should not be missed.
- Shortly, we will be seeking to engage with the community about how we are planning for the future of our health system and how we are planning to invest in the right solution to serve our community's needs. This broad community engagement will provide a new and important dimension to the consultation process for this significant infrastructure project.

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Lead Directorate: Health

- The consultation and engagement process will be undertaken in parallel with the continuation of design and planning works to ensure that the estimated delivery dates for the project are not unduly delayed.
- The next phase of this project is to commence design work, in conjunction with the development of models of care which will align with the Specialty Service Plans, being developed as part of the Territory wide Health Services Framework.
- Consistent with the 2017-18 Budget forecast, the project program estimates construction and commissioning to be complete in the 2023-24 financial year.
- The 2016 election commitment stated that SPIRE was planned to open in 2022-23. This was prior to any feasibility, planning and early design works being undertaken.
- SPIRE is a major infrastructure project and as the feasibility and early planning has developed for the SPIRE project, so has the anticipated completion timeframe.

### Key Information

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

### 2018-19 Budget

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

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 Cleared by: Executive Director Ext: 59071  
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 Lead Directorate: Health

GBC18/408

**Portfolio/s:** Health & Wellbeing

**ISSUE: UMAHA UPDATE**

**Talking points:**

- Upgrading and Maintaining ACT Health Assets (UMAHA) is a program of works valued at \$84.043 million over a period of three years which commenced in July 2016.
- UMAHA program of works is intended to minimise risks to interruption of the delivery of health services and to deliver remedial works efficiently on a planned basis. These objectives closely align with ACT Government policies around sustainable delivery of health services.
- Implementation of UMAHA scope will:
  - Minimise the risk of asset failure that would close Canberra Hospital or force decanting of patients;
  - Minimise risks to safety of patients, staff and visitors to ACT Health Assets;
  - Ensure cost effective delivery of essential remedial actions; and
  - Minimise the risk of reputational damage.
- Specific areas of focus for UMAHA program of works include the following areas:
  - Building electrical systems;
  - Building hydraulic systems;
  - Building heating ventilation and air conditioning systems;
  - Building façade;
  - Lifts;
  - Building fire protection;
  - ICT infrastructure; and
  - Building and infrastructure upgrade works.
- Projects associated with the UMAHA program will be delivered using a number of delivery models including Project Management Agreement, Construct only and Design and Construct contract forms.

Cleared as complete and accurate: 23/07/2018  
Cleared by: Deputy Director-General Ext: 52248  
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Lead Directorate: Health

TRIM Ref: GBC18/408



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

## Key Information

- The AECOM Report identified 583 issues associated with ACT Health infrastructure with risk ratings assigned to each issue in accordance with ACT Government risk rating guidelines.
- All extreme and high risks were included for action within the scope of the UMAHA appropriation.
- The extreme risk issues identified in the AECOM report are:
  - Electrical Main Switch Board (EMSB) replacements in Building 2 and Building 12;
  - Building 12 gas meter relocation;
  - Helipad structural upgrades; and
  - Building 1 windows.
- Of the four extreme risks, two were funded outside or partly outside of the UMAHA appropriation – Helipad (ACT Health Clinical Services Development) and Gas Meter (Continuity of Health Services Plan – Essential Infrastructure).
- UMAHA program of works scope includes the development of a strategic asset framework and strategic asset management plans for built assets, ICT assets, medical and non medical equipment assets.
- UMAHA program of works is a vehicle to consolidate all infrastructure activities under one organisation i.e. Health Infrastructure Services (HIS) to ensure alignment of planned/reactive maintenance, capital project delivery and strategic asset management.
- The scope of the UMAHA Business Case and expenditure of remaining funds except for the EMSB works is on track for delivery by June 2019.
- EMSB works are due to be completed in June 2019 (Building 2) and November 2019 (Building 12)

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GBC18/408

Portfolio/s Health &amp; Wellbeing

**ISSUE: UNIVERSITY OF CANBERRA HOSPITAL****Talking Points:**

- The University of Canberra Hospital (UCH), Specialist Centre for Rehabilitation, Recovery and Research, commenced outpatient services on Tuesday 10 July 2018 and accepted the first inpatient admissions on Tuesday 17 July 2018. All inpatient and outpatient services planned to transfer to UCH are now operational.
- This is a major milestone for health in the ACT and marks the culmination of almost seven years of planning, community consultation and construction work to deliver Canberra's third public hospital.
- UCH provides a range of specialised sub-acute rehabilitation and recovery services for residents of the ACT and neighbouring NSW.
- Physical and mental health rehabilitation services are co-located at the new site, served by specialist staff coming from a number of locations across Canberra.
- At full capacity the hospital will comprise 140 overnight inpatient beds made up of 20 mental health rehabilitation beds and 120 general rehabilitation beds. In addition to the inpatient beds, the hospital offers 75 day places consisting of a mix of mental health, rehabilitation and geriatric day places. Ambulatory and non-admitted rehabilitation services are also provided from this facility for adult patients.
- As of 30 July 2018, 47 rehabilitation beds and 13 adult mental health rehabilitation beds were occupied with three patients awaiting admission to rehabilitation beds.

**Key Information**

- On 6 July 2018, Operational Commissioning activities required to support the safe opening of outpatient services were formally signed off by all relevant divisions in accordance with the go live sequence.

Cleared as complete and accurate: 30/07/2018  
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- On 10 July 2018, the majority of Brindabella Rehabilitation Centre services, i.e. community based rehabilitation services, and the Adult Mental Health Day Service commenced at UCH.
- On 13 July 2018, relevant Senior Officers in ACT Health formally confirmed activities required to support the safe opening of inpatient services have been completed.
- On 17 July 2018, inpatients were transferred to UCH including 19 people from wards 12B and 11A at the Canberra Hospital, 13 people from Brian Hennessey Rehabilitation Centre (BHRC) and three people from Calvary Public Hospital. On 18 July 2018, additional patients were moved from the acute units of Canberra Hospital.
- ACT Health worked very closely with ACT Ambulance Services (ACTAS) to ensure the smooth and safe transfer of people. A variety of means were used to transfer people including ambulances, fleet cars and non-emergency patient transport.
- On 23 July 2018, Rehabilitation Medicine clinics and Hydrotherapy services commenced. The final service – the Aged Care Assessment Team (ACAT) relocated to UCH and commenced on 30 July 2018.
- Work is progressing to support an internal review of the UCH’s compliance against the Australian Commission on Safety and Quality in Health Care’s standards.

**Background information**

- UCH cost \$212 million to build. Construction included the underground and surface car parks at the hospital site. An additional \$11.2 million was required for the hospital multi-storey car park, which is adjacent the hospital site.
- \$15.69 million was allocated for operational commissioning (\$14.86 million in 2017/18; \$0.83 million in 2018/19).
- To ensure the facility is able to support the delivery of safe and appropriate health care, it is projected that \$47.89 million is required to support the opening of 84 beds.
- ACT Health is committed to re-distributing \$34.573 million resources internally to support the establishment of UCH, however there is still a significant funding shortfall of \$13.97 million. Based on Treasury Cabinet feedback ACT Health has now committed to achieve further internal savings to offset this shortfall ie the difference between the \$10.665 million and \$13.97million.

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- The majority of the increase in costs is attributable to the costs of supporting a new stand-alone facility and the mobilisation of the non-clinical support services contract with BGIS. This includes food services, distribution and patient support services, security, cleaning, materials distribution, pest control, grounds and garden maintenance, help desk and building engineering maintenance services.

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GBC18/408

**Portfolio:** Health & Wellbeing

**ISSUE: ABORTION**

**Talking points:**

- The ACT Government is committed to supporting and enabling women to make informed decisions about whether or not to terminate a pregnancy. Ensuring access to services that assist women before, during and after making their decision about termination of pregnancy, is vital.
- The ACT Government has made a commitment to review the barriers women may face when wanting to access abortion services in Canberra.
- Abortion is the subject of criminal law in all states and territories except the ACT and the Northern Territory. In the ACT, abortion is considered to be a health issue, not a criminal matter, and as such is listed in Part 6 of the ACT's *Health Act 1993* (Health Act). The ACT is progressive and does not criminalise health issues.
- Part 6 of the Health Act defines abortion as causing a woman's miscarriage by:
  - a drug;
  - using an instrument; or
  - by any other means.
- Part 6 of the Health Act currently provides that:
  - only a doctor may carry out an abortion;
  - an abortion is to be carried out in an approved medical facility;
  - the Minister may approve a medical facility or an appropriate part of a medical facility as suitable on medical grounds for carrying out abortions; and

Cleared as complete and accurate:	20/07/2018	
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- no-one is under any duty to carry out or assist in carrying out an abortion.
- It is important that the appropriate policy planning and consultation with relevant stakeholders (including care providers) is undertaken regarding any changes to access arrangements.
- For this reason, I have asked the Health Directorate for advice on the reforms that Ms Le Couteur is proposing.
- Legislation in other jurisdictions does not have as strong a focus on patient safety, and is not directly comparable.
- I am working with the Women's Centre for Health Matters to gain insight into barriers that are also present for women in the ACT (particularly those who are vulnerable) seeking a termination of pregnancy.
- To minimise one such barrier to access, in 2016 the Government introduced a patient privacy zone around the health facility at 1 Moore Street in Civic. Women who have made the difficult decision to terminate a pregnancy have the right to access the medical services they need without being forced to endure the judgement of others.
- I note the recent court ruling that silent vigil within the privacy zone is not considered a protest. I will continue to monitor the situation with a view to ensure women are not feeling harassed, threatened or judged when accessing health services.
- I welcome debate of the Health (Improving Access to Abortion) Amendment Bill which was tabled in the Assembly on 20 March 2018. While I am committed to looking at all options to remove barriers for Canberra women in accessing pregnancy termination services, these changes to regulation are potentially very significant, and must be given serious consideration – not just by Assembly members, but by clinicians.

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- While the amendments to the Health Act are technically straightforward, there are a number of complex issues that require further consideration. These include:
  - any potential impact on public health services and implications for funding community health care providers to expand their services; and
  - the need to work with key stakeholders to develop a plan to introduce the new legislative arrangements to community.

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GBC18/408

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

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

Cleared as complete and accurate: 20/08/2018  
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**ISSUE: END OF LIFE**

**Talking points:**

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

Cleared as complete and accurate:	09/08/2018	
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- However, there are some instances where palliative care is not enough to achieve satisfactory relief of suffering. Even with the best palliative care, patients sometimes ask for alternative approaches to relieve extreme suffering.
- The potential for difficult situations to arise towards the end of life was reinforced by evidence via submissions to the Select Committee.
- End of Life choices is an issue that is close to the heart of many in our community. As our city continues to grow and our community continues to age, there is need for a robust discussion on approaches for dealing with situations where palliative care is not enough to relieve extreme suffering.
- The establishment of the Select Committee on End of Life Choices in the ACT provides the ACT community with a valuable opportunity to discuss the important social policy and legal considerations relating to end of life choices in the ACT.
- End of Life choices is an important issue to many in the community. This was made evident by the number of submissions received by the Inquiry, with nearly 500 received. The Select Committee held eight public hearing sessions involving evidence from 80 witnesses.
- A report from the Select Committee to the Legislative Assembly is due by the last sitting day in 2018 (29 November 2018).

### Key Information

- On 30 November 2017, the ACT Legislative Assembly established a Select Committee to conduct an inquiry into End of Life Choices in the ACT (the Inquiry).
- The Inquiry was established following the Victorian Parliament passing the *Voluntary Assisted Dying Act 2017* (Victorian Act) on 29 November 2017, which introduced a voluntary assisted dying scheme for Victorian residents. Victoria is the first Australian state to legalise voluntary assisted dying.
- Currently, the ACT cannot legislate for voluntary assisted dying due to law making restrictions placed on the ACT Legislative Assembly by the Commonwealth Parliament.

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- The Commonwealth laws discriminate against Territory citizens by restricting the ability to introduce, through elected representatives, legislation to recognise the right to choose the manner and timing of an individual's death in certain circumstances.
- Section 122 of the Australian Constitution enables the Commonwealth Parliament to override any Territory law, which it did by enacting the *Commonwealth Euthanasia Laws Act 1997* (also known as the Andrews Bill). This legislation precludes the Legislative Assembly from passing a voluntary assisted dying scheme similar to the Victorian Act.
- For the ACT to be able to legislate in relation to an assisted dying scheme similar to Victoria's, the Commonwealth Parliament must first repeal s23(1A) of the *Australian Capital Territory (Self-Government) Act 1988* and Schedule 2 to the *Euthanasia Laws Act 1997*.
- On 9 February 2018, the ACT and the Northern Territory Chief Ministers signed a Strategic Cooperation Agreement. One area of collaborative interest involved the removal of the *Euthanasia Laws Act 1997*.
- On 27 June 2018 Liberal Democrats Senator David Leyonhjelm moved to force debate in the Australian Parliament on his private bill (Restoring Territory Rights (Assisted Suicide Legislation) Bill 2015) to restore the rights of the ACT and the NT parliaments to legislate on the issue of euthanasia; and repeal the *Euthanasia Laws Act 1997*. The motion passed 36-27 and the Senate is expected to discuss the bill in August 2018.
- In July 2018, the Chief Minister wrote to federal MPS and senators calling for their support to repeal the Euthanasia Laws Act 1997.
- On 23 August 2017, the Western Australian Parliament established a Joint Select Committee of the Legislative Assembly and Legislative Council to inquire and report on the need for laws in Western Australia to allow citizens to make informed decisions regarding their own end of life choices. A report to both houses is due by 23 August 2018.

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GBC18/408

Portfolio/s Health & Wellbeing

**ISSUE:       EPILEPSY ACT**

**Talking points:**

- ACT Health acknowledges the valuable work Epilepsy ACT provides the community and people who have been diagnosed with epilepsy.
- ACT Health staff met with Epilepsy ACT on 18 June 2018. ACT Health received a proposal from Epilepsy ACT on 3 August 2018 which it is now assessing.
- ACT Health receives a number of requests for funding every year from organisations. These requests are treated as unsolicited bids, and procurement regulations require that they are assessed against a number of criteria including:
  - A clear and measurable benefit to the residents of the ACT;
  - Strategic priority;
  - Value for money;
  - Feasibility; and
  - Capacity and capability of the organisation seeking funds.
- ACT Health is always interested in proposals which look to improve health outcomes for consumers, improve the health system, and help Canberrans to contribute to the social and economic fabric of the community.
- ACT Health has not previously funded Epilepsy ACT.
- Epilepsy ACT was funded through Disability ACT, which comes under the Community Services Directorate (CSD).

Cleared as complete and accurate:	09/8/18	
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- ACT Health already provides services for people with epilepsy in the form of diagnostic services, such as clinical assessment and investigations, using computed tomography (CT) scan, magnetic resonance imaging (MRI), electroencephalography (EEG), and advice on treatment.
- Treatment includes referral to medical and surgical specialists as appropriate. The emergency department and intensive care unit, in conjunction with the neurology department, also manage uncontrolled epileptic seizures and status epilepticus.
- ACT Health has no formal link with Epilepsy ACT but frequently refers patients to them for help in providing information and support.
- The patient feedback that has been received is that Epilepsy ACT has frequently been very helpful.
- The majority of people who have epilepsy will control it well, but a proportion have associated abnormalities such as learning difficulties, autism or behavioural disorders, all of which will need managing.

**Key Information**

- Epilepsy ACT is a not-for-profit, self-help community service organisation formed in 1982 to provide services for people with epilepsy, their families and the community.
- Epilepsy ACT provides support, reassurance, advocacy, referral and information to people with epilepsy. They promote an understanding of epilepsy, through education and increased community awareness.
- Epilepsy ACT currently provides a range of services including:
  - Personalised case management;
  - Personalised advocacy-seeking work and education adjustments;
  - Information provision;
  - Individual care planning;
  - Community building;
  - Community advocacy; and
  - Training.

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- Epilepsy ACT charges a fee for its training program and provide 25 training sessions per year.
- Epilepsy ACT has not previously advised the ACT Government of their financial difficulties.
- Epilepsy ACT was previously funded \$83,497 by Disability ACT under CSD.
- Epilepsy ACT received \$142,000 from July 2016 up until February 2018 from the Information, Linkages and Capacity (ILC) funding program of the NDIA.
- Epilepsy ACT received \$44,000 Business Package from the ACT Government in 2017 following them being unsuccessful in the first grant round of ILC in 2017.

**Background Information**

- Epilepsy ACT spoke to the media on 15 June 2018 about the fact that they will have to close their doors, unless they receive extra funding soon.
- The funding submission from Epilepsy ACT was not received by ACT Health, but was provided instead to the Chief Ministers Office and ACT Treasury.
- ACT Health first obtained the submission just prior to meeting with Epilepsy ACT on Monday 18 June 2018. This submission is not yet detailed enough to provide advice on future funding options. ACT Health staff will help Epilepsy ACT develop a funding proposal.
- Epilepsy ACT is not funded by ACT Health. EACT was previously funded by the CSD, but this has ceased with the introduction of the National Disability Insurance Scheme (NDIS). EACT was unsuccessful in getting Information, ILC Building funding through the NDIS.
- Epilepsy ACT were previously funded \$83,497 by Disability ACT for 720 hours of information referral activities per annum and 16 "epilepsy awareness" presentations per annum. However at their meeting with ACT on June 18 2018, Epilepsy ACT were unable to quantify the number of clients they provided services to or the level of service provision.
- At the meeting ACT Health representatives noted that this kind of information is important in future funding conversations. It was noted that ACT Health was seeking proposals which could provide evidence towards improvements to health outcomes for consumers, efficiency gains in the health system, or towards the ability of Canberrans to contribute to the social and economic fabric of the community. Proposals which demonstrated collaboration or innovation where also of interest.

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GBC18/408

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

- The Health Protection Service (HPS) is responsible for food safety regulation in the ACT. This includes managing the registration of food businesses, providing food safety information to food businesses, managing enforcement activities, and responding to foodborne illness outbreaks. HPS advise that the Directorate has adequate tools and resources to address and manage registered food businesses' compliance with food safety requirements.
- Despite recent media reports to the contrary, ACT Health has never implemented a scores on doors rating scheme. ACT Health relies on a range of other tools and actions to increase food business compliance rates.
- An analysis of compliance data over recent years indicates food safety breaches have declined. This can be attributed to the effective use of the 'Engage, Educate, Enforce' compliance model. Emphasis is placed on education to encourage compliance.
- Public Health Officers are responsible for inspecting registered food businesses in the ACT, including those operating at markets, declared events such as the National Multicultural Festival, and undeclared events such as Skyfire.
- In response to several complaints related to illegal waste water discharge the HPS and Environment Protection Authority (EPA) undertook a joint proactive education and compliance operation in May 2018 targeting food business. The operation focussed on kitchen maintenance, cleaning facilities and the rear of the food business, particularly around stormwater drains. Twenty five food business were inspected as part of the operation. Evidence of illegal waste water discharge were found at the rear of three food businesses.

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- At the end of June 2018, there were 3,139 registered food businesses. Risk classification of a food business is determined by their food preparation activities. Most ACT food businesses are classified as medium risk.
- ACT Health endeavours to follow-up all medium and high risk food businesses that have had a revoked prohibition order prior to their scheduled reinspection.
- There are number of issues that Public Health Officers take into account on a case by case basis when determining the timing of a follow-up inspection, including:
  - The nature of the non-compliance and other factors that may contribute to non-compliance;
  - The attitude of the proprietor, their willingness to work with ACT Health and the actions taken to address the non-compliance;
  - The willingness of the proprietor to accept responsibility and their commitment to the maintenance of a food safety culture; and
  - The level of food safety training for all staff.
- All food businesses closed by a prohibition order in 2017 and 2018 that reopened have been reinspected.
- Upon revocation of a prohibition order, businesses with further outstanding issues that do not pose a serious public health are issued an improvement notice. As such, these businesses have ongoing inspections until all items identified on the improvement notice are rectified.

**Key Information:**

- In the period 1 July 2017 to 30 June 2018, Public Health Officers:
  - Conducted 2,429 inspections of food businesses, including at Declared Events;
  - Issued 341 Improvement Notices – that is 14 per cent of inspected businesses; and
  - Issued three Prohibition Orders –0.12 per cent of inspected businesses.

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

## Background Information:

- The HPS has always undertaken food business regulation in line with national food standards, such as the Australia New Zealand Food Standards Code. Food business inspections are undertaken by professional Public Health Officers who are trained subject matter experts.
- There has been a noticeable reduction in the number of critical food safety breaches in the ACT over the past few years. This positive change has been aided by an improved working relationship between industry and regulators. It has also been assisted by continuous improvements being implemented by ACT Health with respect to published food safety information, tools for industry and inspectors, and improved internal procedures.
- In recent years, there have been several changes to the *Food Act 2001* aimed at improving food safety and regulation in the ACT. For instance in 2013, changes commenced that required registered food businesses to appoint a trained food safety supervisor. The HPS has also increased its efforts to engage with industry in a constructive and transparent way. For instance, the food business inspection manual and information on common compliance issues have been published online. Food safety resources have also been published online in the eleven languages most commonly used in food businesses (other than English).

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

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GBC18/408

**Portfolio/s:** Health & Wellbeing

**ISSUE: GAY CONVERSION THERAPY**

**Talking points:**

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

**Key Information**

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

**Background Information**

- An internal issues paper has been developed within ACT Health. The paper provides background information on the practice of gay conversion therapy, describes the evidence relating to the efficacy and potential harms of the practice, proposes options for the prohibition of the practice in the ACT, and identifies points at which decisions are required to guide further work to prohibit conversion therapies in the ACT.
- In February 2017, Victoria implemented the *Health Complaints Act 2016*, which effectively implements the National Code of Conduct for Health Care Workers (National Code) and gives their Health Complaints Commissioner powers to issue prohibition orders on health practitioners deemed to be a threat to public health. The focus of the National Code relates to action against individual practitioners, rather than the banning of an entire practice.

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

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Contact Officer name: Paul Wyles Ext: 79262  
Lead Directorate: Health

- Care must be taken to ensure religious organisations in Canberra understand that religious freedom is not under attack. Instead, the message to be communicated is that this measure is to ensure harm is not done to people in ACT through the use of CT.
- Protections for practitioners who are providing legitimate support to individuals may also be required, in the event of a complaint made against them without sufficient evidence of conversion being attempted.
- It is therefore difficult to prohibit a practice which is not advertised, nor which may or may not be intended to “convert” an individual away from same-sex attraction.
- 14 jurisdictions in the USA have recently banned CT being offered by licenced mental health practitioners to minors. However, CT in the USA can still take place amongst unregistered practitioners or within religious institutions, and there are no protections in place for adults.

Cleared as complete and accurate: 20/07/2018  
Cleared by: Executive Director Ext: 79143  
Information Officer name: Patrick Henry  
Contact Officer name: Paul Wyles Ext: 79262  
Lead Directorate: Health

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

- The ACT Government is providing \$4 million from 2017-18 for four years to develop a comprehensive approach to support healthy and active living and prioritise prevention.
- This builds on significant investment in prevention through the whole-of government Healthy Weight Initiative, which commenced in 2013.
- The strategy also builds on work to date through the health sector to address the major risk factors for chronic disease and focus on supporting all Canberrans to make healthy and active living their way of life.
- The new approach targets research and innovation with \$150,000 allocated to the University of Canberra to develop a concept for a centre of excellence in preventive health. Work has begun with the Canberra Innovation Network to develop projects that promote innovation and build a strong industry around healthy and active living in Canberra
- I am also seeking to use Canberra's status as one of the healthiest cities in Australia as a lever to promote Canberra as a destination of choice to live, work and visit for the healthy and active lifestyle it offers.
- I am determined that this will be a collaborative approach across government to work with people, communities, business and the research sector to understand local challenges and create the right environments that protect health and wellbeing. I expect to release the strategy to support this approach in coming months.
- In 2017-18, I also allocated \$100,000 for five new water refill stations to further support Canberrans with participation in recreational activities.

Cleared as complete and accurate: 25/07/2018  
Cleared by: Deputy Director-General Ext:75564  
Contact Officer Name: Helen Stokes Ext:50958  
Lead Directorate: Chief Minister, Treasury and  
Economic Development

## Key Information

- A CBR Innovation Network (CBRIN) event was held in February 2018 to bring together potential new collaborators and promote innovation. Jo Flynn, of Joga Yoga, was provided with \$8,000 for the most popular idea to support people to find time to fit in being more active. Bluearth attended a project development workshop in July 2018 to align a Health Promotion Grant project with rewarding behaviour change for young families to engage in nature based play. Other ideas from the event were improving access to information and supporting healthier workplaces. An ongoing program of events over 2018-19 will further apply CBRIN's capability to healthy and active living challenges.
- The University of Canberra has been provided \$150,000 to develop a concept proposal for a healthy and active living lab, noting Canberra, as a compact city, is attractive as a test bed for new approaches to health and wellbeing in real world settings. The ANU and CIT are on the Steering Group to ensure the project is across the education and research sector.
- Research projects progressively being completed through to January 2019 to inform development of the healthy and active living strategy include:

<b>Project</b>	<b>Supplier and \$ (excl GST)</b>
Social inclusion and resilience in the ACT and wellbeing indicators	University of NSW - \$60,000
Addressing time barriers to healthy and active living	ANU - \$49,000
Applying economic levers to promote healthy and active living and build collaboration across government	Australian Health Partnership Centre - \$90,000
Food and nutrition security in the ACT	ACT Council of Social Service - \$30,000
Understanding what healthy and active living means to Canberrans, community engagement and branding to support behaviour change and promote Canberra	OPF Consulting - \$87,000
Demonstrating how to achieve collective impact from collaboration	Collaboration for Impact - \$20,000
<b>Total</b>	<b>\$336,000</b>

Cleared as complete and accurate: 25/07/2018  
 Cleared by: Deputy Director-General Ext:75564  
 Contact Officer Name: Helen Stokes Ext:50958  
 Lead Directorate: Chief Minister, Treasury and Economic Development

**Background Information**

- Rates of overweight and obesity in the ACT are slightly below the national average, but still a major area of concern. Adults who are overweight or obese has increased from 40 per cent in 1995 to 63 per cent in 2014 and one in four children are now overweight or obese.
- The amount spent on discretionary foods and drinks in the ACT made up over half of the total food spend in 2015. Twenty three per cent of children regularly consumed sugar-sweetened drinks in 2016, whereas just over 10 per cent of adults and 7 per cent of children consumed enough vegetables.
- Fifty-nine per cent of adults in the ACT were sufficiently active in 2014-15. Only 15 per cent of primary school (2015) and 12 per cent of high school students (2014) were meeting the national physical activity guidelines. Thirty per cent of primary school and 74 per cent of high school students were exceeding screen time guidelines.
- Fewer than 10 per cent of Canberrans smoke – the lowest proportion of adult daily smokers in Australia. There are still sections of the community where smoking rates are substantially higher than one in ten, including among Aboriginal and Torres Strait Islander people, young pregnant women and those living with social and economic disadvantage.
- Sixty-four per cent of Canberrans drink alcohol at levels considered low risk – that is, no more than two alcoholic drinks on any day. However, some groups continue to drink at harmful levels. In 2016, almost 40 per cent of those aged 18 to 24 years drank at single occasion risky levels (at least monthly). Approximately 22 per cent of males aged 14 years and older drank at lifetime risky levels.
- On 10 April 2017 you hosted an an initial stakeholder forum to assist the government in refocussing its prevention efforts. Participants included public health experts, practitioners, business owners, academics, non-government organisations and peak bodies.
- On 6 November 2017 at the *Preventive Health Launch* you announced the CBR Innovation Network collaborative innovation session and funding to the University of Canberra for the living lab.
- The status of initiatives under the *Healthy Weight Initiative* will be considered as development of the *Healthy and Active Living* strategy progresses. Funding from *Healthy and Active Living* is being provided to support *It's Your Move* (aimed at high school students developing creative solutions to improving school health), *Fresh Tastes* (aimed at making healthy food and drinks a bigger part of everyday life at primary schools), *Healthier Choices* (aimed at improving availability of healthy food in retail settings) and *PE Pulse* (aimed at improving physical activity in schools).
- There is a separate QTB on the Health Promotion Grants.

Cleared as complete and accurate: 25/07/2018  
Cleared by: Deputy Director-General Ext:75564  
Contact Officer Name: Helen Stokes Ext:50958  
Lead Directorate: Chief Minister, Treasury and  
Economic Development



GBC18/408

**Portfolio/s:** Health & Wellbeing

**ISSUE: HEALTHY CANBERRA:ACT CHIEF HEALTH OFFICER'S REPORT 2018**

**Talking points:**

- The Chief Health Officer's Report (the Report) is published every two years in accordance with section 10 of the *Public Health Act 1997*. The Report provides an overview of the health and wellbeing of the ACT population to inform health policy and planning.
- *Healthy Canberra: Chief Health Officer's Report 2018* will be tabled in the ACT Legislative Assembly on 31 July 2018.
- The Report presents population health data covering the years 2014 – 2016 except where more up to date data is available. Priority population health topics are presented under four themed chapters – Healthy City, Healthy Weight, Healthy Lifestyle and Healthy People.
- The Report highlights a number of improvements in the health of Canberrans along with areas for improvement.
- Key findings outlined in the Report include:
  - the percentage of children aged 5-15 years consuming sugar-sweetened drinks in the ACT is decreasing;
  - the proportion of ACT residents aged 14 and up who drank alcohol at risky levels over a lifetime fell from 22 per cent in 2013 to 14.3 per cent in 2016;
  - the percentage of people who have never smoked is continuing to increase, with 66 per cent of ACT residents aged 14 and up reporting they had never smoked in 2016;
  - there was an increase of hospitalisations for self-harm among young people aged 10 to 24 between 2010-11 and 2015-16;

Cleared as complete and accurate:	11/07/2018	
Cleared by:	Executive Director	Ext: 52245
Information Officer name:	Emily Harper	
Contact Officer name:	Emily Harper	Ext: 52245
Lead Directorate:	Health	

- the percentage of adults classified as overweight or obese remained stable at 63.5 per cent, however more than 7 in 10 Canberrans aged 45 to 54 fall into this category; and
- there has been an increase in chlamydia and gonorrhoea rates, particularly in the 20 to 29 year age group, in line with trends being reported across Australia.

## Background information

- Section 10 of the *Public Health Act 1997* requires the Chief Health Officer to report biennially on:
  - trends and indicators in health status;
  - potential public health risks;
  - morbidity and mortality;
  - notifiable conditions;
  - health promotion activities;
  - harm minimisation activities;
  - access and equity indicators relevant to health;
  - social indicators relevant to health;
  - health services performance against minimum standards of care; and
  - intersectoral activities relevant to health.
- Data reported in *Healthy Canberra* is complemented by the *HealthStats ACT* website where population health data are regularly updated and can be accessed at any time.

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Lead Directorate:	Health	

GBC18/408

**Portfolio/s:** Health & Wellbeing**ISSUE: MY HEALTH RECORD****Talking points:**

- The My Health Record opt-out period commenced on 16 July and will cease on 15 October 2018, followed by a 30 day reconciliation period.
- Currently already nearly 6 million people have opted into a My Health Record nationally. 27% of the ACT population have already opted-in to having a My Health Record as of 22 July 2018. The ACT has the second highest opt-in rate of any jurisdiction.
- Canberra Hospital and the University of Canberra Hospital upload discharge summaries and the results of pathology and diagnostic imaging tests for all adult in-patients who have consented to their information being uploaded to the My Health Record. Calvary Hospital will commence similar uploads in the coming months.
- On 31 July 2018, the Commonwealth Health Minister (Minister Hunt) agreed to make changes to the My Health Record Act that “will ensure no record can be released to police or government agencies, for any purpose, without a court order.” Minister Hunt stated that the changes to the legislation will also include that if any Australian wished to cancel their record they will be able to do permanently delete their record from the system.
- The recent COAG Health Council meeting in Alice Springs reached a consensus agreement to extend the opt out period for a further month until 15 November 2018.
- The My Health Record system has the highest level of security and meets the strictest cyber security standards. The system has robust multi-tiered security controls to protect the system from malicious attack.

Cleared as complete and accurate: 09/08/2018  
Cleared by: Executive Director Ext: 51100  
Information Officer name: Peter O’Halloran  
Contact Officer name: Rebecca Heland Ext: 50880  
Lead Directorate: Health

- The Australian Government advise that in the 6 years of operation, there has never been a security breach of the My Health Record.

### Key Information

- The Australian Digital Health Agency will not advise of the number of people who have opted out to date, however there were widespread reports and confirmation from the Prime Minister that up to 20,000 people opted out on day 1.
- The AMA President Tony Bartone according to media reports on 1 August 2018 welcomed the decision from the meeting with Minister Hunt and also added that the Minister would consider extending the opt out period for an additional one month.
- Australians can also set additional privacy controls to their My Health Record including what information gets uploaded and who has access such as family members, carers and healthcare providers.
- Only authorised health providers can access the system through secure conformant software.
- The My Health Record consumer opt out portal is operating normally and has continued to do so throughout the opt out process.
- There was a minor connection issue with a call centre which lead to some delays for those wanting to opt out on day one, the issue was resolved that same afternoon.
- If consumers are experiencing longer call times, they can visit <https://www.myhealthrecord.gov.au/support/help-line-updates> for more information on help line wait times. Average call waiting times are approximately one minute at present.
- People and their doctors can choose not to include any of the details of sensitive conditions in summaries before putting anything in the record that would indicate they had a particular condition
- For sensitive information such as a person's HIV status, a pathology service will not upload a report to the My Health Record where existing state or territory registration prohibits disclosure of sensitive information without the expressed consent of the individual.

Cleared as complete and accurate: 09/08/2018  
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Lead Directorate: Health

GBC18/408

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

- National Partnership Agreements and Project Agreements with the Commonwealth are made under the Intergovernmental Agreement on Federal Financial Relations.
- Funding streams to the States are facilitated by the following types of agreements:
  - National Partnership Agreements which provide time limited funding for specific projects and service delivery reforms;
  - Implementation Plans which are required if there are jurisdictional differences in context or approach under the National Partnership Agreements; and
  - Project Agreements which are a simpler form of National Partnership Agreements, for low value and/or low risk projects.
- The ACT has agreements with the Commonwealth for activities including bowel cancer screening, breast screening, dental services for adults, vaccines, encouraging clinical trials and surveillance of foodborne disease and vaccine preventable diseases.
- Finalisation of the National Partnership Agreements or Project Agreements can take time as funding levels and achievable outcomes are negotiated, however the ACT has continued to provide the required services and has met agreed targets.
- Agreements have recently been signed for Public Dental Services for Adults and Expansion of the BreastScreen Australia Program. An agreement for the National Bowel Cancer Screening Program is being prepared for Cabinet consideration.
- The complexities of the range of differing funding mechanisms for public health services underscores the commitment of ACT Health to advocate for longer term national health reform.

Cleared as complete and accurate: 08/08/2018  
Cleared by: Executive Director Ext: 79143  
Information Officer name: Inez Nimpuno  
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Lead Directorate: Health

## Heads of Agreement and National Health Reform Agreement

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

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

GBC18/408

**Portfolio/s:** Health & Wellbeing

## **ISSUE: NGUNNAWAL BUSH HEALING FARM**

### **Talking points:**

- The second program for the Ngunnawal Bush Healing Farm (NBHF) has commenced, with a full complement (12) of clients who began their orientation for the NBHF on 4 June 2018. Clients have been sourced from a range of programs within the ACT and NBHF staff are working closely with key stakeholders.
- NBHF staff have provided a number of opportunities to continue to strengthen links and partnerships with organisations and with members of the Aboriginal and Torres Strait Islander community.
- This has included a number of school visits as well as service visits from government agencies and non-government organisation partners, including Gugan Gulwan Youth Aboriginal Corporation.
- Programs included are:
  - Nutritional and food preparation;
  - Horticulture and bush tucker;
  - Blacksmithing and toolmaking;
  - Physical fitness and wellbeing;
  - Music therapy;
  - Cultural walks and talks;
  - Horse therapy;
  - Relapse prevention;
  - Leadership and self-empowerment training;
  - Outdoor education; and
  - Cartoon therapy.

Cleared as complete and accurate:	09/08/2018	
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Information Officer name:	Patrick Henry	
Contact Officer name:	Oliver Kickett	Ext: 52672
Lead Directorate:	Health	

## Key information:

Program	Key points about what the Program entails/aims to do
<b>Nutritional and food preparation</b>	This program is delivered by Oz Harvest and teaches clients about healthing eating, nutrition and preventing food waste
<b>Horticulture and bush tucker</b>	This program is not being delivered on this program. The consultant is an Aboriginal man who provides information about bush tucker, bush medicines, the seasons, plants and animals.
<b>Blacksmithing and toolmaking</b>	This program is delivered by Tharwa Valley Forge in Tharwa Village. Clients are taught how to make reshape metal into tools such as fire pokers, hammers and other tools.
<b>Physical fitness and wellbeing</b>	There are two fitness providers currently on the NBHF program. Scott Williams is from Strive Fitness and provides a training program 1 day per week for men. Zoe Bickerwell is from Thriving Life and provides fitness training for the women.
<b>Music therapy</b>	Music Therapy program is delivered by Johnny Huckle, a well-known local identity, who spends two hours on one day each week discussing music issues with clients. The aim of this program is for the clients and Johnny to write the lyrics to a song and record it.
<b>Cultural walks and talks</b>	This program is delivered by Aboriginal staff at ACT Parks and Conservation. Clients visit the Namadgi National Park and learn about the Aboriginal culture and history of the park, including ceremonial sites, scar trees, grinding grooves, rock shelters, rock art; and tool and weapons.
<b>Horse therapy</b>	This program is delivered by Peakgrove Equine Assisted Therapy located on a small farm near Murrumbateman. By using horses Peakgrove provides tailored programs to meet the needs of clients: <ul style="list-style-type: none"> <li>• develop confidence and leadership skills</li> <li>• to enhance relationship skills</li> <li>• as a joyful family experience</li> <li>• to work with trauma, depression and anxiety</li> <li>• to build heart connections</li> <li>• to build stronger bodies through physical therapy</li> <li>• with special needs clients building connection</li> <li>• as professional development for therapists</li> <li>• to further horsemanship skills for horse owners</li> <li>• to build relationship with a horse leading to positive mounted experiences</li> </ul>
<b>Relapse prevention</b>	SMART is Self Management and Recovery Training and helps people with problematic behaviours. The program is delivered by staff from the Alcohol and Drug Services. Guided by trained peers, participants come together to help themselves and help themselves using a variety of cognitive behaviour therapy.

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<b>Leadership and self-empowerment training</b>	<p>This program is not being delivered on the second program. However it is likely the program will be included in the next program. It is delivered by an the Gundabooka Group, owned and operated by an Aboriginal woman, and address a range of issues:</p> <ul style="list-style-type: none"> <li>• Cultural and Community Responsibility</li> <li>• Unconscious Bias</li> <li>• Mentoring and Leadership</li> <li>• Grief and Loss</li> <li>• Identity</li> <li>• Goal Setting</li> </ul>
<b>Outdoor education</b>	<p>This program will be delivered by Outward Bound Australia, specifically for NBHF clients. What they offer is a culturally appropriate outdoor education program. The program is one day visit to the National Base in Tharwa with experience instructors using the facilities on site.</p> <p>OBA ensure Cultural Safety by providing an environment that is spiritually, socially and emotionally safe. The program provides awareness on a range of interpersonal skills:</p> <ul style="list-style-type: none"> <li>• Leadership</li> <li>• Time Management</li> <li>• Empathy</li> <li>• Self-Esteem</li> <li>• Self-Awareness</li> <li>• Compassion etc.</li> </ul>
<b>Cartoon therapy</b>	<p>This program is delivered by Andrew Hore, a cartoonist who supports the NBHF program by teaching clients how to draw cartoons and illustrations as another form of therapy.</p>

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 Lead Directorate: Health

GBC18/408

**Portfolio/s:** Health & Wellbeing**ISSUE: OPIOID TREATMENT GUIDELINES****Talking points:**

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

Cleared as complete and accurate: 13/07/2018  
Cleared by: Executive Director Ext: 51722  
Information Officer name: Conrad Barr  
Contact Officer name: Conrad Barr Ext: 51722  
Lead Directorate: Health

- ACT Health has committed to ensuring there remains an effective consultation mechanism for opioid maintenance treatment services in the ACT, and has commenced a process for reviewing ongoing arrangements for the Opioid Treatment Advisory Committee (OTAC) in discussion with key stakeholders.
- ACT Health continues to meet with key stakeholders through a revised OTAC. The most recent meeting was held 12 July 2018 at which the ongoing governance and reporting arrangements for the committee were discussed, along with operational policy matters concerning treatment of people suffering from opioid dependence in the ACT.

Cleared as complete and accurate: 13/07/2018  
Cleared by: Executive Director Ext: 51722  
Information Officer name: Conrad Barr  
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Lead Directorate: Health

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

- Treating people with respect and in a manner that protects their dignity is an important role for our health service at all stages of life.
- Palliative care is not just care provided in the final stages of life, but helps people to live well with a terminal illness. Sometimes palliative care can be of benefit for a person at their initial diagnosis of a life-limiting condition, or be useful on and off through various stages of an illness. Many people have long-term interactions with their palliative care team, seeing them during the course of their illness.
- There are many elements to palliative care, including pain and symptom management and advice and support to carers. Palliative care ensures people are kept comfortable and maintain a good quality of life.
- In the ACT, there are a number of palliative care services offered. These primary and specialist palliative care services are of high quality and deliver excellent care to the community. The services are embraced within the ACT Palliative Care Clinical Network.
- The Government spends over \$10 million each year to provide palliative care services in the ACT.
- In recent years, the Government has provided additional investment in palliative care services, with increased support of home based palliative care packages, a new paediatric palliative care service to specifically address the palliative needs of children and adolescents, as well as investment in more staff and education.
- Calvary is funded to provide the majority of specialist palliative care services in the ACT, with Clare Holland House being the largest palliative care inpatient unit in the ACT.
- The Clare Holland House inpatient unit has a capacity of 19 beds.

Cleared as complete and accurate: 20/07/2018  
Cleared by: Executive Director Ext: 79143  
Information Officer name: Patrick Henry  
Contact Officer name: Peter Matwijiw Ext: 78445  
Lead Directorate: Health

- Other palliative care service models provided from Clare Holland House include Home Based Palliative Care, specialist outpatient clinics, outreach programs to Residential Aged Care Facilities, and a specialist care and support clinic at Winnunga Nimmityjah Aboriginal and Community Health Service
- Demand for palliative care will continue to increase as our population ages, and people live longer lives. We need to respond to this so that people receive the care and dignity they deserve at the end of their life.
- As part of the Territory-wide Health Services Framework, ACT Health is developing a specialty services plan for palliative care.

