

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 96 documents holding the information within scope of section 23(1)(i).

Decisions

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

Section 12 of the FOI Act specifies that the Act does not apply to information in a health record as defined by the *Health Records (Privacy and Access) Act 1997* (the HR Act). There are information in two question time briefs; one provided to the Minister for Health and Wellbeing in the February 2019 sitting period and one in the March 2019 sitting period, which partially consists of personal health information. This information has not been released as per Section 12.

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

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

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

Ombudsman review

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

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

The ACT Ombudsman
GPO Box 442
CANBERRA ACT 2601
Via email: ACTFOI@ombudsman.gov.au
Website: ombudsman.act.gov.au

Further assistance

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



Fiona Barbaro
Executive Group Manager
Corporate & Governance
ACT Health Directorate

19 March 2024

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

	2016–17	2017-18	% change	Q1 2018-19*
Walk-in Centres				
<i>Number of presentations to Walk-in Centres</i>	36,785	41,551	13%	12,690
Emergency department				
<i>Number of presentations by hospital</i>				
Canberra Hospital	85,093	88,661	4%	na
Calvary Public Hospital	58,767	59,117	1%	na
Total	143,860	147,778	3%	36,852
<i>Number of presentations by category</i>				
1—Resuscitation	642	752	17%	187
2—Emergency	14,694	14,737	0%	3,960
3—Urgent	55,380	62,106	12%	16,202
4—Semi-urgent	58,524	57,999	-1%	13,718
5—Non-urgent	14,620	12,184	-17%	2,778
Total	143,860	147,778	3%	36,845
<i>Percentage of patients seen on time¹</i>				
1—Resuscitation	99%	100%	1%	100%
2—Emergency	77%	77%	0%	77%
3—Urgent	50%	37%	-13%	33%
4—Semi-urgent	64%	49%	-15%	47%
5—Non-urgent	92%	82%	-10%	83%
Total	63%	50%	-13%	47%
<i>Proportion of presentations with a length of stay of 4 hours or less²</i>				
Canberra Hospital	71%	59%	-12%	na
Calvary Public Hospital	76%	72%	-4%	na
Total	73%	64%	-9%	61%

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 emergency department presentations with a length of stay of 4 hours or less is 90%.

*Note: This information is taken from the most recent publicly available Quarterly Performance Report for the period July to September 2018.

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 Lead Directorate: ACT Health

	2016–17	2017-18	% change	Q1 2018-19*
Elective surgery waiting lists				
<i>Number of patients waiting longer than clinically recommended at end of period</i>				
Urgency 1 (see within 30 days)	8	8	0%	na
Urgency 2 (see within 90 days)	227	104	-54%	na
Urgency 3 (see within 365 days)	200	287	43%	na
Total	435	399	-8%	410
 <i>Number of removals for surgery</i>	 12,826	 13,340	 4%	 3,582
 <i>Proportion of removals for surgery that were within clinically recommended timeframes</i>				
Urgency 1 (see within 30 days)	92%	91%	-1%	95%
Urgency 2 (see within 90 days)	81%	70%	-11%	80%
Urgency 3 (see within 365 days)	88%	77%	-11%	79%
 Separations from public hospitals				
<i>Number of inpatient separations</i>				
Same day	60,487	60,052	-1%	14,502
Overnight	54,431	55,369	2%	14,519
Total	114,918	115,421	0%	29,021
 Breast screens				
<i>Number of breast screens performed</i>	17,176	18,123	6%	na

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ISSUE: INTERIM REPORT ON INDEPENDENT REVIEW INTO THE WORKPLACE CULTURE WITHIN ACT PUBLIC HEALTH SERVICES

Talking points:

- Together with the Minister for Mental Health, I have been extremely clear around my expectation for a positive culture in the delivery of public health care in the ACT.
- The Government has a zero tolerance for bullying and harassment.
- Since March 2018, there has been significant work undertaken within our public health system to improve culture and governance, and to build an environment of genuine engagement.
- I have seen significant improvements in workplace culture since this time.
- Building on these achievements, I made the decision to put in place several processes to assist in further improving culture within ACT Health. This included the establishment of an Independent Review of the workplace culture within ACT Public Health Services and the formation of a Clinical Leadership Forum.
- The Terms of Reference (released on 21 September 2018) for the Independent Review required the appointed Panel to deliver an interim report to me by 31 January 2019, with a final report due on or before the end of March 2019.
- The Review Panel delivered its interim report to me by the due date, and this was subsequently released publicly on 1 February 2019.
- I welcome the Interim Report. The ACT Government has agreed to all recommendations in principle, noting that this is an interim report. We understand the importance of working with staff and stakeholders to put the final recommendations into practice in a way that drives the real change we need to see.
- Through the establishment of strong and transparent governance arrangements, we will ensure that implementation is efficient and effective, and that staff and stakeholders are appropriately engaged.

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TRIM Ref: GBC19/23

- I do not shy away from the fact that, at times, the Report makes difficult reading. It is disappointing to read that staff working in our public health system have experienced bullying, intimidation and harassment.
- The ACT Government invests significantly in the delivery of public health services to ensure safe, high quality healthcare for the ACT community and our surrounding region. In addition to taking care of our community, we are also working hard to ensure that our staff are looked after.
- With new Executive leadership teams being established across our three health services there is a strong commitment to developing a positive workplace culture. Signs of a shift in positivity are already being demonstrated, and it was pleasing to read in the Interim Report that there is cautious optimism by many within the service around the new leadership.
- The Interim Report also highlights the fact that the issue of culture within public health services is not unique to the ACT – it is a concern at a national level.
- The Review recommendations give us practical recommendations which provide us now with the opportunity to lead the nation in developing a positive workplace culture across our health systems.
- This Review has provided staff with the opportunity to be heard, to share their experiences, their stories and contribute in a positive way to real change.
- I would like to take this opportunity to thank Panel members, Mick Reid, Fiona Brew and David Watters for the extensive work they have undertaken throughout this process and I look forward to receiving the final report of the Review over the coming weeks.

Clinical Leadership Forum

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

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

ACT Health Cultural Survey

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

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Background

Review Panel Profiles

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

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Portfolio/s: Health & Wellbeing

**ISSUE: UPDATE ON QUARTERLY REPORTING AND ACT HEALTH
PUBLICATION OF DATA FOR CONSUMERS**

Talking points:

- As part of the commitment to improved data reporting, the first Quarterly Performance Report (QPR) for 2018-19 was released in November 2018.
- The July to September 2018 QPR provides patients, consumers and the ACT community with a summary of the activity and performance across a range of services, including Emergency Departments, Elective Surgery and Walk-in Centres.
- Highlights from the first QPR for 2018-19 included:
 - an increase in the number of elective surgeries performed within clinically recommended timeframes, with 95 per cent of Category 1 patients seen on time (within 30 days) in the first quarter of 2018-19 compared to 91 per cent seen on time in 2017-18; and
 - 80 per cent of Category 2 patients seen on time (within 90 days) in the first quarter of 2018-19 compared to 70 per cent seen on time in 2017-18.
- The QPR indicators will continue to evolve over time and be complemented by data available on the ACT Health website.
- Additionally, as the recommendations of the System-Wide Data Review are implemented, the QPRs will be reviewed 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.

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ACT Publication of Data for Consumers

- The next QPR for October to December 2018 is due to be released at the end of February 2019.
- As identified through the System-Wide Data Review, ACT Health provides data for over 130 performance indicators that are publicly reported. This includes in the Report on Government Services and on the MyHospitals and MyHealthyCommunities websites.
- ACT Health has provided access to all of these publicly reported metrics through its website, where users can access the most up-to-date information at any time.
- One of the priorities for ACT Health is to identify and report relevant health information to improve access to data online and help Canberrans be more informed about their own health care.
- To ensure that we continue to improve the availability and usefulness of information about our health system, ACT Health continues 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.
- ACT Health is continuing to engage with a range of consumer groups, including the Health Care Consumers Association (HCCA) to better understand consumer requirements for information about the ACT's health services.
- The ACT Health Quarterly Performance Report has been refreshed to ensure it is more meaningful and relevant to the community, with HCCA providing advice on the report.

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- The new report provides patients, consumers and the ACT community with a summary of the activity and performance across a range of services, for example Emergency Departments, Elective Surgery and Walk-in Centres.
- Q1 2018/19 was published in November 2018.
- Q2 2018/19 will be published by the end of February 2019.
- A review of ACT Health's performance information and development of a framework for external reporting is also underway.
- Further community consultation will be conducted to ensure that a full range of views are obtained to inform ACT Health's ongoing public reporting requirements.
- As we learn more about what information the ACT community expects, the quarterly performance reports will evolve to meet those expectations.

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.
- The ACT Health Quarterly Performance Report – July to September 2018 was the first quarterly performance report produced by ACT Health since 2016, and contains results for the 2017-18 financial year to provide transparent public reporting on the historical performance of the Territory's health services.

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- ACT Health will continue to publish quarterly reports, providing information on territory-wide performance on public health services.
- 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 reflect progress of activities underway and highlight activities planned to start over the following six month period. Development of Implementation Plan Phase Two is underway.

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Portfolio/s: Health and Wellbeing

ISSUE: DEATH IN CALVARY EMERGENCY DEPARTMENT

Talking points:

- On 3 January 2019, The Canberra Times published an article headlined 'Patient dies sitting in Calvary waiting room' that alleged a patient died alone while seated in the Calvary Emergency Department (ED) on 31 December 2018 (New Year's Eve).
- I have received further advice from Calvary Public Hospital on this matter and it is important to clarify that a patient did not die in the waiting room of the ED as was alluded to in the media reporting.
- There was a patient who was provided urgent and appropriate emergency care when their condition deteriorated rapidly. This was initially in the waiting room before being moved to another area within the ED for further care.
- The patient was not alone but accompanied by their family whilst in the ED. Unfortunately, they later died in the ED, and our thoughts are with this person's family.
- Although the report contains significant inaccuracies, the matter currently rests with the ACT Coroner, and out of respect to the patient's family, Calvary has not been able to release information that corrects the inaccuracies within the report.
- Our hospitals have well established processes for triage through the ED. As this is before the Coroner, it is not something I am able to provide any further comment on at this stage.

If asked when you, as Minister, were notified of the matter:

- My office was notified of the matter on 2 January 2019. I requested further information on the matter, which I received from Calvary the following day.

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Lead Directorate:	Health	

Key Information

- The published story is inaccurate.
- Details of the patient, the circumstances of the event, the nature of the patient's condition and the treatment provided cannot be released as that would be in breach of Calvary's responsibilities with respect to coronial, privacy and confidentiality obligations.
- Calvary will provide a response to the Minister once the Coroner has completed his/her deliberations. At this stage Calvary have not been provided an anticipated completion date for this process.
- Calvary acknowledges that while the report is inaccurate, there are instances where people in the ED waiting room may witness events that cause discomfort and sometimes distress.

Background Information

- While the Canberra Times advised Calvary of their intention to publish the story, Calvary could not provide refutatory information to the journalist as doing so would be a breach of the coronial, privacy and confidentiality provisions.
- Calvary will request the Canberra Times publish a retraction or correcting article when information about the matter can be released or is made public by the Coroner.
- Calvary recognises and regrets that this type of story may create concern within the community about the quality of public health and hospital services in the ACT.
- Continuing to respect the privacy of the patient's family and of the coronial processes are the paramount considerations in this matter.

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GBC19/23

Portfolio/s: Health and Wellbeing

ISSUE: REPORT ON GOVERNMENT SERVICES (ROGS) 2019

Talking points:

- RoGS 2019 shows Canberra is one of the healthiest communities in the country.
- ACT residents have the highest life expectancies in Australia, our city has some of the lowest rates of cancer compared to national figures and we also have some of the highest rates of immunisation amongst our children and young people.
- In 2017–18, the ACT was the only jurisdiction to achieve at least 95 per cent immunisation coverage for every antigen in the national immunisation program for children aged 12 months to less than 15 months.
- The ACT Government is continuing to invest in initiatives to keep our community healthy and well. As part of this, we are investing in new immunisation programs such as free flu shots for children aged between six months and five years, and free meningococcal ACWY vaccination for year 10 students.

Key Information

Positive results across the five health chapters:

- Chapter E – Health Overview
 - In 2015-17, ACT had the highest female life expectancy in Australia (85.2 years). The ACT has had the highest or equal highest life expectancy in Australia since 2006–08.
 - Infant and child mortality in the ACT is also below national averages.
- Chapter 10: Primary and Community Health
 - In 2016-17, the proportion of treatment episodes for alcohol and drug services provided by the non-government sector in ACT increased from 42 per cent in 2007-08 to 55 per cent in 2016-17. The increase can be

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attributed in part to new funding (both ACT and Commonwealth) provided to Non-Government Organisations (NGOs) for new programs.

- Chapter 12: Public Hospitals
 - In 2016–17, the ACT had the second highest overall rate of full-time equivalent public hospital staff (medical officers, nurses, diagnostic and allied health staff, administrative and clerical staff and other personal care staff) in the country.
 - In 2016–17, the ACT reported lower than the national rate of unplanned hospital readmissions across all surgical procedures except prostatectomy.
 - RoGS 2019 shows the ACT hospital system is becoming more efficient, with the average cost per weighted separation (per patient discharge) in decreasing 18.3 per cent in five years, from \$6,854 in 2012-13 to \$5,598 in 2016-17.

- Chapter 13: Mental Health Management
 - ACT has a high rate of community follow-up post discharge, which is also reflected in a higher rate of community service contact and support provided in the community to keep people well for longer and less reliant on inpatient admissions.
 - The ACT reported higher than the national average for the rate of contact within seven days of discharge from a psychiatric admission for both Indigenous and non-Indigenous Australians.
 - Between 2009-10 and 2016-17, the ACT has increased available beds per 100,000 people in the acute hospitals with psychiatric units or wards by 24 per cent. The increase nationally for the same period was 7 per cent.

- Chapter 14: Aged Care
 - Between 2012–13 and 2016–17, the proportion of public hospital separations for older people where the care type was ‘maintenance’ and the length of stay was 35 days or more, decreased by 9.8 percentage points in the ACT, while it increased by 0.3 percentage points nationally.
 - Patients are classified as ‘Maintenance’ once they no longer require acute care. There are a range of reasons that can influence discharge for these patients, including access to appropriate aged care supports, patient and family choice of care support and personal circumstances.

Background Information

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- The purpose of the RoGS is to provide information on equity, efficiency and effectiveness of government services in Australia. It is coordinated and published by the Productivity Commission (PC).
- Volume E contains health relevant information in the following chapters:
 - Chapter E – Health Sector Overview;
 - Chapter 10 – Primary and Community Health;
 - Chapter 12 – Public Hospitals; and
 - Chapter 13 – Mental Health Management.
- Data for the RoGS are provided to the PC under a Council of Australian Governments (COAG) Agreement. The majority of the data used by the PC for inclusion in RoGS is supplied via the Australian Institute of Health and Welfare (AIHW). The AIHW performs the analysis and, in many cases, combines data from states and territories and the Commonwealth to produce national totals or other indicators. ACT Health also provides certain data directly to the PC.
- Data for 2015-16 Emergency Department and Elective Surgery data for the RoGS report is not available in the RoGS 2019. The 2015-16 data will be included in RoGS 2020.
- An extensive briefing package on RoGS 2019 was provided to your office in January 2019 in preparation for the 30 January 2019 RoGS public release date.

Cleared as complete and accurate: 30/01/2019
Cleared by: Deputy Director-General Ext:49799
Information Officer name: Karen Doran
Contact Officer name: Jacob Fell Ext:49349
Lead Directorate: Health

GBC19/23

Portfolio/s: Health and Wellbeing

ISSUE: RELEASE OF INDEPENDENT HOSPITAL PRICING AUTHORITY COST REPORT

Talking points:

- The 2016-17 cost report is scheduled to be published on the Independent Hospital Pricing Authority's (IHPA) website in March 2019.
- The report provides average cost information for all activity streams (admitted acute, admitted sub and non-acute, emergency department (ED) and non-admitted) for hospital cost data submitted to IHPA.
- The draft report shows ACT hospitals are becoming more efficient. ACT's acute admitted costs per separation (including ED costs) reduced from \$6,400 in 2015-16 to \$5,751 in 2016-17, a ten per cent decrease.
 - The draft report shows ACT's average costs for acute admitted patients excluding ED costs was \$5,325.
- There has been significant work undertaken in recent years to improve the efficiency of our health services, including a focus on reducing elective surgery wait times.
- The separation of the ACT Health and Canberra Health Services will allow the two organisations to better focus on how services can be delivered more efficiently and effectively.
- ACT Health continues to improve its costing methodologies to ensure the cost report accurately reflect the cost of services and to ensure alignment with the approach adopted in other jurisdictions.

Background Information

- As a signatory to the National Health Reform Agreement, ACT Health is required to provide patient level costing data to IHPA for public hospital services provided in the ACT. This cost data collection is known as the National Hospital Cost Data Collection (NHCDC).
- The NHCDC is the primary data collection that IHPA relies on to calculate the National Efficient Price.