**Key Information***Clare Holland House*

- Clare Holland House consists of a specialist inpatient unit, home based palliative care services and community specialist palliative care services.
- The average length of stay in 2017-18 was 11.7 days, but it can vary widely from hours to months.
- Clare Holland House staffing is 61.53 Full Time Equivalent positions or a headcount of 90 staff across all categories of employees. Staffing levels at Clare Holland House are adjusted to meet patient/staff ratios and to ensure consistently high quality, safe and compassionate care is provided to all admitted patients and their families.
- All staff at Clare Holland House receive education in all clinical aspects of palliative care, from primary care to specialist care, to enable support of other health practitioners, carers and patients.
- Clare Holland House staff also provide extensive palliative care education and training programs for primary care providers, other health facilities and Residential Aged Care Facilities staff. This extends to programs such as the Program of Experience in the Palliative Approach which provides education to enhance the capacity of health professionals to deliver a palliative care approach through their participation in either clinical placements in specialist palliative care services or interactive workshops.
- Medical specialists are on duty from Monday to Friday from 8:00am to 5:30pm, and on call after hours.

Cleared as complete and accurate: 20/07/2018  
Cleared by: Executive Director Ext: 79143  
Information Officer name: Patrick Henry  
Contact Officer name: Peter Matwijiw Ext: 78445  
Lead Directorate: Health

## *Referrals*

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

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

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

Cleared as complete and accurate: 20/07/2018  
Cleared by: Executive Director Ext: 79143  
Information Officer name: Patrick Henry  
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Lead Directorate: Health

TRIM ref: 2018/000144-019

**Portfolios:** Whole of Government

**ISSUE:** Per and Poly-fluoroalkyl Substances (PFAS) Contamination

**Talking points:**

### General points on PFAS

- Per- and poly-fluoroalkyl substances (PFAS) are man-made chemicals that have been used in industry and consumer products worldwide since the 1950s.
- They have been used in aqueous film forming foam (AFFF), for fire fighting purposes, non-stick cookware, water-repellent clothing, stain-resistant fabrics and carpets, some cosmetics, and products that resist grease, water, and oil.
- AFFF firefighting foam concentrates that were used to suppress flammable liquid fires previously contained PFAS.
- The phasing out of these concentrates by ACT Fire & Rescue (ACTF&R) commenced in September 2004. It was withdrawn as the foam concentrate stored in tanks on the ACTF&R fire trucks in April 2005.
- ACTF&R replaced its nine (9) litre portable AFFF fire extinguishers on fire fighting vehicles with fluorine-free alternatives in early 2017.

### Health and PFAS

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

Cleared as complete and accurate:	20/07/2018	
Cleared by:	Commissioner	Ext:78383
Information Officer name:	Dominic Lane	
Contact Officer name:	Mark Brown	Ext:78122
Lead Directorate:	Justice and Community Safety	

**PFAS Nationally**

- Governments in Australia work to a framework for PFAS management in accordance with the *Intergovernmental Agreement on a National Framework for Responding to PFAS Contamination* (March 2018) and the PFAS National Environment Management Plan (NEMP), adopted by all jurisdictions in February 2018.
- The NEMP defines the level of PFAS in soil and water that require further investigation.
- The NEMP also details methods for site assessments, sampling protocols and analytical determinations.
- Issues with PFAS that have been widely reported in other jurisdictions have involved direct contamination of drinking water and/or food supplies.
- Such issues are unlikely in the ACT because of the remote catchments used for town water supply and the insignificant volume of food production in the ACT.

**The ACT and PFAS**

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

Cleared as complete and accurate: 20/07/2018  
Cleared by: Commissioner Ext:78383  
Information Officer name: Dominic Lane  
Contact Officer name: Mark Brown Ext:78122  
Lead Directorate: Justice and Community  
Safety



## **Fire and Rescue/Emergency Services (UFU Concerns)**

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

## **Jervis Bay and PFAS**

- The Jervis Bay Territory (JBT) is a separate Commonwealth Territory where ACT law applies. The ACT Government is contracted by the Australian Government to supply certain services to (JBT), including education, licences, justice services, health protection and environmental water testing.
- The Department of Defence has undertaken a national program of investigation and response to PFAS contamination from Defence sites.
- One such site is the Jervis Bay Range Facility in the JBT.

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Contact Officer name:	Mark Brown	Ext:78122
Lead Directorate:	Justice and Community Safety	

- Defence is leading the response to PFAS contamination in JBT, including conducting water testing. The ACT Government is a member of Defence's Project Control Group and provides advice and support where required.
- Defence's PFAS investigation in JBT is ongoing and the ACT continues to provide support and advice where possible.
- A Defence Factsheet as well as a contact for further media enquiries is available on the [Defence website](#)).
- At the request of the Commonwealth, the ACT Government undertook tests of both drinking and recreational waters in JBT in 2016-17. The results of these tests were:
  - No detectable PFAS has been found in the potable (drinking) water supply.
  - Low levels of PFAS were found in environmental waters, and will be the subject of ongoing monitoring as part of the Defence-led investigation program.
- A number of separate PFAS investigations are also being conducted by Defence on the South Coast of NSW. NSW EPA recently issued dietary advice warnings for the Currumbene Creek area in NSW, near Jervis Bay Territory, and is engaging with local residents so they are aware of the issue and any changes in their activities which should be made to support health and safety.
- More information is available at [www.epa.nsw.gov.au](http://www.epa.nsw.gov.au)
- The ACT Government remains in contact with NSW Government counterparts and is monitoring the situation.

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

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

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- To comply with the conditions set out in the Notice of Decision the proponent has prepared an Operational Environmental Management Plan (OEMP) that has been endorsed by the EPA and a Landscape Plan endorsed by ACT Health.
- The proponent has submitted a subsequent DA with the Directorate.
- This DA seeks to include the approved OEMP into the lease to ensure the management of contamination issues is ongoing.
- This DA is still to be lodged for assessment.
- The site was sampled numerous times in 2014 and 2015 for PFAS. Lab results for the sampling concluded the contaminants were below the threshold levels for the proposed land-use of a childcare centre (compared to the US EPA screening criteria as no Australian criteria existed).
- The Territory Plan variation process includes mandatory referral of proposals to the Environment Protection Authority (EPA) for their comment, particularly in regards to potential contamination of sites.
- EPA provided advice that they were aware of environmental investigations into the contamination (associated with past activities) of the site.
- In accordance with the ACT Government's Strategic Plan Contaminated Sites Management 1995, and EPA endorsed guidelines, the variation would be supported provided the findings of the investigation demonstrate the site is suitable for the proposed uses. The assessment report must be reviewed and endorsed by the EPA prior to the Territory Plan being varied.
- Follow up comments from the EPA stated that they agreed that the site was capable of supporting a CFZ land use with potential for a child care from a contamination perspective subject to the condition that a 'site specific unexpected finds protocol' must be developed by a suitably qualified environmental consultant, implemented during development works at the site and is by the EPA prior to occupancy.
- As a result the Variation 335 commenced on 17 February 2016.

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Lead Directorate:	Justice and Community Safety	

- The former fuel storage infrastructure has been removed and validated with the site being found suitable for community use, including childcare.
- Notwithstanding this, both Health Protection and the EPA imposed additional protection measures that need to be satisfied by the builder before the building and surrounding grounds can receive a certificate of occupancy and be used – for example, the installation of permanent physical barriers to limit direct contact with shallow site soils.
- As part of the EPA conditions, the building owners have prepared an Operational Environmental Management Plan (OEMP) which was endorsed by the Environment Protection Authority on 15 March 2018.
- Prior to occupancy of the site the lease must be varied to include the approved OEMP and the EPA receive endorsement from a suitably qualified environmental consultant confirming that the mitigation measures required by the OEMP have been successfully installed, protecting any users of the site from contaminants.

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

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

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

- The former Belconnen Fire Station and Training Centre is on the Register of Contaminated Sites as it is subject to a formal environmental audit to enable its redevelopment.

### **Former West Belconnen Sewerage Treatment Plant (WBSTP) - Jarramlee nature reserve**

- Preliminary investigations associated with the subsidence at the site indicate the presence of PFAS in very low concentrations in the groundwater with nil readings in the water and sediments in the adjacent Gininderra Creek. These are preliminary results and further testing is being undertaken.

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**Canberra Airport**

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

**Key Information**

Environment Protection Authority – key points/technical detail on testing

***How are sites tested for PFAS? (ie. soil samples? Water samples?)***

Depending on the characteristics of the site, samples are taken of soil and groundwater.

Sampling methodology and procedures should be consistent with the established methods for contaminated site investigation as detailed in the ACT EPA 2017, Contaminated Sites Environment Protection Policy and PFAS NEMP 2018.

***Who does the testing?***

Suitable qualified environmental consultants collect the soil and groundwater samples. The samples are then sent to an accredited laboratory to be analysed for PFAS.

***Which sites trigger testing (ie. fuel stations, former emergency services or airport sites etc?)***

Sites identified in risk assessments may trigger further testing. Priorities for risk assessments and methods for testing for PFAS are detailed in the National Environment Management Plan (NEMP).

***How are the known sites monitored or recorded?***

The former Belconnen Fire Station is on the Register of Contaminated Sites as it is subject to a formal environmental audit to enable its redevelopment. The Register can be found on the Access Canberra website at:

[https://www.accesscanberra.act.gov.au/app/services/contaminated\\_sites#/](https://www.accesscanberra.act.gov.au/app/services/contaminated_sites#/)

***Are there any requirements for remediation or ongoing monitoring of known sites?***

Levels at the Charnwood site are below criteria for its proposed use as a childcare centre and is subject to the implementation of an Operational Environmental Management Plan and a Landscape Plan.

There will be further sampling undertaken at West Belconnen as part of the environmental audit that is being undertaken for its redevelopment.

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Lead Directorate:	Justice and Community Safety	

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

The former Belconnen Fire Station is subject to redevelopment and the assessment of any contamination and environmental audit of the site are ongoing. The EPA must endorse the environmental audit for the site to ensure it is suitable for the proposed development.

***When did PFAS testing commence in the ACT?***

The past couple of years (2016) as PFAS has only recently emerged as a contaminate of concern.

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

- Australia's first trial of a pill testing service went ahead at Groovin the Moo Canberra on 29 April 2018.
- The service was provided by the Safety Testing and Advisory Service at Festivals and Events (STA-SAFE) and was supported by the ACT Government, the festival promoters (Cattleyard Promotions) and the University of Canberra, where the festival was held.
- STA-SAFE have submitted their report on the trial, which is currently being reviewed by the ACT Government. The report indicates that potentially lethal substances were identified in two of the 85 samples submitted for testing. Following testing, a number of patrons utilised the amnesty bins to discard their pills instead of consuming them.
- The ACT Government has received a proposal from STA-SAFE to conduct a pill testing service at the Spilt Milk festival in Commonwealth Park on 17 November 2018. This proposal will be subject to the same cross-government review process undertaken prior to Groovin the Moo.
- Pill testing is a harm minimisation intervention that includes the chemical analysis of drugs surrendered by festival patrons, and the provision of relevant drug information and counselling by qualified personnel.
- The ACT Government reinforces that it is illegal to manufacture, possess, distribute and sell illicit drugs in the ACT. The ACT Government does not approve or condone illicit drug use. It is risky and dangerous to consume illicit drugs.

Cleared as complete and accurate: 11/07/2018  
Cleared by: Executive Director Ext: 52245  
Information Officer name: Emily Harper  
Contact Officer name: Emily Harper Ext: 52245  
Lead Directorate: Health

- The ACT Government is committed to harm minimisation, in line with the National Drug Strategy. The Government considers that pill testing as a component of harm reduction measures is a sensible approach to limiting the dangers of illicit drug use at ACT music festivals. This position is in no way softening the Government's stance on illegal drugs.

Cleared as complete and accurate: 11/07/2018  
Cleared by: Executive Director Ext: 52245  
Information Officer name: Emily Harper  
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Lead Directorate: Health



GBC18/408

**Portfolio/s:** Health & Wellbeing

**ISSUE: QEII (CANBERRA MOTHERCRAFT SOCIETY CONTRACT)**

**Talking points:**

- ACT Health is committed to ensuring that Canberra families continue to have access to the services provided at the QEII Family Centre.
- ACT Health is currently negotiating a new four year agreement with the Canberra Mothercraft Society. The total value of this agreement will be in excess of \$15 million.
- The exact terms of the contract are still being negotiated but I look forward to being able to announce the outcomes shortly.

Cleared as complete and accurate: 20/07/2018  
Cleared by: Executive Director Ext:79143  
Information Officer name: Patrick Henry  
Contact Officer name: Marc Emerson Ext:50693  
Lead Directorate: Health

GBC18/408

**Portfolio/s:** Health & Wellbeing

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

**Talking points:**

- In 2016, the ACT Government made an election commitment to deliver a grant scheme to support the establishment of bulk billing general practices in the ACT. The 2017–18 ACT Budget announced \$1.05 million (GST exclusive) over three years for the ‘Better care when you need it—Support for bulk billing GPs’ initiative.
- The Bulk Billing General Practices Grant Fund is to encourage the expansion or establishment of new general practices with a demonstrated commitment to bulk billing in the Tuggeranong and Molonglo areas. The aim is to provide residents in those suburbs and surrounding areas with better access to affordable, connected, quality primary health care.
- Grant guidelines were developed in consultation with key stakeholders: Health Care Consumers’ Association (HCCA); Australian Medical Association (AMA) ACT; and Capital Health Network (CHN).
- Applications have been assessed by a panel including ACT Health, HCCA, AMA ACT, CHN, and a GP (ensuring no panel members were affiliated with practices applying for the grant).
- Recommendations for funding are currently being finalised.

Cleared as complete and accurate:	20/07/2018	
Cleared by:	Executive Director	Ext: 79143
Information Officer name:	Patrick Henry	
Contact Officer name:	Catherine Eadie	Ext: 71541
Lead Directorate:	Health	

GBC18/408

**Portfolio/s:** Health & Wellbeing

**ISSUE:       BARIATRIC SURGERY**

**Talking points:**

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

Cleared as complete and accurate: 24/07/2018  
Cleared by: Deputy Director-General       Ext: 42728  
Information Officer name: Chris Bone  
Contact Officer name: Daniel Wood       Ext: 43515  
Lead Directorate: Health

TRIM Ref: GBC18/408

**ISSUE: BIRTH CENTRE PETITION****Talking points:**

- On 9 July 2018 a group called 'Family Birth Centre for the ACT' started a petition on Change.org calling for a third Family Birth Centre to be built in the ACT.
- As of 20 July 2018, 2020 people have signed in support of the petition.
- ACT Health have two Birth Centres which run continuity of midwifery care for low risk normal women. This consists of a two bed Birth Centre located at Calvary Public and a five bed Birth Centre located at CHWC.
- A fulltime Birth Centre midwife cares for 40 women each year, providing the antenatal, intrapartum and domiciliary and midwifery care.
- CHWC are currently undergoing a review of the continuity of midwifery care models Canberra Midwifery Program (CMP the low normal risk) and Continuity at the Centenary Hospital (CATCH mixed risk model) with the intent of increasing women's access to continuity of midwifery care models and to increase use of the Birth Centre space. Demand for the CATCH model is high which is reflective of the acuity of the women attending CHWC. This review is expected to be finalised by November 2018.
- The CHWC also runs the public home birth trial.

Cleared as complete and accurate: 25/07/2018  
Cleared by: Executive Director Ext: 47389  
Information Officer name: Elizabeth Chatham  
Contact Officer name: Shari Blumer Ext: 47389  
Lead Directorate: Health

TRIM Ref: GBC18/408

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**Portfolio/s:** Health & Wellbeing

**ISSUE: CALVARY HOSPITAL CONTRACT NEGOTIATIONS**

**Talking points:**

- ACT Health has been working with Calvary Health Care ACT Ltd (Calvary) and the Little Company of Mary (LCM) Health Care Ltd on a range of contractual and funding matters for the 2018-19 financial year.
- On 4 May 2018 I made an announcement on the modernisation of Calvary Public Hospital Bruce. This included the ongoing negotiations with Calvary, and the strong partnership between LCM and ACT Health which will continue into the future.
- I will be working closely with Calvary over the coming months to develop an agreement that ensures the best health outcomes for Canberrans.
- As negotiations and discussions are ongoing at this point in time, I am not able to comment any further.

**Key Information**

Performance Plans and Activity Based Funding

- ACT Health and Calvary agreed the 2017-18 Performance Plan in February 2018, which is on a block funding basis.
- ACT Health and Calvary have advanced in discussions in relation to the Performance Plan for 2018-19. The 2018-19 Performance Plan will be on an ABF basis, and will align to the Territory-Wide Health Services Plan and Framework.

Cleared as complete and accurate:	21/07/2018	
Cleared by:	Deputy Director-General	Ext: 76751
Contact Officer Name:	Catherine Shadbolt	Ext: 70114
Lead Directorate:	Health	
TRIM Ref:	GBC18/408	

GBC18/408

**Portfolio/s:** Health & Wellbeing**ISSUE: CALVARY WARD MANAGEMENT****Talking points:**

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

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Lead Directorate: Health

GBC18/408

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

- Canberra Hospital and Health Services (CHHS) uses nationally recognised colour codes to prepare, plan, respond and recover from internal and external emergencies. Plans for responding to emergency codes define and describe the required management roles, responsibilities, strategies, systems and arrangements. Each plan has been prepared in accordance with national standards.
- CHHS uses the Capacity Escalation Procedure to describe patient flow pressures in a Level 1 to Level 3 numerical system. The procedure sets out the hospital's overarching approach to identifying and responding to capacity pressures during periods of high demand.

**Key Information**

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

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Lead Directorate: Health

intentional physical attacks, aggravated assault, threats with a weapon, sexual assault or illegal occupation of buildings and workplaces.

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

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- ED resuscitation room full
- ICU over capacity
- Isolation beds unavailable
- Ambulance off loads in ED corridor
- Alert Level 3: bed availability is critical despite use of surge beds and services are disrupted. The trigger is two or more of the following:
  - Hospital at 100 per cent occupancy
  - More than 11 bed booked patients in ED
  - All surge beds open
  - Unable to decant resuscitation room
  - Unable to admit patients from other hospitals
  - Isolation beds unavailable and cohorting not possible
  - ICU over funded capacity
  - Considering cancellation of elective surgery

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Lead Directorate: Health

GBC18/408

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

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

**Background Information:**

- Coroner Cook made the following seven recommendations:

*Recommendation 1*

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

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Lead Directorate:	Health	

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

*Recommendation 2*

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

*Recommendation 3*

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

*Recommendation 4*

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

*Recommendation 5*

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

*Recommendation 6*

The ACT Standard Operating Procedure should be reviewed to ensure that those who have only recently commenced on the methadone program not be allowed to self-prescribe increases for a set period of time to ensure they are in a physiological sense, capable of

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accommodating the increased amount of methadone. Further and in the alternative, the ACT Government should consider whether not it is even appropriate to allow such increases to occur for a Schedule 8 drug.

*Recommendation 7*

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

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GBC18/408

**Portfolio/s:** Health & Wellbeing

**ISSUE: CORONIAL INQUEST INTO SUICIDES AT CANBERRA HOSPITAL**

**Talking points:**

- The ACT Government has sincere sympathy for the families and friends of people who have died by suicide.
- ACT Health is not able to comment about coronial matters while they are before the ACT Coroner.
- ACT Health works closely with the ACT Coroner to actively support the coronial inquest process. We strive and are committed to improving the quality of services we provide to patients and the community to support the delivery of these services.

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GBC18/408

**Portfolio/s:** Health & Wellbeing**ISSUE: ELECTIVE SURGERY WAITING LIST****Talking points:**

- ACT Health is committed to reducing the number of people waiting beyond clinically recommended timeframes for surgery.
- ACT Health performed well in many specialties last year. High rates of timeliness for elective surgery were achieved in cardiac, thoracic, gynaecology, head and neck, obstetrics and vascular surgery.
- ACT Health achieved zero longwaits in paediatric surgery, an important strategic indicator to achieve.
- ACT Health completed 13,344 surgeries in 2017-18, the second highest on record and commensurate with the 'blitz year' ('blitz' in 2015-16: 13,392).
- Through the recent 'extra surgery initiative' ACT Health has been able to reduce the number of people waiting longer than clinically recommended from 464 to 406 patients.
- In addition, ACT Health decreased the number of people on the waitlist by nine percent from 5,322 to 4,867.
- However, a direct result of tackling the longer waiting patients, is a decrease in timeliness percentages. This has dropped from 87 per cent to 79 per cent across the Territory in 2017-18.
- ACT Health continues to experience growth in the demand for emergency and elective surgery. To build on the good work that has been done in recent years, we have announced that the ACT Government is funding more elective surgery this year.
- Workforce issues in the attraction and retention of surgeons and anaesthetists in the public sector are a key challenge, most notably in the specialities where wait times are longer.

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

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GBC18/409

**Portfolio/s:** Mental Health**ISSUE: PHILLIP MOSS REVIEW AND HEALTH SERVICES  
COMMISSIONER-INITIATED REVIEW INTO HEALTH SERVICES AT THE AMC****Talking points:**

- On 10 November 2016, Minister Rattenbury publically released the report of the Independent Inquiry into the Treatment in Custody of Mr Freeman (the Moss Report) in his capacity as the Minister for Corrections.
- The Government's response to the Moss Report was tabled in the ACT Legislative Assembly on 16 February 2017. All recommendations made by Mr Moss have been agreed to wholly, or in principle. The Moss Implementation Inter-Directorate Working Group (IDPT) was established to progress actions in relation to recommendations of the Moss Report.
- ACT Health and JACS have worked together on the Moss Implementation Annual Report in a collaborative process between all stakeholder agencies and non-government organisations involved in the implementation of Moss Report recommendations.
- On 9 March 2018, the Health Services Commissioner (HSC), Ms Karen Toohey, completed a Commission initiated consideration of the provision of health services at the Alexander Maconochie Centre (AMC). The review considered the operation of the methadone program at the AMC.
- The Government's response to the HSC report is being tabled in the Assembly during the August sitting.

**Key Information**

- The HSC review focused on a number of aspects of the Opioid Replacement Therapy (ORT) program, including:
  - The role of ORT in the prison context;
  - Assessment and prescription practice in the ORT program;
  - Induction onto methadone;
  - Dosing practice;
  - managing the risk of diversion of methadone; and
  - Throughcare and transition to ORT in the community.

Cleared as complete and accurate: 20/05/2018  
Cleared by: Deputy Director-General Ext: 42728  
Information Officer name: Chris Bone  
Contact Officer name: Katrina Bracher Ext: 55142  
Lead Directorate: Health



- As part of the review process, the Commission visited the AMC on 28 March 2017 and 4 April 2017. These visits were supported by ACT Health and JACS.
- During these visits the Commission observed medication administration by nurses, including the new electronic Methadone administration system, iDose. The Commission also interviewed detainees and staff and reviewed health records.
- The HSC report contains 16 recommendations:
  - Ten relate specifically to ACT Health;
  - Two relate specifically to ACT Correctives Services; and
  - Four are joint recommendations for ACT Health and ACT Corrective Services.

## Background

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

Cleared as complete and accurate: 20/05/2018  
Cleared by: Deputy Director-General Ext: 42728  
Information Officer name: Chris Bone  
Contact Officer name: Katrina Bracher Ext: 55142  
Lead Directorate: Health

GBC18/408

**Portfolio/s:** Health & Wellbeing

**ISSUE:       HYDROTHERAPY POOL**

**Talking points:**

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

**Key Information**

- The new hydrotherapy pool at UCH has enhanced features compared to the facility at Canberra Hospital. It has a smoother entry, a flat surrounding surface and hoist, more accurate and stable temperature controls, and will require less maintenance downtime. Parking at UCH is also better than at Canberra Hospital.
- ACT Health is committed to working closely with community organisations and service providers who currently use facilities at Canberra Hospital to ensure the transition of these services for their clients is as seamless as possible.
- ACT Health has agreed to continue to give Arthritis ACT (AACT) access to the hydrotherapy pool at Canberra Hospital until 30 June 2019. Discussions are ongoing regarding the continued management of access and maintenance arrangements.
- AACT have also been offered and accepted sessions at the UCH hydrotherapy pool from 23 July 2018. A separate Service Level Agreement has been signed in support of this offer.

Cleared as complete and accurate:	25/07/2018	
Cleared by:	Deputy Director-General	Ext: 42728
Information Officer name:	Chris Bone	
Contact Officer name:	Linda Kohlhagen	Ext: 42206
Lead Directorate:	Health	

- Discussions are ongoing with ACTIVE Canberra with respect to the Stromlo Leisure Centre that will open around 2020, noting the Stromlo Centre will have a warm water pool that may be used for hydrotherapy.
- Exercise Physiologists and Physiotherapists are the only ACT Health professionals who use the Canberra Hospital hydrotherapy pool. Hydrotherapy patients are usually booked in for a six week course of treatment of two sessions per week. In 2016/17, the reported number of hydrotherapy occasions of service was 703 for the Exercise Physiology Team and 1050 for the Physiotherapy Team.

## Background Information

- The Canberra Hospital hydrotherapy pool operational budget (including staffing and maintenance) has been transferred to the UCH operating budget.
- A number of complaints have been received from individuals, AACT, and MLAs about the decision to close the pool at Canberra Hospital and the perceived loss of a public service to constituents located on the south side of Canberra.
- ACT Health has a Service Funding Agreement with AACT for the period 2016 – 2019 to provide educational programs and information sessions on self-management as well as supervised hydrotherapy sessions.
- AACT is the only external user of the Canberra Hospital hydrotherapy pool, offering their members nine sessions per week.
- There are a number of private hydrotherapy pools on the south side, but they are costly and/or their pool temperatures are lower than the temperature of the pool at Canberra Hospital. The optimal temperature for hydrotherapy is 33 degrees Celsius or greater. See list below.

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

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

Cleared as complete and accurate: 25/07/2018  
 Cleared by: Deputy Director-General Ext: 42728  
 Information Officer name: Chris Bone  
 Contact Officer name: Linda Kohlhagen Ext: 42206  
 Lead Directorate: Health

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

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

Cleared as complete and accurate: 25/07/2018  
Cleared by: Deputy Director-General Ext: 42728  
Information Officer name: Chris Bone  
Contact Officer name: Linda Kohlhagen Ext: 42206  
Lead Directorate: Health

GBC18/408

**Portfolio/s:** Health & Wellbeing**ISSUE: INFLUENZA SEASON****Talking points:**

- The seasonal increase in influenza cases has not yet started in 2018. The timing of this increase varies from year to year, but usually occurs between July and October.
- Due to an unprecedented demand for seasonal influenza vaccination this year, there are currently nationwide supply issues with some flu vaccines through both the National Immunisation Program (NIP) and the private market.
- This is good news as it means the community is understanding the dangers of influenza and importance of getting the flu vaccine.
- The Commonwealth Government has secured additional vaccines for the NIP and is working with jurisdictions to monitor and manage national supplies.
- The Immunisation Section at the Health Protection Service (HPS) has delivered more vaccines to date this year than for the entire 2017 influenza season. Almost 90,000 vaccines have been distributed to date in 2018, compared with 57,000 for the whole of 2017.
- In 2018, two new vaccines specifically for people aged over 65 years of age were funded through the NIP. The new vaccines are expected to illicit a stronger immune response in this age group. ACT Health has distributed enough of these vaccines for 85 per cent of people aged 65 years and over to be immunised.
- In 2018, the ACT Government funded flu vaccines for all children under five years of age. Based on the Australian Immunisation Register data, vaccination of children under five years is also much higher than previously, already five times higher than in 2017.

Cleared as complete and accurate: 13/07/2018  
Cleared by: Executive Director Ext: 54402  
Information Officer name:  
Contact Officer name: Conrad Barr Ext: 54402  
Lead Directorate: Health

- The ACT currently has sufficient stock to meet the demand for all high risk groups eligible for free, government-funded vaccine because of their increased risk of complications from influenza. These groups are:
  - pregnant women;
  - children aged six months to under five years;
  - adults aged  $\geq 65$  years;
  - Aboriginal and/or Torres Strait Islander persons aged  $\geq 15$  years; and
  - all persons aged  $\geq$  six months who have certain medical conditions which increase the risk of influenza disease complications e.g. severe asthma, lung or heart disease, low immunity or diabetes.
- The ACT Health Immunisation Section is closely monitoring influenza vaccine stock for people who are eligible to receive free, government-funded vaccine.
- Several weeks ago, some excess NIP and ACT Government flu vaccines were brought back into our central store and 6000 doses were redistributed according to demand.
- We encourage all people in high risk groups to make an appointment with their provider as soon as possible to get vaccinated.
- Supply constraints may still affect the private market for people who are not eligible for funded vaccine. People in this group are advised to check with their GPs and pharmacies regarding stock availability.
- Influenza is highly contagious, so individuals that are unwell should try to avoid spreading the infection to others. If you are unwell you can do this by seeking medical care and taking necessary precautions such as hand and cough hygiene and absenting yourself from public places such as school or work.
- Influenza is generally self-limiting and symptoms will resolve on their own with rest. If concerned, individuals can seek medical advice from their GP, ACT Health Walk-in-Centres or healthdirect Australia on 1800 022 222.

Cleared as complete and accurate: 13/07/2018  
Cleared by: Executive Director Ext: 54402  
Information Officer name:  
Contact Officer name: Conrad Barr Ext: 54402  
Lead Directorate: Health

**ISSUE: MATERNITY SERVICES AT CENTENARY HOSPITAL FOR WOMEN AND CHILDREN AT CAPACITY****Talking points:**

- The demand on Maternity Services at Centenary Hospital for Women and Children (CHWC) has increased since CHWC opened in August 2012.
- There were 3497 babies born in 2015-16 at CHWC, compared to 2743 in 2010-11. This is an increase annual growth rate of 5.4 per cent. More recent birth data indicates a continuation of this trend.
- I am aware of the push from the community to establish a standalone Birth Centre.
- My Office will be in contact with the authors of the petition to discuss further.
- The Centenary Hospital for Women and Children has devised strategies to address the escalating demands for maternity services at the Centenary Hospital. These include:
  - Development of a Maternity Escalation Policy to manage demand including utilisation of Birth Centre for overflow;
  - Extension of the hours of the Maternity Assessment Unit (MAU). This assessment service for pregnant women with concerns (eg. reduced foetal movements) or requiring assessment of early labour is provided from the Birth Suite after hours;
  - Additional medical and midwifery staff rostered and the introduction of Assistants in Midwifery to maternity services;
  - Active encouragement by Calvary Public Hospital Bruce (CPHB) and CHWC for the community and General Practitioners to use services on offer at CPHB and Queanbeyan Hospital where appropriate;
  - A bypass policy for the referral of women to other ACT hospitals and NSW hospitals for care when appropriate; and
  - A midwifery attraction and retention strategy.

Cleared as complete and accurate: 20/07/2018  
Cleared by: Executive Director Ext: 47389  
Information Officer name: Elizabeth Chatham  
Contact Officer name: Shari Blumer Ext: 47389  
Lead Directorate: Health

- In addition, CHWC and CPHB are working together to develop strategies better manage demand and ensure maternity services across the region are utilised effectively and efficiently. These strategies include:
  - A Territory-wide Maternity Specialty Services Plan; and
  - The refurbishment of CPHB Maternity Service which will support the implementation of the ACT public maternity access strategy.

### Key Information

- Canberra Hospital, as the only level three tertiary hospital for the ACT and surrounding regions, accepts patients that cannot be accepted by non-tertiary facilities due to the patient's clinical indications. Continued and increased occupancy, acuity and demand pressures impact on Canberra Hospital's capacity to provide tertiary level maternity care.

Cleared as complete and accurate:	20/07/2018	
Cleared by:	Executive Director	Ext: 47389
Information Officer name:	Elizabeth Chatham	
Contact Officer name:	Shari Blumer	Ext: 47389
Lead Directorate:	Health	



GBC18/408

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

- Work on the Territory-wide Health Services Framework (the Framework) is progressing and the Territory-wide Health Services Advisory Group has provided feedback resulting in a revised draft of the Framework.
- The revised Framework is currently under consultation with the Advisory Group and clinical Executive Directors within ACT Health.
- ACT Health is working to have the Framework completed and released by 30 September 2018.
- Feedback to date from ACT Health staff and the Advisory Group indicates a high level of support for the refreshed Framework.
- The development of the Specialty Services Plans (SSPs) is also progressing well. There are 46 SSPs in total in development. This includes 40 specialty services and six core services e.g pathology and pharmacy.
- The current status is:
  - **Phase 1** has involved profiling the current services. Work to date has included stakeholder engagement with these service providers:
    - CHHS service providers;
    - Calvary;
    - ACT Health GPs;
    - Other GPs; and
    - NGOs.
  - There will be further opportunities for consultation in July and August 2018 to allow –
    - Clinicians to have the opportunity to provide further input and feedback as the format of the document has changed; and
    - The bed demand projection data to be subject to clinician validation.

Cleared as complete and accurate:	17/07/2018	
Cleared by:	Executive Director	Ext: 59010
Information Officer name:	Jodie Chamberlain	
Contact Officer name:	Jodie Chamberlain	Ext: 59010
Lead Directorate:	Health	

- **Phase 2** analysis is also underway and data that identifies current demand for inpatient and outpatient services is being collated.

Cleared as complete and accurate: 17/07/2018  
Cleared by: Executive Director Ext: 59010  
Information Officer name: Jodie Chamberlain  
Contact Officer name: Jodie Chamberlain Ext: 59010  
Lead Directorate: Health

GBC18/408

**Portfolio/s:** Health & Wellbeing**ISSUE: THEATRE 14 AIR FILTER****Talking points:**

- Theatre 14 was closed following advice from Facilities Maintenance and Infection Prevention and Control on 14 June 2018 following detection of a mould-like substance within the air handling unit .
- ACT Health Infection Prevention and Control has confirmed that there has been no risk to staff or patients as air levels of the mould-like substance were reported as low and the risk of infection to patients has been rated as low.
- ACT Health has been advised by external consultants that Theatre 14 may recommence surgical activity with the risk to patients or staff associated with the mould is low.
- Canberra Hospital has reopened Theatre 14 but as a precaution is currently using it only on an ad-hoc, as needed basis, such as for emergency cases when there are no other theatres available.
- Following work during the remainder of August 2018 to further inform the design of planned upgrades of the air conditioning system, ACT Health will reopen Theatre 14 for all surgical cases, subject to safe environmental reports, until such time as replacement of the air conditioning unit takes place.

**Background**

- Theatre management and the clinical infectious disease team support the current approach.
- ACT Health Facilities Management are reviewing the current applicable maintenance procedures to facilitate improved monitoring and early detection of any further occurrence, of this type.

Cleared as complete and accurate: 16/08/2018  
Cleared by: Deputy Director-General Ext:  
Information Officer name: Chris Bone  
Contact Officer name: Cathy Burns Ext: 43515  
Lead Directorate: Health

GBC18/408

**Portfolio/s:** Health & Wellbeing**ISSUE: WAIT TIMES TO SEE A SPECIALIST****Talking points:**

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

Cleared as complete and accurate: 25/07/2018  
Cleared by: Deputy Director-General Ext: 42728  
Information Officer name: Chris Bone  
Contact Officer name: Andrew Mitchell Ext: 76277  
Lead Directorate: Health

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

Cleared as complete and accurate: 25/07/2018  
Cleared by: Deputy Director-General Ext: 42728  
Information Officer name: Chris Bone  
Contact Officer name: Andrew Mitchell Ext: 76277  
Lead Directorate: Health

GBC18/408

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

- Culture is complex and dynamic, particularly in large healthcare organisations such as ACT Health. Over many years ACT Health has been closely monitoring its workplace culture and utilising a range of methods drawn from best practice to encourage respectful and supportive environments for staff and patients.
- One of the current significant initiatives is embedding the best possible culture at the University of Canberra Hospital (UCH). Over 250 staff contributed to the development of the UCH Culture Charter which articulates why culture is so important to staff and patients/consumers, and then sets out the values, behaviours and practices which will enable the best culture to be achieved. Leaders are promoting this charter within their teams and staff are demonstrating their commitment by signing the charter. A UCH culture survey will be designed and deployed after staff have had an opportunity to embed their work practices.
- ACT Health's Quality Strategy 2018-2028 was officially launched in March 2018. The Strategy supports the delivery of person-centred, safe and effective care, through three key enablers – Culture, Leadership and Communication. The inclusion of culture as a key enabler will further strengthen the implementation of the Strategy.
- Given the ACT Government's decision to create two organisations from October 2018, as well as the need to address other key organisational challenges, culture development is a central area of focus. Key actions focusing on leadership, values and engagement are being planned and implemented.
- The next Staff Culture Survey for each organisation is likely to be held six months after they have been established.

Cleared as complete and accurate:

20/07/2018

Cleared by:

Executive Director

Ext: 51086

Information Officer name:

Sean McDonnell

Contact Officer name:

Ric Taylor

Ext: 55320

Lead Directorate:

Health

GBC18/408

**Portfolio/s:** Health & Wellbeing

**ISSUE: ARINS AND SEAS**

**Talking points:**

- There are currently 282 staff in ACT Health covered by Attraction and Retention Incentives (ARIns) and Special Employment Arrangements (SEAs).
- Total expenditure on ARIns/SEAs in 2016-17 was \$17.9 million, the vast majority of which went to doctors and other health professionals.
- All ARIns are subject to annual review. That review process is ongoing, with particular emphasis on senior medical staff owing to the complexity and extent of the arrangements for this group.

Cleared as complete and accurate: 24/07/2018  
Cleared by: Executive Director Ext:51086  
Information Officer name: Sean McDonnell  
Contact Officer name: Steven Linton Ext: 75569  
Lead Directorate: Health

TRIM Ref: GBC18/408

GBC18/408

**Portfolio/s:** Health & Wellbeing

**ISSUE: DR GAYED MATTER**

**Talking points:**

- Following a journalist enquiry from the Guardian Australia, in relation to Dr Emil Gayed, NSW has announced an independent investigation into four public hospitals where Dr Gayed is known to have worked in the 1990's.
- The Guardian has provided the ACT Health media team with unclear and unsourced information about Dr Gayed working for the Woden Valley Hospital in 1996.
- ACT Health has no indication that Dr Gayed worked at Woden Valley Hospital in 1996.

Cleared as complete and accurate:	13/06/2018	
Cleared by:	Deputy Director-General	Ext: 42728
Information Officer name:	Chris Bone	
Contact Officer name:	Christine Whittall	Ext: 42169
Lead Directorate:	Health	

TRIM Ref: GBC18/408



GBC18/408

Portfolio/s Health &amp; Wellbeing

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

- A Joint Consultative Council (JCC) between ACT Health and relevant unions was formed to support the establishment of University of Canberra Hospital (UCH).
- The JCC was effective in engaging with the unions in an attempt to resolve their concerns during the commissioning phase. Unions, the subcontractor Medirest, Brookfield Global Integrated (BGIS) and ACT Health are also committed to quarterly tripartite meetings as part of the ongoing contract management arrangements now that the hospital is open.

Cleared as complete and accurate: 26/7/2018  
Cleared by: Deputy Director-General Ext: 52248  
Information Officer name: Karen Doran  
Contact Officer Name: Julie Wood Ext: 27810  
Lead Directorate: Health

GBC18/408

**Portfolio/s:** Health & Wellbeing

**ISSUE: PUBLIC INTEREST DISCLOSURES**

**Talking points:**

- All requests under the *Public Interest Disclosure Act 2012* (PID Act) are coordinated and recorded centrally by the Professional Standards Unit, of the Chief Minister, Treasury, and Economic Development Directorate.
- ACT Health is currently dealing with one submission under the PID Act. The delegate for ACT Health is considering the request to ensure that all the requirements set out in section 26(1)(c) are met.

Cleared as complete and accurate:	20/07/2018	
Cleared by:	Executive Director	Ext: 51086
Information Officer name:	Sean McDonnell	
Contact Officer name:	Anthony Goodwin	Ext: 51090
Lead Directorate:	Health	

GBC18/408

Portfolio/s Health & Wellbeing

## **ISSUE: STAFFING NUMBERS AND TEMPORARY CONTRACTS**

### **Talking points:**

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

### **Key Information**

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

Cleared as complete and accurate: 20/07/2018  
Cleared by: Executive Director  
Contact Officer Name: Sean McDonnell Ext: 51086  
Lead Directorate: Health

GBC18/408

**Portfolio/s:** Health & Wellbeing

**ISSUE:       WORKPLACE BULLYING AND HARASSMENT**

**Talking points:**

- Since 2011, ACT Health has embedded the principles of the ACT Public Service's Respect, Equity and Diversity (RED) Framework and has developed training programs to educate staff on respectful workplace behaviours and educate managers on how to manage complaints of inappropriate behaviour.
- Avenues for staff to raise incidents of bullying and harassment in the workplace include:
  - Staff can raise issues with People and Culture (HR), Employee Services who can provide advice on dealing with alleged instances of bullying;
  - Staff can discuss the alleged bullying with their Senior Manager;
  - Staff can raise incidents via ACT Health's electronic incident reporting system 'Riskman'. This system is also monitored by People and Culture (HR), Employee Relations Unit to ensure all matters related to bullying and harassment, reported through Riskman, are managed in accordance with the relevant Enterprise Agreements and workplace policies; and
  - ACT Health has an established network of 90 RED Officers in all professions. Staff may contact their local RED officer to discuss alleged bullying claims.
- The launch of the new Quality Strategy presents a further opportunity to reinforce and emphasise the importance of achieving person-centred, safe and effective care and the importance of addressing unreasonable behaviours.
- In 2016-17, we have seen ACT Health take action on bullying claims, with 22 allegations being investigated.

Cleared as complete and accurate:	23/05/2018	
Cleared by:	Executive Director	Ext: 51086
Information Officer name:	Janine Hammat	
Contact Officer name:	Sean McDonnell	Ext: 51090
Lead Directorate:	Health	

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

Cleared as complete and accurate:	23/05/2018	
Cleared by:	Executive Director	Ext: 51086
Information Officer name:	Janine Hammat	
Contact Officer name:	Sean McDonnell	Ext: 51090
Lead Directorate:	Health	

GBC18/408

Health &amp; Wellbeing

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

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

Cleared as complete and accurate: 23/07/2018  
Cleared by: Executive Director Ext: 79143  
Information Officer Name: Patrick Henry  
Contact Officer Name: Therese Gehrig Ext: 78734  
Lead Directorate: Health

GBC18/408

Portfolio/s Health & Wellbeing

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

**Talking points:**

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

Cleared as complete and accurate: 23/07/2018  
Cleared by: Deputy Director-General Ext: 52248  
Information Officer name:  
Contact Officer name: Emm Dale Ext: 71818  
Lead Directorate: Health

TRIM Ref: GBC18/408

GBC18/408

Portfolio/s Health & Wellbeing

**ISSUE: DECREASE IN HEALTH APPROPRIATION**

**Talking points:**

- Controlled Recurrent Payments for ACT Health in 2017-18 have decreased from the original 2017-18 Budget of \$313.371 million to the the estimated outcome \$297.851 million as shown on page 25 of the Heath Budget Statements (C):

2017-18 Budget	2017-18 Estimated Outcome
\$'000	\$'000
<b>Income</b>	
<b>Revenue</b>	
313,371	297,851
Controlled Recurrent Payments	

- The decrease in Appropriation is explained in the Notes to the Budget Statements on page 30 as follows:
  - The decrease of \$15.520 million (5 percent) in the 2017-18 estimated outcome from the original budget is mainly due to the transfer of appropriation to Territorial for capital grants to Calvary Hospital and Winnunga Nimmityjah Aboriginal Health Service and workers compensation premium savings. These are offset by appropriation provided through the 2017-18 Budget Review.