Cleared as complete and accurate:	30/01/2019	
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Lead Directorate:	Health	

- To ensure the quality of NHCDC data is robust and fit-for-purpose, IHPA commissions an annual Independent Financial Review to verify that all participating jurisdictions are compliant with Australian Hospital Patient Costing Standards (AHPCS).
- Jurisdictions are required to apply cost methodologies according to the AHPCS. The standards provide a guide to costing for NHCDC purposes, as well as providing consistency in interpreting results.
- After completion of each round of the NHCDC, IHPA publishes the NHCDC Report. The report provides average cost information for all activity streams (admitted acute, admitted sub and non-acute, emergency and non-admitted), summarised in Table 1 below.

Draft NHCDC Report – Public Sector, Round 21 (2016-17)

Activity Steam	2015-16 ACT -Average Cost	2016-17 ACT - Average Cost	2016-17- National Average Cost
Acute	\$6,400	\$5,751	\$5,171
Sub and non-acute	\$15,853	\$13,010	\$13,997
Emergency	\$838	\$705	\$666
Non-admitted	\$280	\$283	\$309

Note: Admitted (acute, sub and non-acute) costs include some emergency department costs.

- The methodology used by IHPA in calculating the average cost per separation for admitted patients is different to the internal methodology used by the ACT.
- Under IHPA's approach, ED costs associated with patients who were admitted to hospital through the ED is reported twice – once in the ED cost category, and also in the relevant admitted cost categories.
- In the 2016-17 NHCDC report, IHPA reported average cost for acute admitted patients in a separate table by excluding the emergency department costs, which is consistent with the ACT's and other jurisdiction's internal approaches.
- ACT Health is working with IHPA to refine the methodology used in the NHCDC reports.

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GBC19/23

Portfolio/s: Health and Wellbeing

ISSUE: MEASLES

Talking points:

- Three cases of measles have been reported to ACT Health since mid December 2018.
- The first case, who likely acquired the infection while overseas, was reported to ACT Health on 17 December 2018.
- The first case attended several public venues while they were unknowingly infectious. A Public Health Alert was issued on 18 December 2018 to inform people who attended these venues to be aware of measles symptoms.
- The second case, reported to ACT Health on 1 January 2019, had attended one of the public places at the same time as the first case.
- The third case was reported to ACT Health on 7 February 2019 and likely acquired their infection overseas. This case is not linked to the two previous cases.
- The third case attended the Canberra Airport while they were unknowingly infectious. A Public Health Alert was issued on 8 February 2019 to inform people who were at the airport on 3 February 2019 between 10 am 11am to be aware for signs and symptoms of measles.
- For all three cases, ACT Health commenced a rapid public health response and followed up all contacts that could be identified in line with national guidelines.
- No further cases of measles have been reported in the ACT, and no other identified contacts have gone on to develop measles.

Cleared as complete and accurate: 11/02/2018
Cleared by: Executive Director Ext: 49252
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Contact Officer name: Conrad Barr Ext: 49252
Lead Directorate: Health

Key Information

- Although measles infection is now rare in Australia due to sustained high immunisation coverage, measles continues to circulate in many countries overseas and increased measles activity has been reported internationally over the last few months.
- Across Australia, increased measles activity has been noted in December and January, largely linked to cases who acquired their infections overseas. As at 11 February 2019, 24 cases of measles have been reported across Australia in 2019, with ten cases in WA, nine cases in NSW, two cases in Qld, one case in Vic and one case in SA.
- Measles cases continue to be reported in Australia due to visitors and returning travellers contracting the disease in overseas countries where outbreaks continue to occur. People travelling overseas should check their immune status before they leave.

Background Information

- Measles is a serious disease and is highly contagious among people who are not fully immunised.
- The virus is spread from an infectious person during coughing and sneezing or through direct contact with secretions from the nose or mouth.
- People generally develop symptoms 7-18 days after being exposed to a person with infectious measles, with ten days being more common. People are infectious from four days before they develop a rash until four days after.
- Two doses of Measles Mumps Rubella vaccine (MMR) are required for immunity against measles. The vaccine can be given at any age after nine months.
- Under the funded Australian National Immunisation Program, two doses of MMR vaccine are given to children at 12 and 18 months of age.
- Individuals born in 1966 and later who have not had two doses of MMR vaccine are considered susceptible to measles.
- The ACT Government funds measles, mumps, rubella (MMR) vaccine for adults. Anyone born in or after 1966 who have not previously received two measles containing vaccines is eligible for free MMR vaccine. This can be obtained from ACT GPs.
- Anyone with symptoms of measles should arrange to be seen as early as possible by their doctor. They should advise their health provider before they arrive at the medical clinic so that appropriate infection control precautions can be put in place to stop the spread of the infection.

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GBC19/23

Portfolio/s: Health and Wellbeing**ISSUE: ICE ADDICTION IN CHILDREN****Talking points:**

- An ABC story on 19 December 2018 describes the PCYC as wanting to refurbish a building in the inner north of Canberra as a "children's refuge" with education rooms and a social enterprise cafe. CSD would generally fund this type of program.
- ACT Health Directorate does not currently fund Canberra Police and Community Youth Club Inc (PCYC) to deliver alcohol and other drug (AOD) services.
- Community Services Directorate (CSD) funds Canberra PCYC to run case management activities and group programs as part of the PCYC Child, Youth and Family Services Program.
- PCYC has not approached ACT Health Directorate to request funding for AOD treatment programs, nor is the Directorate aware of any current PCYC community budget submissions.
- PCYC did not make a submission raising any of the concerns mentioned in the ABC story to the July 2018 public consultation on the ACT Drug Strategy Action Plan 2018-2021. It has not written to ACT Health Directorate to raise these concerns.
- Both ACT Health Directorate and Ted Noffs Foundation ACT (Ted Noffs) are aware that some teenagers and adolescents use illicit drugs and in some cases may become addicted. ACT Health Directorate funds several types of teenage/adolescent AOD treatment programs, including, but not limited to, residential rehabilitation. This includes programs provided by Ted Noffs. In the 2017-18 financial year 681 finalised ('closed') AOD treatment episodes were provided to 10-19 year-olds in the ACT by ACT Government-funded services.
- While the title of the internet link to the ABC story <https://www.abc.net.au/news/2018-12-19/children-as-young-as-10-using-ice-in-canberra/10632038> may lead the reader to believe the news

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story provides evidence that children aged 10 years are using crystal methamphetamine ('ice') in Canberra, the published story does not make this claim. The relevant section of the story in fact states: "half the children in their (PCYC) outreach program who are below the age of 14 have used the drug (i.e. ice)".

- The PCYC program referred to in the story is not a general youth program, but an intensive program that provides "alternative avenues for diverting young people from the justice system".
- Ted Noffs has advised ACT Health Directorate that the story describes a relatively small group of vulnerable young people, who would already be known to ACT services, including child protection services.
- The information provided by the news story provides anecdotal evidence of ice use among a specific cohort of at-risk young people. It does not provide reliable evidence of increasing ice use, or dependence, among Canberra teenagers more broadly.
- The youth worker quoted in the story referred to a lack of rehabilitation services for young people in the ACT. However, it is unclear from the story if he is referring to AOD rehabilitation services, criminal justice rehabilitation services, or broader social rehabilitation services.
- Ted Noffs has also advised that, contrary to the news story, there are no significant barriers to young people quickly accessing its AOD rehabilitation program, or other programs. The main barrier to young people accessing treatment is young people's unwillingness to attend.
- Ted Noffs agrees that some sexual predators target vulnerable young people by supplying them with illicit drugs. In 2018 Ted Noffs provided support to young people during several criminal prosecutions related to these issues. However, Ted Noffs advises that, sadly, this type of criminal behaviour is neither new, nor exclusive to ice dealing.

Background Information

- Preliminary data from the Australian Secondary Students' Alcohol and Drug Survey (ASSAD) 2017 indicate that 2.1 per cent of ACT 12-17 year old school students had ever tried an amphetamine (of any type, including 'ice'), compared to 14.9 per cent who had ever tried cannabis.
- Research indicates that early illicit drug use and dependence is not just associated with drug availability, but also with other factors such as individual psychology and genetics, peer

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attitudes, family problems and poverty. While drug experimentation is quite common among teenagers, regular use is less common and addiction less common still.