Cleared as complete and accurate: 23/07/2018  
 Cleared by: Deputy Director-General Ext: 54689  
 Contact Officer Name: Karen Doran Ext:  
 Lead Directorate: Health



GBC18/408

Portfolio/s Health & Wellbeing

**ISSUE: \$4.8 MILLION REDUCTION IN APPROPRIATION BETWEEN 2017-18 AND 2018-19**

**Talking points:**

- Mr Coe MLA asked in Question Time on 7 June 2018, “The combined figures for the Health Directorate and the ACT Local Hospital Network in the appropriation bill for 2018-19 compared to the appropriation act for 2017-18 show that the recurrent expenditure appropriations decrease by \$4.8 million. How will a decreased appropriation fund the expense initiatives for 2018-19?”
- The decrease in Appropriations is mainly due to a reduction in Territorial funding as shown below:

	<b>2017-18</b>	<b>2018-19</b>	<b>Variance</b>
Health Directorate			
- Controlled Recurrent Payments	313,371	310,654	-2,717
- Territorial	18,593	2,620	-15,973
LHN Directorate			
- Controlled Recurrent Payments	656,143	669,990	13,847
	<b>988,107</b>	<b>983,264</b>	<b>-4,843</b>

- Territorial Appropriation is used to fund capital grants to external organisations (such as Calvary Public Hospital). The reduction in 2018-19 is reflective of a smaller capital program in 2018-19.
- Excluding Territorial, the level of Appropriation to Health and the Local Hospital Network (LHN) is increasing by over \$11 million. This, coupled with increased Commonwealth funding through the LHN, will fund expense initiatives in 2018-19.

Cleared as complete and accurate: 23/07/2018  
 Cleared by: Deputy Director-General Ext: 52248  
 Contact Officer Name: Karen Doran Ext:  
 Lead Directorate: Health

GBC18/408

**Portfolio/s:** Health & Wellbeing

## ISSUE: FEDERAL BUDGET

### Talking points:

#### National Health Reform funding

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

#### Alcohol and other drug

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

#### Access to medicines

- The Budget includes new and amended listings on the Pharmaceutical Benefits Scheme (PBS).
- While overall funding for the PBS has increased, there are a number of new measures aimed at increasing efficiencies and reducing the costs of the PBS.
- It is unclear at this stage what impact these initiatives will have on those in our community who rely on PBS drugs to treat their conditions.

Cleared as complete and accurate: 23/06/2018  
Cleared by: Karen Doran Deputy Director-General Ext: 54689  
Information Officer name: Trevor Vivian  
Contact Officer name: Ext: 71818  
Lead Directorate: Health

- ACT Health is particularly concerned with the \$40 million reduction in funding nationally for MedicineWise over four years. This is an important service for primary health care and we look forward to the Commonwealth's announcement to a replacement service.
- It is pleasing to see the addition of the HIV prevention drug, Pre-Exposure Prophylaxis (PrEP) to the PBS.
- A trial of PrEP trial commenced in the ACT in September 2017 as an expanded arm of the NSW PrEP trial (EPIC-NSW). The ACT Government provided just over \$112,000 in funding to support the trial locally.
- With PrEP now listed on the PBS, all medical practitioners, including general practitioners, are able to prescribe PrEP medications for individuals at high risk of HIV.

### **Indigenous health**

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

### **Medical research**

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

### **Palliative Care**

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

### **Workforce and GPs and bulkbilling**

- The Budget has \$83 million nationally over five years from 2017-18 to achieve stronger rural, regional and remote health outcomes by aligning the distribution of the health workforce to areas of greatest need and building the capability of Australia's medical practitioner workforce.

Cleared as complete and accurate: 23/06/2018  
Cleared by: Karen Doran Deputy Director-General Ext: 54689  
Information Officer name: Trevor Vivian  
Contact Officer name: Ext: 71818  
Lead Directorate: Health

- Access to bulk billing and GPs is not just an issue for rural Australia, it is critically important for all health systems that the Commonwealth invest more in primary health care.

### **Digital health measures**

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

### **Essential Vaccines**

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

Cleared as complete and accurate: 23/06/2018  
Cleared by: Karen Doran Deputy Director-General Ext: 54689  
Information Officer name: Trevor Vivian  
Contact Officer name: Ext: 71818  
Lead Directorate: Health

## Key Information

### 2018-19 Funding

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

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

Cleared as complete and accurate: 23/06/2018  
 Cleared by: Karen Doran Deputy Director-General Ext: 54689  
 Information Officer name: Trevor Vivian  
 Contact Officer name: Ext: 71818  
 Lead Directorate: Health

GBC18/408

**Portfolio/s:** Health & Wellbeing**ISSUE: NURSE SAFETY STRATEGY****Talking points:**

- Consultation on the Nurse Safety Strategy has occurred to improve the safety of front-line nurses as they carry out their important health care role with our community and reduce the risks of harm in the workplace. Nurses and midwives and ACT Health employees were consulted and provided opportunities to give feedback.
- Three separate rounds of consultations were undertaken, with representatives from the ACT Health Care Consumers Association, the ACT Mental Health Consumer Network, the Australian Nursing and Midwifery Federation and Calvary Health Care ACT.
- A series of initiatives will be adopted, including:
  - Promoting a workplace culture of respect and empowerment;
  - Developing preventative workplace strategies, which will include adequate staffing levels and support;
  - Strengthening risk assessment practices;
  - Improving incident reporting systems, data collection and feedback;
  - Developing and reviewing dedicated staff education; and
  - Implementing an awareness campaign.

**Key Information**

- The project to prevent and manage workplace aggression and violence towards nurses and midwives concluded in March 2018, and a Report was forwarded to the Minister for Health and Wellbeing for consideration.

Cleared as complete and accurate: 13/06/2018  
Cleared by: Executive Director Ext: 43642  
Information Officer name: Judith Gosper  
Contact Officer name: Danielle Rutter Ext: 76772  
Lead Directorate: Health

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

Cleared as complete and accurate: 13/06/2018  
Cleared by: Executive Director Ext: 43642  
Information Officer name: Judith Gosper  
Contact Officer name: Danielle Rutter Ext: 76772  
Lead Directorate: Health

GBC18/408

**Portfolio/s:** Health & Wellbeing

## ISSUE: CRITICAL INCIDENT AT CANBERRA HOSPITAL ON 18 JULY 2018

### Talking points:

- On 18 July 2018 between 4 and 4.30pm a patient under police guard in the Canberra Hospital Emergency Department (ED) allegedly assaulted two ACT Police officers. During the altercation, the patient allegedly stole and fired an officer's gun.
- This is an isolated incident for Canberra Hospital. However, any level of violence is unacceptable in our hospitals and health facilities.
- The incident took place in a contained area within the ED and no patients or staff were injured. A number of staff close to the incident were allowed to go home from work. Additional staff were made available to ensure continued operations of the ED in the period immediately following the incident.
- A number of beds in the section of the ED where the incident took place were closed for a period of time. The ED returned to full operations from 1pm on 19 July 2018.
- Canberra Hospital and Health Service (CHHS) have provided emotional and psychological support to staff and patients who were present during the incident, including follow up with patients who were in the direct area at the time of the incident to ensure they are properly supported.
- CHHS is in the process of reviewing its role in the response to this incident. This review is expected to have recommendations to the Deputy Director General, CHHS by the end of August 2018.
- ACT Health and ACT Policing are meeting in the first week of August to review processes and protocols related to the management of persons brought to the ED by police.

Cleared as complete and accurate:	13/06/2018	
Cleared by:	Deputy Director-General	Ext: 42728
Information Officer name:	Chris Bone	
Contact Officer name:	Christine Whittall	Ext: 42169
Lead Directorate:	Health	



**Key Information**

- Canberra Hospital is designed to treat all patients who present with medical conditions. Offenders who are brought to hospital for treatment are under the guard of police officers or correctional officers.
- A water pipe was damaged during the incident. The area was isolated and the water turned off to avoid further damage. The damage sustained has been fully assessed and repairs carried out following the conclusion of ACT Policing's investigation.
- Law enforcement officers such as police and Border Force but not including ACT Health security guards, are permitted to carry firearms in all wards at Canberra Hospital with the exception of Mental Health units. This is a matter for discussion between ACT Health and ACT Policing during the investigation and response process.

Cleared as complete and accurate: 13/06/2018  
Cleared by: Deputy Director-General Ext: 42728  
Information Officer name: Chris Bone  
Contact Officer name: Christine Whittall Ext: 42169  
Lead Directorate: Health

GBC18/408

**Portfolio/s:** Health & Wellbeing**ISSUE: SENIOR MANAGEMENT CHANGES AT CALVARY****Talking points:**

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

**Key Information**

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

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

Cleared as complete and accurate: 23/07/2018  
Cleared by: Deputy Director-General Ext:52248  
Information Officer name:  
Contact Officer name: Catherine Shadbolt Ext:70114  
Lead Directorate: Health

GBC18/408

Portfolio/s Health &amp; Wellbeing

**ISSUE: 1 AUGUST 2018 RESOLUTION ON BULLYING AND HARASSMENT, AND THE ACT AUDIT OFFICE - REPORT NO. 9/2018 - ACT HEALTH'S MANAGEMENT OF ALLEGATIONS OF MISCONDUCT AND COMPLAINTS ABOUT INAPPROPRIATE WORKPLACE BEHAVIOUR**

**Talking points:**

- On 1 August 2018 in the Legislative Assembly, Minister Rattenbury presented a motion which amended Mrs Dunne's motion of the same date. This was accepted by the majority of the members of the Assembly. In his amended motion, Minister Rattenbury committed to providing an update to the Assembly before the end of the year on:
  - The number of bullying complaints, investigations, outcomes and actions in ACT Health and Calvary Public Hospital Bruce; and
  - Improvements to staff culture and behaviour through the implementation of the ACT Health organisational changes, the Quality Strategy and other measures as appropriate; and
  - The process for the next Staff Culture Survey that will examine staff engagement, sentiment and views on the culture of ACT Health.
- On 2 August 2018, the ACT Auditor-General released Report No. 9/2018 – ACT Health's management of allegations of misconduct and complaints about inappropriate workplace behaviour.
- There are three recommendations in the Report, two of which relate to ACT Health. ACT Health will respond to the two recommendations within four months.
- ACT Health has a policy of zero tolerance towards bullying and takes allegations of bullying very seriously by investigating complaints and taking appropriate action in relation to its employees.

Cleared as complete and accurate: 08/08/2018  
Cleared by: Executive Director Ext: 51086  
Information Officer name: Sean McDonnell  
Contact Officer name: Anthony Goodwin Ext: 51090  
Lead Directorate: Health

TRIM Ref: GBC18/408

- ACT Health through its People and Culture Branch seeks to improve workplace culture and ensure that the appropriate processes are adhered to when issues are raised to ensure that staff and patients have a respectful and supportive health care environment.
- Manager and staff orientation programs encourage a culture of positive interactions by making expectations clear to all staff about appropriate behaviour.
- ACT Health has an Anti-Discrimination, Harassment and Bullying Policy that outlines ACT Health's commitment to providing a safe and harmonious work environment that enhances the achievement of both individual and organisational goals. This policy is supported by an e-learning and face-to-face Respect at Work training program.
- The Minister for Mental Health, Interim Director General of ACT Health and I have made numerous public statements reiterating that the ACT Government has zero tolerance for bullying and that there are safe and respectful pathways available to people wishing to raise concerns about bullying within ACT directorates. ACT Health has a range of measures in place to support staff, including:
  - Training programs to educate staff on respectful workplace behaviours, how to raise concerns about inappropriate behaviour and educate managers on how to manage complaints of inappropriate behaviour.
  - Avenues for staff to raise incidents of bullying and harassment, which include raising concerns with their Senior Manager, People and Culture (HR) Employee Services Unit and through the electronic internal incident reporting mechanism.
  - An established network of over 85 Respect Equity and Diversity (RED) Contact Officers for all professions.
  - Rigorous processes for investigating bullying appropriately and independently in line with the requirements of ACT Health Enterprise Agreements and the *Public Sector Management Act*

Cleared as complete and accurate: 08/08/2018  
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Information Officer name: Sean McDonnell  
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Lead Directorate: Health

TRIM Ref: GBC18/408

1994, to which all ACT Health and ACT Government employees are required to adhere.

- Ensuring the employee against whom the allegation has been made is afforded their right to natural justice and procedural fairness in the process.

Cleared as complete and accurate: 08/08/2018  
Cleared by: Executive Director Ext: 51086  
Information Officer name: Sean McDonnell  
Contact Officer name: Anthony Goodwin Ext: 51090  
Lead Directorate: Health

TRIM Ref: GBC18/408

**ISSUE: NOROVIRUS****Talking points:**

- Across Canberra there are currently a number of identified cases of Norovirus (a form of gastroenteritis). This is not unusual for this time of year.
- There are a few cases of norovirus in Canberra Hospital at this time, this is not unusual for a hospital and all cases are contained and appropriate precautions are in place.
- Canberra Hospital cannot comment on clinical information regarding specific patients.
- There are no restrictions on the types of visitors patients are able to see, however, all efforts are made to minimise contact during the infective period, and visitors are alerted to infection control protocols, and they are expected to adhere to those protocols when they arrive to visit an affected patient.

**Key Information**

- The standard management of gastroenteritis (Norovirus) when a patient first becomes symptomatic is to place the patient in what we call: Contact and Droplet precautions. It is standard procedure to send a specimen for laboratory testing. Irrespective of the result the patient remains in precautions until they have been asymptomatic for 48 hours.
- As Canberra Hospital is a public hospital, visitors come and go and are not required to get permission from staff member to visit a family member or friend. Where infection control protocols are in place, signage on the door to a patient's room alerts visitors to the need to wear personal protective equipment. This is a standard procedure and meets the required protocols.

Cleared as complete and accurate: 09/08/2018  
Cleared by: Deputy Director-General Ext: 42728  
Information Officer name: Chris Bone  
Contact Officer name: Christine Whittall Ext: 45804  
Lead Directorate: Health

TRIM Ref: GBC18/408

GBC18/408

**Portfolio/s:** Health & Wellbeing

**ISSUE: MENINGOCOCCAL CASE**

**Talking points:**

- ACT Health has been informed of a case of meningococcal disease in a NSW resident who attends school in the ACT. The case was admitted to Canberra Hospital over the week end and is recovering well.
- ACT Health has taken appropriate public health action, in accordance with national guidelines. Action include providing antibiotics to close contacts and information about meningococcal disease to low-risk contacts.
- Meningococcal disease is rare, but it can be very severe, leading to life-long complications or death. It can cause meningitis (infection of the membranes around the brain and spinal cord) and/or bacteraemia (infection of the blood).
- People infected with meningococcal disease can become extremely unwell within hours of the first symptoms appearing so it's important to know what to watch out for.
- Symptoms of meningococcal disease may include sudden onset of fever, cold hands and feet, limb/joint pain, nausea and vomiting, headache, neck stiffness, dislike of bright lights and a rash.
- Babies and very young children may also experience irritability, have difficulty waking, rapid or laboured breathing, diarrhoea, a high-pitched cry or refuse to eat.
- Meningococcal disease is caused by multiple strains of meningococcal bacteria.

**Key Information**

- This case was caused by the meningococcal B strain. The last meningococcal B case in the ACT was in 2016.

Cleared as complete and accurate:	20/08/2018	
Cleared by:	Chief Health Officer	Ext: 50883
Information Officer name:	Dr Paul Kelly	
Contact Officer name:	Conrad Barr	Ext: 54402
Lead Directorate:	Health	

- As this case is a resident of NSW it will not be counted as an ACT case. ACT Health works closely with NSW Health on the public health management of cross border cases that live in NSW and attend work, school and medical facilities in the ACT.
- The dominant disease-causing strains in the ACT and nationally in recent years have been meningococcal W and Y.
- Young adults and older teenagers are at increased risk of meningococcal disease. They are more likely to carry the bacteria in their nose and throat, and more likely to spread the bacteria to others.
- Earlier this year the ACT government announced a Year 10 schools-based meningococcal vaccination program and a time-limited catch up campaign for young people aged 16 to 19 years through general practitioners (GPs).
- The vaccine distributed through the program is effective at providing protection against four types of meningococcal disease (A, C, W and Y).
- The 2018 Year 10 Program has been very successful, with 79 per cent of Year 10 students in the ACT now vaccinated.
- Building on the success of the Year 10 program, schools-based vaccination clinics will be extended to all Year 11 and 12 students during Terms 3 and 4 of this year, commencing this week.
- Young people aged 15 to 19 years who are yet to receive the meningococcal vaccine can get the free vaccine through their GP until the end of 2018.
- The ACT government has announced ongoing funding for the Year 10 schools-based meningococcal ACWY vaccination program for 2019.
- The Act government is aware that a meningococcal B vaccination program has been announced in South Australia.
- A meningococcal B vaccination program for infants is still under consideration in the ACT but the government has acted in the first instance to protect young Canberrans against the more emerging risk posed by meningococcal W and Y strains.

Cleared as complete and accurate: 20/08/2018  
Cleared by: Chief Health Officer Ext: 50883  
Information Officer name: Dr Paul Kelly  
Contact Officer name: Conrad Barr Ext: 54402  
Lead Directorate: Health



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

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

Cleared as complete and accurate: 21/08/2018  
Cleared by: Deputy Director-General Ext: 52248  
Information Officer name: Karen Doran  
Contact Officer name: Trevor Vivian Ext: 71818  
Lead Directorate: Health

TRIM Ref: GBC18/408

**Background:**

- We know that accessible, high quality healthcare is important to Canberrans. The ACT Government is committed to growing local healthcare and providing better access to services people can rely on.
- The 2018 Budget will boost Canberra's frontline healthcare with a major new investment of \$1.7 billion a year by 2021-22 in our hospitals and local health services and \$157 million over four years for better access to specialised mental health care.
- Members would be aware that the investment in healthcare continues to increase year on year.

Cleared as complete and accurate: 21/08/2018  
Cleared by: Deputy Director-General Ext: 52248  
Information Officer name: Karen Doran  
Contact Officer name: Trevor Vivian Ext: 71818  
Lead Directorate: Health

TRIM Ref: GBC18/408

Portfolio/s Health & Wellbeing

GBC18/408

**ISSUE: PRIORITISATION AND TREATMENT OF TRANSPLANT PATIENTS IN ED**

**Talking points:**

- Canberra Hospital and Health Services (CHHS) Emergency Department (ED) prioritises septic patients and in particular those who are immunocompromised.
- Without further information, CHHS is unable to accurately identify the patient mentioned in Question Time on 21 August 2018, in order to investigate the particular circumstances.
- The triage system in the CHHS ED ensures that each patient is allocated a triage category determined by clinical need, so that serious, and life, limb or organ threatening cases are seen as the highest priority.
- Patients are triaged based on the information available at the time of presentation.
- If a patient has concerns while they are in the CHHS ED waiting room, they can go to the triage nurse to be reviewed. Triage nurses usually remind patients of this when they are triaged.

**Key Information**

- The CHHS ED was very busy on Monday 20 August 2018.
- There were 274 presentations in the context of significant senior medical officer sick leave, and high occupancy with a higher than usual number of admitted patients awaiting inpatient beds.
- It is appropriate for hospital staff to acknowledge and apologise to patients when issues arise in hospital processes.

Cleared as complete and accurate: 22/08/2018  
Cleared by: Deputy Director-General Ext: 42728  
Information Officer name: Chris Bone  
Contact Officer name: Narelle Boyd Ext: 45801  
Lead Directorate: Health

TRIM Ref: GBC18/408

**ISSUE: MEDICAL IMAGING 23 AUGUST 2018****Talking points:**

- Canberra Hospital uses an offsite radiology service for specialist reporting of diagnostic imaging studies at such times as after hours and when unplanned (sick) leave arises.
- Patients are not required to go offsite for this process. They have their imaging performed onsite, and their images are electronically sent to an external radiology provider, who reads the images and provides a specialist report, to be acted on by the patient's treating team. This ensures the continuity of high quality, efficient patient care.
- This is a recognised strategy in many hospitals, particularly in regional areas, for ensuring continuity of person centred services. Patients and their treating teams want to know their results as soon as possible. The use of an offsite radiology service supports this person centred approach.

**Key Information**

- Management of leave was cited as a concern in the Royal Australia and New Zealand College of Radiology (RANZCR) report on accreditation of the radiology training program at Canberra Hospital.
- In response, recruitment for two new radiologists has closed and interviews will be happening within the next two weeks.
- This does not mean that Canberra Hospital will stop using the offsite radiology service when required. All other avenues for onsite reporting are used first, but once these are exhausted, images are sent offsite to ensure the continuity of a person centred approach.

Cleared as complete and accurate: 23/08/2018  
Cleared by: Deputy Director-General Ext: 42728  
Information Officer name: Chris Bone  
Contact Officer name: Tonia Alexander Ext: 42169  
Lead Directorate: Health

TRIM Ref: GBC18/408

## **Mental Health Portfolio Overview 2018**

### ***Narrative***

- Mental health and suicide prevention are continued priorities for the ACT Government.
- While we have dedicated and professional staff and service providers, there is a need for stronger integration and coordination of our mental health system.
- In 2017 we laid some important foundations for future reforms.
- Establishing the Office for Mental Health will enable:
  - comprehensive oversight of the ACT's mental health system
  - a focus on a person-centred approach across government; and
  - improved coordination of services and facilities.
- Other key priorities in the mental health portfolio for 2018 include:
  - Developing an ACT suicide prevention strategy, including targets (led by the Office for Mental Health);
  - Improving access to supported accommodation in the community;
  - More mental health services for children and adolescents; and
  - Implementing the new Adult Community Mental Health Model of Care.

### ***Key Stats***

#### **ROGS 2018**

- Since 2009–10 the ACT has consistently had the lowest rate of seclusions in mental health inpatient settings in the nation. In 2016–17 the ACT reported 2.8 episodes of seclusion per 1,000 patient days, compared to the national average of 7.4 per 1,000 patient days.
- The number of acute mental health inpatient beds in the ACT was below the national average in 2015-16, with 18.6 acute beds per 100,000 people compared to the national average of 22.4 beds per 100,000.
- However, when including community based units, in 2015–16, the ACT had 42.5 available beds in specialised mental health services per 100,000 people. This was above the national average of 39.4 beds per 100,000 people.
- ACT Health showed positive overall results in post-discharge community care, with 73.7% of patients receiving follow-up within the first seven days of discharge from a psychiatric admission, compared to a national average of 68.2%.

#### **AIHW Mental Health Services KPIs (figures for 2015-16)**

- 13.6% of separations from acute psychiatric inpatient units in the ACT resulted in readmission within 28 days, compared to a national average of 14.6%.
- 100% of mental health services in the ACT met accreditation standards under the National Standards for Mental Health Services.
- 15 days was the average length of stay in acute mental health inpatient services in the ACT, compared to a national average of 13 days.
- The average cost per acute admitted patient per day for mental health services in the ACT was \$1,170, compared to a national average of \$1,153.

- The average cost per community treatment day for specialised community mental health care in the ACT was \$224, compared to the national average of \$305.
- 2.7% of people who usually reside in the ACT received public sector mental health care services in 2015-16, compared to the national average of 1.8%.
- 1.0% of people under the age of 15 in the ACT received public sector mental health care, which was equal to the national average.
- 40.3% of people receiving public sector mental health care in the ACT were new clients (within 5 years), compared to the national average of 42%.

### ***Talking Points***

- As the first dedicated Minister for Mental Health in the ACT, I recognise:
  - the seriousness of mental health issues;
  - the importance of investing in prevention and promotion of support services; and
  - the need to provide coordinated and accessible services to those in our community who need help.
- Mental health and suicide prevention are continued priorities for the ACT Government, with around one third of Canberrans needing mental health care at some stage in their lives.
- Our commitment is reflected in the Parliamentary Agreement and in the ACT Government's 2017-18 Budget initiatives, including funding for the establishment of an ACT Office for Mental Health.
- The Office for Mental Health is a key priority for me. I believe a body such as this has the potential to make real and lasting change for mental health consumers, carers and their families. To do this however, significant community consultation and engagement is needed.
- Targeted consultation on the new office with mental health service consumers, carers and stakeholders in the mental health sector has been underway since October and is finishing up over the coming weeks. We will then move to have the Office established by 1 July this year.
- In 2017 we laid some important ground work with the consultation on the Office for Mental Health, as well as the establishment of the Mental Health Advisory Council and securing over \$23 million in funding for mental health services through the 2017/18 Budget.
- In 2018, in addition to establishing the Office, my priorities include a renewed focus on suicide prevention informed by the Lifespan project, further improvements to services for children and young people, expanding access to supported accommodation options in the community and implementing the new Adult Community Mental Health Model of Care.
- The mental health portfolio is broad, complex and challenging. I am looking forward embracing those challenges and continuing to working with consumers, carers, health professionals and the sector to continue to improve our mental health system for those who need it most.

## ***Sensitivities***

- On 31 January Mrs Dunne put out a media release claiming that the Office for Mental Health was overdue.
- Other key points from Mrs Dunne's release were:
  - According to ROGS data, there are not enough acute mental health beds to meet growing demand
  - In the past ten years, the number of patient days per 1,000 people increased by more than one-third while the number of full time staff per 100,000 people only increased by 16 per cent.
  - In 2015-16, we had 32.7 full-time staff per 100,000 people, compared to the national average of 54.6
  - In the past ten years, the beds per 100,000 people have fallen by 17.6 per cent
- Mrs Dunne has also referenced complaints from constituents that some patients are forced to go interstate to get treatment.
- In response to these claims by the Opposition, the following points should be noted:
  - While the number of acute mental health beds in the ACT was below the national average in 2015-16 (18.6 beds per 100,000 compared to 22.4), when community-based residential units are included, the total number of specialised mental health beds in the ACT in 2015-16 was above the national average (42.5 beds per 100,000 compared to 39.4).
  - Additionally, more acute inpatient beds were opened in 2016-17 which were not included in these figures. These include 10 beds at the Dhulwa mental health unit and 6 inpatient beds at the Mental Health Short Stay Unit at TCH.
  - Of the full-time equivalent staff quoted in the media release (32.7 per 100,000 people), this only accounts for acute inpatient staff.
  - ROGS reports that the number of full-time equivalent staff in ACT mental health services (including inpatient, community and residential settings) in 2015-16 was 112.2 per 100,000 people, which is above the national average of 108.0.
  - The ACT invests more than any other jurisdiction in community mental health services, with 20% of total mental health expenditure going to community organisations, compared to a national average of 7.6%.
- On the issue of young people needing to travel interstate to seek services, this can occur when a young person requires highly specialised, longer or more intensive inpatient treatment. ACT Health will assist patients to find a suitable facility in these cases. In 2016 a total of 12 young people were transferred to interstate facilities, while in 2017, 3 young people were transferred.
- The Government has also committed to establishing a child and adolescent inpatient mental health unit as part of the expansion of the Centenary Hospital for Women and Children.

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Portfolio/s Mental Health

**ISSUE: ACCREDITATION**

**Talking points:**

- I would like to acknowledge the dedication and efforts of all staff involved in working towards achieving accreditation, and I am pleased that ACT Health has met the intent of all recommendations contained in the Not Met Core Action report.
- ACT Health received the final report from the Australian Council on Healthcare Standards (ACHS) on 6 August 2018 and have been awarded accreditation to the National Standards until 30 July 2021.
- On 12 July 2018, with my support, ACT Health released the report on the independent review of mental health inpatient services, which was commissioned as part of the ACT Government's response to the Not Met Report during ACT Health accreditation.
- I would like to highlight that the independent external reviewer makes some very complimentary remarks about ACT Health staff, which we are particularly proud of, as well as issuing praise for many aspects of the ACT's mental health inpatient services and facilities.
- As recommended under the original 'Not Met' report, an independent advisory body has been established to monitor the implementation of recommendations arising from this report.
- ACT Health's focus has been and will continue to be on making sure the recommendations are implemented as a priority.
- It was disappointing that media reports on the release of the external review report focused on workforce shortages, rather than taking the

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opportunity to highlight the good mental health inpatient services and facilities that are provided by ACT Health.

- I can confirm that ACT Health has implemented a number of initiatives to address the workforce shortages in mental health, including active recruitment, continuation of existing scholarship programs, and new education and support programs.

### **Key Information**

#### Status of Mental Health specific recommendations

Of the total 33 recommendations arising from the Accreditation Not Met Report, five related specifically to mental health:

- **Ligature Points** - Infrastructure scope of works have been completed for the Adult Mental Health Unit and Mental Health Short Stay Unit. Substantial work has been undertaken to date with the ligature minimisation works which have been broken into three phases:
  - Phase 1 commenced on 23 April 2018 with the removal of the ensuite doors, ensuite door barricade flap and door closers that represent the highest ligature risk. As at June 2018, all works included in Phase 1 scope of work have been completed;
  - Phase 2 work includes the remaining ligature minimisation works throughout these two facilities, excluding the bedroom doors. These works commenced in June 2018 and include the development and approval of a prototype room to confirm all proposed fittings and room modifications prior to implementation. Works included in Phase 2 are currently underway; and
  - Phase 3 scope involves the bedroom doors replacement, which include the electrostatic viewing panels and hard wired access control for both the doors and the viewing panels. Also to be included in the Phase 3 scope of works are other ligature minimisation works that were not originally identified in the Consultant audit report. These works are scheduled to commence after the completion of Phase 2 in August 2018.

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- **That ACT Health commission an independent review of the safety of mental health inpatient units** – The review was completed, and the report was publically released on 12 July 2018. Work is underway to implement the recommendations from the review.
- **That ACT Health establish an Advisory Body to oversee any recommendations from that review** – The Advisory Body has been established, and has met once, with the next meeting scheduled for 15 August 2018.
- **That ACT Health complete outstanding discharge summaries from AMHU** – The backlog of discharge summaries was completed at the end of May 2018. Training and support has been provided to the medical staff on their medico-legal responsibilities regarding the concise detail needed by General Practitioners and the importance of timely completion.
- **That ACT Health work with ACT Corrective Services to reduce the exposure of our staff to passive smoke at AMC** – while not assessed as part of the AC90 survey, ACT Health has taken steps to address this recommendation. ACT Health continues to work closely with Justice and Community Services Directorate (JACS) to address risks associated with exposure of staff to passive smoking in the course of their duties at the Alexander McConochie Centre (AMC).

#### ACT Health Summary

- On 3-5 July 2018 The ACHS completed an Advanced Completion (AC90) assessment across various ACT Health sites including the Adult Mental Health Inpatient Unit (AHMU).
- During the AC90, site visits were attended by key senior and clinical staff within ACT Health where presentations provided the actions, outcomes, evaluation processes and plans for sustainability for all ACHS recommendations for the 33 Not Met Core Actions.
- Significant feedback has been provided by the surveyors on how impressed they were with the substantial improvements ACT Health has made and the extent of activity to ensure that all recommendations were addressed.
- Across all Standards and clinical areas visited, the surveyors observed and commented on the excellent leadership, collaboration and relationship building that has occurred across diverse areas within ACT Health.
- Examples of this commentary within the standards include:

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- Standard 1 Governance:
  - The governance documents and supporting committee structure provided all staff with clarity of roles, responsibilities and lines of reporting.
  - The significant achievements and improvement work that has occurred at AMHU to address the ligature risk and the carefully considered cross disciplinary and divisional approach.
  - The Quality Improvement board captured in detail the excellent quality improvement work AHMU staff are undertaking and have achieved. Staff explained this board to the surveyors with great enthusiasm and pride in their achievements. The Surveyors encouraged staff to submit the improvement projects for a quality award.
- Standard 3 Preventing and Controlling Healthcare Associated Infections:
  - It was reported that ACT Health has embraced and embedded the principle and intent of Standard 3 with the significant improvements observed and reported by surveyors on Preventing and Controlling Healthcare Associated Infections
  - Excellent improvements were observed in the kitchen and linen bay at Canberra Hospital. Surveyors commented on the focus, collaboration, investment and Executive Leadership that has occurred to address the issues.
- Standard 4 Medication Safety:
  - The work undertaken to address the secure storage of medications with installation of the locked medication cupboard in theatres and implementation of Wi-Fi fridge monitoring was reported as excellent and demonstrated collaboration between a number of staff across divisions in the organisation. The Surveyors encouraged staff to submit these improvements for a quality award.
  - The high standard of care observed at clinical handover and the implementation of the Electronic Medication Management System across Canberra Hospital and Health Services, with sureyors noting staff are embedding the use of the system to support handover of medications.

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- Standard 5 Patient Identification and Procedure Matching:
  - Significant improvements were observed and reported by surveyors in Patient Identification and Procedure Matching including the excellent work undertaken to improve compliance with completion of the surgical safety checklist. Surveyors were impressed by the collaborative multidisciplinary approach taken across divisions to create and sustain change and encouraged staff to document and publish this improvement activity.
- Standard 6 Clinical Handover:
  - Significant achievement was observed in addressing the discharge summary report completion rates.
  - Surveyors were particularly impressed with the Medical Officer Discharge Report education program focusing on ensuring comprehensive understanding of the purpose and importance for timely discharge documentation.
  - Surveyors encouraged staff to publish and submit a quality award nomination for the handover improvements undertaken when transferring patients from the Emergency Department to the AMHU.

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Portfolio/s Mental Health

**ISSUE: ACT HEALTH GOVERNANCE**

**Talking points:**

- Standard 1: Governance for Safety and Quality in Health Service Organisation is one area in which the Australian Council on Health Care Standards (ACHS) identified as requiring improvement.
- It is important to emphasise that improving quality and safety is an ongoing process in the health system and that doesn't start or end with accreditation. There is significant work underway every day in our hospital that is focuses on quality and patient safety.
- The re-accreditation process was an opportunity to identify areas of improvement to ensure we continue to deliver high quality and safe health care to the community. The improvements we are making as a result of this process will make our health services even better.
- The issues and recommendations that relate to governance were dealt with as a priority, ensuring good governance is at the centre of all our important health care reforms moving forward.
- The Directorate's Governance Framework, Clinical Governance Framework and Corporate Plan were reviewed and updated to provide staff with a clear outline of reporting and accountability.
- Another important part of this work was the review of ACT Health's committee structure, with changes made to the existing top level structure to improve governance arrangements within the organisation.
- In addition, ACT Health's new Quality Strategy sets down the guiding principles and strategic priority areas for the next two, five and ten years.

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- It will act as a platform to demonstrate ACT Health's improvements in safety and quality of care.
- A Quality Strategy Implementation Plan and Measurement Framework is currently under development and will be finalised in the second quarter of 2018.
- Once the implementation plan and measurement framework is developed, base line data will be collated to inform the specific percentages for each priority – person-centred care, safe care and effective care.
- The governance arrangements across the organisation are an ongoing focus for the Directorate as ACT Health moves to transition into two organisations.

## Key Information

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

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

- The proposal to restructure ACT Health was considered over a number of months and involved a range of conversations between myself and the Minister for Health and Wellbeing.
- Noting the informal nature of some of these discussions I am unable to provide a specific date for when the matter was first discussed with me.
- The changes to ACT Health announced in March this year will bring ACT Health closer in line with other Australian jurisdictions, which have structurally separated their clinical services delivery from their departments of health which focus on policy, planning and regulatory functions.
- The ACT Health Directorate Executive Leadership Team, with the support of a dedicated Transition Office, will be overseeing the transition planning.
- The ACT Health Directorate will become two organisations from 1 October 2018. This change is an essential evolution for our growing population and expanding health system, and will bring greater clarity about the distinct roles and responsibilities of frontline staff and corporate staff.
- Staff who deliver frontline health services to the Canberra community will come under the umbrella of a dedicated health services delivery organisation.
- There will be a second organisation responsible for strategic policy and planning which will set the strategic direction for health services across the ACT.

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- The creation of two health organisations will enable a clearer focus on efficiency and effectiveness for clinical operations, and free up capacity within the ACT Health Directorate to undertake core strategy and system stewardship functions.

### Governance and Consultation

- Work is well underway in preparation for the formation of two organisations, which are planned to commence from 1 October 2018.
- The interim Director-General is leading the transition process, which follows from a recent review of the current organisation's form and functions. An interim structure was implemented on 16 July 2018 to establish the foundation for the next stage of the restructure which will focus on ensuring the organisations are designed in a fit for purpose and sustainable manner.
- In addition, the Head of Service is leading planning work to define the principles that will underpin the establishment of the two new organisations, and their governance relationship.
- The planning process includes developing recommendations on the relationship between the service delivery organisation and the planning and policy organisation. It is essential that this relationship supports a model providing effective governance, management and accountability. This process has involved consultation with key stakeholders to seek their views on the governance model and key relationships required to ensure effective functioning of the organisations.
- A Transition Office has been established and is undertaking regular staff and stakeholder communications and engagement activities, to ensure that we deliver a model that will work on the ground for both staff and ACT Health consumers.
- I remain committed to enabling and encouraging staff, stakeholders and the community to invest in this change process.

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## Impacts for Patients/Consumers

- These proposed changes are primarily administrative in nature at this stage and are being developed with careful consideration to ensure that there will be no negative impacts on the services that we offer.
- The organisational change will be implemented from 1 October 2018, and for patients and consumers, the transition will be a seamless one. Every effort is being made to ensure that people visiting one of the three public hospitals, our popular Walk-in Centres or in any way accessing the many community based health services that we offer will not experience any disruption as a result of this announcement.

## Impacts for Staff

- I would like to reassure all ACT Health employees that staff will continue to be engaged in the development of the new structure.
- We are working to ensure that we minimise disruption for staff members as much as possible.
- Should it be determined that there could potentially be direct changes for staff, appropriate consultation with affected staff and their unions will be undertaken before any final decisions are made.
- The Interim Director-General has advised that, if required, any impacted staff will be personally advised prior to any formal release of a document for consultation.
- Every possible opportunity will be provided to staff and unions to provide feedback on proposed changes to organisational reforms.
- Final decisions on new organisational structures will only be taken once there has been full and appropriate consultation.
- Staff are also encouraged to contact the Transition Office with suggestions, questions or concerns, and to participate in the numerous forums being offered over the coming weeks.

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### Territory-wide Health Services Framework

- The clinical and service planning underway through the Territory-wide Health Services Framework will remain a key priority for government.
- Due to the proposed timing of the organisational change, it is anticipated that while work continues in refining the Specialty Service Plans and structure of Canberra Hospital and Health Services (CHHS), implementation of these Framework items will be phased in from late 2018 to take full advantage of the development of the two new organisations and the recruitment of a new leadership team.

### Director-General Position

- Mr Michael De’Ath commenced in the role of interim Director-General, ACT Health Directorate on 9 April 2018, while the recruitment process for a new Director-General and Chief Executive Officer, CHHS, is underway. These positions were advertised nationally, and closed on 24 June 2018. An announcement will be made in due course.

### **Key Information**

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

### **Background Information**

- A recent freedom of information request may see the publication of reports prepared for ACT Health and Chief Ministers Directorate outlining consideration of Directorate governance structures.
- The recent Accreditation Audit highlighted governance across the Directorate as an area for improvement. ACT Health has since been successfully accredited.

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

- Work on the Territory-wide Health Services Framework (the Framework) is progressing and the Territory-wide Health Services Advisory Group has provided feedback resulting in a revised draft of the Framework.
- The revised Framework is currently under consultation with the Advisory Group and clinical Executive Directors within ACT Health.
- ACT Health is working to have the Framework completed and released by 30 September 2018.
- Implementation of the Framework will be phased in from late 2018 to take full advantage of the development of the two new organisations and the recruitment of a new leadership team.
- Feedback to date from ACT Health staff and the Advisory Group indicates a high level of support for the refreshed Framework.
- The development of the Specialty Services Plans (SSPs) is also progressing well. There are 46 SSPs in total in development. This includes 40 specialty services and six core services e.g pathology and pharmacy.
- The current status is:
  - **Phase 1** has involved profiling the current services. Work to date has included stakeholder engagement with these service providers:
    - CHHS service providers;
    - Calvary;
    - ACT Health GPs;
    - Other GPs; and
    - NGOs.
  - There will be further opportunities for consultation in July and August 2018 to allow –

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- Clinicians to have the opportunity to provide further input and feedback as the format of the document has changed; and
  - The bed demand projection data to be subject to clinician validation.
- **Phase 2** analysis is also underway and data that identifies current demand for inpatient and outpatient services is being collated.

**Key Points**

- The Territory-wide Health Services Framework will guide the development and redesign of health care services across the Territory over the next decade. The draft Framework was released on 19 September 2017.
- SSPs provide a high level roadmap for each service capturing current service activity, information about service gaps, and opportunities for improvement and future innovation.
- Work commenced on SSPs in December 2017. There has been considerable consultation with clinical staff on development of the SSPs, including staff from ACT Health and Calvary.
- Initial consultation on the SSPs with the community and primary care sectors (including GPs) has also commenced, with further consultation still to occur. The Territory-wide Health Services Advisory Group has been contributing valuable input into how this process should be undertaken.

**Background Information**

- A Territory-wide Health Services Advisory Group (Advisory Group) has been established to inform the Territory-wide health services planning work. The Advisory Group comprises 11 members from a broad range of health and community organisations across the Territory. Membership of the Advisory Group was announced in December 2017 and the group met on 31 January, 14 March and 4 July 2018.
- A key feature of the draft Framework released in September 2017 was the establishment of clinical centres of grouped specialties. The Canberra Hospital and Health Services Realignment Project commenced in December 2017 with a recommended restructure of clinical services around “Centres” of clustered clinical services. The Centres were an objective of the original draft Framework.
- Consultation on the initially proposed CHHS restructure opened on 8 December 2017 and closed on 28 February 2018. At the close of the consultation period, 503 items of feedback were received across 135 submissions. Following the announcement to split ACT Health into two organisations, the clinical realignment was deferred until after a new Chief Executive Officer for the clinical service was appointed. The clinical centres are not in the revised Framework.

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**Portfolio/s:** Mental Health

## ISSUE: ACT HEALTH SYSTEM WIDE DATA REVIEW

### Talking points:

- On 14 February 2017, Minister Fitzharris announced that ACT Health would undertake a System-Wide Data Review (the Review), after ACT Health was unable to provide data on emergency department performance, elective surgery waiting times and mental health data for the 2017 Report on Government Services.
- The Review has now been completed and an Outcomes Report was delivered to the Minister in the first week of April 2018.
- The Review process involved a variety of stakeholders including:
  - consumers;
  - clinical and other health service providers;
  - non-clinical staff;
  - teaching, training and research groups;
  - national health agencies; and
  - the broader ACT Health Directorate and ACT Government.
- These discussions focused on the identification of data management and governance issues rather than how the resolution would be effected as part of a cohesive implementation plan.
- With the issues, key findings and recommendations identified as part of the Outcomes Report, a further round of consultation was conducted with stakeholders on the results of the Review and the development of a work program to implement the Review outcomes.
- In particular, the consultation focused on the work program's areas of priority, required resourcing and other considerations, to ensure that key stakeholder feedback and views inform a comprehensive implementation plan.

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- High quality data and reporting are the foundations of an informed hospital and health care system that is accountable, transparent and responsive. This is why Minister Fitzharris called for this review to be undertaken.
- The System-Wide Data Review has enabled ACT Health to constructively learn, build capability and expertise, and address root cause and systemic issues.
- The work of the System-Wide Data Review is also informing mental health performance indicator development. This work aims to consolidate information and reporting, to make information more relevant to stakeholder requirements and to have indicators able to be incorporated into, and aligned with, national and local reform. I look forward to advising on the progress of this work once the development process is finalised.
- Minister Fitzharris will table the final Report, Government response and Implementation Plan in the August 2018 sitting period.

**Key Information**

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

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process demonstrates confidence and transparency across the data and reporting systems;

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

Future work includes:

- Mental Health Services – implementing new performance indicators and reports across all services ranging from day to day operational reports to those presented in this place;
- Elective Surgery Waiting Lists – an analysis of the impact of activity based funding methodologies on the elective surgery management practices;
- University of Canberra Public Hospital – designing new performance metrics including the potential for automated costing;
- Consumer Information – developing options for improving public reporting and innovative technologies available moving forward; and
- Real-time data for Clinicians – trialling new technologies and analysis tools for clinicians to inform and improve patient outcomes.

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**Portfolio:** Mental Health

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

**Talking points:**

- The Office for Mental Health and Wellbeing was launched on 14 June 2018 following consultation with the community, mental health consumers and carers, mental health organisations and peak bodies.
- The Office will develop a cohesive vision for mental health in the ACT. This will be led by a Coordinator-General and will involve representatives from across ACT Government.
- The Office will maintain a level of independence and has a mandate to work across all Government agencies. In order to ensure the Office retains a level of independence from the day-to-day running of ACT Health, it will have the authority to conduct reviews and produce reports as the Coordinator-General deems necessary or at my request.
- The Coordinator-General will report directly to the Director-General of ACT Health, as well as having direct access to me as needed. This arrangement will allow the Director-General to champion the work of the Office and support priority issues, actions and reports to be considered by Cabinet and I.
- The Office will lead a process of co-design through a cross-directorate stewardship group to develop a new Territory-wide vision for mental health in the ACT. This new vision will reflect how Canberra wishes to foster the mental health and wellbeing of its people into the 21st century. The vision will be developed with the Stewardship Group and co-designed with stakeholders alongside the development of the initial work plan, which will be the first priority of the Office.
- The program of work will be determined after co-design with stakeholders and government agreement.

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**Key Information**

- The allocated budget for the Office will be solely to fund the staff for the Office for Mental Health and Wellbeing and this includes all on costs.
- The existing ACT Health infrastructure will provide in kind support for all associated corporate functions.
- The recruitment for the Office is in progress. It is expected the Coordinator-General will be on-board in October 2018.
- There is currently no additional budget allocated for the program of work. The agreed workplan will be subject to considerations regarding whether there are coordination activities that require new funds allocation.
- The staff of the Office are not required to have clinical backgrounds and it is not a clinical function.
- The Office will focus on change management and systemic quality improvement across the entire continuum of mental health care. This includes all aspects of the experience of mental health and mental illness, including health services, drug and alcohol, primary care, housing, employment, community services, justice, the police, education, and social inclusion.
- It is expected that staff (other than the Administration Officer) will have proven experience in change management with an ability to work across government, with the community and with clinical services. They will need effective leadership ability and high level conceptual and analytical skills in order to effectively lead the process to develop a new Territory-wide vision for mental health in the ACT.
- The Office is currently undertaking stakeholder engagement across Government and the community to provide an overview of the Office, to build relationships and to establish forums for future engagement.

**Background Information**

- The content and recommendations of Synergia's final report were informed by extensive community and stakeholder consultations conducted by Synergia. This included consultation with the Coordinator-General for Family Safety, the Human Rights Commission, the Aboriginal and Torres Strait Islander Elected Body, the Capital Health Network, the Mental Health Community Coalition, the Mental Health Consumer Network, Carers ACT and members of the public in community forums.
- The Parliamentary Agreement for the 9th Legislative Assembly for the ACT identifies the establishment of an ACT Office for Mental Health to oversee mental health services in the ACT as a strategic priority.
- A Request for Quote process was conducted by ACT Health to engage a consultant to help with the design and development of the Office. Each of the proposals submitted

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to ACT Health were scored by an evaluation panel. Following this process, Synergia was selected as the preferred provider.

- Synergia’s final report contained 20 recommendations which fall into five categories, which describe the functions that Synergia believe the Office will require to fulfil its mission. These five functions include:
  1. Developing and maintaining a territory wide approach to mental health in the ACT;
  2. Coordinating mental health policies, strategies and funding in the ACT;
  3. A focus on systemic reform and improvement across the continuum of mental health care, including physical health, drug and alcohol and the social determinants of health;
  4. The monitoring and reporting of services and outcomes relating to mental health in the ACT; and
  5. Community engagement to promote mental health and wellbeing.

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

- The Adult Community Mental Health Services (ACMHS) Model of Care (MoC) was endorsed on 17 October 2017.
- The proposed timeline forecasts a staged, transition period of implementation.
- Workforce planning, policy and procedure development, communication and training, evaluation and planning of future phases for further improvement and sustainability support are all underway.
- The first new service, the Assertive Community Outreach Service (ACOS) officially commenced operations on 14 June 2018 with a graduated roll-out of the remaining new teams throughout the remainder of 2018.
- Permanent ACMHS staff submitted their preferences for positions in the new MoC workforce profile and all existing permanent staff have been allocated to a position within the new MoC.

**Key Information**

- Workforce planning has been completed and all existing permanent staff within the ACMHS program have been allocated positions within the new MoC workforce profile.
- A number of Quality Improvement projects are currently in train to allow pilot testing of each of the functions of the new MoC before each new service comes online. This process will allow clinical and operational governance systems and referral pathways to be evaluated while maintaining a safe platform of service delivery.
- The MoC encompasses:
  - a) Service Principles:
    - Recovery-oriented and person-centred;
    - Integrated, multidisciplinary and evidence-based;

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- Embracing of diversity and complexity;
- Timely, accessible and responsive;
- Committed to Supported Decision Making; and
- Committed to safety, quality and harm reduction.

b) Services Provision:

- Access Assessment & Triage: 24 hours a day, seven days a week, centralised intake;
- Acute response and Intensive Home Treatment: brief crisis intervention in a person’s home or community setting as an alternative to inpatient admission and to facilitate earlier hospital discharge;
- Community Recovery Service: clinical case management (short or longer-term) using a strengths-based approach;
- Assertive Community Outreach Service: clinical case management for people with longer term complex service engagement needs; and
- Individual Therapies: structured therapy programs as an adjunct to clinical case management.

## Background Information

- ACMHS are specialist community-based mental health assessment and treatment services for adults in the ACT experiencing moderate to severe functional impairment due to serious mental illness with associated complex needs and risk.
- The work on the new MoC has been undertaken by the ACMHS MoC Project Steering Committee, comprised of representatives from ACT Health and relevant peak bodies including the Mental Health Community Coalition ACT, ACT Mental Health Consumer Network, Capital Health Network and Carers ACT. There have also been a number of targeted and focused community consultations with other key stakeholders in preparation of the proposed ACMHS MoC.

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**Portfolio/s:** Mental Health**ISSUE: BRIAN HENNESSY REHABILITATION CENTRE – EXTENDED CARE UNIT AND SUPPORTED ACCOMMODATION****Talking points:**

- The mental health rehabilitation services delivered at Brian Hennessy Rehabilitation Centre (BHRC) were transitioned to the University of Canberra Hospital (UCH) on 17 July 2018.
- In the 2018-19 budget \$22.8 million was allocated for supported accommodation to expand the mental health system to provide more community based alternatives for the provision of mental health care.
- Included in this initiative is an investment to refurbish the ten bed Extended Care Unit at BHRC to provide an upgraded facility where mental health patients can gradually transition from an inpatient clinical setting into supported accommodation.
- Five residents are currently residing in the Extended Care Unit. Following the refurbishment the remaining beds will be utilised.
- In the supported accommodation initiative there was also funding for three houses to be built in the community to provide long term supported accommodation for people with mental illness. These supported accommodation facilities will benefit the community and the people who use mental health services by providing the appropriate care in the appropriate place, enabling greater access and interaction with the community and the person's support networks.
- The supported accommodation initiative also provides for the establishment of a Southside Community Step Up Step Down (SCSUSD). The SCSUSD will provide short-term residential support for people with the aim of preventing admission to hospital, and will be run in partnership between ACT Health and a non-government organisation. ACT Health will provide

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clinical services including a range of therapeutic interventions, and a community agency that will have a 24/7 onsite presence and provide for practical and psychosocial support for people in the program.

### **Background Information**

- The residents remaining in the Extended Care Unit includes those who are subject to a court order or who require a further period of care before they are transitioned to supported accommodation.
- All residents in the Extended Care Unit at BHRC are likely to be eligible for the National Disability Insurance Scheme (NDIS) and will be assisted to access individual NDIS packages for the necessary psychosocial support required to enable them to transition to living in the community.

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**Portfolio:** Mental Health**ISSUE: IMPACT OF THE NATIONAL DISABILITY INSURANCE SCHEME (NDIS) IN THE MENTAL HEALTH COMMUNITY****Talking points:**Experience of the ACT Mental Health Community Sector

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

NDIS and Mental Health Interface work:

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

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collaboration. The resulting work plan has been drafted and will be presented to the Disability Reform Council for endorsement in October 2018.

Psychosocial Participant Pathway:

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

**Key information**

National Psychosocial Support Measure

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

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- Total funding from ACT Health is \$2 million over four financial years, with the Commonwealth funding \$1.3 million over the same period.

## Background Information

- The activities outlined above are part of the response to concerns raised about the rollout of the NDIS and challenges in delivering psychosocial support in the ACT.
- The concerns raised are similar to those being experienced nationally and include:
  - Access to the NDIS – challenges for the NDIS to engage with people in need of supports, difficulties faced with planning and reviews, process related delays and processes that create barriers to engagement.
  - Lack of skilled staff at the NDIA – the importance for staff to have adequate understanding of psychosocial disability, including how to collaborate with the person and their key supports. The impact on the adequacy of plans and agreed funding is significant.
  - Pricing structure – the impact of the NDIS price points on the sustainability, quality and effectiveness of providers of psychosocial supports.
  - Tensions between the language of permanent disability and mental health recovery, and translating the NDIS in practice to promote recovery.
  - The importance of accommodation in the psychosocial support landscape and how the NDIS interfaces with meeting accommodation needs.
  - Need to build in support coordination including funding for services to assist people in the period leading up to engagement with the NDIS.
  - Concern regarding psychosocial support services and programs for people who are not eligible for the NDIS, including information linkages and capacity building and the psychosocial support measure. Loss of social support programs, especially group programs, with open access since the rollout of the NDIS.

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

- In recent months there has been an increased amount of community attention towards eating disorder services in the ACT. This has included the submission of a petition, created by Ms Molly Saunders and sponsored by Mr Petersson, which was presented to the Legislative Assembly on 31 July 2018.
- ACT Health established an Eating Disorders Working Group to examine the current service availability for eating disorders in the ACT. This working group included national and local experts and people with lived experience to inform this important work.
- I am currently reviewing the Eating Disorders Strategy Paper developed by the Eating Disorders Working Group. The Paper identifies a number of priority areas, possible actions and provisions for the ACT. It will build on existing eating disorders services to support better outcomes for people with emerging or current eating disorders.
- In the coming months I will be able to outline in more detail how I am taking these steps forward.
- In the ACT there are a number of services available for people with eating disorders. These include ACT Health services, private health services, general practitioners and non-government organisation services.
- The ACT Health Eating Disorder Program is a specialist tertiary service which provides free, public, specialist eating disorders therapy to residents of the ACT.
- The ACT Eating Disorder Program provides services within an evidence-based practice, including the Maudsley Family-Based Therapy for

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Adolescents (up to 18) and Cognitive Behavioural Therapy, complimented by a group program for people aged 18 and over.

- A person with an eating disorder who requires inpatient treatment in the ACT, is usually admitted to either the Paediatrics Ward at the Centenary Hospital for Women and Children, or an inpatient mental health ward at Canberra or Calvary Hospital, depending on the age and individual medical and psychiatric needs of the person.

### **Key Information**

#### Specialist in-patient treatment

- The petition developed by Ms Molly Saunders requests the establishment of a specialist in-patient treatment centre for eating disorders in the ACT.
- The establishment of an inpatient eating disorders unit in the ACT was not proposed as the optimum solution by the Eating Disorders Working Group. Analysis of current national and ACT data suggests that there is not enough demand for inpatient services to operate such a unit safely, as a constant throughput of cases is necessary to ensure the maintenance and development of staff skills.
- Where possible, treatment for eating disorders should be offered in the settings that are the least restrictive. As a result, admission to a specialised eating disorder in-patient unit is a last resort and should be rarely required. In cases where admission to a specialised eating disorder in-patient unit is required, ACT Health liaises closely with interstate services to arrange appropriate treatment and ensure continuity of care.
- The Eating Disorders Working Group found that the development of services must be across multiple settings, with a particular focus on services aimed at early intervention and prevention of eating disorders.

#### Eating disorder programs

- Wait times to access the Eating Disorder Programs (EDP) range from four to ten weeks, depending on clinical severity, capacity to access other services and the overall impact of eating disorders on overall age and functioning.
- All referrals to the EDP must be from a GP. This is to ensure ongoing medical monitoring of the person throughout therapy as the EDP is not a medical service or a crisis service.

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- ACT Health currently funds Mental Illness Education ACT (MIEACT) to provide an educational body image program to teaching staff and Year 7 and 8 girls in schools.

## Background Information

- Eating disorders are serious illnesses that cause high levels of psychological distress and carry risks of long term mental illness, premature death due to medical complications and increased risks of suicide.
- Eating disorders can occur at any stage of life, although the incidence peaks nationally between the ages of 12-25.
- The complexity of managing eating disorders requires multiple services, settings and agencies to coordinate their efforts and work together. This level of change will take time and require a staged approach.
- ACT Health has developed an ACT Eating Disorders Strategy Paper, which identifies the possible next steps and actions for developing and improving the services for eating disorders in the ACT. A number of these strategies will focus on expanding and developing approaches targeted at early intervention and health promotion.
- These include immediate options that can be achieved within the financial position of the 18/19 budget and longer term options that will require funding through a Business Case.
- ACT Health is currently developing material for this Business Case, which will incorporate any feedback you give for how you would like to progress.

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**Portfolio/s:** Mental Health**ISSUE: ADOLESCENT MENTAL HEALTH SERVICES IN THE ACT****Talking points:**

- The Government is committed to developing youth-focused mental health services, by expanding the size and range of services at the Centenary Hospital for Women and Children, including the planning of a dedicated child and adolescent mental health unit. ACT Health has commenced preliminary work on the new unit, which has an estimated completion date in 2022.
- In the 2018-19 Budget, \$2.1 million was provided to expand the Child and Adolescent Mental Health Services (CAMHS) through the establishment of an Assertive Outreach Program (AOP). The AOP is recovery-focused community based service which will treatment adolescents and children aged 12-18 years who are experiencing severe, high prevalence mental illness.
- The AOP will specifically target vulnerable groups who, due to a range of complex issues, may face barriers in accessing CAMHS and other community-based mental health services such as Headspace, The Junction and Catholic Care Next Step.
- In November 2017, the Perinatal Mental Health Consultation Service (PMHCS) expanded to improve specialist psychiatry services for new Canberra mothers, and the Child and Adolescent Mental Health Services (CAMHS) Consultation Liaison Services extended its services to seven days a week in January 2018.
- In addition, the Government has committed \$100,000 over two years to support the expansion of Menslink's counselling program to include boys aged 10 to 12 years, a cohort where demand for services has increased.
- Children and young people up to 16 years of age presenting with acute mental health issues are admitted to Centenary Hospital for Women and Children's paediatric adolescent ward. They receive support through the

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CAMHS consultation liaison service, who provide ongoing consultation with paediatric staff.

- CAMHS also runs education and therapeutic group programs at The Cottage Adolescent Day Program for adolescents significantly impacted by mental illness.
- Dependent on diagnostic criteria, young people aged 16 to 18 years can receive inpatient treatment at the Adult Mental Health Unit Vulnerable Persons Suite. Clinical care is provided in close consultation with CAMHS to ensure appropriate developmental and therapeutic approaches are taken in order to support the young person and their family.
- ACT Health funds CatholicCare to provide a Community Facility Based Adolescent (13-17 years) Step Up Step Down Program (STEPS), which provides short to medium term 24 hour supported accommodation for a period up to three months.
- On 22 February 2018, ACT Health entered into a Service Funding Agreement with Headspace National. ACT Health provided initial funding of \$200,000 to enable Headspace to enhance its clinical capacity and reduce wait times for early intervention mental health services. Through this new funding Headspace Canberra is able to deliver 'onespace' sessions for young people aged 12-25.

### **Key Information**

- The funding for the STEPS program has been maintained through a 3 year (2016-19) Service Funding Agreement. 2017-18 funding to CatholicCare is approximately \$1.23 million of which approximately \$1.03 million is allocated to the STEPS program.
- The clinical preference for adolescents is community based care. The CAMHS community teams provide comprehensive assessment and clinical management for children and young people with moderate to severe mental health issues.
- If a young person requires longer or more intensive inpatient treatment, service at a suitable facility in another State or Territory is sought, due to the highly specialised nature of inpatient child and adolescent services. The number of transfers is very low.
- A number of programs are run in conjunction with other directorates and the non-government sector including:
  - The Primary School Mental Health Early Intervention program: a partnership with the Education Directorate to deliver the Understanding and Responding to Feeling and Behaviours in Schools program.

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- An assertive outreach program established through the 2016-17 budget initiative Mental Health Follow Up for Young People and Intensive Clinical Rehabilitation Service. This program provides assertive outreach and intensive mental health treatment and care for young people aged 14-25 years in the ACT who are at high risk of developing or are currently experiencing early onset psychosis. It also supports highly vulnerable young people aged 14 -18 years experiencing severe anxiety or depression with multiple barriers to accessing office based treatment.
- Headspace Canberra: a youth-specific mental health service which aims to reduce the impact of mental health problems on young people aged 12-25 years by enabling early access to and engagement with quality and integrated services, providing treatment for mild to moderate mental health problems.

### Headspace

- onespace sessions provide young people and their family and friends an additional service stream that is offered alongside current Headspace services funded by the Primary Health Care Network – Commonwealth Department of Health, In-Kind partners and the Medicare Benefit Scheme.
- onespace sessions are provided by Allied Health Professionals from ACT Government funding and are offered to young people and their family and friends requiring low to moderate support as a therapeutic option.
- ACT Health is currently exploring options for the continuation of onespace funding with the Capital Health Network, beyond 2018.

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**Portfolio/s:** Mental Health**ISSUE: WORKFORCE SHORTAGES****Talking points:**

- Specialty Mental Health, Justice Health and Alcohol and Drug Services (MHJHADS) nationally, internationally and in the ACT continue to face shortages of clinical staff while at the same time growth in services and service demand has increased.
- In the ACT, these workforce challenges are felt most keenly across the acute and community settings, with impact on service delivery. In response, a MHJHADS divisional workforce committee is overseeing the development of a Workforce Strategy.
- The Strategy will take account of recruitment and retention strategies, projected population needs, workforce numbers and sub-specialty skill mix, and local factors that are having an impact upon recruitment and retention of psychiatrists within the ACT public mental health system. The Working Group has agreed to consider the Victorian Psychiatric Workforce plan, as a possible framework for an ACT- specific plan.
- A number of initiatives have been undertaken internally within MHJHADS including:
  - active recruitment in both mainstream and electronic media as well as professional journals with a direct line contact officer to handle employment enquiries;
  - the development of a successful recruitment campaign for the commissioning of the rehabilitation beds in Dhulwa Mental Health Unit;
  - the continuation of the post graduate mental health nursing scholarship program with the University of Canberra and the provision of adequate levels of clinical support to assist in retention;

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- the creation of a psychology registrar program directed at improving the ability of MHJHADS to recruit psychologists who have full registration as a psychologist and have completed an approved psychology Masters or Doctorate degree in psychology;
  - new Graduate Nursing and Allied Health programs that ensure new graduates receive appropriate levels of support and ongoing training;
  - the promotion and support for clinical supervision for all disciplines; and
  - the adoption of intern psychologist placements with appropriate support and training as well as the use of Attraction and Retention Initiatives to assist retention of senior psychologists.
- A Group Attraction and Retention Incentive (ARIn) has recently been approved for consultant psychiatrists, senior staff specialists and staff specialists working in Mental Health. Work has commenced in engaging with staff on implementing the ARIn. The ARIn will bring the ACT into line with pay rates for mental health specialist medical officers in other jurisdictions.
  - In addition, the Office of the Chief Psychiatrist is actively working with a number of recruitment agencies to recruit to locum and permanent staffing positions, with the aim of achieving sustainable staffing levels that allow continued safe clinical care and reasonable staff access to leave.

**Key Information**

- ACT Health is managing current services with existing staff and locums, while actively recruiting to vacant medical positions and working hard to encourage clinicians to make the ACT a location of choice. The workforce of psychiatrists is currently a suppliers' market, with a large number of psychiatrists preferring locum work rather than seeking full time positions.
- There is a nation-wide shortage of consultant psychiatrists which is projected to continue past 2030, continuing an ongoing high reliance on overseas trained doctors. Regional areas are more affected by shortfalls than metropolitan areas.
- The public mental health service has been reliant on filling vacancies by applying Area of Need provisions to allow suitably qualified overseas trained consultants to be employed under particular supervisory and contractual arrangements.

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- All vacant medical positions are advertised through the ACTPS jobs website and other relevant sites. Where there are no suitable Australian qualified applicants the 'Area of Need' allows for overseas applicants to be considered for vacant medical positions.
- The timeframes for recruitment of psychiatrists and specialist mental health professionals can vary depending on where the successful candidate comes from. Overseas applicants can take up to 12-18 months to place, and interstate applicants take three to six months to place. Local applicants can often commence employment within six to eight weeks.
- AIHW Release – Mental Health Services in Australia – Tranche 3 2018  
Data source: National Health Workforce Data Set
  - ACT psychiatrists (clinical care) rate 10.7 FTE per 100,000 people. National average rate 10.8 FTE per 100,000 people.
  - ACT psychologists (clinical care) rate 101.2 FTE per 100,000 people. National average rate 63.9 per 100,000 people.
  - ACT Nurses (clinical care) rate 58.2 per 100,000 people. National average rate 78.1 per 100,000 people.
  - In the ACT, the lower rate of nurses providing clinical care is mitigated by the higher rate of psychologists providing clinical care.

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**Portfolio/s:** Mental Health

## **ISSUE: CORONIAL INQUEST INTO SUICIDES AT CANBERRA HOSPITAL**

### **Talking points:**

- The ACT Government has sincere sympathy for the families and friends of people who have died by suicide.
- ACT Health is not able to comment about coronial matters while they are before the ACT Coroner.
- ACT Health works closely with the ACT Coroner to actively support the coronial inquest process. We strive and are committed to improving the quality of services we provide to patients and the community to support the delivery of these services.

### **Key Information**

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

### **Background Information**

- During the first stage of the Inquest, Coroner Hunter made interim findings in relation to the cause and manner of the four deaths.
- As the hearings are ongoing, no further information can be given at this time.

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

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

**Background Information**

- Coroner Cook made the following seven recommendations:

*Recommendation 1*

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

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

*Recommendation 2*

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

*Recommendation 3*

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

*Recommendation 4*

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

*Recommendation 5*

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

*Recommendation 6*

The ACT Standard Operating Procedure should be reviewed to ensure that those who have only recently commenced on the methadone program not be allowed to self-prescribe increases for a set period of time to ensure they are in a physiological sense, capable of

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accommodating the increased amount of methadone. Further and in the alternative, the ACT Government should consider whether not it is even appropriate to allow such increases to occur for a Schedule 8 drug.

*Recommendation 7*

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

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**Portfolio/s:** Mental Health**ISSUE: PHILLIP MOSS REVIEW AND HEALTH-SERVICES COMMISSIONER - INITIATED REVIEW INTO HEALTH SERVICES AT THE AMC****Talking points:**

- On 10 November 2016, I publically released the report of the Independent Inquiry into the Treatment in Custody of Mr Freeman (the Moss Report) in my capacity as the Minister for Corrections.
- The Government's response to the Moss Report was tabled in the ACT Legislative Assembly on 16 February 2017. All recommendations made by Mr Moss have been agreed to wholly, or in principle. The Moss Implementation Inter-Directorate Working Group (IDPT) was established to progress actions in relation to recommendations of the Moss Report.
- ACT Health and JACS have worked together on the Moss Implementation Annual Report in a collaborative process between all stakeholder agencies and non-government organisations involved in the implementation of Moss Report recommendations.
- On 9 March 2018, the Health Services Commissioner (HSC), Ms Karen Toohey, completed a Commission initiated consideration of the provision of health services at the Alexander Maconochie Centre (AMC). The review considered the operation of the methadone program at the AMC.
- The Government's response to the HSC report is expected to be tabled in the Assembly during the August sitting.

**Key Information**Health Services Commissioner ORT Review

- The HSC review focused on a number of aspects of the Opioid Replacement Therapy (ORT) program, including:
  - The role of ORT in the prison context;

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Lead Directorate: Health



- Assessment and prescription practice in the ORT program;
  - Induction onto methadone;
  - Dosing practice;
  - managing the risk of diversion of methadone; and
  - Throughcare and transition to ORT in the community.
- As part of the review process, the Commission visited the AMC on 28 March 2017 and 4 April 2017. These visits were supported by ACT Health and JACS.
  - During these visits the Commission observed medication administration by nurses, including the new electronic Methadone administration system, iDose. The Commission also interviewed detainees and staff and reviewed health records.
  - The HSC report contains 16 recommendations:
    - Ten relate specifically to ACT Health;
    - Two relate specifically to ACT Correctives Services; and
    - Four are joint recommendations for ACT Health and ACT Corrective Services.

### Moss Review

- The independent Moss Review was released in February 2017. The ACT Government agreed to eight of the nine recommendations. The ninth recommendation was noted as it related to the independent Health Services Commissioner.
- The Government has since made significant changes to improve detainee health, care and safety in the AMC as part of its response to the Moss Review. In February 2018, I tabled an Annual Report on the implementation of the Moss Review recommendations. Seven of the nine recommendations of the Moss Review have been found satisfied by the Moss Implementation Steering Committee.
- The remaining two will have longer term implications for Government and are being progressed by the relevant directorates.
- Recommendation 5 relates to the introduction of Winnunga into the AMC. Since 2 July 2018 staff from Winnunga have been present at the AMC developing protocols for service delivery.

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**Background Information**

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

- Out of the nine Moss Review recommendations, the following are those that relate to ACT Health.

**Recommendation 4:** That the arrangements for the provision of health care at the Alexander Maconochie Centre be established, under contract or memorandum of understanding, to reflect the respective responsibilities of AMC (ACTCS) and Justice Health Services (ACT Health).

**Recommendation 5:** That Winnunga Nimmityjah Aboriginal Health Service be integrated into the provision of health care at the AMC, in order to introduce its holistic model of care to Indigenous detainees.

**Recommendation 7:** That the Health Services Commissioner (of the ACT Human Rights Commission) conduct an own-initiative investigation into the prescription of methadone to detainees at the AMC.

**Recommendation 9:** That the Inquiry's conclusions, which provide detail of various aspects of the treatment in custody of Steven Freeman that were deficient, be addressed with a view to implementing change and bringing about improvement. All conclusions are bolded throughout the Report.

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**Portfolio/s:** Mental Health

**ISSUE: WINNUNGA DELIVERING HEALTHCARE AT ALEXANDER  
MACONOCHIE CENTRE**

**Talking points:**

- On 10 November 2016, I publically released the report of the Independent Inquiry into the Treatment in Custody of Mr Freeman (the Moss Report) in my capacity as the Minister for Corrections.
- The Government's response to the Moss Report was tabled in the ACT Legislative Assembly on 16 February 2017.
- Recommendation 5 of the Moss Report is the integration of Winnunga Nimmityjah Aboriginal Health and Community Services (Winnunga) to provide a holistic approach to health care at the Alexander Maconochie Centre (AMC) in a culturally safe way.
- On 22 June 2018, a contract between the ACT Government and Winnunga was signed which enables Winnunga to provide 24/7 health care to detainees at the AMC.
- Work has commenced on the implementation of the Winnunga health services at the AMC.
- ACT Health is the lead ACT Government agency for this important work.
- A Commissioning Working Group has been convened to oversee the establishment phase.

**Background Information**

- Outcomes completed to date by the Commissioning Working Group for the Winnunga integration to AMC include:
  - AMC Indigenous Muster provided to Winnunga by ACT Corrective Services (ACTCS);
  - Regular working group meetings established;
  - Office and storage location for Winnunga at AMC has been confirmed; and

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- ACTCS have given approval to Winnunga to use a modem to be able to access clinical record remotely.
- Commissioning Working Group items that are being progressed include:
  - Winnunga to observe complex patient Multidisciplinary Team (MDT) meetings with Primary Health;
  - Induction of Winnunga medical officers to Justice Health Service processes and clinics; and
  - Identification of non complex Winnunga clients to be offered AMC Winnunga service provision.

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**Portfolio/s:** Mental Health**ISSUE: WAY BACK SUPPORT SERVICE****Talking points:**

- The Way Back Support Service ACT two year pilot is a non-clinical suicide prevention service developed to support people for up to three months, after they have attempted suicide. Client intake in the ACT commenced in October 2016.
- Way Back was designed by beyondblue and is funded in the ACT by the ACT Government. The local service provider, Woden Community Service, is engaged by beyondblue to deliver Way Back in the ACT.
- Way Back has been designed to provide follow up support for people who have attempted suicide. However, subject to service demands, the trial may extend services to people who have experienced a suicidal crisis.
- The purpose of the trial is to develop a model of service that prevents further suicide attempts by assisting people to access appropriate supports and education. Referrals to Way Back primarily come from Canberra Hospital Emergency Department, the ACT Mental Health Crisis Assessment and Treatment Team and the Calvary Hospital Emergency Department.
- Way Back has a high level of service demand.
- Way Back program data indicates that, from the start of the program in the ACT, a total of 275 referrals have been received as of 20 July 2018.
- In recognition of the high level of demand, ACT Health has since provided additional funding to beyondblue for the Way Back service to provide for an additional support co-ordinator, and extend the pilot to the end of the 2018 calendar year.
- Additionally, the 2018-19 Budget Way Back provided an additional \$350,000, which will support the service to continue until June 2019.

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- The Federal Government 2018/19 budget included a significant national investment in Way Back. ACT Health is currently in discussion with the Capital Health Network and beyondblue to determine what this investment means for the delivery of the program in the ACT.
- An evaluation of the ACT trial is currently being finalised and this report will be used to inform future funding of this service.

**Key Information**

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

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- Way Back also aligns with the current Parliamentary Agreement commitment related to suicide reduction.

## Background Information

- In 2015, ACT Health invited beyondblue to conduct a pilot trial of the Way Back Support Service in the ACT. Woden Community Services was then engaged by beyondblue to deliver the Service.
- The Way Back service is currently being rolled out nationally as an established service by beyondblue. In addition to the current trial sites in the ACT and NSW, Way Back has commenced operations in two additional NSW sites as well as in QLD and VIC. A number of other sites are being planned.
- Additionally, the Australian Government is funding 12 suicide prevention trial sites in identified priority areas across Australia over three years (2016-17 to 2018-19). All suicide prevention trial sites are closely aligned with the Way Back service model and are being led by Primary Health Networks (PHNs) with support from the Department of Health and local organisations.

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GBC18/409

**Portfolio:** Mental Health**ISSUE: LIFESPAN SUICIDE PREVENTION FRAMEWORK****Talking points:**

- Suicide prevention remains a priority of the ACT Government.
- The ACT Government has committed \$1.545 million to establish a pilot version of the Black Dog Institute's LifeSpan Integrated Suicide Prevention Framework in the ACT over the next three years.
- LifeSpan is an evidence-based approach to integrated suicide prevention. LifeSpan combines nine strategies that have strong evidence for suicide prevention into one community-led approach incorporating health, education, frontline services, business and the community.
- LifeSpan aims to build a safety net for the community by connecting and coordinating new and existing interventions and programs, and building the capacity of the community to better support people facing suicide crisis. This integrated evidence-based approach is likely to be more beneficial to the wider ACT community and the health economy.
- ACT Health is currently negotiating with the Black Dog Institute to finalise a contract to enable the establishment and implementation of the LifeSpan Pilot in the ACT.
- ACT Health has established a funding partnership with our local Primary Health Network, the Capital Health Network, to further support the coordinated and integrated implementation of LifeSpan in the ACT.
- A LifeSpan steering group, composed of key local agencies and stakeholders, has been established to guide this work in the ACT.

**Key Information**

- In October 2016, ACT Labor made an election commitment (Priority 2, EC LAB O93a) to allocate \$1.5 million to implement a pilot version of LifeSpan to reduce suicide rates in the ACT.
- In the 2017-18 Budget, the ACT Government committed \$1.545 million to establish a pilot version of the Black Dog Institute's LifeSpan program in the ACT from 2018-19

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to 2021-22, under the Better care when you need it - Suicide prevention budget measure.

- The LifeSpan Integrated Suicide Prevention Framework has been developed by the Black Dog Institute and the National Health and Medical Research Council Centre for Research Excellence in Suicide Prevention.
- There are four high-fidelity LifeSpan trials currently being implemented in New South Wales. These trials are being led by the Primary Health Networks with support of the Department of Health and other partner organisations.
- The LifeSpan trial in the ACT will involve the simultaneous implementation of nine evidence based strategies:
  1. Improving emergency and follow-up care for suicidal crisis;
  2. Using evidence-based treatment for suicidality;
  3. Equipping primary care to identify and support people in distress;
  4. Improving the competency and confidence of frontline workers to deal with suicidal crisis;
  5. Training the community to recognise and respond to suicidality;
  6. Promoting help-seeking, mental health, and resilience in schools;
  7. Engaging the community and providing opportunities to be part of the change;
  8. Encouraging safe and purposeful media reporting; and
  9. Improving safety and reducing access to means of suicide.
- The LifeSpan steering group includes members from the Black Dog Institute, ACT Health, Capital Health Network, Education Directorate, the ACT Mental Health Community Coalition, Mental Health Consumers Network and Carers ACT.
- The LifeSpan steering group had its first meeting on 8 August 2018.

### **Background Information**

- A pilot version of the Black Dog Institute's LifeSpan program will be implemented in the ACT.
- In further support of suicide prevention and awareness projects, ACT Health has established a community grants program in 2018 using the funding from the Let's Talk for Suicide Prevention program. Four successful grants, worth a total of \$59,520, were chosen from nine applications. The successful grants have not been publically announced at the time of writing.
- The grant applications were evaluated by an assessment panel which included an expert from Black Dog Institute.

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

- Mental health funding needs to be a priority area for all governments and it's pleasing to see the additional funding contained in this year's Federal Budget.
- There is \$82.5 million nationally over four years from 2018-19 for psychological services in residential aged care, and \$20 million over four years for a pilot led by mental health nurses to target mental health of older people in the community, particularly those at risk of isolation.
- The ACT Government already provides community mental health in-reach services to those older people in and out of residential age care facilities. These services include psychiatry, mental health nursing and allied health. We hope this Commonwealth commitment enhances access to additional services for these Canberrans.
- It is pleasing to see the \$125 million over ten years nationally for the Mental Health Research Future Fund for new research to support an additional one million people with mental illness. The ACT has strong relationships with our tertiary institutions and medical research community and we will be looking to increase our ability to partner with these institutions to embed research in service delivery wherever possible.
- The Budget includes \$37.6 million nationally over four years for beyondblue for the Wayback Support Service for support to those discharged from hospital after a suicide attempt. ACT Health and beyondblue will be speaking in the coming weeks to look at this in more detail as it is hoped to be an enhancement to the existing commitment of ACT.

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Lead Directorate: Health

- There is also extra funding for support services including \$33.8 million nationally over four years for Lifeline and \$1.2 million nationally in 2018-19 for SANE Australia to boost crisis hotlines and suicide awareness campaigns that all Canberrans can access.
- In addition, there is \$12.4 million nationally over four years to strengthen the National Mental Health Commission, which provides great leadership to the ACT mental health sector.

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Lead Directorate: Health

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**Portfolio/s:** Mental Health**ISSUE: INCIDENTS AT DHULWA MENTAL HEALTH UNIT****Talking points:**

- There have been four reported incidents of violence against staff working in the Dhulwa Mental Health Unit (Dhulwa) in the last month. These incidents are currently the subject of police investigation, so ACT Health are unable to make any further comment at this time.
- ACT Health welcomes the opportunity to discuss any concerns the Australian Nursing and Midwifery Federation (ANMF) has about matters relating to our valued staff.
- The ACT Government acknowledges the essential role nurses play in our health care system and recognises the right of every individual to feel safe at work.
- Working in mental health clinical services can be extremely rewarding, however it is also recognised that at times it can also be challenging and present risks, especially for those nurses and other health professionals working in our acute and secure services. This challenge is faced across jurisdictions.
- While we can never fully remove this risk, any instances of violence or aggression in our mental health services will be investigated and reviewed to ensure that processes are improved and the risk to staff and patients is minimised.
- Dhulwa is the secure mental health facility in the ACT and it is specifically designed to meet the needs of people who have complex clinical presentations and staff are trained as specialists in the management of behavioural extremes and on occasion this includes responding to and managing violence.
- The ACT Government has committed to developing a Nurse Safety Strategy through the Parliamentary Agreement. This work is underway and the development of a well-formulated, effective and evidence-based strategy is a priority for Government.

Cleared as complete and accurate: 08/08/2018  
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**Key Information**

- On 31 July 2018, the ACT Branch of the Australian Nursing and Midwifery Foundation (ANMF) posted on their Facebook page ‘Today ANMF reported 10 assaults on nurses at the Dhulwa Mental Health Facility. When will ACT Mental Health step up to protect the mental and physical wellbeing of its own Nurses?’ with subtext ‘ANMF nurses have told ACT Mental Health that the current violence management training is not fit for purpose. Nurses are being punched in the face and kicked in the head, but ACT Mental Health just isn’t listening.’
- The post also quoted the Executive Director, MHJHADS, as saying “[MHJHADS] dispute the claims that this training is inadequate and does not meet the need the needs of the Dhulwa.. workforce’. This quote was taken from recent correspondence to the ANMF, and has been published without appropriate context.
- Management within MHJHADS were not approached by the ANMF about their concerns regarding recent assaults at Dhulwa prior to the Facebook post.
- The recent assaults are the subject of police investigation, and as such ACT Health cannot comment publically on these matters.
- The following media has occurred on this matter:
  - An article published by the ABC;
  - ABC radio interview with Mr Matthew Daniel, Secretary of the ACT ANMF; and
  - ABC radio news item.
- Violence Prevention Management (VPM) Training is provided to all Dhulwa staff and is a specialised, evidence based and endorsed training package delivered by NSW Health Services. All staff have been provided opportunity to complete the package with refreshers offered regularly to staff.
- Dhulwa management team continue to work closely with staff to support skill development in the management of aggression and violence. Dhulwa have employed two full time Clinical Development Nurses (CDN’s) and are currently recruiting to a Clinical Nurse Educator (CNE) position to support ongoing in house training programs.
- Personal Protective equipment, including soft shield eye protection is available and accessible to all staff. This equipment is kept in the de-escalation of the unit external to the seclusion rooms and the staff station.

**Background Information**

- The provision of mental health services is a challenging area within ACT Health and unfortunately from time to time episodes of aggression and violence can occur. The staff do provide a compassionate service that is as diverse as the vulnerable people that receive the services.

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Lead Directorate: Health

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- The people admitted to Dhulwa are unable to be treated in less restrictive clinical settings in the ACT. As such, Dhulwa has the highest staffing levels, staff who are highly skilled with specific training on de-escalation and management of complex behaviour. There are dedicated security staff and educational programs to help keep both staff and patients safe.
- ACT Health staff are encouraged to report any incidents or injury.
- Any allegation involving a physical assault is reported to, and investigated by the police.
- As is the case with other equivalent secure mental health facilities in Australia, when incidents such as assault occur, there is an immediate clinical review of the patients care, a Multidisciplinary Review also occurs, and on occasion second opinion from local or interstate Specialists also adds value to the treatment and care being provided. Staffing level are also reviewed and the security management plan can also be escalated appropriately.
- ACT Health is currently developing a new Strategy focussed on the safety of our staff in the workplace. The Strategy will focus on high risk areas, including our mental health units.
- ACT Health is working with staff, unions such as the ANMF, and other key stakeholders in the development of the Strategy. ACT Health already has a meeting with ANMF later this week to progress this work.
- This Strategy is a key priority for ACT Health and is expected to be completed later this year.
- In addition, the interim Director-General is establishing a new joint Consultative Committee with unions where matters such as this are able to be discussed.

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Lead Directorate: Health

GBC18/409

Portfolio/s Mental Health

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

**Talking points:**

- On 2 August 2018, the ACT Auditor-General released Report No. 9/2018 – ACT Health's management of allegations of misconduct and complaints about inappropriate workplace behaviour.
- There are three recommendations in the Report, two of which relate to ACT Health. ACT Health will respond to the two recommendations within four months.
- ACT Health has a policy of zero tolerance towards bullying and takes allegations of bullying very seriously by investigating complaints and taking appropriate action in relation to its employees.
- ACT Health through its People and Culture Branch seeks to improve workplace culture and ensure that the appropriate processes are adhered to when issues are raised so staff and patients have a respectful and supportive health care environment.
- Manager and staff orientation programs encourage a culture of positive interactions by making expectations clear to all staff about appropriate behaviour.
- ACT Health has an Anti-Discrimination, Harassment and Bullying Policy that outlines ACT Health's commitment to providing a safe and harmonious work environment that enhances the achievement of both individual and organisational goals. This policy is supported by an e-learning and face-to-face Respect at Work training program.