- ACT Health Directorate funds both youth-specific services, and youth-focused programs run by general services. This includes funding for programs targeting young people involved with, or diverted from, the criminal justice system.
- ACT Health Directorate is investing approximately \$1,785,000 in Ted Noffs in 2018-19 to deliver AOD treatment and support services in the ACT.
- Canberra Health Services' Alcohol and Drug Service operates the Youth Drug and Alcohol Program (YDAP), which provides counselling for under 18s, including support for young people at the Bimberi Youth Justice Centre.
- ACT Health Directorate is funding Gugan Gulwan \$650,000 in 2018-19 to provide youth AOD services specifically tailored for young people from Aboriginal and Torres Strait Islander backgrounds.

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GBC19/23

Portfolios: Health and Wellbeing

ISSUE: ACT HEALTH ORGANISATIONAL REFORM

Talking points:

- A significant achievement this year was the transition of ACT Health. In March 2018, the decision to create two health organisations with clear scope and accountabilities was announced.
- The ACT Health Directorate Executive Leadership Team, with the support of a dedicated Transition Office, were responsible for overseeing the transition planning and implementation.
- On 1 October 2018, two directorates were formally established and ACT Health and Canberra Health Services became operational.
- Staff who deliver frontline health services to the Canberra community now come under the umbrella of a dedicated health services delivery organisation – Canberra Health Services.
- The ACT Health Directorate is now responsible for strategic policy, research and planning and will set the strategic direction for health services across the ACT.
- The creation of two health organisations has enabled a clearer focus on efficiency and effectiveness for clinical operations and enabled the ACT Health Directorate to undertake core strategy and system stewardship functions.
- This change is an essential evolution for our growing population and expanding health system and has also brought greater clarity about the distinct roles and responsibilities of frontline staff and corporate staff.
- For patients, consumers and their families, the transition has been a seamless one.

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

Key Information

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

Achievements

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

Cleared as complete and accurate: 08/02/2019
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Project governance

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

Financial

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

Executive Recruitment

- Both organisations are in the process of finalising their executive structures. All executive roles have been sized to ensure equity and transparency.
- Recruitment processes to fill changed executive roles are now underway.

Next Steps

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

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GBC19/92

Portfolio/s: Health and Wellbeing

ISSUE: INFRASTRUCTURE (INCLUDING SPIRE)

Talking points:

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

If asked about recent media relating to the number of ICU beds following an FOI request:

- The FOI documents referred to are old and based on assumptions that are no longer relevant to the project.
- Bed numbers at SPIRE are still to be finalised as part of territory-wide planning underway.

Key information

Timelines for the Expansion of the CHWC

- The project is due for staged delivery through to 2021-22 with some components to be delivered ahead of this date.
- Construction of the expansion started in the 2018-19 financial year, with completion of the security enhancement works to support a Custodial Birth Suite. This element was completed in October 2018.

Cleared as complete and accurate:	06/03/2019	
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Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Karen Doran	
TRIM Ref:	GBC19/92	

- ACT Health has commenced the next phase of the project to complete design works for other elements of the expansion and determine final staging and scheduling of works. This is expected to be significantly progressed in coming months, to inform staged delivery of expansion works.

Key Deliverable	Estimated Completion Date
Custodial Birth Suite	Completed in October 2018 (2018-19)
Adolescent Mental Health Unit Completion	2021-22
CHWC Expansion Project Completion	2021-22

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

Funding for the Expansion of the CHWC (as per the 2018-19 Budget)

- Expansion of the CHWC is a commitment of this Government from the 2016 election.
- The 2018-19 Budget provided a capital injection of \$2.5 million to allow for the continuation of planning and design related to the expansion of the CHWC.
- The Government has allocated \$68.075 million in the budget and forward estimates for the CHWC Expansion. The final cost estimate is subject to Government's consideration of outcomes of Proof of Concept and a final detailed project proposal.

2018-19 Budget

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Capital Provision	4,000	33,500	28,075	0	65,575
Capital Injection	2,500	0	0	0	2,500
Feasibility Expense	225	0	0	0	225

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Timelines for the SPIRE

- The 2016 election commitment stated that SPIRE was planned to open in 2022-23. This was prior to any feasibility, planning and early design works being undertaken.
- SPIRE is a major infrastructure project and as the feasibility and early planning has developed for the SPIRE project, so has the anticipated completion timeframe.
- At this early stage, construction is anticipated to commence in 2020, with demolition of buildings currently occupying the SPIRE site expected to commence in the second half of 2019. SPIRE is targeted for completion in 2023-24, which is consistent with 2017-18 estimated programming forecasts for the project, and project due diligence currently underway will determine final staging and scheduling of works.

Key Deliverable	Estimated Date(s)
Planning and Design Phases (Current Stage)	2018 to 2020
Construction Commencement	During 2020
Targeted Project Completion Date	During 2023-24

- Following extensive planning and feasibility work, the SPIRE Centre will be built at the north-eastern end of the Canberra Hospital campus. This work has included the development of preliminary demand modelling, scope options analysis and high-level engineering studies.
- The SPIRE Centre site location was announced to the public on 12 December 2018 with project updates available on the ACT Health website.
- Staging and decanting planning for existing building that will be demolished has commenced in preparation for the commencement of demolition works in late 2019.
- ACT Health has also recently commenced early design work for SPIRE, which will refine options for the campus and define solutions for optimal integration with the existing hospital infrastructure and services.
- Planning and Design for SPIRE needs to be considered carefully, as the hospital campus is an operational site where existing health services will continue to be delivered while construction is underway.
- ACT Health and Canberra Health Services continues to engage with clinical staff on the SPIRE planning and design works underway; Territory-wide health services planning, and clinical input are a vital part of planning for the construction of SPIRE. A Clinical Information Session for SPIRE was held on 22 November 2018, and clinical stakeholders will be involved in design phases moving forward.
- We are working closely with our other Directorate partners, such as Environment Planning and Sustainable Development Directorate and Transport Canberra and City

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Services, to explore broader planning implications for the health precinct at Garran with the Woden Town Master Plan and other landmark proposals in the area.

Funding for the SPIRE (as per the 2018-19 Budget)

- 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

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

Upgrading and Maintaining ACT Health Assets

- The ACT Government is investing some \$100 million in health assets and infrastructure to address identified risks across CHS properties under the Upgrading and Maintaining ACT Health Assets (UMAHA) program.
- In addition, through the SPIRE and CHWC Expansion projects, \$570 million will be invested in the Canberra Hospital campus over the next five years. This will address pressures in Critical Care and Woman and Children services on the campus.
- Further long-term planning will be undertaken to identify opportunities for further modernisation of the campus beyond the delivery of SPIRE.
- ACT Health is also working to ease pressure on Canberra Hospital by working closely with Calvary Health Care and establishing, or enhancing, health services available through other sites such as Walk-in and Community Health Centres.

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TRIM Ref:	GBC19/92	

ISSUE: CANNABIS LEGALISATION

Talking points:

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

Key Issues:

Harms of cannabis

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

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Lead Directorate: Health

TRIM Ref: GBC18/821

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

International

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

Consultation

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

Medicinal use

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

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TRIM Ref: GBC18/821

GBC19/23

Portfolio/s: Health & Wellbeing**ISSUE: ACT DRUG AND ALCOHOL POLICY****Talking points:**Drug Strategy Action Plan

- The ACT Drug Strategy Action Plan 2018-2021: A Plan to Minimise Harms from Alcohol, Tobacco and Other Drug Use (the Action Plan) was released on 11 December 2018.
- The Action Plan outlines 43 priority actions to address and minimise harms from alcohol, tobacco, illicit drugs and non-medical use of pharmaceuticals in the Territory.
- In formulating the Action Plan, the Government took into account feedback from key stakeholders and a public consultation process.
- The Action Plan aligns to the framework provided by the National Drug Strategy 2017-2026 and describes the Territory's priorities and activities to be progressed within the context of national action.
- The ACT Government is committed to working collaboratively on the priorities outlined in the Action Plan.
- We are committed to investing in evidence based and practice-informed harm minimisation responses and lead the country in innovative policy approaches, as demonstrated by the successful introduction of Australia's first pill testing trial.
- The ACT Health Directorate is currently working to convene the first meeting of the Action Plan Advisory Group which includes representation from government, academia, community, and consumer and peer organisations.
- The Advisory Group will provide input and advice on the implementation, monitoring, and evaluation of the Action Plan and play an important role in identifying emerging drug use patterns and informing future priorities.