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Lead Directorate:	Health	

TRIM Ref: GBC18/409

- The Minister for Health and Wellbeing, Interim Director General of ACT Health and I have made numerous public statements reiterating that the ACT Government has zero tolerance for bullying and that there are safe and respectful pathways available to people wishing to raise concerns about bullying within ACT directorates. ACT Health has a range of measures in place to support staff, including:
  - Training programs to educate staff on respectful workplace behaviours, how to raise concerns about inappropriate behaviour and educate managers on how to manage complaints of inappropriate behaviour.
  - Avenues for staff to raise incidents of bullying and harassment, which include raising concerns with their Senior Manager, People and Culture (HR) Employee Services Unit and through the electronic internal incident reporting mechanism.
  - An established network of over 85 Respect Equity and Diversity (RED) Contact Officers for all professions.
  - Rigorous processes for investigating bullying appropriately and independently in line with the requirements of ACT Health Enterprise Agreements and the *Public Sector Management Act 1994*, to which all ACT Health and ACT Government employees are required to adhere.
  - Ensuring the employee against whom the allegation has been made is afforded their right to natural justice and procedural fairness in the process.

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Lead Directorate: Health

TRIM Ref: GBC18/409



Portfolio/s Mental Health

GBC18/409

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

**Talking points:**

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

Cleared as complete and accurate: 21/08/2018  
Cleared by: Deputy Director-General Ext: 52248  
Information Officer name: Karen Doran  
Contact Officer name: Trevor Vivian Ext: 71818  
Lead Directorate: Health

TRIM Ref: GBC18/409

**Background:**

- We know that accessible, high quality healthcare is important to Canberrans. The ACT Government is committed to growing local healthcare and providing better access to services people can rely on.
- The 2018 Budget will boost Canberra's frontline healthcare with a major new investment of \$1.7 billion a year by 2021-22 in our hospitals and local health services and \$157 million over four years for better access to specialised mental health care.
- Members would be aware that the investment in healthcare continues to increase year on year.

Cleared as complete and accurate: 21/08/2018  
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Lead Directorate: Health

TRIM Ref: GBC18/409

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

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

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

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

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

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

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

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

GBC18/554

Portfolio/s Health & Wellbeing

**ISSUE: ACCREDITATION**

**Talking points:**

- I would like to acknowledge the dedication and efforts of all staff involved in working towards achieving accreditation, and I am pleased that ACT Health has met the intent of all recommendations contained in the Not Met Core Action report.
- On 3-5 July 2018, the Australian Council on Healthcare Standards completed an Advanced Completion (AC90) assessment across various ACT Health sites including the Adult Mental Health Inpatient Unit (AHMU).
- During the AC90 assessment, site visit meetings were attended by key senior staff and clinical staff within ACT Health where presentations provided the actions, outcomes, evaluation processes and plans for sustainability for all ACHS recommendations for the 33 Not Met Core Actions.
- At the completion of the AC90 on-site survey on 5 July 2018, ACHS surveyors advised that ACT Health met the intent of all recommendations contained in the Not Met Core Action report.
- ACT Health received the final report from the ACHS on 6 August 2018 and have been awarded accreditation to the First Edition of the National Standards until 30 July 2021.
- Significant feedback has been provided by the surveyors on how impressed they were with the substantial improvements ACT Health has made and the extent of activity to ensure that all recommendations were addressed.
- ACT Health are committed to continuous improvements in the delivery of safe quality care to the Canberra Community.
- The Australian Commission on Safety and Quality in Health Care have released the Second Edition of the National Standards which includes

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148 actions of which 34 per cent is new content. Nationally, health service organisation accreditation assessment to the Second Edition commences from their implementation in January 2019. ACT Health is not required to be formally assessed to the second edition of the National Standards until 2021, which is when the organisations current accreditation status ends.

- ACT Health is currently transitioning to the Second Edition of the National Standards. This includes refreshing and aligning committee structures with the new standards, identifying and implementing activity to ensure the new content within the Standards are implemented across ACT Health over 2019.

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GBC18/554

Portfolio/s Health & Wellbeing

**ISSUE: RADIOLOGY ACCREDITATION**

**Talking points:**

- The training program in the Radiology Department at Canberra Hospital and Health Services (CHHS) is accredited by the Royal Australian and New Zealand College of Radiologists (RANZCR).
- Although the RANZCR accreditation occurred at around the same time as the CHHS national healthcare standards accreditation, the two matters are not related in any way.
- As a result of this process, the CHHS radiology training program was downgraded from level A to level D, which warns that significant issues that seriously impact the quality of training require immediate action. Failure to meet these recommendations would put future accreditation of the radiology training program in doubt.
- Patients are not at risk. The report relates specifically to teaching and training, and not patient care.
- The final RANZCR report was provided to CHHS on 2 August 2018. The College considers the report to be privileged.
- Fundamentally, RANZCR found that a breakdown in communication between two previous Directors of Training had unfortunately affected the management of trainees.
- Arrangements are already in place to meet all of the College's 16 recommendations. ACT Health is currently implementing changes towards achieving Level A RANZCR accreditation.
- A report is due and will be made to RANZCR on the hospital's progress by 25 October 2018.

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- RANZCR and CHHS are confident that with a collaborative approach, all the recommendations outlined in the report will be met over the 12 month timeline.
- Recent feedback from CHHS radiology registrars indicates that they are very positive about the changes made so far, and reporting greater confidence in the training program.

### Key Information

- The two newly appointed Directors of Training in radiology have moved swiftly to implement improvements in line with the RANZCR recommendations, including:
  - Integrating a formal teaching program which aligns with the curriculum. Four first year trainees have already commenced completion of all the key conditions.
  - Working with the College's 'Trainee in difficulty pathway and remediation plans' for trainees who need additional assistance with their training.
  - Recording and reinvigorating the registrar training schedule.
- Additional actions that have been taken to make improvements in the Medical Imaging Department include:
  - National and local advertising for two new radiologists has been undertaken and interviews have occurred.
  - A departmental orientation program has been implemented with all radiologists and trainees receiving a copy of the new program.
  - All trainees are being offered two and three year contracts to align with their training schedule, and will not be required to undertake interviews.
  - Neonatal x-rays have been returned to the department for reporting and paediatric x-rays will be returned once the two new consultants have been appointed.
- At the time of the accreditation review, the Clinical Director was required to oversee all rostering. The newly appointed Directors of Training are now required to oversee the rostering of trainees, to ensure training requirements are being met.

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- Rostering ensures the department's clinical and training needs are being met. The compilation of the roster is undertaken by a non-clinician manager, which is a legitimate process that reduces clinician time on administrative tasks. Suggestions that the rostering did not have clinical input are misleading.
- RANZCR incorrectly noted that some medical imaging equipment was out of date or not compliant with national standards. It has been confirmed that all equipment meets Medicare requirements and has full appropriate accreditation to June 2020.
- The Medical Imaging Department is also installing a new \$1 million Single Photon Emission Computered Tomography (SPECT) camera and is currently procuring three new ultrasound units.
- The Department is performing well, with no wait lists for paediatric MRI under general anaesthetic, or for breast imaging. Waiting times for inpatient, emergency and outpatient diagnostic procedures are solid and improving, comparing favourably with peer hospitals in this respect.
- Suggestions that patient deaths can be linked to poor performance of the Medical Imaging Department at CHHS are unfounded. Isolated cases of patient mortality within Canberra Hospital have been appropriately investigated under the Canberra Hospital Clinical Review committee, a quality Assurance Committee under the ACT Health Act.

**Background information:**

- The assessors noted that the most significant issue was the negative environment in the department, in particular the poor working relationship between the Directors of Training, the Head of Department, the Director of Medical Imaging, and the Hospital executive. The report cited:
  - A lack of clinical control over the department;
  - Clinical leaders having minimal involvement with the recruitment of new trainees;
  - Issues with rostering of the clinical staff; and
  - Lack of rural rotation and network.

**Recommendation Timeframes**

- The RANZCR report gives timeframes of three, six and 12 months for Canberra Hospital to implement its recommendations. A three month timeframe signals a recommendation that requires immediate action, as it presents a significant risk to

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the training program. Seven of the 16 recommendations fall within this timeframe and Canberra Hospital is on track to meet these within the timeframe, with five already complete.

- For example, the development and delivery of a departmental orientation program with relevant documentation for all trainees commencing at Canberra Hospital.
- A further seven recommendations are within the six months timeframe and again the department is on track to meet these on time.
  - For example, the immediate recruitment to the two vacant consultant positions to ensure that the department has appropriate levels of resourcing to ensure safe practice for patients and trainee supervision.
- The last two recommendations are within the 12 month timeframe because they require more time for full implementation due to the complexity of the actions required.
  - For example, Canberra Hospital needs to establish a network including private and rural sites to enable trainees to rotate during their training. In response, Canberra hospital has commenced discussion with Orange base hospital as a network site, with registrars rotating to Orange commencing in 2019 planned.

#### Recent Accreditation of other units

- The accreditation status of some other clinical teaching programs is outlined below:
  - In the Division of Surgery and Oral Health, several specialties were recently reaccredited by the Royal College of Surgeons (RACS), including Urology, Vascular Surgery, Orthopaedics, and General Surgery. There are no further RACS accreditations pending until 2019.
  - RACS also surveyed the Paediatric Surgery program for reaccreditation in July 2018. No feedback, formal or informal, has yet been received.
  - The Royal College of Physicians reviewed the Department of Paediatrics for Advanced Training in General Paediatrics in July 2018. Informal feedback indicates a good result and we anticipate receiving the full three year accreditation
  - The Royal Australian and New Zealand College of Obstetricians and Gynaecologists will review the training program in the Department of Obstetrics and Gynaecology in October 2018
  - The Medical Oncology program will be reaccredited later in 2018.
  - ACT Pathology is an Accredited Laboratory registered with the Royal College of Pathologists Australasia (RCPA), which regained accredited training status in December 2017 for a further three year period.

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- BreastScreen ACT was reaccredited in December 2017. The results were positive noting the excellent quality of service, in particular a commendation on high cancer detection and recall rates.

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GBC18/554

**Portfolio/s:** Health & Wellbeing

**ISSUE: ACT HEALTH ORGANISATIONAL UPDATE**

**Talking points:**

- The proposal to restructure ACT Health was considered over a number of months and involved a range of conversations between myself and the Minister for Mental Health.
- The ACT Health Directorate Executive Leadership Team, with the support of a dedicated Transition Office, are overseeing the transition planning.
- The ACT Health Directorate will become two organisations from 1 October 2018. This change is an essential evolution for our growing population and expanding health system, and will bring greater clarity about the distinct roles and responsibilities of frontline staff and corporate staff.
- Staff who deliver frontline health services to the Canberra community will come under the umbrella of a dedicated health services delivery organisation – Canberra Health Services.
- There will be a second organisation, ACT Health Directorate, responsible for strategic policy, research and planning which will set the strategic direction for health services across the ACT.
- The creation of two health organisations will enable a clearer focus on efficiency and effectiveness for clinical operations, and enable the ACT Health Directorate to undertake core strategy and system stewardship functions.

Governance and Consultation

- Preparation for the formation of two organisations is progressing and the organisations are on track to commence from 1 October 2018.
- The planning process has included defining the relationship between the service delivery organisation and the planning and policy organisation. It is essential that this relationship supports a model providing effective governance, management and accountability. This process has involved consultation with key stakeholders to seek their views on the governance model and key relationships required to ensure effective functioning of the organisations.

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- The Transition Office has been undertaking regular staff and stakeholder communications and engagement activities, to ensure that we deliver a model that will work on the ground for both staff and ACT Health consumers. To date, that has included over 190 one on one meetings; 40 presentations and group forums; six executive workshops; four all staff forums and ten external stakeholder meetings, as well as responding to many direct staff submissions.
- Discussions have been held with staff associations and unions to discuss the process being followed and the potential implications for their members.
- A formal consultation period with staff has commenced in keeping with good change management practice and our obligations under relevant industrial agreements. This period allows staff the opportunity to formally contribute to the final design of the organisations.
- I remain committed to enabling and encouraging staff, stakeholders and the community to invest in this change process.
- It is important to recognise that the key milestone date of 1 October 2018 is not the end of this process. The transitioning to two new organisations includes a “stabilise and refine” phase. This will allow us to further refine processes and internal structures once the organisations are fully established. Staff feedback will continue to be a key element of this phase.

### Impacts for Patients/Consumers

- The proposed changes are primarily internally focussed at this stage and are being developed with careful consideration to ensure that there will be no negative impacts on the services that we offer.
- The organisational change will be implemented from 1 October 2018, and for patients and consumers, the transition will be a seamless one. People visiting one of the three public hospitals, our popular Walk-in Centres or in any way accessing the many community based health services that we offer will not experience any disruption as a result of this change.

### Impacts for Staff

- I would like to reassure all ACT Health employees that they will continue to be engaged in the development and implementation of the new structures.
- We are working to ensure that we minimise disruption for staff members as much as possible.

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- Every possible opportunity has been and will continue to be provided to staff and unions to provide feedback on proposed changes to organisational reforms.
- Staff are also encouraged to contact the Transition Office with suggestions, questions or concerns through the variety of channels established.

### Staff readiness for change

- Key to the success of the transition is building the change resilience and leadership capability of the organisations to ensure a solid foundation built on core values and a positive culture.
- Through the combined work of the Transition Office and Organisation Development Unit, a series of workshops and training events have been designed to support leaders and staff through this transition. The take up of these opportunities has been high and this has built a framework for the ongoing organisational and culture change program.
- Every individual responds to change differently, this depends on their previous experiences with change and the level of change they are experiencing in their own lives. Every change can be unsettling. Through the process of transitioning to two organisations, the Transition Office has been adopting a change management methodology to support leaders and staff through the stages of change, including regular communication, feedback channels, information sessions and workshops.
- In addition, staff are able to access a range of supports, such as the Employee Assistance Program.

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

- A great deal is being speculated about the application of the Eligible Public Hospital and Ambulance (EPHA) salary packaging benefits and the impact this will have on individual staff benefits.
- Firstly, it is important to note that there will be no impact on the eligibility for EPHA Salary Packaging for staff currently working at Canberra Hospital and Health Services as a result of the transition. EPHA is sometimes mistakenly referred to as PBI.
- It is also important to note that this is a benefit which is governed by federal tax legislation and the ACT Government must ensure that any decisions regarding EPHA are aligned with this legislation.
- EPHA Salary Packaging is available to staff who meet the requirements of the Fringe Benefits Tax Assessment Act 1986 for these benefits.

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- Failure to comply with the Australian Taxation Office (ATO) determination may result in FBT liability for the individual and/or the organisation.
- An all-staff email was distributed on 28 June 2018 providing information about the ATO's interpretation of eligibility to access this benefit. This interpretation narrowed the eligibility criteria and provided a number of tests to be satisfied by the employee relating to the nature and extent of their work for a hospital facility.
- This has left a number of ACT Health staff being subject to grandfathering arrangements in an uncertain position for a number of years.
- The transition will provide clarity on the status of the Directorate and the Health Service as defined in the ATO determination and therefore will provide clarity and certainty on access to this benefit for individuals
- The Interim Director-General has invited unions to meet to work through any potential impacts. Another update will be provided to outline any impact.
- This is a complex and sensitive area and the ACT Government will work with staff who may be impacted.

### Territory-wide Health Services Framework

- The clinical and service planning underway through the Territory-wide Health Services Framework will remain a key priority for government.
- Due to the proposed timing of the organisational change, it is anticipated implementation of the Framework will be phased in from late 2018 to take full advantage of the development of the two new organisations.

### Director-General and CEO Position

- Mr Michael De'Ath commenced in the role of interim Director-General, ACT Health Directorate on 9 April 2018.
- On 3 September 2018, the Minister for Mental Health and I announced the appointment of the Director-General Health and the Chief Executive Officer of the Health Services.
- Mr Michael De'ath will continue on in his role, and will formally commence as Director-General on 1 October 2018.
- On 3 September 2018 the Head of Service announced the appointment of Ms Janet Anderson PSM as Chief Executive Officer to lead the organisation with responsibility for clinical operations and the delivery of quality health

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services under the new arrangements for the ACT Health Directorate. Ms Anderson was to commence the role on 1 October 2018.

- Due to personal circumstances, Ms Anderson has advised that she is no longer able to take up this appointment.
- The current arrangements for the management of our Health Services will continue and I will provide further advice about recruitment for the Chief Executive Officer role in due course.
- Together the Director-General and CEO will drive the successful implementation of the two new organisations to deliver high quality and accessible health services for our community.

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GBC18/544

**Portfolio/s:** Health & Wellbeing

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

**Talking points:**

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

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TRIM Ref: GBC18/544

**Background Information****System-Wide Data Review**

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

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**Portfolio/s:** Health & Wellbeing

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

**Talking points:**

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

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## Key Information

### System-Wide Data Review

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

### The nine key Review recommendations

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

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

### Notable outcomes of the Review

- Meeting external reporting obligations such as the *2018 Report on Government Services* and the *2016-17 ACT Health Annual Report*;
- Ensuring security and access policies are in place, so that personal information is kept confidential and is stored and released with the appropriate privacy safe guards;
- Embedding strong governance models to ensure decisions regarding our data is made by those with appropriate skill and delegation;
- Building enduring relationships with external data reporting agencies, such as the Australian Institute of Health and Welfare (AIHW);
- Embedding a Reporting Coordination Unit as a ‘data front door’ to ACT Health, so that both internal and external stakeholders have a centralised point of contact for data and reporting matters;
- Engaging independent experts to review the System-Wide Data Review activities to ensure they are comprehensive and that all systemic issues are addressed;
- Embedding a number of key quality assurance processes to ensure the data is accurate and correct at the time of release;
- Developing an annual audit program across our data collection and reporting systems to ensure that each year a sample of patient journeys will be followed from the initial collection point, to when the record is reported in a dataset. This process demonstrates confidence and transparency across the data and reporting systems;
- Reaching an agreement with the AIHW to accredit ACT Health to use the national health metadata registry ‘MeTEOR’ as a data repository for all definitions and standards. Although this work is in the initial stages, it is a major improvement and will ensure our existing and new standards and definitions are robust and consistent with national requirements;
- Investing in our staff, and embedding a culture of respect and innovation to ensure we attract and retain a skilled workforce;
- Developing end to end documentation for all national data collections, from collection point right through to reporting. Demonstrating transparency of data management processes and mitigating gaps in collection;
- Identification of over 130 performance indicators that are currently published. The System-Wide Data Review is assessing and restructuring this consumer information so that it is informative, can easily be found and navigated through ACT Health websites and other media platforms. This will encompass the Quarterly Reporting arrangements

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and recommendations on format, structure and metric frequency for system performance reporting to consumers; and

- Rolling out a new data repository that is innovative and a first for the ACT Government that has the potential to be expanded and adapt to changing community health needs.

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Portfolio/s: Health & Wellbeing

**ISSUE: BED NUMBERS AND BED OCCUPANCY**

**Talking points:**

- Bed occupancy is calculated on the availability of beds at Canberra's public hospitals (Canberra Hospital and Health Services (CHHS); Calvary Public Hospital (Bruce) (Calvary); and the University of Canberra Hospital (UCH)) to receive admissions, in total minutes per day. The calculation fluctuates with the level of demand across the system.
- For the 2018-19 financial year to 16 September 2018, the preliminary bed occupancy and the number of open beds, based on the average per day, were:
  - CHHS – 89 per cent with 669 open beds;
  - UCH – 75 per cent with 84 open beds (since 17 July 2018); and
  - Calvary – 68 per cent with 277 open beds.
- The overall preliminary occupancy was 82 per cent on an average of 1030 beds.
- The opening of UCH and the implementation of the '*CHHS Winter Plan 2018*' have resulted in CHHS reporting a reduced occupancy rate compared to last financial year. It is important to consider that on this basis, comparisons cannot be drawn with last financial year's occupancy rate.
- It is important to note that 95 per cent is a functionally full hospital.
- Under the '*CHHS Winter Plan 2018*', which commenced on 1 July 2018, 72 additional beds have been opened across the hospital (with a further 12 flexible paediatric beds). These additional beds will be operational until 30 November 2018.
- These 72 additional beds will help to relieve the pressure across the system and assist in achieving National targets in emergency areas.
- It will also help the hospital, as the major tertiary and trauma centre for our region, to manage demand, including the increase for emergency

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procedures, which in recent years has been growing at a rate in the order of six per cent per annum.

- UCH commenced clinical operations on 17 July 2018 with 84 beds open, including 64 rehabilitation and 20 mental health rehabilitation beds.

## Key Information

- The bed occupancy rate for CHHS and Calvary for the financial year to 30 June 2018 was 86 per cent, with CHHS at 94 per cent and Calvary at 69 per cent<sup>1</sup>, which is consistent with previous years. The 2017-18 Strategic Indicator 7 target was 90 per cent and has been since 2013-14.<sup>2</sup>
- During the 2017-18 financial year, CHHS experienced a busy winter season due to the largest influenza season since the 2009 pandemic year and successfully managed the occupancy through the Winter Beds Strategy. The 2017-18 Winter Beds Strategy enabled CHHS to deploy up to 34 additional beds in response to surges in demand. The additional beds used to meet winter demand closed on 29 November 2017.
- Bed occupancy rates for the financial years 2015-16 to 2017-18 are as follows, noting that 2017-18 data is preliminary and has not yet been fully validated.

Financial Year	Bed Occupancy		
	Canberra Hospital	Calvary Public Hospital	ACT public hospitals
2015-16	91%	75%	86%
2016-17	94%	71%	86%
2017-18	94%	69%	86%

## Background Information

- The calculation of occupancy figures does not include:

<sup>1</sup> AIHW METeOR Definition:

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

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

<sup>2</sup> Australian Capital Territory Budget, 2017-18

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- Same day beds, theatre, procedure rooms, hospital in the home, home birth, and community dialysis; and
- Down-time (such as cleaning following a patient discharge).
- Not all beds can be utilised for admission from the ED.
- ACT Government has traditionally allocated funding to opening specific beds within the ACT Budget process. ACT Health is transitioning to an Activity Based Funding (ABF) model.
- ABF incentivises hospitals to perform efficiently and maximise services provided for the available funds. ABF is patient-centred with funding tied to the treatment of patients. ABF is transparent, clear on what basis funding is provided, and increases hospital autonomy to deliver care within a clear funding and accountability framework. ABF will allow ACT Health to determine, and be accountable for, the overall level of funded services to meet operational requirements to be provided while requiring (and empowering) hospitals to deliver those services in the best possible way.
- The number of hospital beds in use will be controlled by public hospitals, allow them to be responsive to demand and remove the notion of 'funded beds'. The idea of occupancy as a function of funded beds will be less relevant and future strategic indicators to measure service supply and demand will be developed.
- The maternity escalation policy includes overflow when required, firstly into the Birth Centre beds and then into the Paediatric Surgical space when there are no children using that ward. There has been no allocation of extra or new maternity beds as yet.

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- Below is the breakdown of the additional 72 beds opened across the hospital under the Winter Management Plan 2018:

Division	Unit	Name of Ward	Number of beds
Critical Care	Emergency Department	Emergency Medicine Unit (EMU) beds	4
		Acute beds	8
		Flu Beds	4
	ICU		2
Medicine	7 B South	Gen Med/ Resp med	16
Rehabilitation and Community Care (RACC)	11 A	Geriatric Medicine	4
	11 C		2
	7 A		8
Surgery	10 A	General Surgery, Ear Nose and Throats (ENT)	4
	9 B	Surgical Beds	8
	5 B	Orthopaedics	2
	6 B	Cardiothoracic	4
Cancer and Community Health Services (CACH)	4 A	Oncology	4
	14 B		2
Paediatrics	Paediatric Surgical		12 (flexible)
TOTAL			72 <i>plus 12 flexible Paediatric beds</i>

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GBC18/554

**Portfolio/s:** Health & Wellbeing

**ISSUE: EMERGENCY DEPARTMENT DEMAND**

**Talking points:**

- Canberra Hospital and Health Services (CHHS) has a number of plans in place to manage the increased demand for services that occurs across the busy winter period.
- The number of presentations to the CHHS Emergency Department increased from 85,093 during 2016-2017 to 88,661 in 2017-2018. This represents a 4.1 per cent increase in the total number of presentations to the Emergency Department year on year.
- It is expected based on current projections that this winter season will be busier than 2017.
- In the 2017 winter season, CHHS opened additional beds and deployed additional staffing in a number of key areas. This same strategy has been employed to meet increased demand during the 2018 winter season.
- Daily operational disciplines are used to ensure that the hospital is operating effectively. During the winter season there are approximately up to 650 patients being discharged per week and there is a close operational focus on managing patient movement throughout the hospital.
- The current winter plan covers the period from 1 July 2018 to 30 November 2018.
- Funding announced in the 2018-19 budget will provide a number of full time equivalent frontline staff, including additional nurses, allied health workers and doctors.
- The funding aligns with the CHHS winter bed strategy and will optimise the seamless transfer of patients to the most appropriate clinical environment.

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- 72 more beds have been made available for winter this year. This is double the beds available compared to last year's winter period.
- The Australasian College for Emergency Medicine (ACEM) released their 2018 Access Block Point Prevalence Survey on 11 July 2018, which included statistics about the ACT.
- The Access Block Point Prevalence Survey is a snapshot survey that was conducted nationwide on Monday 4 June 2018 at 10am. Following weekend activity, Monday mornings are known to be one of the busiest times in public hospitals, especially in relation to access.
- Access Block, or bed block as it is more commonly referred, is not an ACT specific issue. It is a challenge faced by all hospitals providing emergency health care services.
- Canberra Hospital takes a whole of hospital approach to access and patient flow. We are reviewing our processes in relation to the discharge stream in the ED, admission to ward in the hospital, and patient discharge from the inpatient hospital setting. This should result in further improvements in ED timeliness.

**Key Information**

- A media campaign has been developed to emphasise the use of alternative services to the Emergency Department (ED) at CHHS and will be released in advance of the flu season. The strategy has two parts:
  - Communication activities designed to educate the general public about the array of after-hours primary health care options available in the ACT.
  - A targeted social media campaign designed to educate parents and caregivers of '0-4 year olds (parents and carers) and 18-24 year olds about the role of emergency departments in the delivery of after-hours health care in the ACT and alternatives to ED services. The social media campaign will focus on addressing the factors that motivate 18-24 year olds and parents and caregivers of 0-4 year olds to present at an ED when they (or their child) have a non-urgent illness or injury after-hours.
- Parents and caregivers of 0-4 year olds will be directed to after-hours GP services, the Pregnancy, Birth and Baby telephone helpline and online service/Health Direct. Communication to this audience will focus on promoting the benefits of these

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services (accessibility, expertise, connections with other health services/health professionals).

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

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**Portfolio/s:** Health & Wellbeing

**ISSUE: UPDATE ON QUARTERLY REPORTING**

**Talking points:**

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

**Background Information**

System-Wide Data Review

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

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

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

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**Portfolio/s:** Health & Wellbeing

**ISSUE: FUTURE OF BUILDING SPACES WHERE SERVICES TRANSITIONED TO UNIVERSITY OF CANBERRA HOSPITAL**

**Talking points:**

- A mix of clinical and administrative spaces became vacant in July 2018 when services relocated to University of Canberra Hospital (UCH).
- Where there is existing demand for these spaces, that demand will be accommodated.
- With regard to spaces where there is no immediate demand for occupancy, the spaces will be made safe and secured until future use is determined.

**Key Information**

- Spaces that were vacated when services relocate in July 2018 to UCH include:
  - Areas at Canberra Hospital in buildings 3, 6 and 15;
  - Some areas at Brian Hennessy Rehabilitation Centre;
  - Spaces from Calvary Hospital;
  - Spaces at Belconnen, Phillip and City Community Health Centres, including clinic and therapy rooms, offices, workstations and gymnasium; and
  - Spaces at Village Creek Centre, including offices, workstations and consult rooms.

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**Portfolio/s:** Health & Wellbeing

**ISSUE:       INFRASTRUCTURE (INCLUDING SPIRE)**

**Talking points:**

- ACT Health continues to make progress on infrastructure planning for the Canberra Hospital, Calvary Public Hospital Bruce and Community Health Infrastructure. Informed by Territory Wide Health Service Planning, ACT Health is continuing its work in the planning and design phase for:
  - The Expansion of the Centenary Hospital for Women and Children, including an Adolescent Mental Health Inpatient Unit;
  - The Surgical Procedures, Interventional Radiology and Emergency (SPIRE) Centre;
  - Northside Hospital Scoping Study, in close collaboration with Calvary Healthcare;
  - The Weston Creek Walk-in Centre, soon to move into design and construction; and
  - An Inner North Walk-in Centre.

Timelines for the Expansion of the CHWC

- As stated in the context of the Select Committee on Estimates 2018-19, the project is forecasted for completion by financial year 2021-22, with elements of the project due for staged completion over this period. This estimated completion timeframe includes building and clinical commissioning of the new and refurbished infrastructure.
- Construction of the expansion will start in the 2018-19 financial year, with completion of the security enhancement works to support a Custodial Birth Suite due by the end of the calendar year 2018.
- The next phase of this project is to commence design work, in conjunction with the finalisation of the Territory Wide Health Services Framework later this year.

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- Since the expansion was announced in last year's Budget, ACT Health has been working to undertake project due diligence and determine the final staging and scheduling of works, and this has led to greater certainty around timeframes.
- It is important to highlight that the expansion is happening in an existing facility on the Canberra Hospital, which is an operational campus. There are existing health services that will need to be considered carefully and we also need to ensure there is a continuation of care and services for our patients and their families while this major project is underway.
- The Adolescent Mental Health Inpatient Unit (AMHIU) is considered as part of the Centenary Hospital for Women and Children (CHWC) Expansion project. It is expected that the AMHIU will be completed in the 2021-22 financial year.

### Timelines for the SPIRE

- Consistent with the 2017-18 Budget forecast, the project program estimates construction and commissioning to be complete in the 2023-24 financial year.
- The 2016 election commitment stated that SPIRE was planned to open in 2022-23. This was prior to any feasibility, planning and early design works being undertaken.
- SPIRE is a major infrastructure project and as the feasibility and early planning has developed for the SPIRE project, so has the anticipated completion timeframe.
- SPIRE is a significant and inter-generational investment. The Government has committed \$500 million to the new facility that will provide coordinated, specialised acute and emergency care.
- ACT Health is progressing due diligence for the SPIRE project, including health planning requirements, feasibility studies and early design work. This has included the development of preliminary demand modelling forecasts; scope options analysis and high level engineering studies.
- ACT Health has undertaken early design and planning work exploring the options for the SPIRE, including site locations, service design options and opportunities for suitable integration with the existing Canberra Hospital infrastructure and services.

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- We are working closely with our other Directorate partners, such as Environment Planning and Sustainable Development Directorate and Transport Canberra and City Services, to explore the full benefits of integrating the health precinct at Garran with the Woden Town Master Plan and other landmark proposals in the area.

### Key Information

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

### 2018-19 Budget

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

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**Portfolio/s:** Health & Wellbeing

**ISSUE: UMAHA**

**Talking points:**

- Upgrading and Maintaining ACT Health Assets (UMAHA) is a program of works valued at \$84.043 million.
- UMAHA program of works is intended to minimise risks to interruption of the delivery of health services and to deliver remedial works efficiently on a planned basis. These objectives closely align with ACT Government policies around sustainable delivery of health services.
- Implementation of UMAHA scope will:
  - Minimise the risk of asset failure that would close Canberra Hospital or force decanting of patients;
  - Minimise risks to safety of patients, staff and visitors to ACT Health Assets;
  - Ensure cost effective delivery of essential remedial actions; and
  - Minimise the risk of reputational damage.
- Specific areas of focus for UMAHA program of works include the following areas:
  - Building electrical systems;
  - Building hydraulic systems;
  - Building heating ventilation and air conditioning systems;
  - Building façade;
  - Lifts;
  - Building fire protection;
  - ICT infrastructure; and
  - Building and infrastructure upgrade works.
- Projects associated with the UMAHA program will be delivered using a number of delivery models including Project Management Agreement, Construct only and Design and Construct contract forms.

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

### Key Information

- The AECOM Report identified 583 issues associated with ACT Health infrastructure with risk ratings assigned to each issue in accordance with ACT Government risk rating guidelines.
- All extreme and high risks were included for action within the scope of the UMAHA appropriation.
- The extreme risk issues identified in the AECOM report are:
  - Electrical Main Switch Board (EMSB) replacements in Building 2 and Building 12;
  - Building 12 gas meter relocation;
  - Helipad structural upgrades; and
  - Building 1 windows.
- Of the four extreme risks, two were funded outside or partly outside of the UMAHA appropriation – Helipad (ACT Health Clinical Services Development) and Gas Meter (Continuity of Health Services Plan – Essential Infrastructure).
- UMAHA program of works scope includes the development of a strategic asset framework and strategic asset management plans for built assets, ICT assets, medical and non medical equipment assets.
- UMAHA program of works is a vehicle to consolidate all infrastructure activities under one organisation i.e. Health Infrastructure Services (HIS) to ensure alignment of planned/reactive maintenance, capital project delivery and strategic asset management.
- The scope of the UMAHA Business Case and expenditure of remaining funds except for the EMSB, B10 Electrical and the Chiller upgrades works is on track for delivery by June 2019.
- EMSB works are due to be completed in June 2019 (Building 2) and November 2019 (Building 12) subject to clinical demand and further shutdown planning which is underway.

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Portfolio/s Health & Wellbeing

**ISSUE: UNIVERSITY OF CANBERRA HOSPITAL**

**Talking Points:**

- The University of Canberra Hospital (UCH), Specialist Centre for Rehabilitation, Recovery and Research, is now operational.
- This is a major milestone for health in the ACT and marks the culmination of almost seven years of planning, community consultation and construction work to deliver Canberra's third public hospital.
- UCH provides a range of specialised sub-acute rehabilitation and recovery services for residents of the ACT and neighbouring NSW.
- Physical and mental health rehabilitation services are co-located at the new site, served by specialist staff coming from a number of locations across Canberra.
- At full capacity the hospital will comprise 140 overnight inpatient beds made up of 20 mental health rehabilitation beds and 120 general rehabilitation beds. In addition to the inpatient beds, the hospital offers 75 day places consisting of a mix of mental health, rehabilitation and geriatric day places. Ambulatory and non-admitted rehabilitation services are also provided from this facility for adult patients.
- As of 10 September 2018, 37 rehabilitation beds and 17 adult mental health beds were occupied with two patients awaiting admission to rehabilitation beds.
- The rehabilitation medical and intake teams are proactively identifying referrals to the rehabilitation wards on a daily basis in conjunction with the CHASERS team. The CHASERS team are a rehabilitation in reach team that actively engage with acute wards at both Canberra and Calvary Hospital to assist acute teams in triaging and directing patient rehabilitation referrals.

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Lead Directorate: Health

## Key Information

- The UCH Commissioning Project is transitioning all areas to business as usual activity. On 23 August 2018, the final University of Canberra Hospital Steering Group meeting was held. Final Working Group Reports were tabled, identifying outstanding activities, ongoing risks and issues and follow on actions for completion. These will now be monitored at the Facility Wide Operational Meeting, with the first meeting occurring on 13 September 2018.
- While UCH is formally accredited as part of ACT Health's accreditation, an internal voluntary review of the UCH's compliance against the Australian Commission on Safety and Quality in Health Care's Standards – Version 2 (the Standards) was undertaken the week of 13 August 2018. The review was conducted by an external surveyor and supported by four internally trained surveyors.
- Following the review against the Standards, initial feedback has been positive. The Surveyor praised the Service for their active involvement of consumers in the design of the facility and the Models of Care. The Surveyor also provided positive feedback regarding the exceptional artwork throughout the facility, the positive staff culture and excellent governance at UCH. The positive feedback is testament to all of the staff involved with the establishment of UCH.
- Opportunities for improvement have been identified and work is already underway to address these.
- As part of the joint collaboration with UCH and the University of Canberra (UC), the first UC students commenced clinical placements in the UCH wards on 13 August 2018. Clinical placements at UCH provide students with direct exposure to real-world clinical practices aiming to deliver more skilled, and more knowledgeable health professionals of the future.
- It was agreed at the Joint Consultative Committee meeting between ACT Health and Unions, held on Wednesday 22 August 2018, to alter the frequency of the meetings. They will now occur on a monthly basis. Unions will however, still be able to raise issues as they arise prior to the next meeting, which is due to occur on 19 September 2018.
- A small amount of infrastructure work is still underway. Pricing for a UCH X-ray room fit out is ongoing. At this point in time, patients at UCH are being transferred to Canberra Hospital for imaging.
- The UCH food service delivery model continues to be monitored. The Food Services Steering Group has transitioned to an ongoing Food Service Management meeting, reporting to the Facilities Management Committee.
- There are ongoing opportunities for good news stories related to the opening of the facility with media and social media activities continuing. UC students and ACT Health Clinical Nurse Educator were interviewed by media outlets regarding the commencement of the first UC clinical placements at UCH.

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## Background information

- UCH cost \$212 million to build. Construction included the underground and surface car parks at the hospital site. An additional \$11.2 million was required for the hospital multi-storey car park, which is adjacent the hospital site.
- \$15.69 million was allocated for operational commissioning (\$14.86 million in 2017/18; \$0.83 million in 2018/19).
- The majority of the increase in costs is attributable to the costs of supporting a new stand-alone facility and the mobilisation of the non-clinical support services contract with BGIS. This includes food services, distribution and patient support services, security, cleaning, materials distribution, pest control, grounds and garden maintenance, help desk and building engineering maintenance services.

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GBC18/554

**Portfolio/s:** Health & Wellbeing

**ISSUE: WATER LEAKS IN CENTENARY HOSPITAL FOR WOMEN AND CHILDREN**

**Talking points:**

- Water leaks have been identified in three areas of the Centenary Hospital for Women and Children (CHWC) – Birthing Suites, Post Natal and Paediatric Wards.
- These leaks were identified in the Birthing Suites in February 2016, Post Natal in May 2018 and in the Paediatric Medical Ward in August 2018.
- Remediation in the Birthing Suites commenced in October 2017. To date the remediation of three ensuites has been completed and two are ongoing and due for completion in October 2018. The remaining ensuites will be completed in a staged strategy over the next 18 months.
- Remediation works in the two affected ensuites in the Post Natal Ward commenced in May 2018 and were completed on 8 August 2018.
- On 3 August 2018 leaks were identified in the Paediatric Medical Ward (Block B, Level 1) affecting two rooms (three beds).
- The Paediatric Medical Ward was relocated to the Paediatric Surge Ward to avoid any disruption to clinical services. This has meant that the surge capacity has been reduced from 12 beds to nine beds.
- Health Infrastructure Services implemented a remediation plan in consultation with the impacted clinical areas using existing on site contractor resources to expedite the required remediation works.
- The source of the leak was identified to be a pinhole in the hydraulic pipe work and is not linked to other hydraulic fitting failures within CHWC. Remediation in the Paediatric Medical Ward is ongoing and expected to be completed by late November 2018.

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## Key Information

- Whilst the remediation works in the Birthing Suites and Paediatrics Medical Ward are continuing, ACT Health and Women Youth and Children (WYC) are discussing the coordination and construction approach for future works.

## Background Information

- Following the identification of water leak in the wall cavity of an ensuite shower within the Birthing suites, ACT Health undertook immediate rectification and investigation into the source of the leak.
- In parallel with the room repair, a consultant was engaged by ACT Health to confirm the root cause of the leak which was identified as a leaking spindle (used to operate an in wall tap) extension.
- Following these works, an inspection of the shower units in the other Birthing Suites ensuites was undertaken, with all fittings being tightened in an attempt to stop any other leaks.
- A staged remediation strategy was developed with the WYC team to undertake the remediation of the affected Birthing Suites ensuites which commenced in October 2017.
- Specialist Consultants are engaged to perform ongoing testing to ensure patient safety is not compromised as a result of water leaks and any resulting mould contamination.
- Legal advice is being sought on a potential Industrial Special Risks (ISR) insurance claim or third party recovery associated with the leaking spindle extension issue.
- Health Infrastructure Services are working closely with the Insurance Liaison Unit to progress a building claim relating to the identified issue in the Paediatrics Medical Ward.

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**Portfolio/s:** Health & Wellbeing

**ISSUE:        OPENING OF GUNGAHLIN WIC AND PLANS TO OPEN WESTON CREEK WIC**

**Talking points:**

Gungahlin

- The Gungahlin Walk-in Centre officially opened on 3 September 2018 with the centre receiving consumers from 4 September 2018.
- In the first week of operation the Gungahlin Walk-in Centre averaged 30 patients a day. Attendance at the other two centres remained constant.
- Practical completion was achieved on time by 15 August 2018 and within budget.
- The delivery of a nurse led Walk-in Centre in Gungahlin was a Government priority which has been fully funded from the 2017-18 Budget.

Weston Creek

- The ACT Government will invest around \$4.6 million to refurbish the Weston Creek Health Centre by adding a new Walk-in Centre at 24 Parkinson Street in Weston. Refurbishment will commence in early 2019.
- The Weston Creek Walk-in Centre will be the fourth centre to be developed across Canberra which is due to open late 2019.

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## Key Information

- The existing Weston Creek building currently accommodates:
  - the Independent Living Centre which has been superseded by an extensive on-line program;
  - a ‘self-service’ renal dialysis facility which will remain as is;
  - a Maternal and Child Health facility which will be refurbished with the potential for expansion;
  - A Digital Hub servicing various other Territory facilities around the ACT which will remain as is; and
  - A private dental clinic that is leasing space – ACT Health is currently reviewing lease arrangements.
- \$0.5 million funding is currently appropriated in 2018-19 to progress the Weston Creek Walk-in Centre project, with a \$2.0 million provision. It is anticipated that the total project cost will be in the order of \$4.6 million to be fully funded in a future Budget process.

## Background Information

- The Walk-in Centre offers the community another option to access quality health care services.
- The Walk-in Centres offer fast, free and efficient access to treatment for one-off, episodic care for minor injury and illnesses as well as health advice and information. Services are free and provided on a walk-in, no appointments basis.
- The Weston Walk-in Centre will be designed as an integrated centre to allow for better utilisation of staffing and treatment rooms for the provision of both Walk-in Centre and Community Health Services.

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GBC18/554

**Portfolio:** Health & Wellbeing

**ISSUE: ABORTION**

**Talking points:**

- The ACT Government is committed to supporting and enabling women to make informed decisions about whether or not to terminate a pregnancy. Ensuring access to services that assist women before, during and after making their decision about termination of pregnancy, is vital.
- The ACT Government has made a commitment to review the barriers women may face when wanting to access abortion services in Canberra.
- Abortion is the subject of criminal law in all states and territories except the ACT and the Northern Territory. In the ACT, abortion is considered to be a health issue, not a criminal matter, and as such is listed in Part 6 of the ACT's *Health Act 1993* (Health Act). The ACT is progressive and does not criminalise health issues.
- Part 6 of the Health Act defines abortion as causing a woman's miscarriage by:
  - a drug;
  - using an instrument; or
  - by any other means.
- Part 6 of the Health Act currently provides that:
  - only a doctor may carry out an abortion;
  - an abortion is to be carried out in an approved medical facility;

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Cleared by:	Executive Director	Ext: 79143
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- the Minister may approve a medical facility or an appropriate part of a medical facility as suitable on medical grounds for carrying out abortions; and
- no-one is under any duty to carry out or assist in carrying out an abortion.
- It is important that the appropriate policy planning and consultation with relevant stakeholders (including care providers) is undertaken regarding any changes to access arrangements.
- For this reason, I have asked the Health Directorate for advice on the reforms that Ms Le Couteur is proposing.
- I am working with the Women's Centre for Health Matters to gain insight into barriers that are also present for women in the ACT (particularly those who are vulnerable) seeking a termination of pregnancy.
- To minimise one such barrier to access, in 2016 the Government introduced a patient privacy zone around the health facility at 1 Moore Street in Civic. Women who have made the difficult decision to terminate a pregnancy have the right to access the medical services they need without being forced to endure the judgement of others.
- I note the recent court ruling that silent vigil within the privacy zone is not considered a protest. I will continue to monitor the situation with a view to ensure women are not feeling harassed, threatened or judged when accessing health services.
- Debate of the Health (Improving Access to Abortion) Amendment Bill which was tabled by Ms Le Couteur in the Assembly in March 2018, will be held on Wednesday 19 September 2018.

Cleared as complete and accurate:	07/09/2018	
Cleared by:	Executive Director	Ext: 79143
Information Officer name:	Patrick Henry	
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Lead Directorate:	Health	

- While I am committed to looking at all options to remove barriers for Canberra women in accessing pregnancy termination services, these changes to regulation are potentially very significant, and must be given serious consideration. Further consultation with community health care providers and clinicians will need to be undertaken.
- I note that on 15 August 2018, a Notice of Motion by Ms Cody was passed, with amendment. That amended Motion gives this Government a mandate to seek to ensure that people, especially women, can have confidence in seeking the reproductive health services they need.

For **after** the debate of the Bill only (subject to passage of the Bill)

- I welcome the passage of the Bill in the Assembly. ACT Health will now begin the work to consult with stakeholders on implementation, and develop necessary treatment pathways in readiness for commencement of the new provisions.

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Lead Directorate: Health

GBC18/554

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

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

Cleared as complete and accurate: 11/09/2018  
Cleared by: Director Ext: 52245  
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Lead Directorate: Health



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

**Talking points:**

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

**Key Issues:**

- In June 2016, ACT Health commissioned 360Edge, a specialist alcohol and drug clinical consultancy, to conduct a review of withdrawal services in the ACT.
- This review was completed in December 2016 and the ‘ACT Alcohol and Other Drug Withdrawal Services Review and Redesign: Final Report’ (the Review) was provided to me in March 2018.
- The Review identified that the ACT is the only Australian jurisdiction without a formal medically supervised outpatient withdrawal program.
- The Review recommended that ACT Health should develop a formalised alcohol and other drug outpatient withdrawal program in addition to existing bed-based services.

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TRIM Ref: GBC18/554

- The Review concluded that alcohol and other drug withdrawal symptoms can in many cases can be managed safely and cost-effectively in the community. Bed-based services are more suitable for complex and severe withdrawal, including stepped-up care if symptoms escalate during outpatient care.
- The Review was commissioned to inform internal policy and planning, and as such there is currently no plan to publicly release the Review.

### **Background Information:**

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

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**Portfolio/s:** Health & Wellbeing

**ISSUE:           END OF LIFE**

**Talking points:**

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

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

### Key Information

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

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

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

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

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

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GBC18/554

Portfolio/s Health & Wellbeing

**ISSUE:       EPILEPSY ACT**

**Talking points:**

- ACT Health acknowledges the valuable work Epilepsy ACT provides the community and people who have been diagnosed with epilepsy.
- ACT Health staff met with Epilepsy ACT on 18 June 2018.
- ACT Health receives a number of requests for funding every year from organisations. These requests are treated as unsolicited bids, and procurement regulations require that they are assessed against a number of criteria including:
  - A clear and measurable benefit to the residents of the ACT;
  - Strategic priority;
  - Value for money;
  - Feasibility; and
  - Capacity and capability of the organisation seeking funds.
- ACT Health is currently evaluating Epilepsy ACT's funding proposal.
- ACT Health staff will actively engage with Epilepsy ACT and assess their proposal once it has been received. Such a proposal will need to be subject to the principles of the *Government Procurement Act (2001)*.
- ACT Health is always interested in proposals which look to improve health outcomes for consumers, improve the health system, and help Canberrans to contribute to the social and economic fabric of the community.
- ACT Health has not previously funded Epilepsy ACT.
- Epilepsy ACT was funded through Disability ACT, which comes under the Community Services Directorate (CSD).

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Lead Directorate:	Health	

- ACT Health already provides services for people with epilepsy in the form of diagnostic services, such as clinical assessment and investigations, using computed tomography (CT) scan, magnetic resonance imaging (MRI), electroencephalography (EEG), and advice on treatment.
- Treatment includes referral to medical and surgical specialists as appropriate. The emergency department and intensive care unit, in conjunction with the neurology department, also manage uncontrolled epileptic seizures and status epilepticus.
- ACT Health has no formal link with Epilepsy ACT but frequently refers patients to them for help in providing information and support.
- The patient feedback that has been received is that Epilepsy ACT has frequently been very helpful.
- The majority of people who have epilepsy will control it well, but a proportion have associated abnormalities such as learning difficulties, autism or behavioural disorders, all of which will need managing.

### Key Information

- Epilepsy ACT is a not-for-profit, self-help community service organisation formed in 1982 to provide services for people with epilepsy, their families and the community.
- Epilepsy ACT provides support, reassurance, advocacy, referral and information to people with epilepsy. They promote an understanding of epilepsy, through education and increased community awareness.
- Epilepsy ACT currently provides a range of services including:
  - Personalised case management;
  - Personalised advocacy-seeking work and education adjustments;
  - Information provision;
  - Individual care planning;
  - Community building;
  - Community advocacy; and

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- Training.
- Epilepsy ACT charges a fee for its training program and provide 25 training sessions per year.
- Epilepsy ACT has not previously advised the ACT Government of their financial difficulties.
- Epilepsy ACT was previously funded \$83,497 by Disability ACT under CSD.
- Epilepsy ACT received \$142,000 from July 2016 up until February 2018 from the Information, Linkages and Capacity (ILC) funding program of the NDIA.
- Epilepsy ACT received \$44,000 Business Package from the ACT Government in 2017 following them being unsuccessful in the first grant round of ILC in 2017.

### Background Information

- Epilepsy ACT spoke to the media on 15 June 2018 about the fact that they will have to close their doors, unless they receive extra funding soon.
- The funding submission from Epilepsy ACT was not received by ACT Health, but was provided instead to the Chief Ministers Office and ACT Treasury.
- ACT Health first obtained the submission just prior to meeting with Epilepsy ACT on Monday 18 June 2018. This submission is not yet detailed enough to provide advice on future funding options. ACT Health staff will help Epilepsy ACT develop a funding proposal.
- Epilepsy ACT is not funded by ACT Health. EACT was previously funded by the CSD, but this has ceased with the introduction of the National Disability Insurance Scheme (NDIS). EACT was unsuccessful in getting Information, ILC Building funding through the NDIS.
- Epilepsy ACT were previously funded \$83,497 by Disability ACT for 720 hours of information referral activities per annum and 16 "epilepsy awareness" presentations per annum. However at their meeting with ACT on June 18 2018, Epilepsy ACT were unable to quantify the number of clients they provided services to or the level of service provision.
- At the meeting ACT Health representatives noted that this kind of information is important in future funding conversations. It was noted that ACT Health was seeking proposals which could provide evidence towards improvements to health outcomes for consumers, efficiency gains in the health system, or towards the ability of Canberrans to contribute to the social and economic fabric of the community. Proposals which demonstrated collaboration or innovation where also of interest.

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GBC18/554

**Portfolio/s:** Health & Wellbeing

**ISSUE: FOOD REGULATION**

**Talking points:**

- The Health Protection Service (HPS) is responsible for food safety regulation in the ACT. This includes managing the registration of food businesses, providing food safety information to food businesses, managing enforcement activities, and responding to foodborne illness outbreaks. HPS advise that the ACT Health Directorate has adequate tools and resources to address and manage registered food businesses' compliance with food safety requirements.
- Despite recent media reports to the contrary, ACT Health has never implemented a scores on doors rating scheme. ACT Health relies on a range of other tools and actions to increase food business compliance rates.
- An analysis of compliance data over recent years indicates food safety breaches have declined. This can be attributed to the effective use of the 'Engage, Educate, Enforce' compliance model. Emphasis is placed on education to encourage compliance.
- Public Health Officers are responsible for inspecting registered food businesses in the ACT, including those operating at markets, declared events such as the National Multicultural Festival, and undeclared events such as Skyfire.
- In response to several complaints related to illegal waste water discharge the HPS and Environment Protection Authority (EPA) undertook a joint proactive education and compliance operation in May 2018 targeting food business. The operation focussed on kitchen maintenance, cleaning facilities and the rear of the food business, particularly around stormwater drains. 25 food business were inspected as part of the operation. Evidence of illegal waste water discharge were found at the rear of three food businesses.

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Lead Directorate:	Health	

- At the end of August 2018, there were 3,165 registered food businesses. Risk classification of a food business is determined by their food preparation activities. Most ACT food businesses are classified as medium risk.
- ACT Health endeavours to follow-up all medium and high risk food businesses that have had a revoked prohibition order prior to their scheduled reinspection.
- There are number of issues that Public Health Officers take into account on a case by case basis when determining the timing of a follow-up inspection, including:
  - The nature of the non-compliance and other factors that may contribute to non-compliance;
  - The attitude of the proprietor, their willingness to work with ACT Health and the actions taken to address the non-compliance;
  - The willingness of the proprietor to accept responsibility and their commitment to the maintenance of a food safety culture; and
  - The level of food safety training for all staff.
- All food businesses closed by a prohibition order in 2017 and 2018 that reopened have been reinspected.
- Upon revocation of a prohibition order, businesses with further outstanding issues that do not pose a serious public health are issued an improvement notice. As such, these businesses have ongoing inspections until all items identified on the improvement notice are rectified.

### Key Information:

- In the period 1 July 2017 to 30 June 2018, Public Health Officers:
  - Conducted 2,429 inspections of food businesses, including at Declared Events;
  - Issued 341 Improvement Notices – 14 per cent of inspected businesses; and
  - Issued three Prohibition Orders – 0.12 per cent of inspected businesses.

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Lead Directorate: Health

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

## Background Information:

- The HPS has always undertaken food business regulation in line with national food standards, such as the Australia New Zealand Food Standards Code. Food business inspections are undertaken by professional Public Health Officers who are trained subject matter experts.
- There has been a noticeable reduction in the number of critical food safety breaches in the ACT over the past few years. This positive change has been aided by an improved working relationship between industry and regulators. It has also been assisted by continuous improvements being implemented by ACT Health with respect to published food safety information, tools for industry and inspectors, and improved internal procedures.
- In recent years, there have been several changes to the *Food Act 2001* aimed at improving food safety and regulation in the ACT. For instance in 2013, changes commenced that required registered food businesses to appoint a trained food safety supervisor. The HPS has also increased its efforts to engage with industry in a constructive and transparent way. For instance, the food business inspection manual and information on common compliance issues have been published online. Food safety resources have also been published online in the eleven languages most commonly used in food businesses (other than English).
- Since September 2014, a collaborative approach has been fostered through the work of the Food Regulation Reference Group. The group includes representatives from

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industry, public health and consumer groups, as well as government stakeholders in the ACT hospitality sector. The group meets quarterly to discuss and provide advice to ACT Health on certain aspects of the food regulation system and emerging issues that affect industry.

- The ACT Government's decision not to proceed with a food hygiene grading system in the ACT follows a noticeable reduction in the number of critical food safety breaches observed at ACT food businesses in the past few years.

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GBC18/554

**Portfolio/s:** Health & Wellbeing

**ISSUE: GAY CONVERSION THERAPY**

**Talking points:**

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

**Key Information**

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

**Background Information**

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

Cleared as complete and accurate: 07/09/2018  
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- ‘Gay conversion therapy’ is an umbrella term for a range of practices intended to change or suppress a person’s sexual orientation. Many definitions have tended to focus on issues related only to sexual orientation. Over recent years it has emerged that the practice has also affected transgender people who may be seeking to transition, and people with diverse gender identity or gender expression. There is potential impact on intersex people too, if an early decision is made regarding a child’s sex or gender, that does not then relate to the child’s perception of their sex or gender.
- The broader term ‘conversion therapies’ (CT) is therefore generally preferred in the recent literature. If a broader definition of CT is adopted (i.e. to include sexual orientation, gender identity and gender expression), it is important to understand particular terminology and to distinguish between the concepts of biological sex characteristics, legal sex and gender identity.
- The *Prohibition of Conversion Therapies Bill 2018*, currently before the Oireachtas Éireann – the parliament of the Republic of Ireland – includes the following definition: ‘Conversion therapy means any practice or treatment by any person that seeks to change, suppress and, or eliminate a person’s sexual orientation, gender identity and, or gender expression.’ In discussing any proposed regulation or prohibition of CT, it should be recognised that those who offer CT generally do not use the term, nor is it promoted or advertised as such. In addition, it is rare for CT ‘practitioners’ to describe themselves as therapists.
- The majority of CT is offered under the umbrella of spiritual guidance or counselling through religious organisations (Christian, Jewish, Islamic and other). This tends to be offered internally within the organisation, and is generally not advertised specifically as gay CT. In addition, those offering the practice are unlikely to meet the definition of health workers, under the National Code.
- There are human rights implications for banning CT, which may only come to light after community consultation. For example, someone experiencing confusion about their sexuality, unwanted same-sex attraction, or internalised homophobia should be able to seek appropriate supportive counselling and support, which may or may not involve seeking to convert away from those feelings.
- There may also be implications for free speech and the rights of individuals to have the freedom to pursue their own goals within a confidential therapeutic environment.
- Care must be taken to ensure religious organisations in Canberra understand that religious freedom is not under attack. Instead, the message to be communicated is that this measure is to ensure harm is not done to people in ACT through the use of CT.

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- Protections for practitioners who are providing legitimate support to individuals may also be required, in the event of a complaint made against them without sufficient evidence of conversion being attempted.
- It is therefore difficult to prohibit a practice which is not advertised, nor which may or may not be intended to “convert” an individual away from same-sex attraction.
- 14 jurisdictions in the USA have recently banned CT being offered by licenced mental health practitioners to minors. However, CT in the USA can still take place amongst unregistered practitioners or within religious institutions, and there are no protections in place for adults.

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GBC18/554

**Portfolio/s:** Health & Wellbeing

**ISSUE: MY HEALTH RECORD**

**Talking points:**

- The My Health Record opt-out period commenced on 16 July 2018 and was expected to cease on 15 October 2018, followed by a 30 day reconciliation period.
- The recent COAG Health Council meeting in Alice Springs reached a consensus agreement to extend the opt out period for a further month, until 15 November 2018.
- Currently already nearly 6 million people have opted into a My Health Record nationally. 27 per cent of the ACT population have already opted-in to having a My Health Record as of 22 July 2018. The ACT has the second highest opt-in rate of any jurisdiction.
- Canberra Hospital and the University of Canberra Hospital upload discharge summaries and the results of pathology and diagnostic imaging tests for all adult in-patients who have consented to their information being uploaded to the My Health Record. Calvary Hospital will commence similar uploads in the coming months.
- On 31 July 2018, the Commonwealth Health Minister (Minister Hunt) agreed to make changes to the My Health Record Act that ‘will ensure no record can be released to police or government agencies, for any purpose, without a court order.’ Minister Hunt stated that the changes to the legislation will also include that if any Australian wished to cancel their record they will be able to do permanently delete their record from the system.
- The My Health Record system has the highest level of security and meets the strictest cyber security standards. The system has robust multi-tiered security controls to protect the system from malicious attack.
- The Australian Government advise that in the six years of operation, there has never been a security breach of the My Health Record.

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Cleared by:	Executive Director	Ext: 51100
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## Key Information

- The Australian Digital Health Agency will not advise of the number of people who have opted out to date, however there were widespread reports and confirmation from the Prime Minister that up to 20,000 people opted out on the first day.
- The AMA President Tony Bartone according to media reports on 1 August 2018 welcomed the decision from the meeting with Minister Hunt and also added that the Minister would consider extending the opt out period for an additional one month.
- Australians can also set additional privacy controls to their My Health Record including what information gets uploaded and who has access such as family members, carers and healthcare providers.
- Only authorised health providers can access the system through secure conformant software.
- The My Health Record consumer opt out portal is operating normally and has continued to do so throughout the opt out process.
- There was a minor connection issue with a call centre which lead to some delays for those wanting to opt out on day one, the issue was resolved that same afternoon.
- If consumers are experiencing longer call times, they can visit <https://www.myhealthrecord.gov.au/support/help-line-updates> for more information on help line wait times. Average call waiting times are approximately one minute at present.
- People and their doctors can choose not to include any of the details of sensitive conditions in summaries before putting anything in the record that would indicate they had a particular condition.
- For sensitive information such as a person's HIV status, a pathology service will not upload a report to the My Health Record where existing state or territory registration prohibits disclosure of sensitive information without the express consent of the individual.

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GBC18/554

**Portfolio:** Health & Wellbeing

## **ISSUE: NATIONAL PARTNERSHIP AGREEMENTS**

### **Talking points:**

- National Partnership Agreement and Project Agreements with the Commonwealth are made under the Intergovernmental Agreement on Federal Financial Relations.
- Funding streams to the States are facilitated by the following types of agreements:
  - National Partnership Agreements which provide time limited funding for specific projects and service delivery reforms;
  - Implementation Plans which are required if there are jurisdictional differences in context or approach under the National Partnership Agreements; and
  - Project Agreements which are a simpler form of National Partnership Agreements, for low value and/or low risk projects.
- The ACT has agreements with the Commonwealth for activities including breast screening, dental services for adults, vaccines, encouraging clinical trials and surveillance of foodborne disease and vaccine preventable diseases.
- Finalisation of the National Partnership Agreements or Project Agreements can take time as funding levels and achievable outcomes are negotiated, however the ACT has continued to provide the required services and has met agreed targets.
- Agreements have recently been signed for Public Dental Services for Adults and Expansion of the BreastScreen Australia Program.
- The complexities of the range of differing funding mechanisms for public health services underscores the commitment of ACT Health to advocate for longer term national health reform.

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Lead Directorate: Health

## Background Information

### Heads of Agreement

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

### National Health Reform Agreement

- Under the current National Health Reform Agreement, the ACT has received the following:
  - \$310,957,961 for services delivered in 2014-15
  - \$324,704,198 for services delivered in 2015-16
  - \$344,495,915 for services delivered in 2016-17

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GBC18/554

**Portfolio/s:** Health & Wellbeing

## **ISSUE: NGUNNAWAL BUSH HEALING FARM**

### **Talking points:**

- The second 14 week day program for the Ngunnawal Bush Healing Farm (NBHF) was completed on 6 September 2018. It commenced with a full complement (12) of clients who began their orientation for the NBHF on 4 June 2018. Clients were sourced from a range of government and non-government programs within the ACT.
- The program includes the following providers:
  - Blacksmithing and toolmaking – Valley Forge Cuppcumbalong;
  - Physical fitness and wellbeing – Thriving Life and Strive Fitness;
  - Music therapy – Johnny Huckle;
  - Cultural walks and talks – ACT Parks and Conservation Aboriginal Rangers ‘Health Country Program’;
  - Horse therapy – Peakgrove Equine Assisted Therapy;
  - Relapse prevention – SMART Recovery;
  - Outdoor education – Outward Bound; and
  - Cartoon therapy – FunnyOz Works.
- NBHF staff have provided a number of opportunities to continue to strengthen links and partnerships with organisations and with members of the Aboriginal and Torres Strait Islander community.

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Lead Directorate:	Health	

**Key information:**

Program	Key points about what the Program entails/aims to do
<b>Horticulture and bush tucker</b>	This program is not being delivered on this program. The consultant is an Aboriginal man who provides information about bush tucker, bush medicines, the seasons, plants and animals.
<b>Blacksmithing and toolmaking</b>	This program is delivered by Tharwa Valley Forge in Tharwa Village. Clients are taught how to make reshape metal into tools such as fire pokers, hammers and other tools.
<b>Physical fitness and wellbeing</b>	There are two fitness providers currently on the NBHF program. Scott Williams is from Strive Fitness and provides a training program 1 day per week for men. Zoe Bickerwell is from Thriving Life and provides fitness training for the women.
<b>Music therapy</b>	Music Therapy program is delivered by Johnny Huckle, a well-known local identity, who spends two hours on one day each week discussing music issues with clients. The aim of this program is for the clients and Johnny to write the lyrics to a song and record it.
<b>Cultural walks and talks</b>	This program is delivered by Aboriginal staff at ACT Parks and Conservation. Clients visit the Namadgi National Park and learn about the Aboriginal culture and history of the park, including ceremonial sites, scar trees, grinding grooves, rock shelters, rock art; and tool and weapons.
<b>Horse therapy</b>	<p>This program is delivered by Peakgrove Equine Assisted Therapy located on a small farm near Murrumbateman.</p> <p>By using horses Peakgrove provides tailored programs to meet the needs of clients:</p> <ul style="list-style-type: none"> <li>• develop confidence and leadership skills</li> <li>• to enhance relationship skills</li> <li>• as a joyful family experience</li> <li>• to work with trauma, depression and anxiety</li> <li>• to build heart connections</li> <li>• to build stronger bodies through physical therapy</li> <li>• with special needs clients building connection</li> <li>• as professional development for therapists</li> <li>• to further horsemanship skills for horse owners</li> <li>• to build relationship with a horse leading to positive mounted experiences</li> </ul>
<b>Relapse prevention</b>	<p>SMART is Self Management and Recovery Training and helps people with problematic behaviours. The program is delivered by staff from the Alcohol and Drug Services.</p> <p>Guided by trained peers, participants come together to help themselves and help themselves using a variety of cognitive behaviour therapy.</p>

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<b>Leadership and self-empowerment training</b>	<p>This program is not being delivered on the third program. However it is likely the program will be included in the program at the start of 2019. This program will be delivered by the Gundabooka Group, owned and operated by an Aboriginal woman, and will address a range of issues:</p> <ul style="list-style-type: none"> <li>• Cultural and Community Responsibility</li> <li>• Unconscious Bias</li> <li>• Mentoring and Leadership</li> <li>• Grief and Loss</li> <li>• Identity</li> <li>• Goal Setting</li> </ul>
<b>Outdoor education</b>	<p>This program will be delivered by Outward Bound Australia, specifically for NBHF clients. What they offer is a culturally appropriate outdoor education program. The program is one day visit to the National Base in Tharwa with experienced instructors using the facilities on site.</p> <p>OBA ensure Cultural Safety by providing an environment that is spiritually, socially and emotionally safe. The program provides awareness on a range of interpersonal skills:</p> <ul style="list-style-type: none"> <li>• Leadership</li> <li>• Time Management</li> <li>• Empathy</li> <li>• Self-Esteem</li> <li>• Self-Awareness</li> <li>• Compassion etc.</li> </ul>
<b>Cartoon therapy</b>	<p>This program is delivered by Andrew Hore, a cartoonist who supports the NBHF program by teaching clients how to draw cartoons and illustrations as another form of therapy.</p>

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GBC18/554

**Portfolio/s:** Health & Wellbeing

**ISSUE: OPIOID TREATMENT GUIDELINES**

**Talking points:**

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

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- ACT Health has committed to ensuring there remains an effective consultation mechanism for opioid maintenance treatment services in the ACT, and has commenced a process for reviewing ongoing arrangements for the Opioid Treatment Advisory Committee (OTAC) in discussion with key stakeholders.
- ACT Health continues to meet with key stakeholders through a revised OTAC. The most recent meeting was held 12 July 2018 at which the ongoing governance and reporting arrangements for the committee were discussed, along with operational policy matters concerning treatment of people suffering from opioid dependence in the ACT.

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

**Talking points:**

- Treating people with respect and in a manner that protects their dignity is an important role for our health service at all stages of life.
- Palliative care is not just care provided in the final stages of life, but helps people to live well with a terminal illness. Sometimes palliative care can be of benefit for a person at their initial diagnosis of a life-limiting condition, or be useful on and off through various stages of an illness. Many people have long-term interactions with their palliative care team, seeing them during the course of their illness.
- There are many elements to palliative care, including pain and symptom management and advice and support to carers. Palliative care ensures people are kept comfortable and maintain a good quality of life.
- In the ACT, there are a number of palliative care services offered. These primary and specialist palliative care services are of high quality and deliver excellent care to the community. The services are embraced within the ACT Palliative Care Clinical Network.
- The Government spends over \$10 million each year to provide palliative care services in the ACT.
- In recent years, the Government has provided additional investment in palliative care services, with increased support of home based palliative care packages, a new paediatric palliative care service to specifically address the palliative needs of children and adolescents, as well as investment in more staff and education.
- Calvary is funded to provide the majority of specialist palliative care services in the ACT, with Clare Holland House being the largest palliative care inpatient unit in the ACT.
- The Clare Holland House inpatient unit has a capacity of 19 beds.

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- Other palliative care service models provided from Clare Holland House include Home Based Palliative Care, specialist outpatient clinics, outreach programs to Residential Aged Care Facilities, and a specialist care and support clinic at Winnunga Nimmityjah Aboriginal and Community Health Service
- Demand for palliative care will continue to increase as our population ages, and people live longer lives. We need to respond to this so that people receive the care and dignity they deserve at the end of their life.
- As part of the Territory-wide Health Services Framework, ACT Health is developing a specialty services plan for palliative care.

**Key Information**Clare Holland House

- Clare Holland House consists of a specialist inpatient unit, home based palliative care services and community specialist palliative care services.
- The average length of stay in 2017-18 was 11.7 days, but it can vary widely from hours to months.
- Clare Holland House staffing is 61.53 Full Time Equivalent positions or a headcount of 90 staff across all categories of employees. Staffing levels at Clare Holland House are adjusted to meet patient/staff ratios and to ensure consistently high quality, safe and compassionate care is provided to all admitted patients and their families.
- All staff at Clare Holland House receive education in all clinical aspects of palliative care, from primary care to specialist care, to enable support of other health practitioners, carers and patients.
- Clare Holland House staff also provide extensive palliative care education and training programs for primary care providers, other health facilities and Residential Aged Care Facilities staff. This extends to programs such as the Program of Experience in the Palliative Approach which provides education to enhance the capacity of health professionals to deliver a palliative care approach through their participation in either clinical placements in specialist palliative care services or interactive workshops.
- Medical specialists are on duty from Monday to Friday from 8:00am to 5:30pm, and on call after hours.

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## Referrals

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

## Calls for palliative care ward at Canberra Hospital

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

## Palliative Care in Residential Aged Care Facilities

- The 2018-19 Federal Budget included a Measure on Comprehensive Palliative Care in Aged Care, which forms part of the Australian Government's *More Choices for a Longer Life – healthy ageing and high quality care* package.
- The Measure will provide \$32.8 million over four years from 2018-19 to support state and territory governments to improve palliative and end-of-life care coordination for older Australians living in residential aged care homes. Funding for individual jurisdictions will be negotiated over coming months.
- The Measure is premised on a cost-shared model with states and territories matching Commonwealth funding. The Commonwealth recently sought the nomination of the appropriate ACT Health representative to receive a draft National Project Agreement and accompanying schedule.

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GBC18/554

**Portfolio/s:** Health & Wellbeing

**ISSUE: QEII (CANBERRA MOTHERCRAFT SOCIETY CONTRACT)**

**Talking points:**

- ACT Health is committed to ensure that Canberra families continue to have access to the services provided at the QEII Family Centre.
- ACT Health is currently negotiating a new agreement with the Canberra Mothercraft Society.
- The exact terms of the contract are still being negotiated but I look forward to being able to announce the outcomes shortly.

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**Portfolio/s:** Health & Wellbeing

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

**Talking points:**

- In 2016, the ACT Government made an election commitment to deliver a grant scheme to support the establishment of bulk billing general practices in the ACT. The 2017–18 ACT Budget announced \$1.05 million (GST exclusive) over three years for the ‘Better care when you need it—Support for bulk billing GPs’ initiative.
- The Bulk Billing General Practices Grant Fund aims to encourage the expansion or establishment of new general practices with a demonstrated commitment to bulk billing in the Tuggeranong and Molonglo Valley. The aim is to provide residents in those areas with better access to affordable, connected, quality primary health care.
- Grant guidelines were developed in consultation with key stakeholders: Health Care Consumers’ Association (HCCA); Australian Medical Association (AMA) ACT; and Capital Health Network (CHN).
- Applications have been assessed and recommendations for funding are currently being considered.

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Portfolio/s Health & Wellbeing

**ISSUE: BIRTH CENTRE PETITION**

**Talking points:**

- On 9 July 2018 a group called 'Family Birth Centre for the ACT' started a petition on Change.org calling for a third Family Birth Centre to be built in the ACT.
- As of 7 September 2018, 2469 people have signed in support of the petition.
- ACT Health have two Birth Centres which run continuity of midwifery care for low risk women. This consists of a two bed Birth Centre located at Calvary Public Hospital and a five bed Birth Centre located at Canberra Hospital and Health Services' Centenary Hospital for Women and Children (CHWC).
- A fulltime Birth Centre midwife cares for 40 women each year, providing the antenatal, intrapartum and domiciliary and midwifery care.
- CHWC are currently undertaking a review of the continuity of midwifery care models Canberra Midwifery Program (CMP the low normal risk) and Continuity at the CHWC (CATCH mixed risk model) with the intent of increasing women's access to continuity of midwifery care models and to increase use of the Birth Centre spaces. Demand for the CATCH model is high which is reflective of the acuity of the women attending CHWC. This review is expected to be finalised by November 2018.
- The CHWC also runs the public home birth trial.

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TRIM Ref: GBC18/554

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**Portfolio/s:** Health & Wellbeing

**ISSUE: CALVARY HOSPITAL CONTRACT NEGOTIATIONS**

**Talking points:**

- ACT Health has been working with Calvary Health Care ACT Ltd (Calvary) and the Little Company of Mary (LCM) Health Care Ltd on a range of contractual and funding matters for the 2018-19 financial year.
- On 4 May 2018 I made an announcement on the modernisation of Calvary Public Hospital Bruce. This included the ongoing negotiations with Calvary, and the strong partnership between LCM and ACT Health which will continue into the future.
- I will be working closely with Calvary over the coming months to develop an agreement that ensures the best health outcomes for Canberrans.
- As negotiations and discussions are ongoing at this point in time, I am not able to comment any further.

**Key Information**

Performance Plans and Activity Based Funding

- ACT Health and Calvary agreed the 2017-18 Performance Plan in February 2018, which is on a block funding basis.
- ACT Health and Calvary have advanced in discussions in relation to the Performance Plan for 2018-19. The 2018-19 Performance Plan will be on an ABF basis, and will align to the Territory-Wide Health Services Plan and Framework.

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**Portfolio/s:** Health & Wellbeing

**ISSUE: CALVARY WARD MANAGEMENT**

**Talking points:**

- The Calvary Bruce Private Hospital, previously co-located within the public hospital facility, opened on 21 September 2017. The new private hospital has created spare capacity in the public hospital, in the form of additional operating theatre capacity and vacant inpatient bed stock.
- Enabled by the opening of the new private hospital, in July 2018 upgrades to the maternity ward at Calvary Public Hospital were completed, which expanded its capacity from 15 beds to 18 beds.
- Additionally, the Aged Care Rehabilitation Unit at Calvary has now transferred to the recently opened University of Canberra Hospital. In response to this vacated space, Calvary will be refurbishing its mental health facilities, and upgrading and expanding its emergency department.
- Furthermore in July 2018, ACT Health established a cross-government strategy working group to provide strategic planning and policy advice to Government, in regards to the major health infrastructure projects. As a provider of public hospital services, Calvary form part of this group.
- To inform planning and policy advice to Government, analysis of ongoing Territory-wide services planning work has been undertaken to ensure our major health infrastructure projects address future services need.
- This analysis has confirmed areas of spare capacity at Calvary Public Hospital, including for operating theatres and inpatient bed stock.
- ACT Health is continuing to work with Calvary on future services and infrastructure planning matters, including for how further spare capacity at Calavry Public Hospital can be best utilised in the future, for improved and sustainable access to public hospital services by the community.

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**Portfolio/s:** Health & Wellbeing

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

**Talking points:**

- Canberra Hospital and Health Services (CHHS) uses nationally recognised colour codes to prepare, plan, respond and recover from internal and external emergencies. Plans for responding to emergency codes define and describe the required management roles, responsibilities, strategies, systems and arrangements. Each plan has been prepared in accordance with national standards.
- CHHS uses the Capacity Escalation Procedure to describe patient flow pressures in a Level 1 to Level 3 numerical system. The procedure sets out the hospital's overarching approach to identifying and responding to capacity pressures during periods of high demand.

**Key Information**

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

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intentional physical attacks, aggravated assault, threats with a weapon, sexual assault or illegal occupation of buildings and workplaces.

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

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- ED resuscitation room full
- ICU over capacity
- Isolation beds unavailable
- Ambulance off loads in ED corridor
- Alert Level 3: bed availability is critical despite use of surge beds and services are disrupted. The trigger is two or more of the following:
  - Hospital at 100 per cent occupancy
  - More than 11 bed booked patients in ED
  - All surge beds open
  - Unable to decant resuscitation room
  - Unable to admit patients from other hospitals
  - Isolation beds unavailable and cohorting not possible
  - ICU over funded capacity
  - Considering cancellation of elective surgery

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GBC18/554

**Portfolio/s:** Health & Wellbeing

## **ISSUE: CORONIAL INQUEST INTO SUICIDES AT CANBERRA HOSPITAL**

### **Talking points:**

- The ACT Government has sincere sympathy for the families and friends of people who have died by suicide.
- ACT Health is not able to comment about coronial matters while they are before the ACT Coroner.
- ACT Health works closely with the ACT Coroner to actively support the coronial inquest process. We strive and are committed to improving the quality of services we provide to patients and the community to support the delivery of these services.

### **Key Information**

- There were four deaths by suicide of inpatients at Canberra Hospital in the period January 2015 to November 2016. These deaths are the subject of a coronial investigation. Coroner Hunter will investigate these deaths together in one inquest. The ACT Government Solicitor (ACTGS) is representing the Territory.
- The Coronial Inquest will be heard in two stages:
  - The first stage occurred on 10-13 and 17-20 April 2018, and 1-4 May 2018 and heard the factual elements relevant to the cause and manner of each death and evidence from ACT Health staff of their provision of care and treatment or their involvement with the four people.
  - On 3 September 2018, the second stage commenced and addressed the systems issues, including policies and procedures underlying the care provided to the four people. Stage 2 concluded on 7 September 2018.

### **Background Information**

- During the first stage of the Inquest, Coroner Hunter made interim findings in relation to the cause and manner of the four deaths.
- While the evidence provision for the coronial Inquest has concluded, the inquest is still underway with the submission process, no further information can be given at this time.

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GBC18/554

**Portfolio/s:** Health & Wellbeing

**ISSUE: ELECTIVE SURGERY WAITING LIST**

**Talking points:**

- ACT Health is committed to reducing the number of people waiting beyond clinically recommended timeframes for surgery.
- ACT Health performed well in many specialties last year. High rates of timeliness for elective surgery were achieved in cardiac, thoracic, gynaecology, head and neck, obstetrics and vascular surgery. There were also zero longwaits in paediatric surgery, an important achievement.
- Through the 'extra surgery initiative' in 2017-18, ACT Health completed 13,344 surgeries, the second highest on record, and was able to reduce the number of people waiting longer than clinically recommended from 464 to 406 patients by the end of June 2018.
- In addition, ACT Health decreased the number of people on the waitlist by nine percent from 5,322 to 4,867 at the end of June 2018.
- The proportion of patients who had surgery on time dropped from 87 per cent to 79 per cent in 2017-18. This is because focusing on the longer waiting patients means that these patients take up a higher proportion of all patients who are removed from the waiting list, so the overall average for all patients drops.
- ACT Health continues to experience growth in the demand for emergency and elective surgery. The ACT Government has committed to providing \$64.7 million to be invested in elective and emergency surgeries across the ACT. With certainty of this additional funding, ACT Health can increase the number of elective surgeries it can deliver to around 14,000 per year.
- The funding of \$64.7 million over the next four years will also help ACT Health to improve access to surgical care and reduce wait times, which means better health outcomes for patients in the ACT and surrounding NSW region.

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- Workforce issues in the attraction and retention of surgeons and anaesthetists in the public sector are a key challenge, most notably in the specialities where wait times are longer.

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**Portfolio/s:** Health & Wellbeing

**ISSUE: HYDROTHERAPY POOL**

**Talking points:**

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

**Key Information**

- The new hydrotherapy pool at UCH has enhanced features compared to the facility at Canberra Hospital. It has a smoother entry, a flat surrounding surface and hoist, more accurate and stable temperature controls, and will require less maintenance downtime. Parking at UCH is also better than at Canberra Hospital.
- ACT Health is committed to working closely with community organisations and service providers who currently use facilities at Canberra Hospital to ensure the transition of these services for their clients is as seamless as possible.
- ACT Health has agreed to continue to give Arthritis ACT (AACT) access to the hydrotherapy pool at Canberra Hospital until 30 June 2019. Discussions are ongoing regarding the continued management of access and maintenance arrangements.
- AACT have also been offered and accepted sessions at the UCH hydrotherapy pool from 23 July 2018. A separate Service Level Agreement has been signed in support of this offer.

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Lead Directorate: Health

- Discussions are ongoing with ACTIVE Canberra with respect to the Stromlo Leisure Centre that will open around 2020, noting the Stromlo Centre will have a warm water pool that may be used for hydrotherapy.
- Exercise Physiologists and Physiotherapists are the only ACT Health professionals who use the Canberra Hospital hydrotherapy pool. Hydrotherapy patients are usually booked in for a six week course of treatment of two sessions per week. In 2016/17, the reported number of hydrotherapy occasions of service was 703 for the Exercise Physiology Team and 1050 for the Physiotherapy Team.

## Background Information

- Canberra Hospital hydrotherapy pool operational budget (including staffing and maintenance) has been transferred to the UCH operating budget.
- A number of complaints have been received from individuals, AACT, and MLAs about the decision to close the pool at Canberra Hospital and the perceived loss of a public service to constituents located on the south side of Canberra.
- ACT Health has a Service Funding Agreement with AACT for the period 2016 – 2019 to provide educational programs and information sessions on self-management as well as supervised hydrotherapy sessions.
- AACT is the only external user of the Canberra Hospital hydrotherapy pool, offering their members nine sessions per week.
- There are a number of private hydrotherapy pools on the south side, but they are costly and/or their pool temperatures are lower than the temperature of the pool at Canberra Hospital. The optimal temperature for hydrotherapy is 33 degrees Celsius or greater. See list below.

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

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

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

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

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GBC18/554

**Portfolio/s:** Health & Wellbeing

**ISSUE: INFLUENZA SEASON**

**Talking points:**

- The seasonal increase in influenza cases has not yet started in 2018. The timing of this increase varies from year to year, but usually occurs between July and October.
- Due to an unprecedented demand for seasonal influenza vaccination this year, there have been nationwide supply issues with some flu vaccines through both the National Immunisation Program (NIP) and the private market.
- This is good news as it means the community is understanding the dangers of influenza and importance of getting the flu vaccine.
- The Commonwealth Government has secured additional vaccines for the NIP and is working with jurisdictions to monitor and manage national supplies.
- The Immunisation Section at the Health Protection Service (HPS) has delivered more vaccines to date this year than for the entire 2017 influenza season. Over 90,000 vaccines have been distributed to date in 2018, compared with 57,000 for the whole of 2017.
- In 2018, two new vaccines specifically for people aged over 65 years of age were funded through the NIP. The new vaccines are expected to illicit a stronger immune response in this age group. ACT Health has distributed enough of these vaccines for 85 per cent of people aged 65 years and over to be immunised.
- In 2018, the ACT Government funded flu vaccines for all children under five years of age. Based on the Australian Immunisation Register data, vaccination of children under five years is also much higher than previously, already eight times higher than in 2017. As of 30 July, 42 per cent of the ACT's children aged 6 months to under 5 years have received at least one

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dose of the flu vaccine this season. This compares to five per cent vaccination coverage for this age group at the end of 2017. Current national data shows that as of 30 June 2018, ACT was leading the nation in influenza vaccine coverage among non-Indigenous children under five years and was above the national average for Indigenous children under five years.

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

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

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GBC18/554

Portfolio/s Health & Wellbeing

**ISSUE: MATERNITY SERVICES AT CENTENARY HOSPITAL FOR WOMEN AND CHILDREN AT CAPACITY**

**Talking points:**

- The demand on Maternity Services at Centenary Hospital for Women and Children (CHWC) has increased since CHWC opened in August 2012.
- There were 3,561 babies born in 2016-17 at CHWC, compared to 2,743 in 2010-11. This is an increase annual growth rate of 4.5 per cent. More recent birth data indicates a continuation of this trend.
- I am aware of the push from the community to establish a standalone Birth Centre.
- My Office will be in contact with the authors of the petition to discuss further.
- The Centenary Hospital for Women and Children has devised strategies to address the escalating demands for maternity services at the Centenary Hospital. These include:
  - Development of a Maternity Escalation Policy to manage demand including utilisation of Birth Centre for overflow;
  - Extension of the hours of the Maternity Assessment Unit (MAU). This assessment service for pregnant women with concerns (eg. reduced foetal movements) or requiring assessment of early labour is provided from the Birth Suite after hours;
  - Additional medical and midwifery staff rostered and the introduction of Assistants in Midwifery to maternity services;
  - Active encouragement by Calvary Public Hospital Bruce (CPHB) and CHWC for the community and General Practitioners to use services on offer at CPHB and Queanbeyan Hospital where appropriate;

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- A bypass policy for the referral of women to other ACT hospitals and NSW hospitals for care when appropriate; and
- A midwifery attraction and retention strategy.
- In addition, CHWC and CPHB are working together to develop strategies better manage demand and ensure maternity services across the region are utilised effectively and efficiently. These strategies include:
  - A Territory-wide Maternity Specialty Services Plan; and
  - The refurbishment of CPHB Maternity Service which will support the implementation of the ACT public maternity access strategy.

### Key Information

- Canberra Hospital, as the only level three tertiary hospital for the ACT and surrounding regions, accepts patients that cannot be accepted by non-tertiary facilities due to the patient's clinical indications. Continued and increased occupancy, acuity and demand pressures impact on Canberra Hospital's capacity to provide tertiary level maternity care.

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**Portfolio/s:** Health & Wellbeing

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

**Talking points:**

- Work on the Territory-wide Health Services Framework (the Framework) is progressing and the Territory-wide Health Services Advisory Group has provided feedback resulting in a revised draft of the Framework.
- The revised Framework is currently under consultation with the Advisory Group and clinical Executive Directors within ACT Health.
- Feedback to date from ACT Health staff and the Advisory Group indicates a high level of support for the refreshed Framework.
- The development of the Specialty Services Plans (SSPs) is also progressing well. There are 46 SSPs in total in development. This includes 40 specialty services and six core services e.g pathology and pharmacy.
- The current status is:
  - **Phase 1** has involved profiling the current services. Work to date has included stakeholder engagement with these service providers:
    - CHHS service providers;
    - Calvary;
    - ACT Health GPs;
    - Other GPs; and
    - NGOs.
  - **Phase 2** analysis is also underway and data that identifies current demand for inpatient and outpatient services is being collated.