Cleared as complete and accurate: 30/01/2019
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Lead Directorate: Health

Independent Review and Systems Level Re-Design of Withdrawal Management Services (Including Culturally Specific Drug and Alcohol Rehabilitation Centre)

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

Key Issues:

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

Cleared as complete and accurate: 30/01/2019
Cleared by: Deputy Director-General Ext: 49699
Information Officer name: Carolyn Bartholomew
Contact Officer name: Emily Harper Ext: 49541
Lead Directorate: Health

GBC19/23

Portfolio/s: Health & Wellbeing

ISSUE: GAY CONVERSION THERAPY

Talking points:

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

Key Information

- ACT Health Directorate is currently exploring options for banning conversion therapy in the ACT.
- Following advice from my Directorate and consultation with the Attorney General, ACT Health officials are working with relevant Justice and Community Safety Directorate officials to prepare legislative options in order to ban conversion therapy. This work has now commenced.
- The Victorian Health Complaints Commissioner has undertaken an inquiry into the practice of conversion therapy in Victoria. The report from this inquiry is currently with the new Victorian Health Minister and is expected to be released shortly.
- Queensland Health is also considering a ban on conversion therapy as well as considering how best to support those impacted historically.

Cleared as complete and accurate:	29/01/2019	
Cleared by:	Executive Director	Ext: 49808
Information Officer name:	Patrick Henry	
Contact Officer name:	Paul Wyles	Ext: 49751
Lead Directorate:	Health	

Background Information

- In November 2018 the Victorian Health Complaints Commissioner completed an investigation into conversion therapy for the Victorian Health Minister. The Commissioner's report is with the new Victorian Health Minister awaiting approval and public release. The Commissioner has advised that her recommendations to the Victorian government include: consideration of legislation to ban conversion therapy and consideration of a redress scheme for victims/survivors to receive counselling. The Commissioner has stated that in her opinion legislation to ban conversion therapy will send a clear message to the community, clearly standing against these damaging and inappropriate practices and showing supporting LGBTIQ individuals.
- In October 2018, the Human Rights Law Centre in conjunction with La Trobe University released their report 'Preventing Harm, Promoting Justice'. The report illuminates the unique experiences and needs of LGBT people of faith who have undergone some form of religion-based conversion therapy; outlines the history, prevalence and changing nature of services provided to LGBT people of faith in Australia; canvases international legal models and conducts a human rights based analysis of the issues as well as surveys the existing legal landscape in Australia.

Issues

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

Cleared as complete and accurate: 29/01/2019
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Lead Directorate: Health

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

Cleared as complete and accurate: 29/01/2019
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Lead Directorate: Health

GBC19/23

Portfolio/s: Health & Wellbeing

ISSUE: NGUNNAWAL BUSH HEALING FARM

Talking points:

- The fourth program of the NBHF is scheduled to commence on 25 March 2019 with a potential of ten clients currently being screened. It is scheduled to be completed in June 2019. Clients are being sourced from a range of government and non-government programs within the ACT.
- The program includes the following providers:
 - Blacksmithing and toolmaking – Valley Forge Cuppcumbalong;
 - Physical fitness and wellbeing – Thriving Life and Strive Fitness;
 - Music therapy – Johnny Huckle;
 - Cultural walks and talks – ACT Parks and Conservation Aboriginal Rangers ‘Health Country Program’;
 - Horse therapy – Peakgrove Equine Assisted Therapy;
 - Relapse prevention – SMART Recovery; and
 - Cartoon therapy – FunnyOz Works.
- Programs to date have been:
 - 1st Program November -December 2017
 - 2nd Program June - September 2018
 - 3rd Program September – December 2018
 - 4th Program March – June 2019
- 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.

Cleared as complete and accurate: 12/02/2019
Cleared by: Executive Director Ext: 79143
Information Officer name: Carolyn Bartholomew
Contact Officer name: Jodie Brooks Ext: 19726
Lead Directorate: Health

- ACT Health has contracted Mr Russell Taylor AM to undertake a review following the successful completion of one year of operation of the NBHF.
- Mr Taylor AM is an Aboriginal Australian (Kamilaroi) and former long term Senior Executive Service member of the Australian Public Service. In 2016, he stepped down as CEO of the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) in Canberra. Mr Taylor is also a former CEO of the NSW Aboriginal Housing Office (AHO), the Chair of the Burbangana Group and the 2018 NAIDOC Male Elder of the Year.
- The terms of the review are that Mr Taylor will examine and report on:
 - governance arrangements for the NBHF and recommendations regarding appropriate governance arrangements into the future;
 - the range of programs currently delivered and potential future additions or improvements best suited to governance model;
 - research and consultation in relation to delivery of appropriate and effective programs including processes for client identification and selection, effectiveness of completed programs and the sustainability of program outcomes following completion;
 - the effectiveness and relevance of governing policies for the NBHF;
 - staffing levels, training and supervision procedures; and
 - current infrastructure and best use of the facility to align with program aims, the NBHF governance model and the needs of the Community.
- Healing Framework
ACT Health has contracted the Healing Foundation to develop a Cultural Healing Framework for the NBHF. The purpose of this framework is to establish the ongoing principals which underpin the NBHF and the concepts of cultural healing. The Healing foundation has been delayed in undertaking this work due to a lack of engagement from the United Ngunnawal Elders Council (UNEC).

Cleared as complete and accurate: 12/02/2019
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Lead Directorate: Health

- There are intentions in the early new year to try to engage with UNEC via the Secretariat initially. This will be a collaborative approach from ACT Health and the contractors for the Healing Framework in an effort to get some engagement. The 12-month contract for this work to be undertaken has been renewed for 2019.

Cleared as complete and accurate: 12/02/2019
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Lead Directorate: Health

GBC19/23

Portfolio/s: Health & Wellbeing

ISSUE: PILL TESTING

Talking points:

- The ACT Government received a proposal from Pill Testing Australia to conduct a pill testing service at the Canberra leg of the Groovin the Moo music festival on 28 April 2019 at Exhibition Park.
- I am pleased to say the ACT Government has given the green light for this second trial of a pill testing service.
- Agreement between all relevant parties, including the festival promoter and Pill Testing Australia will still be necessary for the pill testing service to proceed at the festival.
- The ACT Government continues to support an evidence based, harm minimisation approach to drug policy and believes the recent announcement by the NSW government to increase the penalties associated with drug possession is unlikely to prevent further deaths at music festivals.
- It is planned that an evaluation of the service will be conducted by independent researchers.
- The ACT Government would welcome any proposal to conduct pill testing at any music festivals held in the ACT. However, the option to make a pill testing service available is not intended to be an incentive to bring new events to the ACT, but rather to make an event safer.

Key Information:

- Australia's first trial of a pill testing service took place at Groovin the Moo Canberra on 29 April 2018.
- The service was provided by the Safety Testing and Advisory Service at Festivals and Events (STA-SAFE) and was supported by the ACT Government, the festival promoters (Cattleyard Promotions) and the University of Canberra, where the festival was held.

Cleared as complete and accurate: 30/01/2019
Cleared by: Deputy Director-General Ext: 49699
Information Officer name: Carolyn Bartholomew
Contact Officer name: Emily Harper Ext: 49440
Lead Directorate: Health

- 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.
- Medical experts support the introduction of pill testing. Supporters include the Royal Australian College of Physicians, the Australian Medical Association President and the Public Health Association of Australia.
- The ACT Health Directorate reconvened the cross-government pill testing working group to consider the public health, legal and social issues relating to the second proposal and provided advice to Government about this proposal.

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 drug-related deaths of six young people at music festivals across Australia in the last five months.

Cleared as complete and accurate: 30/01/2019
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GBC19/23

Portfolio/s: Health and Wellbeing

ISSUE: QEII FAMILY CENTRE

Talking points:

- Canberra Mothercraft Society (CMS) currently delivers early parenting support and education services at the Queen Elizabeth II Family Centre (QEII).
- CMS will exit service delivery at the end of their current contract on 30 June 2019.
- I would like to take this opportunity to thank Canberra Mothercraft Society for the many years of service and care they have provided for ACT families.
- The ACT Health Directorate is currently engaged in a process to find a new provider for the Queen Elizabeth II Family Centre to ensure this service remains available for families of the ACT.
- The ACT Health Directorate (AHD) is proposing to conduct a targeted select tender process, offering a short-term (12 month + 12 month option) contract on a select or single select basis to allow time for a full open tender process to be completed.
- This approach will ensure continuity of the service whilst the AHD undertakes a more detailed analysis of current and future service needs.
- Given the uncertainties, AHD is working with the Women, Youth and Children (WY&C) Division of Canberra Health Services on a fall back option of CHS taking over operations should AHD be unable to secure a new service provider from 1 July 2019.

Key Information:

- Given the procurement timeframes and complexity, it is not possible to undertake a full open tender process prior to 30 June 2019.
- On 6 February 2019, the Minister for Health & Wellbeing, Meegan Fitzharris, MLA, approved the option of a targeted select tender process.
- AHD will be working closely with CMS and the new provider to ensure a smooth transition for the service.
- Given the uncertainties, AHD is working with the Women, Youth and Children (WY&C) Division of CHS on a fall back option of CHS taking over operational responsibility should AHD be unable to secure a service provider from 1 July 2019.

Cleared as complete and accurate:	07/03/2019	
Cleared by:	Executive Branch Manager	Ext: 49699
Contact Officer name:	Megan Wall	Ext: 49674
Lead Directorate:	Health	
Cleared for release	Choose an item	
Information Officer name:	Sarah Galton	
TRIM Ref:	GBC19/23	

GBC 19/23

Portfolio/s: Health & Wellbeing

ISSUE: SUPPORT FOR BULK BILLING GENERAL PRACTITIONERS

Talking points:

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

Cleared as complete and accurate: 29/01/2019
Cleared by: Executive Director Ext: 49808
Information Officer name: Patrick Henry
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Lead Directorate: Health

- The contract with the Interchange General Practice has been delayed (at the Interchange's request) as it is changing its status to become a cooperative that will then offer bulk billing to *all* patients. It is anticipated that this status change will be completed in early 2019, and the contract will be finalised then.
- ACT Health Directorate has advised that this change does not impact on the Interchange's eligibility to receive the grant as the practice will be increasing its rate of bulk billing to 100 per cent (apart from a few special services), thus achieving the aim of the Grant Fund.
- Consideration is still being given to the use of approximately \$89,000 (excluding GST) of remaining funds that were not allocated during the Bulk Billing General Practices Grant Fund.
- ACT Health has processed a Freedom of Information (FOI) request for documents related to the Bulk Billing General Practices Grant Fund, specifically documents and correspondence related to the consideration of the applications. This request has been managed in accordance with the FOI Act.

Cleared as complete and accurate: 29/01/2019
Cleared by: Executive Director Ext: 49808
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Lead Directorate: Health

GBC18/821

Portfolio/s: Minister for Health and Wellbeing

ISSUE: WASTEWATER REPORT (INCLUDING FENTANYL)

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

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

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

Key Information

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

Cleared as complete and accurate: 19/11/2018
Cleared by: Director Ext: 71781
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Lead Directorate: Health

GBC19/23

Portfolio/s: Health and Wellbeing

ISSUE: National Code of Conduct for Health Care Workers

Talking points

- The National Code of Conduct for Health Care Workers (the Code) was agreed by the Council of Australian Governments (COAG) Health Council in 2015.
- The decision required each jurisdiction to enact new, or amend existing, legislation and regulations to implement the Code. The Code will protect the public by providing nationally agreed standards of conduct and practice for health care workers, and enables the Health Services Commissioner (the Commissioner) to investigate complaints and impose sanctions on those who breach the Code.
- The Code will cover workers who are not registered under the National Registration and Accreditation Scheme for health practitioners, as well as registered practitioners providing services unrelated to their registration (for example, a nurse practising as a herbalist or homeopath).
- The vast majority of health care workers practise in a safe, competent and ethical manner. However, it is important that there is a robust set of standards and regulations in place to guide practitioners and protect the community.
- Implementation of the Code will enable the Commissioner to investigate complaints and take action in circumstances where the community may be put at risk.
- In the ACT, the Code will be implemented by making amendments to the *Human Rights Commission Act 2005*.
- The ACT has taken a considered and consultative approach to implementing the Code. ACT community consultation was conducted in August 2018, including targeted consultation to over 60 stakeholders outside government. Eight submissions were received and considered.

Cleared as complete and accurate:	05/02/2019	
Cleared by:	Executive Director	Ext: 49808
Information Officer name:	Amber Shuhyta	
Contact Officer name:	Nicole Kefford	Ext: 49723
Lead Directorate:	Health	

- A further round of consultation was conducted between 6 December 2018 and 4 February 2019. All feedback received by the ACT Health Directorate will be considered before a response is put to Government.

Key Information

- The Code has standards against which to assess a health care worker's conduct and practice in the event of a complaint or serious adverse event, including to:
 - provide health services in a safe and ethical manner;
 - have client consent before providing a health service;
 - not claim that they can cure cancer or other terminal illnesses;
 - not misinform clients about matters such as the efficacy of the service they are providing or their qualifications;
 - provide accurate advice;
 - not exploit their clients, either through financial or sexual misconduct;
 - mitigate harm to the client if an adverse event occurs in connection with the health service they are providing;
 - control infection and taking appropriate action when they have been diagnosed with a transmissible medical condition;
 - not practise while under the influence of intoxicating or unlawful substances;
 - seek advice about how, or whether, they should provide a health service if they have a physical or mental impairment, disability, condition or disorder (including an addiction);
 - comply with privacy laws, keep records and have appropriate insurance;
 - report concerns about the conduct of another health care worker if they believe they have put a client at risk or failed to comply with the Code; and
 - display the code and information about making a complaint on their premises, where clients can easily see it.
- The National Code is designed as a 'light touch' regulatory system, which does not restrict entry to unregistered health care workers practising their professions or require them to be registered.
- It is a 'negative licensing' scheme, which enables action to be taken against an unregistered health care worker who fails to comply with proper standards of conduct or practice and places the community at risk.
- The Commissioner will be able to:
 - receive and investigate complaints about a breach of the Code;

Cleared as complete and accurate: 05/02/2019
Cleared by: Executive Director Ext: 49808
Information Officer name: Amber Shuhyta
Contact Officer name: Nicole Kefford Ext: 49723
Lead Directorate: Health

- issue interim orders prohibiting a health care worker from providing a health service or setting conditions on that service, of up to eight weeks, while they are conducting an investigation;
 - issue public warnings during an investigation to alert the public early in relation to risks of particular health treatments and providers;
 - issue final prohibition and condition orders, and to make public statements about a health care worker who is subject to an order following an investigation; and
 - enforce an order issued in another state or territory where that prohibition order corresponds (or substantially corresponds) to the type of prohibition order that can be made in the ACT.
- Before the Commissioner makes an order, they must find that the health care worker has both breached the Code and poses a serious risk to the health and safety of members of the public.
 - Any investigation would be conducted under the principle of natural justice, and decisions will be reviewable by the ACT Civil and Administrative Tribunal (ACAT).
 - The Code will also establish offence provisions for any person who does not comply with an order.
 - The Commissioner will be able to vary or cancel a prohibition or condition order, and must keep a public register.
 - In June 2013, the Standing Council on Health, the precursor to the COAG Health Council, agreed in principle to strengthen state and territory health complaints mechanisms, by implementing a single national code of conduct for unregistered health practitioners in each jurisdiction, a nationally accessible register of prohibition orders, and mutual recognition arrangements between states and territories to support national enforcement of the Code. National consultations were held in all states and territories the following year, in conjunction with local health departments, to seek public comment on the terms of a draft code. Over 100 submissions were received.
 - The final document, the National Code of Conduct for Health Care Workers, was agreed by the COAG Health Council in 2015.

Cleared as complete and accurate: 05/02/2019
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Lead Directorate: Health

GBC19/23

Portfolio/s: Health & Wellbeing

ISSUE: ACT HEALTH TERRITORY-WIDE HEALTH SERVICES STRATEGY

Talking points:

- Work on the Territory-wide Health Services Strategy (the Strategy) is nearing completion and the Territory-wide Health Services Advisory Group has provided feedback final feedback on the Strategy.
- The revised Strategy will be considered by the Directorate Leadership Committee and then will be put to Minister/s for final endorsement.
- Implementation of the Strategy will be phased in from early 2019 to take full advantage of the development of the two new organisations and the recruitment of a new leadership team.
- Feedback to date from ACT Health staff and the Advisory Group indicates a high level of support for the refreshed Strategy.
- An ACT Health Strategic Framework is being finalised which provides an anchor for ACT Health's vision and a foundation for a person-centred, innovative and high performing health system for the Territory.
- The development of the Specialty Services Plans (SSPs) is also progressing well. There are approximately 46 SSPs in total in development. This includes 40 specialty services and six core services such as pathology and pharmacy.
- The progress of the development of all SSPs, including the Mental Health SSP is in two phases:
 - **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;

Clinicians have had the opportunity to provide further input and feedback as the format of the document has changed.