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GBC18/554

**Portfolio/s:** Health & Wellbeing

**ISSUE: THEATRE 14 AIR FILTER**

**Talking points:**

- Theatre 14 was closed following advice from Facilities Maintenance and Infection Prevention and Control on 14 June 2018 following detection of a mould-like substance within the air handling unit.
- ACT Health Infection Prevention and Control has confirmed that there has been no risk to staff or patients as air levels of the mould-like substance were reported as low and the risk of infection to patients has been rated as low.
- ACT Health has been advised by external consultants that Theatre 14 may recommence surgical activity with the risk to patients or staff associated with the mould is low.
- Canberra Hospital has reopened Theatre 14 but as a precaution is currently using it only on an ad-hoc, as needed basis, such as for emergency cases when there are no other theatres available.
- ACT Health will reopen Theatre 14 for all surgical cases in mid to late September, subject to safe environmental reports and until such time as replacement of the air conditioning unit takes place.

**Background**

- Theatre management and the clinical infectious disease team support the current approach.
- ACT Health Facilities Management are reviewing the current applicable maintenance procedures to facilitate improved monitoring and early detection of any further occurrence, of this type.

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**Portfolio/s:** Health & Wellbeing

**ISSUE:        WAIT TIMES TO SEE A SPECIALIST**

**Talking points:**

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

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- That some referrals for services are within the scope of services provided appropriately by ACT Health.
- ACT Health also knows it needs to better work with GPs to ensure they have the information they need to know what other treatment options are on offer for patients.
- This is being done through Health Pathways in liaison with Capital Health Network.

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**Portfolio/s:** Health & Wellbeing**ISSUE: CRITICAL INCIDENT AT CANBERRA HOSPITAL ON 18 JULY 2018****Talking points:**

- On 18 July 2018 between 4 and 4.30pm a patient under police guard in the Canberra Hospital Emergency Department (ED) allegedly assaulted two ACT Police officers. During the altercation, the patient allegedly stole and fired an officer's gun.
- This is an isolated incident for Canberra Hospital. However, any level of violence is unacceptable in our hospitals and health facilities.
- The incident took place in a contained area within the ED and no patients or staff were injured. A number of staff close to the incident were allowed to go home from work. Additional staff were made available to ensure continued operations of the ED in the period immediately following the incident.
- A number of beds in the section of the ED where the incident took place were closed for a period of time. The ED returned to full operations from 1pm on 19 July 2018.
- Canberra Hospital and Health Service (CHHS) have provided emotional and psychological support to staff and patients who were present during the incident, including follow up with patients who were in the direct area at the time of the incident to ensure they are properly supported.
- CHHS is in the process of reviewing its role in the response to this incident.
- ACT Health and ACT Policing will be meeting to review processes and protocols related to the management of persons brought to the ED by police.

Cleared as complete and accurate: 11/09/2018  
Cleared by: Deputy Director-General Ext: 42728  
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Lead Directorate: Health

**Key Information**

- Canberra Hospital is designed to treat all patients who present with medical conditions. Offenders who are brought to hospital for treatment are under the guard of police officers or correctional officers.
- A water pipe was damaged during the incident. The area was isolated and the water turned off to avoid further damage. The damage sustained has been fully assessed and repairs carried out following the conclusion of ACT Policing's investigation.
- Law enforcement officers such as police and Border Force but not including ACT Health security guards, are permitted to carry firearms in all wards at Canberra Hospital with the exception of Mental Health units. This is a matter for discussion between ACT Health and ACT Policing during the investigation and response process.

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GBC18/554

Portfolio/s Health & Wellbeing

## ISSUE: MEDICAL IMAGING 23 AUGUST 2018

### Talking points:

- Canberra Hospital uses an offsite radiology service for specialist reporting of diagnostic imaging studies at such times as after hours and when unplanned (sick) leave arises.
- Patients are not required to go offsite for this process. They have their imaging performed onsite, and their images are electronically sent to an external radiology provider, who reads the images and provides a specialist report, to be acted on by the patient's treating team. This ensures the continuity of high quality, efficient patient care.
- This is a recognised strategy in many hospitals, particularly in regional areas, for ensuring continuity of person centred services. Patients and their treating teams want to know their results as soon as possible. The use of an offsite radiology service supports this person centred approach.

### Key Information

- Management of leave was cited as a concern in the Royal Australia and New Zealand College of Radiology (RANZCR) report on accreditation of the radiology training program at Canberra Hospital.
- In response, recruitment for two new radiologists has closed and interviews have occurred.
- This does not mean that Canberra Hospital will stop using the offsite radiology service when required. All other avenues for onsite reporting are used first, but once these are exhausted, images are sent offsite to ensure the continuity of a person centred approach.

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TRIM Ref: GBC18/554

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

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

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Contact Officer name: Flavia D'Ambrosio  
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GBC18/554

**Portfolio/s:** Health & Wellbeing

**ISSUE: ARINS AND SEAS**

**Talking points:**

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

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TRIM Ref: GBC18/554

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**Portfolio/s:** Health & Wellbeing

**ISSUE: PUBLIC INTEREST DISCLOSURES**

**Talking points:**

- All requests under the *Public Interest Disclosure Act 2012* (PID Act) are coordinated and recorded centrally by the Professional Standards Unit, of the Chief Minister, Treasury, and Economic Development Directorate.
- ACT Health is currently dealing with one submission under the PID Act. The delegate for ACT Health is considering the request to ensure that all the requirements set out in section 26(1)(c) are met.

Cleared as complete and accurate:	11/09/2018	
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GBC18/554

Portfolio/s Health & Wellbeing

## **ISSUE: STAFFING NUMBERS AND TEMPORARY CONTRACTS**

### **Talking points:**

- As at the last available staffing report (August 2018), temporary employment at ACT Health makes up 14.37 per cent of the workforce.
- The predominant reasons include:
  - graduate nurse employment;
  - higher duties arrangements; and
  - maternity/parental leave absences.
- The total percentage of casual employment at ACT Health is 3.46 per cent and is required to accommodate short term irregular vacancies that occur from time to time.
- The total nursing workforce is 2,686, encompassing permanent, temporary and casual employees. 82.17 per cent of this workforce is permanent and 17.83 per cent is made up of casual and temporary employment.
- The proportion of staff who are employed on a temporary basis is kept to the minimum necessary for efficient operations of ACT Health.
- There are challenges to ACT Health in offering immediate permanent employment to graduate nurses and midwives.
- Temporary employment arrangements enable appropriate development of skills and professional behaviour in new nurses and midwives, prior to permanent employment, and employment of graduates from other countries who are not eligible for permanent employment at that point in time.
- Temporary employment often leads to permanent employment, for eligible nurses and midwives.
- ACT Health has a focus on providing permanent career based employment wherever possible.

Cleared as complete and accurate: 11/09/2018  
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## Key Information

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

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**Portfolio/s:** Health & Wellbeing**ISSUE:       WORKPLACE BULLYING AND HARASSMENT****Talking points:**

- Since 2011, ACT Health has embedded the principles of the ACT Public Service's Respect, Equity and Diversity (RED) Framework and has developed training programs to educate staff on respectful workplace behaviours and educate managers on how to manage complaints of inappropriate behaviour.
- Avenues for staff to raise incidents of bullying and harassment in the workplace include:
  - Staff can raise issues with People and Culture (HR), Employee Services who can provide advice on dealing with alleged instances of bullying;
  - Staff can discuss the alleged bullying with their Senior Manager;
  - Staff can raise incidents via ACT Health's electronic incident reporting system 'Riskman'. This system is also monitored by People and Culture (HR), Employee Relations Unit to ensure all matters related to bullying and harassment, reported through Riskman, are managed in accordance with the relevant Enterprise Agreements and workplace policies; and
  - ACT Health has an established network of 101 RED Contact Officers in all professions. Staff may contact their local RED officer to discuss alleged bullying claims.
- Existing investigative processes, which still have their place for more serious matters, are often of limited assistance to resolve interpersonal issues in the workplace.

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- ACT Health are currently exploring alternative dispute resolution mechanisms which aim to provide options to enable parties to come to a resolution. This new approach recognises that formal processes often result in both complainants and the respondents lose agency over the process, and alternative dispute mechanisms provide all parties with a level of involvement throughout.
- ACT Health currently have 18 allegations being handled by the People and Culture (HR) team, at various stages of the process outlined in the relevant enterprise agreement.
- ACT Health has a zero tolerance approach to bullying, and takes all allegations seriously, ensuring that they are appropriately assessed by an authorised officer.
- Since the events explored by the ACT Auditor-General, the Australian Council on Healthcare Standards Accreditation Report of July 2018 commented on ACT Health's "commitment and hard work has resulted in a significant shift and improvement in work place culture. With staff now openly taking pride in their work place environment..."
- ACT Health agree with the Accreditor's view that "It will be crucial that this leadership and level of commitment is maintained to ensure all improvements are sustained and further developed across the health service."
- To this end, ACT Health are exploring alternative ways to address bullying and harassment matters, and while further announcements will be made in due course, some of the proposed features of this model have been discussed publically by me, and the Director-General of ACT Health.

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- ACT Health are working on a number of short and medium term strategies and actions to shift the focus from formal investigative processes to early intervention and alternative dispute resolution, and with the intention to recast existing frameworks in a way that results in a more connected approach to employee behavior and positive workplace culture, including:
  - The introduction of an Employee Advocate function. This role will assist employees in the resolution of their workplace issues, by encouraging resolution through alternative dispute resolution mechanisms;
  - Modifying existing Preliminary Assessment process for bullying and interpersonal disputes to prioritise early intervention and alternative dispute mechanisms, including mediation and facilitated conversations;
  - Utilising the REDCO network to assist with the introduction of this new approach;
  - An external and trusted avenue for employees of ACT Health on bullying matters.
  
- The independent review into ACT Health’s culture will provide further insight into this process and any further considerations that ACT Health may need to take into account.

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GBC18/554

**Portfolio/s:** Health & Wellbeing

**ISSUE: NURSES SAFETY STRATEGY**

**Talking points:**

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

**Key Information**

- The project to prevent and manage workplace aggression and violence towards nurses and midwives concluded in March 2018, and a Report was forwarded to the Minister for Health and Wellbeing for consideration.
- Detailed feedback from the Minister highlighted a number of deficits in the Report that require further development, including but not limited to the need for further

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consultation with the Australian Nursing and Midwifery Foundation (ANMF), safety culture considerations, system issues with data reporting and analysis, tools for assessment, mental and physical stress issues, development of an implementation plan, and governance considerations for the Territory.

- A senior project officer has been appointed to develop an action plan addressing all elements of the Ministerial feedback and comments from the ANMF.
- Further high level consultation is to be scheduled with the the ANMF, Workplace Safety, the Communication and Stakeholder Engagement team and the ACT Chief Nursing and Midwifery Officer to progress issues including the project Implementation Plan.
- Recommendations and an Implementation Plan will be presented to me for consideration and endorsement.
- This strategy is due for completion by early October 2018.

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GBC18/554

**Portfolio/s:** Health & Wellbeing**ISSUE: SENIOR MANAGEMENT CHANGES AT CALVARY****Talking points:**

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

**Key Information**

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

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

Cleared as complete and accurate: 12/09/2018  
Cleared by: Deputy Director-General Ext:52248  
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Lead Directorate: Health



GBC18/554

Portfolio/s Health & Wellbeing

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

**Talking points:**

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

Cleared as complete and accurate:	11/09/2018	
Cleared by:	Executive Director	Ext: 51086
Information Officer name:	Janine Hammat	
Contact Officer name:	Jim Tosh	Ext: 50006
Lead Directorate:	Health	

TRIM Ref: GBC18/554

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

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to an investigation in accordance with the relevant enterprise agreement.

- The Director-General has been in conversation with the Health Services Commissioner in formulating some views as to an appropriate external and independent avenue for employees to raise complaint. Some work is required in ensuring that these processes work within existing legislative frameworks.
- Further announcements will be made in due course.

Cleared as complete and accurate: 11/09/2018  
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GBC18/554

Portfolio/s Health & Wellbeing

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

**Talking points:**

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

Cleared as complete and accurate: 23/07/2018  
Cleared by: Deputy Director-General Ext: 52248  
Information Officer name:  
Contact Officer name: Emm Dale Ext: 71818  
Lead Directorate: Health

TRIM Ref: GBC18/554

## ISSUE: OPTHALMOLOGY

### Talking points:

- The Canberra Hospital and Health Services (CHHS) Department of Ophthalmology offers retinal, corneal and emergency services by the way of an Outpatient Eye Clinic. The Eye Clinic is referral only.
- The ophthalmology services offered by CHHS are consistent with services provided in the public setting in other jurisdictions. Patients can obtain a referral for the Eye Clinic from their General Practitioner or Optometrist.
- CHHS does not offer general ophthalmology clinics for chronic conditions such as cataracts or glaucoma. Patients can be referred to a private ophthalmologist for these services.
- When patients are referred to ACT Health for services that are not provided in the public system, the referral is returned to the referrer with a Service Not Available (SNA) letter, explaining that the referral cannot be accepted. The patient also receives a copy of the SNA letter.
- It is usual practice to provide information to the referrer about the appropriate care pathway for their patient. CHHS is reviewing the SNA letter template to ensure the appropriate information is provided back to the patient and referrer.

Cleared as complete and accurate: 07/09/2018  
Cleared by: Deputy Director-General Ext: 42728  
Information Officer name: Chris Bone  
Contact Officer name: Daniel Wood Ext:  
Lead Directorate: Health

TRIM Ref: GBC18/554

**ISSUE: CENTENARY HOSPITAL FOR WOMEN AND CHILDREN –  
INFRASTRUCTURE EXPANSION TIMEFRAMES**

**Talking points:**

- As stated in the context of the Select Committee on Estimates 2018-19, the Expansion of the Centenary Hospital for Women and Children project is forecasted for completion by financial year 2021-22, with elements of the project due for staged completion over this period. This estimated completion timeframe includes building and clinical commissioning of the new and refurbished infrastructure.
- Construction of the expansion will start in the 2018-19 financial year, with completion of the security enhancement works to support a Custodial Birth Suite due by the end of the calendar year 2018.
- The next phase of this project is to commence design work, in conjunction with the finalisation of the Territory Wide Health Services Framework later this year.
- Since the expansion was announced in last year's Budget, ACT Health has been working to undertake project due diligence and determine the final staging and scheduling of works, and this has led to greater certainty around timeframes. To this end, a tender process has commenced to engage design consultants for the development of a Proof of Concept for the project.
- It is important to highlight that the expansion is happening in an existing facility on the Canberra Hospital, which is an operational campus. There are existing health services that will need to be considered carefully and we also need to ensure there is a continuation of care and services for our patients and their families while this major project is underway.
- The Adolescent Mental Health Inpatient Unit (AMHIU) is considered as part of the CHWC Expansion project. It is expected that the AMHIU will be completed in the 2021-22 financial year.

Cleared as complete and accurate: 10/09/2018  
Cleared by: Deputy Director-General Ext: 52248  
Information Officer name: Karen Doran  
Contact Officer name: Brad Burch Ext: 72385  
Lead Directorate: Health

TRIM Ref: GBC18/554

## Key Issues:

- The Government has allocated \$68.075 million in budget and forward estimates for the CHWC Expansion, including the AMHIU with \$2.5 million available in 2018-19 to progress due diligence. The final cost estimate is subject to Government's consideration of the outcomes of the Proof of Concept design and a final detailed project proposal.

## Background Information:

- The 2017-18 Budget announced an estimated capital cost of \$70 million for the expansion of the CHWC.
- The 2017-18 funding provided for feasibility and planning work to inform construction commencement in 2018-19.
- The expansion will improve the services and support for patients of maternity and paediatric services and provide new services, including a high dependency unit and adolescent mental health unit.
- The project is responding to the significant growth in demand for these services for the Canberra and surrounding NSW's communities.
- The commitment for the CHWC expansion provides for an adolescent mental health unit, an adolescent gynaecology service, paediatric high-dependency unit, and more paediatric intensive care beds.
- The 2018-19 Budget provided a capital injection of \$2.5million to allow for the continuation of planning and design related to the expansion of the CHWC.
- Construction of the expansion of the CHWC is expected to be completed in 2021-22.

Cleared as complete and accurate: 10/09/2018  
Cleared by: Deputy Director-General Ext: 52248  
Information Officer name: Karen Doran  
Contact Officer name: Brad Burch Ext: 72385  
Lead Directorate: Health

TRIM Ref: GBC18/554

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

**Talking points:**

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

Cleared as complete and accurate: 17/09/2018  
5Cleared by: Executive Director Ext: 51086  
Information Officer name: Janine Hammat  
Contact Officer name: Flavia D'Ambrosio Ext: 74835  
Lead Directorate: Health

TRIM Ref: GBC18/554



### Key Issues:

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

Cleared as complete and accurate: 17/09/2018  
5Cleared by: Executive Director Ext: 51086  
Information Officer name: Janine Hammat  
Contact Officer name: Flavia D'Ambrosio Ext: 74835  
Lead Directorate: Health

TRIM Ref: GBC18/554

GBC18/554

**Portfolio/s:** Health & Wellbeing

**ISSUE: PILL TESTING**

**Talking points:**

- The ACT Government has received a proposal from STA-SAFE to conduct a pill testing service at the Spilt Milk festival in Commonwealth Park on 17 November 2018.
- I asked ACT Health to reconvene the cross-government pill testing working group to consider the public health, legal and social issues relating to the proposal.
- The working group has provided me with advice on this proposal and I can advise that the ACT Government will continue to provide a supportive policy environment for a pill testing service to be provided at the Spilt Milk music festival in 2018.
- Agreement between all relevant parties, the festival promoter, STA-SAFE and the land owner, the National Capital Authority (NCA), is necessary for a pill testing service to proceed at the Spilt Milk music festival.
- Unfortunately, the NCA has made clear that it will not allow a pill testing service to be offered at the upcoming Spilt Milk festival.
- The ACT Government will continue to push for a pill testing service to be made available at festivals such as Split Milk.
- The ACT Government has encouraged the Commonwealth Minister for Health to consider the benefits of a pill testing trial at Spilt Milk.
- Of course, should the NCA advise that it is reconsidering its decision particularly in light of the tragic events at Defqon.1 festival, the ACT Government would maintain our position of support for pill testing.

Cleared as complete and accurate:	19/09/2018	
Cleared by:	Director	Ext: 52245
Information Officer name:	Emily Harper	
Contact Officer name:	Emily Harper	Ext: 52245
Lead Directorate:	Health	

## Key Information:

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

## Background Information:

- Pill testing is a harm minimisation intervention that includes the chemical analysis of drugs surrendered by festival patrons, and the provision of relevant drug information and counselling by qualified personnel.
- The ACT Government reinforces that it is illegal to manufacture, possess, distribute and sell illicit drugs in the ACT. The ACT Government does not approve or condone illicit drug use. It is risky and dangerous to consume illicit drugs. The ACT Government is committed to harm minimisation, in line with the National Drug Strategy. The Government considers that pill testing as a component of harm reduction measures is a sensible approach to limiting the dangers of illicit drug use at ACT music festivals. This position is in no way softening the Government's stance on illegal drugs.
- The public debate around pill testing has been reinvigorated following the tragic deaths of attendees of the Defqon.1 music festival in Penrith on Saturday 15 September 2018.

Cleared as complete and accurate: 19/09/2018  
Cleared by: Director Ext: 52245  
Information Officer name: Emily Harper  
Contact Officer name: Emily Harper Ext: 52245  
Lead Directorate: Health

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

### Talking points:

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

Cleared as complete and accurate: 17/09/2018  
Cleared by: Director-General Ext: 50823  
Information Officer name:  
Contact Officer name: Vanessa Dal Molin Ext: 79532  
Lead Directorate: Health

TRIM Ref: GBC18/554

- The Independent Review will be about the entire ACT Health workforce, and not just about the doctors.
- All staff across the workforce have a right to feel safe, supported and heard during this Review process, regardless of their position.
- I expect to finalise the terms of reference for the Independent Review in the coming days.
- The Review panel will be asked to undertake extensive engagement and consultation and to seek input from relevant experts where this is required. They will be asked how best to undertake this engagement, including whether they wish to hold public or private hearings (or both) whilst ensuring the upmost protection and privacy is afforded to all individuals.
- However, I will say at the very outset that we will ensure that the processes established to conduct the Review are safe so that people are encouraged and confident to come forward.
- The Review will be undertaken in a way that protects the privacy of individuals. Statements and written submissions will be treated with the upmost confidentiality. This is the right thing to do to ensure that staff feel safe to come forward.
- The Review will be required to produce an interim report by 17 December 2018, with a final report provided to me by the end of March 2018.
- I will subsequently table and publicly release these reports at the earliest opportunity.
- In my view, holding an expensive Board of Inquiry has the potential to be incredibly divisive for the workforce. It could be an extended and protracted process, distracting our health professionals from the very important work they do to deliver quality and safe healthcare to our community.
- A Board of Inquiry would see witnesses being cross examined by the independent legal teams of staff. This could have a significant personal impact on staff who need to be focused on providing care to patients.

Cleared as complete and accurate: 17/09/2018  
Cleared by: Director-General Ext: 50823  
Information Officer name:  
Contact Officer name: Vanessa Dal Molin Ext: 79532  
Lead Directorate: Health

TRIM Ref: GBC18/554

- I do not believe that an Inquiry will be beneficial for our health system at this critical point in time. The significant funds that would be required to support a Board of Inquiry would be better spent on providing critical health services to our community.
- The Independent Review that I have announced will be one of learning and healing, and looking at how we can address any systemic issues in a meaningful way. This should not be a witchhunt or a mechanism for publicly scrutinising a small portion of the workforce within the Directorate, as the AMA and ASMOF suggest.
- Can I also say that I have received representations from a variety of important professional associations and prominent individuals from within our healthcare system who have told me that they are highly opposed to a Board of Inquiry approach.
- I have received strong support for the independent review process I have announced.
- I am committed to moving forward with an Independent Review and working towards further improving the culture within ACT public health services.

### Clinical Leadership Forum

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

### **Key Issues:**

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

Cleared as complete and accurate: 17/09/2018  
Cleared by: Director-General Ext: 50823  
Information Officer name:  
Contact Officer name: Vanessa Dal Molin Ext: 79532  
Lead Directorate: Health

**ISSUE: STAFF ASSAULTS**

**Talking points:**

- I recently became aware of quantifiable, specific data about occupational violence experienced by staff working for ACT Health, and injuries recorded in the workplace, through a question on notice.
- I acknowledge the data, and what those numbers show, is not good enough. There is more to be done to ensure staff are as safe at work as they can be.
- The data originally provided was sourced from the Riskman Staff Incident System utilised by ACT Health to capture all Work Health Safety (WHS) Incidents.
- ACT Health follows the Type of Occurrence Classification System (TOCS) as specified by Safe Work Australia to classify WHS incidents in Riskman.
- Initially, to determine staff assault incident figures to respond to QoN 1567, ACT Health utilised the Riskman incident data with the TOCS classification code of 'being assaulted by a person or persons'.
- Further investigation into the incident data identified additional incidents involving staff assault may have been coded under 'mental stress' (TOCS requires this coding where mental stress is considered as a more serious outcome than the physical injury/impact of the incident).
- Initially, ACT Health did not include incidents coded under 'mental stress' that involved staff assault to respond to QoN 1567.
- Subsequently, ACT Health thoroughly analysed incidents under the 'mental stress' code to identify incidents involving staff assault to ensure complete data on all staff assault incidents captured on Riskman was included.
- The data originally provided on staff assaults has been updated following further analysis of the Riskman incident data which was coded under 'mental stress'.

Cleared as complete and accurate: 07/09/2018  
Cleared by: Deputy Director-General Ext: 78275  
Information Officer name: Daniel Guthrie  
Contact Officer name: Denise Lamb Ext: 53646  
Lead Directorate: Health

TRIM Ref: GBC18/554

## Background Information:

- On 31 August 2018, Minister Rattenbury responded to Question on Notice (QoN) 1567 about staff assaults. The response was provided to Chamber Support on the same date.
- On 5 September 2018, ACT Health identified the staff assault data provided in the response to QoN 1567 was incomplete.
- I was asked the same QoN (1566) about staff assaults.
- I am considering the revised QoN that I have been provided.
- This table below shows staff assaults by Division (Operative Area) by members of the public (including patients and relatives) from 1 January 2017 – 30 June 2018 extracted from Riskman Incident System:

Business Support	1
Cancer Ambulatory and Community Health Support	3
Clinical Support Services	35
Critical Care	37
Health Infrastructure Services	1
Medicine	34
Mental Health, Justice Health, Alcohol and Drug Services	129
Canberra Hospital and Health Services	1
Population Health	1
Rehabilitation, Aged and Community Care	63
Pathology	1
Surgery and Oral Health	26
Women, Youth and Children	8
<b>Total</b>	<b>340</b>

- ACT Health follows the definition of Safework Australia of staff assault as being “assaulted by a person or persons including: kicks, bites, punches, pushes etc, assault with or without a weapon, being assaulted with handtools, objects or weapons wielded by another person”.

Cleared as complete and accurate: 07/09/2018  
 Cleared by: Deputy Director-General Ext: 78275  
 Information Officer name: Daniel Guthrie  
 Contact Officer name: Denise Lamb Ext: 53646  
 Lead Directorate: Health

TRIM Ref: GBC18/554



- These are the types of assaults ACT Health is seeing. The severity of the assaults vary from no injury, to minor injury requiring first aid treatment, to injury requiring medical treatment and hospitalisation. ACT Health currently has two major pieces of work underway that are focused on improving work, health and safety for frontline health staff; ACT Health Work Health and Safety Strategic Plan, and Nurses and Midwives: Towards a Safer Culture project.
- The ACT Health Work Health and Safety Strategic Plan is in the final stages of consultation with staff and unions and is expected be finalised by the end of October 2018.
- The Nurses and Midwives: Towards a Safer Culture project is focused on the safety of our nurses and midwives in the workplace and on high risk areas. ACT Health is working with staff, unions such as the Australian Nursing and Midwifery Federation, and other key stakeholders in the development of this project, including the Implementation Plan.

Cleared as complete and accurate: 07/09/2018  
Cleared by: Deputy Director-General Ext: 78275  
Information Officer name: Daniel Guthrie  
Contact Officer name: Denise Lamb Ext: 53646  
Lead Directorate: Health

TRIM Ref: GBC18/554

## ISSUE: CANNABIS LEGALISATION

### Talking points:

- Consistent with the National Drug Strategy 2017-2026 (NDS), the ACT Government is developing the ACT Drug Strategy Action Plan 2018-2021 (the DSAP). Both the NDS and the DSAP are underpinned by the three pillars of harm minimisation: demand reduction, supply reduction and harm reduction.
- The DSAP is due to be finalised by the end of 2018.
- Issues relating to cannabis diversion are the subject of ongoing and considerable debate.
- Careful consideration will be required when considering amendments to the approach to cannabis possession and cultivation, taking into account the best available evidence.

### Key Issues:

#### Harms of cannabis

- Cannabis use has been associated with substantial adverse health effects, some of which have been determined with a high level of confidence.
- Most studies report adverse effects from:
  - Short-term cannabis use, for example, impaired short-term memory and motor coordination, altered judgment and, in high doses, paranoia and psychosis.
  - Long-term or heavy cannabis use, for example, addiction, altered brain development, symptoms of chronic bronchitis and increased risk of chronic psychosis disorders, including schizophrenia, in persons with a predisposition to such disorders.

Cleared as complete and accurate: 17/09/2018  
Cleared by: Deputy Director-General Ext: 59656  
Information Officer name:  
Contact Officer name: Laura McNeil Ext: 71781  
Lead Directorate: Health

TRIM Ref: GBC18/554

- Cannabis, like other drugs of abuse, can result in addiction. During intoxication, cannabis can interfere with cognitive function (e.g. memory and perception of time) and motor function (eg coordination), and these effects can have detrimental consequences (eg motor-vehicle accidents).
- Repeated cannabis use during adolescence may result in long-lasting changes in brain function that can jeopardise educational, professional, and social achievements.

### Medinal use

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

### **Background information:**

#### The three pillars of harm minimisation:

- Demand reduction: Preventing the uptake and/or delaying the onset of use of alcohol, tobacco and other drugs; reducing harmful use in the community; and supporting people to recover from dependence through evidence-informed treatment. Demand reduction includes school education, providing people with health information, and a range of treatment programs.
- Supply reduction: Preventing, stopping, disrupting or otherwise reducing the production and supply of illegal drugs; and controlling, managing and/or regulating the availability of legal drugs.
- Harm reduction: Reducing the adverse health, social and economic consequences of the use of drugs, for the user, their families and the wider community. Harm reduction strategies encourage safer behaviours, reduce preventable risk factors and can contribute to a reduction in health inequalities among specific population groups. Harm reduction acknowledges that despite law enforcement efforts drug use still occurs,

Cleared as complete and accurate: 17/09/2018  
Cleared by: Deputy Director-General Ext: 59656  
Information Officer name:  
Contact Officer name: Laura McNeil Ext: 71781  
Lead Directorate: Health

TRIM Ref: GBC18/554

and can potentially occur more safely. Pill testing and providing sterile injecting equipment to prevent the spread of disease are examples of this approach.

Cleared as complete and accurate:	17/09/2018	
Cleared by:	Deputy Director-General	Ext: 59656
Information Officer name:		
Contact Officer name:	Laura McNeil	Ext: 71781
Lead Directorate:	Health	
TRIM Ref:	GBC18/554	

## ISSUE: **CARDIOLOGY (ELECTROPHYSIOLOGY) SERVICES**

### Talking points:

- At present, Canberra Hospital and Health Service (CHHS) does not provide an Electrophysiology (EP) service.
- Patients who require a Cardiac Electrophysiology Study (EPS) are referred to Sydney for the procedure.
- There is an intention to implement an EP service in Canberra, and Canberra Hospital and Health Service (CHHS) has recently recruited a physician to undertake this work.
- We are delighted to have been able to recruit such an esteemed individual to our service.
- The physician is currently working through developing a robust governance process for the proposed EP service, which is vital to ensure that there are no compromises to patient safety. This is normal procedure when new or expanded services are implemented.
- The physician is also providing EP services in the private sector, working with Calvary Private Hospital (Bruce) to build an EP compatible lab.

### Key Issues:

- In 2017-18, ACT Health ran a trial public EPS service. The trial ended and the equipment was returned to the vendor so that a public tender process could commence.
- In order to implement the new service, ACT Health must consider how the current cardiology service can be redeveloped to safely accommodate an EPS service within the existing program.
- Actions are currently underway to ensure that all of the relevant medical governance, biomedical, infrastructure, financial and work health and safety requirements have been given thorough consideration and are properly in place before proceeding.

Cleared as complete and accurate: 17/09/2018  
Cleared by: Deputy Director-General Ext: 42728  
Information Officer name: Chris Bone  
Contact Officer name: Girish Talaulkiar Ext: 43603  
Lead Directorate: Health

TRIM Ref: GBC18/554

## Background information

- A cardiac electrophysiology study (EPS) is a test of the heart's electrical function. It is used to diagnose and treat conditions such as abnormal heart rhythm or arrhythmia.
- EPS is an invasive procedure during which a doctor inserts a catheter through a vein in the groin and passes it up to the heart. Electrical impulses are used to alter the patient's heart beat.

Cleared as complete and accurate: 17/09/2018  
Cleared by: Deputy Director-General Ext: 42728  
Information Officer name: Chris Bone  
Contact Officer name: Girish Talaulkiar Ext: 43603  
Lead Directorate: Health

TRIM Ref: GBC18/554

## ISSUE: CLINICAL CULTURE COMMITTEE

### Talking points:

- The Clinical Culture Committee (CCC) was established by the previous Minister for Health, Mr Simon Corbell MLA, as a Governance body in response to the findings of the 2015 KPMG Review (the Review) of the Clinical Training Culture at Canberra Hospital and Health Services (CHHS) and the findings of the Royal Australasian College of Surgeons (RACS) report on discrimination, bullying and sexual harassment.
- The Clinical Culture Committee met for the first time on 27 October 2015 and met regularly. The Committee was chaired by Ms Nicole Feely, previous Director-General, ACT Health. Membership included senior executives, senior medical staff and two junior medical staff (13 members in total).
- The Review of the Clinical Training Culture made seven key recommendations which were addressed through the Medical Culture Action Plan, endorsed in May 2016 by the Clinical Culture Committee (CCC).
- The initiatives progressed and completed from the Medical Culture Action Plan are as follows:
  - Development and delivery of Respect at Work courses to 135 Executive and Senior Medical Staff.
  - The Senior Doctor Leadership Program for Clinical and Unit Directors commenced delivery in August 2016 and concluded in June 2017.
  - Establishing a collaborative partnership with RACS.
  - Extensive review of our current complaints management processes and related policies.
  - Establishing a database to improve tracking and reporting of complaints and trends.
  - ACT Health's Respect at Work policy was updated to reflect this review.
  - Development of a new Respect at Work e-learning program and face-to-face training program.

- Development and delivery of the Addressing Workplace Issues training program for all staff in a managerial position. The program educates our managers on how to conduct a preliminary assessment to effectively resolve workplace issues (such as bullying).

### **Key Issues:**

- The CCC in its current form will be concluded. A final meeting will be held to acknowledge the achievements of the committee; inform members about key elements of the refocused culture development work; and to start considering the governance of culture required for the two new organisations
- The Interim Director-General is implementing a overall Culture Strategy and Governance regarding Culture will form part of this to ensure that there are mechanisms regarding Clinical Culture in place going forward.
- The Minister for Health and Wellbeing has recently announced that a Clinical Leadership Forum will be established to ensure strategic matters are dealt with including clinical culture, across all clinical disciplines.

### **Background Information**

- In 2015 KPMG were engaged to do a Review into Clinical Training Culture at Canberra Hospital and Health Services. The Review examined:
  - Review governance structures in relation to the accountabilities and reporting requirements associated with bullying and harassment.
  - Strengthen policy statements to clarify and commit to consequences for unacceptable behaviour.
-



## ISSUE: 2010 INQUIRY INTO MATERNITY SERVICES

### Talking points:

- In April 2010, an independent review was conducted into service delivery and clinical outcomes at public maternity services across the ACT.
- The review was commissioned following significant media commentary surrounding public maternity services in the ACT.
- The final report developed a number of recommendations and a Steering Committee was established to oversee implementation of the recommendations made.
- Responses to all but one recommendation have since been implemented or are currently in progress. These relate mainly to structure and governance of public maternity services in the ACT.
- One recommendation related to the publishing of an annual report of maternity outcomes for the ACT. This has not been progressed because of the extensive resource requirements it would require and public maternity services in the ACT already comply with a range of national and local reporting requirements.

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Lead Directorate: Health

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**Minister for Mental Health  
Assembly Briefs  
18-20 September 2018**

<b>Number</b>	<b>QTB</b>
<b>Framework and Data</b>	
1	ACT Health Organisational Reform
2	Territory-wide Health Services Framework
3	ACT Health System-Wide Data Review
<b>Mental Health in the Community</b>	
4	Establishment of Office for Mental Health and Wellbeing
5	Adult Community Mental Health Services
6	Brian Hennessy Rehabilitation Centre - Supported Accommodation
7	Impact of NDIS in Mental Health Community
8	Eating Disorder Services in ACT
9	Adolescent Mental Health Services in ACT
10	Incidents at Dhulwa Adult Mental Health Unit
<b>Canberra Hospital and Centenary Hospital for Women and Children</b>	
11	Workforce Shortages
12	Staff Assaults
13	Coronial Inquest into Suicides at Canberra Hospital
14	NEW CHWC Infrastructure Expansion Timeframes
<b>Alexander Maconochie Centre</b>	
15	Coronial Findings Into the Death of Steven Freeman
16	Phillip Moss Review and Health- Services Commissioner – Initiated Review into Health Services at the AMC
17	Winnunga delivering healthcare at AMC (new MOU)
<b>Suicide Related Issues</b>	
18	Suicide Prevention Programs
19	NEW ACT Regional Mental Health and Suicide Prevention Plan
<b>Funding</b>	
20	Growth in Budget and Efficiency Target
<b>People and Culture</b>	
21	Auditor-General Report No. 9/2018 - ACT Health's management of allegations of misconduct and complaints about inappropriate workplace behaviour
22	Independent Review into ACT Health's Culture

GBC18/553

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

- The proposal to restructure ACT Health was considered over a number of months and involved a range of conversations between myself and the Minister for Health and Wellbeing.
- The ACT Health Directorate Executive Leadership Team, with the support of a dedicated Transition Office, are overseeing the transition planning.
- The ACT Health Directorate will become two organisations from 1 October 2018. This change is an essential evolution for our growing population and expanding health system, and will bring greater clarity about the distinct roles and responsibilities of frontline staff and corporate staff.
- Staff who deliver frontline health services to the Canberra community will come under the umbrella of a dedicated health services delivery organisation – Canberra Health Services.
- There will be a second organisation, ACT Health Directorate, responsible for strategic policy, research and planning which will set the strategic direction for health services across the ACT.
- The creation of two health organisations will enable a clearer focus on efficiency and effectiveness for clinical operations, and enable the ACT Health Directorate to undertake core strategy and system stewardship functions.

**Governance and Consultation**

- Preparation for the formation of two organisations is progressing and the organisations are on track to commence from 1 October 2018.
- The planning process has included defining the relationship between the service delivery organisation and the planning and policy organisation. It is essential that this relationship supports a model providing effective governance, management and accountability. This process has involved consultation with key stakeholders to seek their views on the governance model and key relationships required to ensure effective functioning of the organisations.

Cleared as complete and accurate: 07/08/2018

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Lead Directorate:

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- The Transition Office has been undertaking regular staff and stakeholder communications and engagement activities, to ensure that we deliver a model that will work on the ground for both staff and ACT Health consumers. To date, that has included over 190 one on one meetings; 40 presentations and group forums; six executive workshops; four all staff forums and ten external stakeholder meetings, as well as responding to many direct staff submissions.
- Discussions have been held with staff associations and unions to discuss the process being followed and the potential implications for their members.
- A formal consultation period with staff has commenced in keeping with good change management practice and our obligations under relevant industrial agreements. This period allows staff the opportunity to formally contribute to the final design of the organisations.
- I remain committed to enabling and encouraging staff, stakeholders and the community to invest in this change process.
- It is important to recognise that the key milestone date of 1 October 2018 is not the end of this process. The transitioning to two new organisations includes a “stabilise and refine” phase. This will allow us to further refine processes and internal structures once the organisations are fully established. Staff feedback will continue to be a key element of this phase.

### Impacts for Patients/Consumers

- The proposed changes are primarily internally focussed at this stage and are being developed with careful consideration to ensure that there will be no negative impacts on the services that we offer.
- The organisational change will be implemented from 1 October 2018, and for patients and consumers, the transition will be a seamless one. People visiting one of the three public hospitals, our popular Walk-in Centres or in any way accessing the many community based health services that we offer will not experience any disruption as a result of this change.

### Impacts for Staff

- I would like to reassure all ACT Health employees that they will continue to be engaged in the development and implementation of the new structures.
- We are working to ensure that we minimise disruption for staff members as much as possible.

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- Every possible opportunity has been and will continue to be provided to staff and unions to provide feedback on proposed changes to organisational reforms.
- Staff are also encouraged to contact the Transition Office with suggestions, questions or concerns through the variety of channels established.

### Staff readiness for change

- Key to the success of the transition is building the change resilience and leadership capability of the organisations to ensure a solid foundation built on core values and a positive culture.
- Through the combined work of the Transition Office and Organisation Development Unit, a series of workshops and training events have been designed to support leaders and staff through this transition. The take up of these opportunities has been high and this has built a framework for the ongoing organisational and culture change program.
- Every individual responds to change differently, this depends on their previous experiences with change and the level of change they are experiencing in their own lives. Every change can be unsettling. Through the process of transitioning to two organisations, the Transition Office has been adopting a change management methodology to support leaders and staff through the stages of change, including regular communication, feedback channels, information sessions and workshops.
- In addition, staff are able to access a range of supports, such as the Employee Assistance Program.

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

- A great deal is being speculated about the application of the Eligible Public Hospital and Ambulance (EPHA) salary packaging benefits and the impact this will have on individual staff benefits.
- Firstly, it is important to note that there will be no impact on the eligibility for EPHA Salary Packaging for staff currently working at Canberra Hospital and Health Services as a result of the transition. Note: EPHA is sometimes mistakenly referred to as PBI.
- It is also important to note that this is a benefit which is governed by federal tax legislation and the ACT Government must ensure that any decisions regarding EPHA are aligned with this legislation.
- EPHA Salary Packaging is available to staff who meet the requirements of the Fringe Benefits Tax Assessment Act 1986 for these benefits.

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- Failure to comply with the Australian Taxation Office (ATO) determination may result in FBT liability for the individual and/or the organisation.
- An all-staff email was distributed on 28 June 2018 providing information about the ATO's interpretation of eligibility to access this benefit. This interpretation narrowed the eligibility criteria and provided a number of tests to be satisfied by the employee relating to the nature and extent of their work for a hospital facility.
- This has left a number of ACT Health staff being subject to grandfathering arrangements in an uncertain position for a number of years.
- The transition will provide clarity on the status of the Directorate and the Health Service as defined in the ATO determination and therefore will provide clarity and certainty on access to this benefit for individuals
- The Interim Director-General has invited unions to meet to work through any potential impacts. Another update will be provided to outline any impact.
- This is a complex and sensitive area and the ACT Government will work with staff who may be impacted.

### Territory-wide Health Services Framework

- The clinical and service planning underway through the Territory-wide Health Services Framework will remain a key priority for government.
- Due to the proposed timing of the organisational change, it is anticipated implementation of the Framework will be phased in from late 2018 to take full advantage of the development of the two new organisations.

### Director-General and CEO Position

- Mr Michael De'Ath commenced in the role of interim Director-General, ACT Health Directorate on 9 April 2018.
- On 3 September, the Minister for Health and Wellbeing and I announced the appointment of the Director-General Health and the Chief Executive Officer of the Health Services.
- Mr Michael De'ath will continue on in his role, and will formally commence as Director-General on 1 October 2018.
- On 3 September the Head of Service announced the appointment of Ms Janet Anderson PSM as Chief Executive Officer to lead the organisation with responsibility for clinical operations and the delivery of quality health

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services under the new arrangements for the ACT Health Directorate.

Ms Anderson was to commence the role on 1 October 2018.

- Due to personal circumstances, Ms Anderson has advised that she is no longer able to take up this appointment.
- The current arrangements for the management of our Health Services will continue and the Minister for Health and Wellbeing will provide further advice about recruitment for the Chief Executive Officer role in due course.
- Together the Director-General and CEO will drive the successful implementation of the two new organisations to deliver high quality and accessible health services for our community.