Cleared as complete and accurate:	06/02/2019	
Cleared by:	Deputy Director-General	Ext: 59010
Information Officer name:	Leonie McGregor	
Contact Officer name:	Leonie McGregor	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: 06/02/2019
Cleared by: Deputy Director-General Ext: 59010
Information Officer name: Leonie McGregor
Contact Officer name: Leonie McGregor Ext: 59010
Lead Directorate: Health

GBC19/23

Portfolio/s: Health and Wellbeing

ISSUE: CHEMOTHERAPY CO-PAYMENTS

Talking points:

- On 4 July 2018, the Chief Minister announced that the ACT Government would meet the costs of co-payments for chemotherapy for cancer, and that patients would no longer be directly charged.
- From 6 August 2018, ACT Health (now Canberra Health Services (CHS)) began covering the co-payment for patients requiring injectable and infusible chemotherapies in ACT public hospitals (the Chemotherapy Scheme).
- The ACT Government has since also committed to covering the co-payment for oral chemotherapy medications dispensed through ACT public hospitals.
 - There were initially some administrative issues with meeting the cost of oral chemotherapy medication in public hospitals between 6 August 2018 and 23 October 2018. These issues are now resolved.
 - All affected patients have been contacted by CHS or Calvary Public Hospital Bruce, and reimbursement or credit arranged.
- The Government acknowledges there are challenges involved in covering the co-payment for oral chemotherapy medications dispensed through community pharmacies and is continuing to investigate options to cover the cost of co-payments that occur outside the ACT public hospital setting. This includes on-going discussions with the Pharmacy Guild of Australia.

Background Information

- The ACT Government's chemotherapy scheme was initially implemented to cover the cost of chemotherapy medication co-payments for infusible and injectable medications only.

Cleared as complete and accurate: 31/01/2019
Cleared by: Executive Director Ext: 52439
Information Officer name: Patrick Henry
Contact Officer name: Marc Emerson Ext: 49716
Lead Directorate: Health

- Historically, all oral chemotherapy medication for cancer patients dispensed from ACT public hospitals attracted a co-payment which were paid by the patient. As a result, patients have been receiving invoices for oral chemotherapy medications.

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Cleared by: Executive Director Ext: 52439
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Lead Directorate: Health

GBC19/23

Portfolio/s: Health and Wellbeing

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

Talking points:

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

Key Information

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

Cleared as complete and accurate: 06/02/2019
Cleared by: Deputy Director-General Ext:49190
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Contact Officer name: Emm Dale Ext:49706
Lead Directorate: Health

GBC19/23

Portfolio/s: Health and Wellbeing**ISSUE: NURSES AND MIDWIVES: TOWARDS A SAFER CULTURE****Talking points:**

- In December 2018, the Minister for Mental Health and I launched ACT Health's strategy to improve the workplace health and safety of nurses and midwives.
- The *Nurses and Midwives: Towards a Safer Culture – The First Step Strategy* outlines ACT Health's vision of an ACT public health care system where staff, patients, and visitors are protected from harm and feel safe at all times.
- Two dedicated, senior nurse project officers have been recently appointed to implement a range of strategies for Nursing and Midwifery, and Mental Health.
- The Strategy is being led by ACT Health and will encompass Canberra Health Services, the University of Canberra Hospital, and Calvary Public Hospital Bruce.
- Engagement with executive nursing staff across the three workplaces has commenced to raise awareness of the Strategy.
- A Resilience Workshop will be held during February 2019. The workshop is available to all nurses, midwives and assistants in nursing (AINS). Information has been sent to executive nursing staff across the three workplaces for distribution.

Key Information

- The Strategy, Implementation Plan and Discussion Paper are available on the ACT Health website.
- The purpose of the Strategy is to provide a safe and healthy environment; an environment where our staff and all persons who enter ACT Health workplaces are protected from harm and feel safe at all times.

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Contact Officer name: Pieta McCarthy Ext: 49554
Lead Directorate: Health

TRIM Ref: GBC19/23

- 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.

Background Information

- Workplace violence and aggression is a global problem confronting all health care workers and a major focus for health services as they strive to provide for the health and safety of workers within diverse and dynamic workplace environments.
- Nurses and midwives, at the forefront of health care delivery, are the largest health care group exposed to Occupational Violence and Aggression (OVA). Research suggests significant under-reporting due to multiple factors, including complex reporting systems and a culture normalisation of OVA (Victorian Auditor General, 2015; Hogarth et al., 2016).

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GBC19/23

Portfolio/s: Health and Wellbeing**ISSUE: SENIOR MANAGEMENT UPDATE AT ACT HEALTH, CALVARY AND CANBERRA HEALTH SERVICES****Talking points:**

- The ACT Chief Health Officer will commence in a new role on 12 March 2019 as the Chief Medical Advisor, Health Products Regulation Group. Dr Paul Kelly held the role of ACT Chief Health Officer for the past eight years, dedicating his time to bettering the health of the ACT population through a range of protection, prevention and promotion activities. A further announcement will be made in the coming weeks about arrangements for the Chief Health Officer role going forward.
- 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.
- After joining Calvary as Chief Executive Officer of Calvary Public Hospital Bruce (CPHB) in December 2017, Ms Barbara Reid was appointed as Calvary ACT Regional Chief Executive Officer (CEO) in August 2018.
- The previous position of CEO of CPHB is now titled General Manager, CPHB. Mr Mark Dykgraaf commenced in this position on 17 December 2018. Mr Dykgraaf was formally the Chief of Clinical Operations at Canberra Health Services.
- On 16 July 2018, the Office of Professional Leadership was created within Health Policy and Strategy division of ACT Health, aligning the reporting lines for the professional leadership roles of Chief Medical Officer (CMO), Chief Nursing and Midwifery Officer (CNMO), and Chief Allied Health Officer (CAHO).
- The ACT Chief Medical Officer position was advertised as a six month temporary contract on 15 November 2018, with applications closing on 29 November 2018. A long-term recruitment process will commence in the second quarter of 2019.

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Contact Officer name: Jacob Fell Ext:49349
Lead Directorate: Health

- The ACT Chief Nursing and Midwifery position was advertised as a six month temporary contract on 1 February 2019, with applications closing on 5 February 2019. A long-term recruitment process will commence in the second quarter of 2019.

Key information

Calvary

- The revised structure embraces Calvary's four services – Public Hospitals, Private Hospitals, Aged Care, and Community Care, across the jurisdictions where services are provided.
- Robust governance arrangements are in place for funding public health services delivered by Calvary, to ensure accountability and transparency of funding arrangements.

Office of Professional Leadership

- The Office of Professional Leadership has a critical role in fostering a high performance culture through the ACT Health system by creating an environment for consistent, high quality clinical standards and multi-disciplinary collaboration.
- The Office plays a key role in:
 - Identifying trends in the delivery of health services and workforce across the ACT
 - Encouraging leadership and strategic direction for the clinical workforce
 - Collaborating with other areas that lead whole of ACT health strategy and planning functions, both within the Health Directorate, Canberra Health Services
 - Leading and maintaining high professional standards, recruitment and education required under the National Registration and Accreditation Scheme (NRAS)
 - Providing expert, strategic, timely advice on emerging issues at the local, state, national and international levels; and develops policies and initiatives which support the delivery of health priorities and achievement of government health objectives
 - Guiding and promoting research and continuous improvement of professional practice
 - Representing the Territory on relevant national forums.
- On 1 October 2018, the reporting lines for the CMO, CNMO and CAHO were aligned to the Deputy Director-General, Health Systems Policy and Strategy within the ACT Health Directorate.

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Clinical and Professional Leadership Roles – ACT Health Directorate

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

Background Information

Difference Between Roles – ACT Health Directorate and Canberra Health Services

- The CMO previously had hospital based operational responsibilities for supervision and provision of clinical services. These responsibilities are now managed by the Executive Director of Medical Services in addition to other responsibilities such as GP and Primary Health, Health Technology Management, Medical Imaging, Pharmacy and Pathology. This in keeping with operating models in other states and jurisdictions.
- The CMO role is responsible for developing a collaborative and strategic approach to medicine for the ACT and at a national level. The role is responsible for setting the strategic, professional and workforce oriented agenda for medicine in the ACT including the creation and maintenance of effective clinical governance policy in

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relation to medicine and continuous improvement of medical practice to improve clinical and health system outcomes and drive system wide improvement.

- The CNMO role previously combined the role of Executive Director Nursing & Midwifery and Patient Support Services, which is a hospital based, operational role; with that of the CNMO which is a territory wide, professional leadership role. The CNMO role is no longer responsible for the hospital based aspects of the position allowing it to focus on strategic workforce and professional matters across the territory. The two roles will work closely together to ensure consistency of professional practice and standards.
- The Executive Director Nursing & Midwifery and Patient Support Services is an operational role providing professional supervision and direction to nursing and midwifery staff. The Executive Director Nursing & Midwifery and Patient Support Services will focus on matters such as rostering and resourcing for Canberra Health Services, implementation of quality and safety improvement programs, management of nursing and ward support services.
- Having the CMO, CNMO and CAHO together in one functional area helps to promote multi-disciplinary and integrated health care across the ACT health system.