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GBC18/553

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

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

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GBC18/553

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

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

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

## Key Information

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

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

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

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

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

### ***Notable outcomes of the Review***

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

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

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

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

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

**Key Information**

- The Office will maintain a level of independence and has a mandate to work across all Government agencies.

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- In order to ensure the Office retains a level of independence from the day-to-day running of ACT Health, it will have the authority to conduct reviews and produce reports as the Coordinator-General deems necessary or at the request of the Minister for Mental Health.
- While the Office was formally launched on 14 June 2018, the commitment of action within 100 days will be taken to start with the commencement of the Coordinator-General.
- The allocated budget for the Office will be solely to fund the staff for the Office for Mental Health and Wellbeing, this includes all on costs. The existing ACT Health infrastructure will provide in-kind support for all associated corporate functions.
- There is currently no additional budget allocated for the program of work. The agreed workplan will be subject to considerations regarding whether there are coordination activities that require new funds allocation.

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GBC18/553

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

- The Adult Community Mental Health Services (ACMHS) Model of Care (MoC) was endorsed on 17 October 2017.
- The proposed timeline forecasts a staged, transition period of implementation.
- Workforce planning, policy and procedure development, communication and training, evaluation and planning of future phases for further improvement and sustainability support are all underway.
- The first new service, the Assertive Community Outreach Service (ACOS) officially commenced operations on 14 June 2018 with a graduated roll-out of the remaining new teams to occur throughout the remainder of 2018.
- All permanent ACMHS staff have been allocated positions under the new MoC workforce profile and will commence in their new roles as their respective teams come on line.

**Key Information**

- Workforce planning has been completed and all existing permanent staff within the ACMHS program have been allocated positions within the new MoC workforce profile.
- A number of Quality Improvement projects are currently in train to allow pilot testing of each of the functions of the new MoC before each new service comes online. This process will allow clinical and operational governance systems and referral pathways to be evaluated while maintaining a safe platform of service delivery.
- The MoC encompasses:
  - a) Service Principles:
    - Recovery-oriented and person-centred;
    - Integrated, multidisciplinary and evidence-based;
    - Embracing of diversity and complexity;

Cleared as complete and accurate: 04/09/2018  
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- Timely, accessible and responsive;
- Committed to Supported Decision Making; and
- Committed to safety, quality and harm reduction.

b) Services Provision:

- Access Assessment and Triage: 24 hours a day, seven days a week, centralised intake;
- Acute response and Intensive Home Treatment: brief crisis intervention in a person's home or community setting as an alternative to inpatient admission and to facilitate earlier hospital discharge;
- Community Recovery Service: clinical case management (short or longer-term) using a strengths-based approach;
- Assertive Community Outreach Service: clinical case management for people with longer term complex service engagement needs; and
- Individual Therapies: structured therapy programs as an adjunct to clinical case management.

## Background Information

- ACMHS are specialist community-based mental health assessment and treatment services for adults in the ACT experiencing moderate to severe functional impairment due to serious mental illness with associated complex needs and risk.
- The work on the new MoC has been undertaken by the ACMHS MoC Project Steering Committee, comprised of representatives from ACT Health and relevant peak bodies including the Mental Health Community Coalition ACT, ACT Mental Health Consumer Network, Capital Health Network and Carers ACT. There have also been a number of targeted and focused community consultations with other key stakeholders in preparation of the proposed ACMHS MoC.

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GBC18/553

**Portfolio/s:** Mental Health**ISSUE: BRIAN HENNESSY REHABILITATION CENTRE – EXTENDED CARE UNIT AND SUPPORTED ACCOMMODATION****Talking points:**

- The mental health rehabilitation services delivered at Brian Hennessy Rehabilitation Centre (BHRC) were transitioned to the University of Canberra Hospital (UCH) on 17 July 2018.
- In the 2018-19 budget \$22.8 million was allocated for supported accommodation to expand the mental health system to provide more community based alternatives for the provision of mental health care.
- Included in this initiative is an investment to refurbish the ten bed Extended Care Unit at BHRC to provide an upgraded facility where mental health patients can gradually transition from an inpatient clinical setting into supported accommodation.
- As of 4 September 2018, there are eight residents currently residing in the Extended Care Unit. Following the refurbishment the remaining beds will utilised.
- In the supported accommodation initiative there was also funding for three houses to be built in the community to provide long term supported accommodation for people with mental illness.
- These supported accommodation facilities will provide the appropriate care in the appropriate place, enabling greater access and interaction with the community and the person's support networks.
- Housing ACT has agreed to work with ACT Health to deliver this initiative. Housing ACT will provide the land and take the lead on the construction of the dwellings which will be funded by MHJHADS. A community organisation will be engaged to provide disability support to the residents and manage the property.

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- MHJHADS and Housing ACT staff are working together to identify suitable land for the supported accommodation houses in the community.
- An initial block of land has been identified in Florey and a community consultation process including letter box drop, drop in information session on site and information on the YourSay website has been completed.
- The house on the Florey site is expected to be completed in February 2019.
- The supported accommodation initiative also provides for the establishment of a Southside Community Step Up Step Down (SCSUSD). The SCSUSD will provide short-term residential support for people with the aim of preventing admission to hospital, and will be run in partnership between ACT Health and a non-government organisation.
- ACT Health will provide clinical services including a range of therapeutic interventions, and a community agency that will have a 24/7 onsite presence and provide for practical and psychosocial support for people in the program.

### Background Information

- The residents who remained in the Extended Care Unit included those people who are subject to a court order or who required a further period of care before they are transitioned to supported accommodation.
- All residents in the Extended Care Unit at BHRC are eligible for the National Disability Insurance Scheme (NDIS) and will be assisted to access individual NDIS packages for the necessary psychosocial support required to enable them to transition to living in the community.

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GBC18/553

Portfolio: Mental Health

**ISSUE: IMPACT OF THE NATIONAL DISABILITY INSURANCE SCHEME (NDIS) IN THE MENTAL HEALTH COMMUNITY****Talking points:**Experience of the ACT Mental Health Community Sector

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

NDIS and Mental Health Interface work:

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

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Psychosocial Participant Pathway work and highlights areas for collaboration. The resulting work plan has been drafted and will be presented to the Disability Reform Council for endorsement in October 2018.

### Psychosocial Participant Pathway:

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

### **Key information**

#### National Psychosocial Support Measure

- On 23 June 2018, the Federal Minister for Health the Hon Greg Hunt announced that the Bilateral Agreements between the Australian Government and all eight jurisdictions, including the ACT, on the new national psychosocial support measure have been finalised.
- The Bilateral Agreement between the ACT and Australian Government will enhance funding for psychosocial support measures for people with functional impairment resulting from severe mental illness who are not found eligible for the NDIS, or who are otherwise not engaged with the NDIS.
- Total funding from ACT Health is \$2 million over four financial years, with the Commonwealth funding \$1.3 million over the same period.

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- Australian Government funding will be administered by the Capital Health Network (ACT PHN). Target areas will be informed by the Fifth Plan and priorities identified in the joint integrated regional planning process.

## Background Information

- The activities outlined above are part of the response to concerns raised about the rollout of the NDIS and challenges in delivering psychosocial support in the ACT.
- The concerns raised are similar to those being experienced nationally and include:
  - Access to the NDIS – challenges for the NDIS to engage with people in need of supports, difficulties faced with planning and reviews, process related delays and processes that create barriers to engagement.
  - Lack of skilled staff at the NDIA – the importance for staff to have adequate understanding of psychosocial disability, including how to collaborate with the person and their key supports. The impact on the adequacy of plans and agreed funding is significant.
  - Pricing structure – the impact of the NDIS price points on the sustainability, quality and effectiveness of providers of psychosocial supports.
  - Tensions between the language of permanent disability and mental health recovery, and translating the NDIS in practice to promote recovery.
  - The importance of accommodation in the psychosocial support landscape and how the NDIS interfaces with meeting accommodation needs.
  - Need to build in support coordination including funding for services to assist people in the period leading up to engagement with the NDIS.
  - Concern regarding psychosocial support services and programs for people who are not eligible for the NDIS, including information linkages and capacity building and the psychosocial support measure. Loss of social support programs, especially group programs, with open access since the rollout of the NDIS.

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GBC18/553

**Portfolio:** Mental Health**ISSUE: Eating Disorder Services in the ACT****Talking points:**

- In recent months there has been an increased amount of community attention towards eating disorders services in the ACT. This included the presentation of a petition to the Legislative Assembly of the ACT on 31 July 2018.
- ACT Health established an Eating Disorders Working Group in June 2018 to examine the current services available to support people with eating disorders in the ACT. This working group included national and local experts and people with lived experience.
- I am currently reviewing the outcomes of the Working Group Process and look forward to providing the Assembly with an update on a broader strategy for eating disorders services in the ACT in the coming months.
- Currently in the ACT there are a number of services available for people with eating disorders. These services are provided through ACT Health, private health organisations, general practitioners and non-government organisations.
- The ACT Health Eating Disorders Program is a specialist tertiary service which provides free, public, specialist eating disorders therapy to people with a primary diagnosis of an eating disorder.
- The ACT Health Eating Disorders Program is an evidence-based service that provides the Maudsley Family-Based Therapy for Adolescents (up to 18) and Cognitive Behavioural Therapy that is complimented by a group program, for people aged 18 and over.
- People with eating disorders who require inpatient treatment in the ACT are cared for by multidisciplinary teams at the Paediatrics Ward at the Centenary Hospital for Women and Children, or the general medical or inpatient mental health wards at Canberra Hospital and Calvary Public Hospital Bruce (depending on the age and individual medical and

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psychiatric needs of the person).

**Key Information****Specialist in-patient treatment**

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

**Eating Disorder Programs**

- Wait times to access the ACT Health Eating Disorders Program (EDP) range from four to ten weeks, depending on clinical severity, capacity to access other services and the overall impact of eating disorders on overall age and functioning.
- All referrals to the EDP must be from a GP. This is to ensure ongoing medical monitoring of the person throughout therapy as the EDP is not a medical service or a crisis service.
- ACT Health currently funds Mental Illness Education ACT (MIEACT) to provide an educational body image program to teaching staff and Year 7 and 8 girls in schools. MIEACT are also currently developing a similar school-based program for boys.

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GBC18/553

**Portfolio/s:** Mental Health**ISSUE: ADOLESCENT MENTAL HEALTH SERVICES IN THE ACT****Talking points:**

- The Government is committed to developing youth-focused mental health services, by expanding the size and range of services at the Centenary Hospital for Women and Children, including the planning of a dedicated child and adolescent mental health unit.
- ACT Health has commenced preliminary work on the new unit, which has an estimated completion date in 2022.
- In the 2018-19 Budget, \$2.1 million was provided to expand Child and Adolescent Mental Health Services (CAMHS) through the establishment of an Assertive Outreach Program (AOP).
- The AOP is a recovery-focused community based service which will treat adolescents and children aged 12-18 years who are experiencing severe, high prevalence mental illness.
- The AOP will specifically target vulnerable groups who, due to a range of complex issues, may face barriers in accessing CAMHS and other community-based mental health services such as Headspace, The Junction and Catholic Care Next Step.
- In November 2017, the Perinatal Mental Health Consultation Service (PMHCS) expanded to improve specialist psychiatry services for new Canberra mothers, and the CAMHS Consultation Liaison Service extended its services to seven days a week in January 2018.
- In addition, the Government has committed \$100,000 over two years to support the expansion of Menslink's counselling program to include boys aged 10 to 12 years, a cohort where demand for services has increased.
- Currently, children and young people up to 16 years of age presenting with acute mental health issues are admitted to Centenary Hospital for Women and Children's paediatric adolescent ward. They receive support through

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the CAMHS consultation liaison service, who provide ongoing consultation with paediatric staff.

- CAMHS also runs education and therapeutic group programs at The Cottage Adolescent Day Program for adolescents significantly impacted by mental illness.
- Dependent on diagnostic criteria, young people aged 16 to 18 years can receive inpatient treatment at the Adult Mental Health Unit Vulnerable Persons Suite. Clinical care is provided in close consultation with CAMHS to ensure appropriate developmental and therapeutic approaches are taken in order to support the young person and their family.
- ACT Health funds CatholicCare to provide a Community Facility Based Adolescent (13-17 years) Step Up Step Down Program (STEPS), which provides 24 hour supported accommodation for a period up to three months.
- On 22 February 2018, ACT Health entered into a Service Funding Agreement with Headspace National. ACT Health provided initial funding of \$200,000 to enable Headspace to enhance its clinical capacity and reduce wait times for early intervention mental health services. Through this new funding, Headspace Canberra is able to deliver 'onespace' sessions for young people aged 12-25.
- Headspace Canberra is delivering a short-term, one to three planned appointment support-option, known as Onespace, available to young people and parents/caregivers. Onespace takes a pragmatic strengths-based approach to addressing clients' presenting concern and follows a model of Solution Focussed Brief Therapy.
- The implementation of ACT Government funding to headspace for Onespace has resulted in the following:
  - responding to all new referrals within 24 hours via the phone;
  - significant increase in the ability to offer additional initial assessments with reduced wait times;
  - an additional treatment option for young people, accessible within five days; and
  - the quickest intervention option for young people and their family and friends at headspace Canberra.

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**Key Information**

- The funding for the STEPS program has been maintained through a 3 year (2016-19) Service Funding Agreement. 2017-18 funding to CatholicCare is approximately \$1.23 million of which approximately \$1.03 million is allocated to the STEPS program.
- The clinical preference for adolescents is community based care. The CAMHS community teams provide comprehensive assessment and clinical management for children and young people with moderate to severe mental health issues.
- If a young person requires longer or more intensive inpatient treatment, service at a suitable facility in another State or Territory is sought, due to the highly specialised nature of inpatient child and adolescent services. The number of transfers is very low.
- A number of programs are run in conjunction with other directorates and the non-government sector including:
  - The Primary School Mental Health Early Intervention program: a partnership with the Education Directorate to deliver the Understanding and Responding to Feeling and Behaviours in Schools program.
  - An assertive outreach program established through the 2016-17 budget initiative Mental Health Follow Up for Young People and Intensive Clinical Rehabilitation Service. This program provides assertive outreach and intensive mental health treatment and care for young people aged 14-25 years in the ACT who are at high risk of developing or are currently experiencing early onset psychosis. It also supports highly vulnerable young people aged 14 -18 years experiencing severe anxiety or depression with multiple barriers to accessing office based treatment.
  - Headspace Canberra: a youth-specific mental health service which aims to reduce the impact of mental health problems on young people aged 12-25 years by enabling early access to and engagement with quality and integrated services, providing treatment for mild to moderate mental health problems.

**Headspace**

- onespace sessions provide young people and their family and friends an additional service stream that is offered alongside current Headspace services funded by the Primary Health Care Network – Commonwealth Department of Health, In-Kind partners and the Medicare Benefit Scheme.
- onespace sessions are provided by Allied Health Professionals from ACT Government funding and are offered to young people and their family and friends requiring low to moderate support as a therapeutic option.
- ACT Health is currently exploring options for the continuation of onespace funding with the Capital Health Network, beyond 2018.

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GBC18/553

**Portfolio/s:** Mental Health**ISSUE: INCIDENTS AT DHULWA MENTAL HEALTH UNIT****Talking points:**

- There have been four reported incidents of violence against staff working in the Dhulwa Mental Health Unit (Dhulwa) in July – August 2018. These incidents are currently the subject of police investigation, so ACT Health are unable to make any further comment at this time.
- ACT Health welcomes the opportunity to discuss any concerns the Australian Nursing and Midwifery Federation (ANMF) has about matters relating to our valued staff.
- The ACT Government acknowledges the essential role nurses play in our health care system and recognises the right of every individual to feel safe at work.
- Working in mental health clinical services can be extremely rewarding, however it is also recognised that at times it can also be challenging and present risks, especially for those nurses and other health professionals working in our acute and secure services. This challenge is faced across jurisdictions.
- While we can never fully remove this risk, any instances of violence or aggression in our mental health services will be investigated and reviewed to ensure that processes are improved and the risk to staff and patients is minimised.
- Dhulwa is the secure mental health facility in the ACT and it is specifically designed to meet the needs of people who have complex clinical presentations. Staff are trained as specialists in the management of behavioural extremes and on occasion this includes responding to and managing violence.
- The ACT Government has committed to developing a Nurse Safety Strategy through the Parliamentary Agreement. This work is underway and the development of a well-formulated, effective and evidence-based strategy is a priority for Government.

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- On 7 and 15 August 2018 and 17 September 2018, the Executive Director of MHJHADS, the Director of Nursing and the Operational Director of Dhulwa meet with the Work Place Safety representatives to hear about the concerns and work through solutions.

**Key Information**

- On 31 July 2018, the ACT Branch of the Australian Nursing and Midwifery Foundation (ANMF) posted on their Facebook page 'Today ANMF reported 10 assaults on nurses at the Dhulwa Mental Health Facility. When will ACT Mental Health step up to protect the mental and physical wellbeing of its own Nurses?' with subtext 'ANMF nurses have told ACT Mental Health that the current violence management training is not fit for purpose. Nurses are being punched in the face and kicked in the head, but ACT Mental Health just isn't listening.'
- The post also quoted the Executive Director, MHJHADS, as saying "[MHJHADS] dispute the claims that this training is inadequate and does not meet the need the needs of the Dhulwa.. workforce'. This quote was taken from recent correspondence to the ANMF, and has been published without appropriate context.
- Management within MHJHADS were not approached by the ANMF about their concerns regarding recent assaults at Dhulwa prior to the Facebook post.
- The recent assaults are the subject of police investigation, and as such ACT Health cannot comment publically on these matters.
- The following media has occurred on this matter:
  - An article published by the ABC;
  - ABC radio interview with Mr Matthew Daniel, Secretary of the ACT ANMF; and
  - ABC radio news item.
- Violence Prevention Management (VPM) Training is provided to all Dhulwa staff and is a specialised, evidence based and endorsed training package delivered by NSW Health Services. All staff have been provided opportunity to complete the package with refreshers offered regularly to staff.
- Dhulwa management team continue to work closely with staff to support skill development in the management of aggression and violence. Dhulwa have employed two full time Clinical Development Nurses (CDN's) and are currently recruiting to a Clinical Nurse Educator (CNE) position to support ongoing in house training programs.

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- Personal Protective equipment, including soft shield eye protection is available and accessible to all staff. This equipment is kept in the de-escalation of the unit external to the seclusion rooms and the staff station.

## Background Information

- The provision of mental health services is a challenging area within ACT Health and unfortunately from time to time episodes of aggression and violence can occur. The staff do provide a compassionate service that is as diverse as the vulnerable people that receive the services.
- The people admitted to Dhulwa are unable to be treated in less restrictive clinical settings in the ACT. As such, Dhulwa has the highest staffing levels, staff who are highly skilled with specific training on de-escalation and management of complex behaviour. There are dedicated security staff and educational programs to help keep both staff and patients safe.
- ACT Health staff are encouraged to report any incidents or injury.
- Any allegation involving a physical assault is reported to, and investigated by the police.
- As is the case with other equivalent secure mental health facilities in Australia, when incidents such as assault occur, there is an immediate clinical review of the patients care, a Multidisciplinary Review also occurs, and on occasion, a second opinion from local or interstate Specialists also adds value to the treatment and care being provided. Staffing levels are also reviewed and the security management plan can also be escalated appropriately.
- ACT Health is currently developing a new strategy focussed on the safety of our staff in the workplace. The strategy will focus on high risk areas, including our mental health units.
- ACT Health is working with staff, unions such as the ANMF, and other key stakeholders in the development of the strategy.
- This strategy is a key priority for ACT Health and is expected to be completed later this year.
- In addition, the Director-General is establishing a new Joint Consultative Committee with unions where matters such as these are able to be discussed.

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Lead Directorate: Health

GBC18/553

**Portfolio/s:** Mental Health

## ISSUE: WORKFORCE SHORTAGES

### Talking points:

- Specialty Mental Health, Justice Health and Alcohol and Drug Services (MHJHADS) nationally, internationally and in the ACT continue to face shortages of clinical staff while at the same time growth in services and service demand has increased.
- In the ACT, these workforce challenges are felt most keenly across the acute and community settings, with impact on service delivery.
- MHJHADS have convened a Workforce Development Committee, and a Workforce Project Officer has been recruited, to develop a MHJHADS workforce action plan that will provide a sustainable workforce for the future – including training, development, recruitment, upskilling and retention of MHJHADS staff.
- A Group Attraction and Retention Incentive (ARIn) has recently been approved for consultant psychiatrists, senior staff specialists and staff specialists working in Mental Health. The implementation of the ARIn has commenced. The ARIn brings the ACT into line with pay rates for mental health specialist medical officers in other jurisdictions.
- In addition, the Office of the Chief Psychiatrist is actively working with a number of recruitment agencies to recruit to locum and permanent staffing positions, with the aim of achieving sustainable staffing levels that allow continued safe clinical care and reasonable staff access to leave.
- In August 2018, both the permanent Chief Psychiatrist and new permanent Clinical Director for Adult Acute Mental Health Services commenced.
- As at 14 September 2018 there are four FTE psychiatrist in the AMHU, two are permanent staff and two are locums.

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## Key Information

- ACT Health is managing current services with existing staff and locums, while actively recruiting to vacant medical positions and working hard to encourage clinicians to make the ACT a location of choice. The workforce of psychiatrists is currently a suppliers' market, with a large number of psychiatrists preferring locum work rather than seeking full time positions.
- There is a nation-wide shortage of consultant psychiatrists which is projected to continue past 2030, continuing an ongoing high reliance on overseas trained doctors. Regional areas are more affected by shortfalls than metropolitan areas.
- The public mental health service has been reliant on filling vacancies by applying Area of Need provisions to allow suitably qualified overseas trained consultants to be employed under particular supervisory and contractual arrangements.
- All vacant medical positions are advertised through the ACTPS jobs website and other relevant sites. Where there are no suitable Australian qualified applicants the 'Area of Need' allows for overseas applicants to be considered for vacant medical positions.
- The timeframes for recruitment of psychiatrists and specialist mental health professionals can vary depending on where the successful candidate comes from. Overseas applicants can take up to 12-18 months to place, and interstate applicants take three to six months to place. Local applicants can often commence employment within six to eight weeks.

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## ISSUE: STAFF ASSAULTS

### Talking Points:

- I recently became aware of quantifiable, specific data about occupational violence experienced by staff working for ACT Health, and injuries recorded in the workplace, through a question on notice.
- I acknowledge the data, and what those numbers show, is not good enough. There is more to be done to ensure staff are as safe at work as they can be.
- On 31 August 2018, I responded to Question on Notice (QoN) 1567 about staff assaults. The response was provided to Chamber Support on the same date.
- On 5 September 2018, ACT Health identified the staff assault data provided in the response to QoN 1567 was incomplete and a revised QON has now been provided. Minister Fitzharris was asked the same QoN (1566) about staff assaults.
- The data originally provided was sourced from the Riskman Staff Incident System utilised by ACT Health to capture all Work Health Safety (WHS) Incidents.
- ACT Health follows the Type of Occurrence Classification System (TOCS) as specified by Safe Work Australia to classify WHS incidents in Riskman
- Initially, to determine staff assault incident figures to respond to QoN 1567, ACT Health utilised the Riskman incident data with the TOCS classification code of 'being assaulted by a person or persons'.
- Further investigation into the incident data identified additional incidents involving staff assault may have been coded under 'mental stress' (TOCS requires this coding where mental stress is considered as a more serious outcome than the physical injury/impact of the incident).

Cleared as complete and accurate: 07/09/2018  
Cleared by: Deputy Director-General Ext: 78275  
Information Officer name: Daniel Guthrie  
Contact Officer name: Denise Lamb Ext: 53646  
Lead Directorate: Health

TRIM Ref: GBC18/553



- Initially, ACT Health did not include incidents coded under ‘mental stress’ that involved staff assault to respond to QoN 1567.
- Subsequently, ACT Health thoroughly analysed incidents under the ‘mental stress’ code to identify incidents involving staff assault to ensure complete data on all staff assault incidents captured on Riskman was included.
- The data originally provided on staff assaults has been updated following further analysis of the Riskman incident data which was coded under ‘mental stress’.

### Background Information:

- On 31 August 2018, you responded to Question on Notice (QoN) 1567 about staff assaults. The response was provided to Chamber Support on the same date.
- On 5 September 2018, ACT Health identified the staff assault data provided in the response was incomplete.
- This table below shows staff assaults by Division (Operative Area) by members of the public (including patients and relatives) from 1 January 2017 – 30 June 2018 extracted from Riskman Incident System:

Business Support	1
Cancer Ambulatory and Community Health Support	3
Clinical Support Services	35
Critical Care	37
Health Infrastructure Services	1
Medicine	34
Mental Health, Justice Health, Alcohol and Drug Services	129
Canberra Hospital and Health Services	1
Population Health	1
Rehabilitation, Aged and Community Care	63
Pathology	1
Surgery and Oral Health	26
Women, Youth and Children	8
<b>Total</b>	<b>340</b>

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- ACT Health follows the definition of Safework Australia of staff assault as being “assaulted by a person or persons including: kicks, bites, punches, pushes etc, assault with or without a weapon, being assaulted with handtools, objects or weapons wielded by another person”.
- These are the types of assaults ACT Health is seeing. The severity of the assaults vary from no injury, to minor injury requiring first aid treatment, to injury requiring medical treatment and hospitalisation.
- ACT Health currently has three major pieces of work underway that are focused on improving work, health and safety for frontline health staff; ACT Health Work Health and Safety Strategic Plan, Nurses and Midwives: Towards a Safer Culture project (Nurse Safety Strategy) and the Mental Health Justice Health Alcohol and Drug Service Occupational Violence Project
- The ACT Health Work Health and Safety Strategic Plan is in the final stages of consultation with staff and unions and is expected be finalised by the end of October 2018.
- The Nurses and Midwives: Towards a Safer Culture project is focused on the safety of our nurses and midwives in the workplace and on high risk areas. ACT Health is working with staff, unions such as the Australian Nursing and Midwifery Federation, and other key stakeholders in the development of this project, including the Implementation Plan.

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GBC18/553

**Portfolio/s:** Mental Health**ISSUE: CORONIAL INQUEST INTO SUICIDES AT CANBERRA HOSPITAL****Talking points:**

- The ACT Government has sincere sympathy for the families and friends of people who have died by suicide.
- ACT Health is not able to comment about coronial matters while they are before the ACT Coroner.
- ACT Health works closely with the ACT Coroner to actively support the coronial inquest process. We strive and are committed to improving the quality of services we provide to patients and the community to support the delivery of these services.

**Key Information**

- There were four deaths by suicide of inpatients at Canberra Hospital in the period January 2015 to November 2016. These deaths are the subject of a coronial investigation. Coroner Hunter will investigate these deaths together in one inquest. The ACT Government Solicitor (ACTGS) is representing the Territory.
- The Coronial Inquest will be heard in two stages:
  - The first stage occurred on 10-13 and 17-20 April 2018, and 1-4 May 2018 and heard the factual elements relevant to the cause and manner of each death and evidence from ACT Health staff of their provision of care and treatment or their involvement with the four people.
  - On 3 September 2018, the second stage commenced and addressed the systems issues, including policies and procedures underlying the care provided to the four people. Stage 2 concluded on 7 September 2018.

**Background Information**

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

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- While the evidence provision for the coronial Inquest has concluded, the inquest is still underway with the submission process and therefore no further information can be given at this time.

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Lead Directorate: Health

GBC18/553

**Portfolio/s:** Mental Health

**ISSUE: CENTENARY HOSPITAL FOR WOMEN AND CHILDREN  
INFRASTRUCTURE EXPANSION TIMEFRAMES**

**Talking points:**

- As stated in the context of the Select Committee on Estimates 2018-19, the Centenary Hospital for Women and Children Expansion (CHWC) project is forecasted for completion by financial year 2021-22, with elements of the project due for staged completion over this period. This estimated completion timeframe includes building and clinical commissioning of the new and refurbished infrastructure.
- Construction of the CHWC Expansion will start in the 2018-19 financial year, with completion of the security enhancement works to support a Custodial Birth Suite due by the end of the calendar year 2018.
- As part of the CHWC Expansion project, this Government is committed to delivering an Adolescent Mental Health Inpatient Unit and planning work for this new service is underway.
- The next phase of this project is to commence design work for the remaining elements, in conjunction with the finalisation of the Territory Wide Health Services Framework.
- Since the expansion was announced in last year's Budget, ACT Health has been working to undertake project due diligence and determine the final staging and scheduling of works, and this has led to greater certainty around timeframes.
- It is important to highlight that the expansion is happening in an existing operational campus. Existing health services will need to be considered carefully to ensure there is a continuation of care and services for our patients and their families while this major project is underway.
- It is expected that the Adolescent Mental Health Inpatient Unit will be completed in the 2021-22 financial year.

Cleared as complete and accurate:	13/09/2018	
Cleared by:	Deputy Director-General	Ext: 52248
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Lead Directorate:	Health	

## Key Information

- The government has allocated \$68.075 million in budget and forward estimates for the CHWC Expansion, including the Adolescent Mental Health Unit, with \$2.5 million available in 2018-19 to progress due diligence. The final cost estimate is subject to Government's consideration of the outcomes of the Proof of Concept design and a final detailed project proposal.

## Background Information

- The 2017-18 Budget announced an estimated capital cost of \$70 million for the expansion of the Centenary Hospital for Women and Children (CHWC).
- The 2017-18 funding provided for feasibility and planning work to inform construction commencement in 2018-19.
- The expansion will improve the services and support for patients of maternity and paediatric services and provide new services, including a high dependency unit and adolescent mental health unit.
- The project is responding to the significant growth in demand for these services for the Canberra and surrounding NSW's communities.
- The commitment for the CHWC expansion provides for an adolescent mental health unit, an adolescent gynaecology service, paediatric high-dependency unit, and more paediatric intensive care beds.
- The 2018-19 Budget provided a capital injection of \$2.5million to allow for the continuation of planning and design related to the expansion of the Centenary Hospital for Women and Children.
- Construction of the expansion of the CHWC is expected to be completed in 2021-22.

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Lead Directorate: Health

GBC18/553

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

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

**Background Information**

- Coroner Cook made the following seven recommendations:

*Recommendation 1*

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

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

*Recommendation 2*

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

*Recommendation 3*

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

*Recommendation 4*

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

*Recommendation 5*

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

*Recommendation 6*

The ACT Standard Operating Procedure should be reviewed to ensure that those who have only recently commenced on the methadone program not be allowed to self-prescribe increases for a set period of time to ensure they are in a physiological sense, capable of

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accommodating the increased amount of methadone. Further and in the alternative, the ACT Government should consider whether not it is even appropriate to allow such increases to occur for a Schedule 8 drug.

*Recommendation 7*

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

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GBC18/553

**Portfolio/s:** Mental Health**ISSUE: PHILLIP MOSS REVIEW AND HEALTH-SERVICES COMMISSIONER - INITIATED REVIEW INTO HEALTH SERVICES AT THE AMC****Talking points:**

- On 10 November 2016, I publically released the report of the Independent Inquiry into the Treatment in Custody of Mr Freeman (the Moss Review) in my capacity as the Minister for Corrections.
- The Government's response to the Moss Review was tabled in the ACT Legislative Assembly on 16 February 2017. All recommendations made by Mr Moss have been agreed to wholly, or in principle. The Moss Implementation Inter-Directorate Working Group (IDPT) was established to progress actions in relation to recommendations of the Moss Review.
- ACT Health and Justice and Community Safety Directorate (JACS) have worked together on the Moss Implementation Annual Report in a collaborative process between all stakeholder agencies and non-government organisations involved in the implementation of Moss Report recommendations.
- On 9 March 2018, the Health Services Commissioner (HSC), Ms Karen Toohey, completed a Commission initiated consideration of the provision of health services at the Alexander Maconochie Centre (AMC). The review considered the operation of the methadone program at the AMC.
- On 24 August 2018, I tabled the Government's response to the HSC report in the Assembly. The Report made 16 recommendations. The Report and recommendations have been considered and the ACT Government has agreed to 12, agreed in principle to three and noted one of the recommendations.

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## Key Information

### Health Services Commissioner ORT Review

- The HSC review focused on a number of aspects of the Opioid Replacement Therapy (ORT) program, including:
  - The role of ORT in the prison context;
  - Assessment and prescription practice in the ORT program;
  - Induction onto methadone;
  - Dosing practice;
  - managing the risk of diversion of methadone; and
  - Throughcare and transition to ORT in the community.
- As part of the review process, the Commission visited the AMC on 28 March 2017 and 4 April 2017. These visits were supported by ACT Health and JACS.
- During these visits the Commission observed medication administration by nurses, including the new electronic Methadone administration system, iDose. The Commission also interviewed detainees and staff and reviewed health records.
- The HSC report contains 16 recommendations:
  - Ten relate specifically to ACT Health;
  - Two relate specifically to ACT Correctives Services; and
  - Four are joint recommendations for ACT Health and ACT Corrective Services.

### Moss Review

- The independent Moss Review was released in February 2017. The ACT Government agreed to eight of the nine recommendations. The ninth recommendation was noted as it related to the independent Health Services Commissioner.
- The Government has since made significant changes to improve detainee health, care and safety in the AMC as part of its response to the Moss Review. In February 2018, I tabled an Annual Report on the implementation of the Moss Review recommendations. Seven of the nine recommendations of the Moss Review have been found satisfied by the Moss Implementation Steering Committee.
- The remaining two will have longer term implications for Government and are being progressed by the relevant directorates.

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- Recommendation 5 relates to the introduction of Winnunga into the AMC. Since 2 July 2018 staff from Winnunga have been present at the AMC developing protocols for service delivery.

### **Background Information**

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

**Recommendation 4:** That the arrangements for the provision of health care at the Alexander Maconochie Centre be established, under contract or memorandum of understanding, to reflect the respective responsibilities of AMC (ACTCS) and Justice Health Services (ACT Health).

**Recommendation 5:** That Winnunga Nimmityjah Aboriginal Health Service be integrated into the provision of health care at the AMC, in order to introduce its holistic model of care to Indigenous detainees.

**Recommendation 7:** That the Health Services Commissioner (of the ACT Human Rights Commission) conduct an own-initiative investigation into the prescription of methadone to detainees at the AMC.

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**Recommendation 9:** That the Inquiry's conclusions, which provide detail of various aspects of the treatment in custody of Steven Freeman that were deficient, be addressed with a view to implementing change and bringing about improvement. All conclusions are bolded throughout the Report.

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GBC18/553

**Portfolio/s:** Mental Health**ISSUE: WINNUNGA DELIVERING HEALTHCARE AT ALEXANDER  
MACONOCHIE CENTRE****Talking points:**

- On 10 November 2016, I publically released the report of the Independent Inquiry into the Treatment in Custody of Mr Freeman (the Moss Review) in my capacity as the Minister for Corrections.
- The Government's response to the Moss Review was tabled in the ACT Legislative Assembly on 16 February 2017.
- Recommendation 5 of the Moss Review is the integration of Winnunga Nimmityjah Aboriginal Health and Community Services (Winnunga) to provide a holistic approach to health care at the Alexander Maconochie Centre (AMC) in a culturally safe way.
- On 22 June 2018, a contract between the ACT Government and Winnunga was signed which enables Winnunga to provide health care to detainees at the AMC.
- Work has commenced on the implementation of the Winnunga health services at the AMC and ACT Health have convened a Commissioning Working Group to oversee the establishment phase.
- Winnunga staff now have designated office space set up from which to work and advise that they are continuing recruitment for this service expansion.
- The Winnunga technology requirements are being met within the AMC including being able to access their electronic clinical records system.
- The target patient group, those known to Winnunga from the community, has been identified for this phase of the rollout using the ACT Corrective Services (ACTCS) muster documentation.

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- Winnunga and ACT Health have agreed that Justice Health Services (JHS) will provide the following health services to all detainees:
  - Opioid Replacement Therapy administration;
  - Acute mental health;
  - At risk (suicide and self harm);
  - Induction assessments; and
  - ‘Code Pink’ (medical emergencies) as first responders.
- Weekly joint commission meetings will continue to occur to allow discussion for future planning and issues as they arise.

### Background Information

- Future Winnunga services for consideration are:
  - Dental – initially Winnunga patients will continue to be managed through the JHS processes.
  - Optometry – JHS is sharing their current policy with Winnunga.
  - Allied Health and Psychiatry will be considered within the framework of phase 2 of implementation.
- Outcomes completed to date by the Commissioning Working Group for the Winnunga integration to AMC include:
  - AMC Indigenous Muster provided to Winnunga by ACTCS;
  - Regular working group meetings established;
  - Office and storage location for Winnunga at AMC has been confirmed; and
  - ACTCS have given approval to Winnunga to use a modem to be able to access clinical records remotely.
- Commissioning Working Group items that are being progressed include:
  - Winnunga to observe complex patient Multidisciplinary Team (MDT) meetings with Primary Health;
  - Induction of Winnunga medical officers to JHS processes and clinics; and
  - Identification of non complex Winnunga clients to be offered AMC Winnunga service provision.

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GBC18/553

**Portfolio:** Mental Health**ISSUE: SUICIDE PREVENTION****Talking points:**

- Suicide Prevention remains a priority of the ACT Government.

**Lifespan Suicide Prevention Framework**

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

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### Way Back Support Service

- The Way Back Support Service is a two year pilot in the ACT providing a non-clinical suicide prevention service developed to support people for up to three months, after they have attempted suicide. Client intake in the ACT commenced in October 2016.
- Way Back was designed by beyondblue and is funded in the ACT by the ACT Government. The local service provider, Woden Community Service, is engaged by beyondblue to deliver Way Back in the ACT.
- Way Back has been designed to provide follow up support for people who have attempted suicide. However, subject to service demands, the future funding may extend services to people who have experienced a suicidal crisis.
- Way Back has a high level of service demand. Since programme commencement 275 referrals have been received as at 20 July 2018.
- In recognition of the high level of demand, ACT Health has provided additional funding to beyondblue to extend the pilot and fund an additional support co-ordinator.
- The 2018-19 ACT Budget provided an additional \$350,000 for Way Back, which will further support the service to continue until June 2019.
- The Federal Government 2018/19 budget included a significant national investment in Way Back. ACT Health is currently in discussion with the Capital Health Network and beyondblue to determine what this investment means for the delivery of the program in the ACT.
- An evaluation of the ACT trial is currently being finalised and this report will be used to inform future funding of this service.

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## Key Information

### LifeSpan Suicide Prevention Framework

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

### Way Back Support Service

- ACT Health's funding commitments for Way Back has been:
  - (2015-2018) trial project funds - \$446,000;
  - (2016-17) research and development funding - \$250,000;
- In the 2017-18 Budget, \$250,000 was committed to additional suicide prevention/postvention services in the ACT. This funding was partitioned into two parts for Way Back. The first part involved \$65,000 to provide extra FTE resourcing for the remainder of the life of the trial. The remaining \$185,000 was allocated to extend service provision to the end of the 2018 calendar year.
- In the 2018-19 Budget an additional one-off payment of \$350,000 was provided to prolong the service until June 2019.

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- Way Back aligns with Priority Area Two of the Fifth National Mental Health and Suicide Prevention Plan, which commits all governments to a systems based approach to suicide prevention including the elements of:
  - access to services (Priority 4) – promote increased access to services for those vulnerable to suicidal behaviours and remove barriers to care; and
  - treatment (Priority 6) – improve the quality of clinical care and evidence-based clinical interventions, especially for individuals who present to hospital following a suicide attempt.
- Way Back also aligns with the current Parliamentary Agreement commitment related to suicide reduction.
- As an aftercare service, Way Back is also one of the 9 pillars of LifeSpan.
- The Way Back service is currently being rolled out nationally as an established service by beyondblue. In addition to the current trial sites in the ACT and NSW, Way Back has commenced operations in two additional NSW sites as well as in QLD and VIC. A number of other sites are being planned.
- Additionally, the Australian Government is funding 12 suicide prevention trial sites in identified priority areas across Australia over three years (2016-17 to 2018-19). All suicide prevention trial sites are closely aligned with the Way Back service model and are being led by Primary Health Networks with support from the Commonwealth Department of Health and local organisations.

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GBC18/533

**Portfolio:** Mental Health

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

**Talking points:**

- Better integration and coordination of mental health and suicide prevention services is fundamental to the ACT Government's vision for services. The national focus on coordination and integration in the Fifth National Mental Health and Suicide Prevention Plan (the 5<sup>th</sup> Plan) is welcome.
- The Capital Health Network (CHN), in close collaboration with ACT Health, have been leading the work to lay the foundations of the ACT Regional Mental Health and Suicide Prevention Plan (Regional Plan).
- The tools used to assist this planning process are helping to form a clearer picture of the ACT service system and highlight gaps and other issues that can be addressed through the Regional Plan.
- On the 28 August 2018, I attended a Consultation Forum for the Regional Plan hosted by the CHN. This was a significant milestone in the planning process and brought together a diverse range of stakeholders to identify priorities and practical strategies that will form the basis of a Regional Plan.
- The Office for Mental Health and Wellbeing will be well placed to oversee the implementation of the plan and facilitate effective cross-sectoral collaboration that will be critical for the success of the Regional Plan.

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## Key Information

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

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

### The Regional Plan

- The planning process incorporates service mapping and data analysis as well as drawing on evidence and best practice in developing the Regional Plan. For example:
  - The CHN, ACT Health and Australian National University have drafted the first edition of the Integrated Mental Health Atlas of the Australian Capital Territory Primary Health Network Region;
  - The National Mental Health Services Planning Framework (NMHSPF) is being used and CHN and ACT Health staff have been trained in the use of the associated NMHSPF Tool;
  - The CHN has conducted baseline and follow up Needs Assessment for the Primary Health Network region; and
  - Analysis of data on community and service profiles, prevalence of mental health issues, service use and outcomes.

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

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

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Portfolio/s Mental Health

GBC18/553

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

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

**Background Information:**

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

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Portfolio/s Mental Health

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

**Talking points:**

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

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

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to an investigation in accordance with the relevant enterprise agreement.

- The Director-General has been in conversation with the Health Services Commissioner in formulating some views as to an appropriate external and independent avenue for employees to raise complaint. Some work is required in ensuring that these processes work within existing legislative frameworks.
- Further announcements will be made in due course.

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

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

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- I am aware of the calls by Australian Salaried Medical Officers Federation (ASMOF) and Australian Medical Association (AMA) to establish a formal Board of Inquiry.
- I have taken their views into consideration and am supportive of the Minister's decision to undertake an Independent Review, rather than a full Board of Inquiry.
- The Independent Review will be about the workforce, and not just about the doctors.
- All staff across the workforce have a right to feel safe, supported and heard during this Review process, regardless of their position.
- I understand that the Minister is working to finalise the terms of reference for the Review as a priority.
- I am aware that there will be extensive engagement and consultation by the Review panel, whilst ensuring that the privacy of individuals coming forward is maintained.
- I will be working closely with the Minister for Health and Wellbeing to ensure that the Review is appropriate and effective.

**Key Issues:**

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

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