Canberra Times article of 22 July 2018

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 hospitals in the ACT came into effect on 3 September 2018, with an eight week transition period taking place.
- The changes to management are not expected to impact upon inpatient services at the public 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.

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Lead Directorate:	Health	

GBC19/23

Portfolio/s Health & Wellbeing

ISSUE: CONSULTANCY CONTRACTS LED BY ACT HEALTH AND CHS

Talking points:

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

Key Information

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

Cleared as complete and accurate: 05/02/2018
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TRIM Ref: GBC19/23

GBC19/23

Portfolio/s: Health and Wellbeing

ISSUE: NGO FUNDING AND PROCUREMENT OF SERVICES FROM COMMUNITY SERVICES

Talking points:

- Community organisations do a lot of good work that complements the public health system to better support people in managing their health.
- In December 2018 ACT Health informed service providers of funding arrangements beyond the current contract period.
- Consumers can be assured of service continuity beyond the current contract period.

Key Information

- ACT Health Directorate funds services that improve health outcomes and complement and support services delivered directly by the public health system.
- The majority of 2016-19 service funding agreements expire on 30 June 2019.
- To provide continuity of access to services for consumers and provide greater certainty to current service providers, in December 2018 ACT Health informed the majority of these service providers that their contracts will be extended for a further three years.
- The contract variation process provides an opportunity to update aspects of contracts, in negotiation with each service provider.
- Negotiations will occur during February and March 2019.

Cleared as complete and accurate: 23/11/2018
Cleared by: Executive Director Ext: 79143
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GBC19/23

Portfolio/s: Health and Wellbeing

ISSUE: BED NUMBERS AND BED OCCUPANCY

Talking Points

- Bed occupancy is a measure of the efficient use of resources available for hospital services.
- Bed occupancy figures fluctuate hourly, daily and monthly, and also vary substantially with the level of demand experienced across each hospital campus.
- ACT public hospitals achieved a bed occupancy rate of 86 per cent for the 2017-18 financial year. This is comparable to previous years.
- During 2017-18, the aim was to maintain bed occupancy levels at 90 per cent.
- For the 2018-19 financial year to 2 January 2019, the bed occupancy and the number of beds, based on the average per day, were:
 - Canberra Health Services – 92 per cent based on an average physical bed capacity of 666 beds;
 - University of Canberra Hospital – 85 per cent based on an average physical bed capacity of 83 beds (since 17 July 2018); and
 - Calvary Public Hospital Bruce (CPHB) – 65 per cent based on an average physical bed capacity of 277.
- The overall occupancy was 84 per cent on an average of 1,026 beds.
- The National Average Length of Stay in hospital for overnight patients during 2016-17 was 5.3 days. The average length of stay of overnight patients in CHS was 5.6 days, and CPHB, 5.1 days.
- During 2017-18 there were 55,364 overnight separations. This is an increase compared to 54,431 during 2016-17, and 51,685 during 2015-16.

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GBC19/23

Portfolio/s: Health and Wellbeing

ISSUE: EMERGENCY DEPARTMENT DEMAND

Talking points:

- ACT Health has a focus on delivering emergency services within clinically recommended timeframes.
- In the last 12 months, there was an increase in Emergency Department presentations from 85,093 in 2016-17 to 88,661 in 2017-18, representing a 4.1 per cent increase in the total number of presentations to the Emergency Department year on year.
- ACT Emergency Departments achieved the 'seen on time' target for category one and five patients during 2017-18.
- The key target area for improvement in the ED over the past 12 months was reducing the time to be seen for emergency triage categories two to four. This target was not achieved in 2017-18 due to the increase in demand for emergency department services, the unprecedented winter season demand, and the higher number of more clinically urgent and complex patient presentations.
- The first quarter of 2018-19 is showing some improvement with 77 per cent of emergency triage category two patients seen on time, up from 76 per cent the previous quarter and 47 per cent of emergency triage category four patients seen on time, up from 45 per cent the previous quarter.
- Improvements in ED performance overall continues to be a focus.

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Key Information

- The 2018-19 budget has provided funding for a number of full time equivalent frontline staff, including additional nursing staff, allied health professionals and medical officers.
- Several strategies to assist in managing the increase in demand have been implemented, including dedicated winter plans which incorporate additional beds and staffing, daily operational strategies to improve patient flow and discharge, and public education to inform the community about appropriate use of the Emergency Department and the alternative services available to the community.
- This will assist ACT Health to improve access to emergency services and care, reduce the waiting times experienced by patients, and assist to optimise the seamless transfer of patients to the most appropriate clinical environment. This will result in better health outcomes and experiences for patients in the ACT and surrounding NSW region.

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Portfolio/s: Health and Wellbeing

ISSUE: Half Yearly Performance Reports: Canberra Health Services, Health Directorate and Local Hospital Network

Talking points:

- Half Yearly Performance Reports for Canberra Health Services, ACT Health Directorate and Local Hospital Network (LHN) will be tabled in the Legislative Assembly on Thursday 14 February 2019.
- There were some major variances within Statements of Performance and recorded output.

Key information

Canberra Health Services

- *Output 1.1 - Acute Services:*
 - *Output 1.1.c – Emergency Services* - was 5 per cent below target. Emergency Department (ED) presentations and acuity increased considerably from 2016 to 2017, partly due to a severe flu season resulting in a high volume of respiratory related conditions. Although ED activity remains at historically high levels, the rate of increase seen in recent years has not occurred in the current reporting period, partly due to a milder flu season.
 - *Output 1.1.e. - Sub Acute Services* - was 24 per cent higher than the target due mainly to Rehabilitation Care seeing an 18 per cent increase, reflecting the opening of University of Canberra Hospital.
- *Output 1.2 Mental Health, Justice health and Alcohol and Drug Services:*
 - *Output 1.2.b - Children and youth mental health program community service contacts* - was 20 per cent higher than the target due to higher demand and staff levels, particularly in the acute areas. The program has been expanded through the Youth Mental Health Assertive Outreach and Expansion of the Perinatal Mental Health Service budget initiatives.
 - *Output 1.2.c - Mental Health Rehabilitation and Specialty Services* - was 24 per cent higher than target due mainly to demand for rehabilitation and specialty mental health services.
 - *Output 1.2.f - Justice Health Services community contacts* - was 10 per cent lower than target largely due to adjustments in clinical and

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operational practices resulting in less occasions of service.

- **Output 1.4 Cancer Services:**
 - *Output 1.4.c – Number of breast screens for women aged 50 to 74 – was 23 per cent higher than the target due to an increase in the age group from 50-69 years to 50-74 years. The target was not adjusted for this cohort.*
 - *Output 1.4.e - percentage of screened patients who are assessed within 28 days - was 10 per cent lower than target was impacted by program capacity as well as client choice. Screening capacity in October and November increased significantly with the engagement of locum radiographers. This resulted in an increase in the number of women recalled for assessment. This in turn exceeded available assessment appointments and resulted in some women exceeding the 28 day timeframe.*
- **Output 1.5 Rehabilitation Aged and Community Care:**
 - *Output 1.5.b - Number of allied health regional services - was 14 per cent below target reflecting reductions in activity due in part to staff vacancies and unplanned personal leave. Physiotherapy occasions of service are also down due to an increase in group sessions.*
 - *Output 1.5.c - Mean waiting time for clients on the dental services waiting list - was 17 per cent higher than target reflecting a decrease in Commonwealth National Partnership Agreement funding of 62.5 per cent. This indicator will be reviewed to consider the impact of this reduction.*

Health Directorate and LHN

- **Output 1.3 Population Health:**
 - *Output 1.3.a - Samples analysed - was 11 per cent higher than the target due to the achievement of processing of a backlog of data, particularly in the areas of Environmental and Forensic chemistry.*
 - *Output 1.3.b - Total number of inspections and proactive site visits of food business - was 28 per cent lower than target due to staff shortages, as a result of resignations, temporary transfers and unplanned leave. Recruitment is underway to fill vacant positions.*
 - *Output 1.3.d - Number of It's Your Move schools recruited to the Program - was 217 per cent higher than target due to the increasing popularity of the program. This results from a significant increase in the number of schools participating in the program.*
- **Output 1.1 Acute Services**
 - *Output 1.1.f – Calvary Services – NWAU (out of scope) - was 11 per cent lower than target due to a shift in patient case mix to lower weighted clinics.*

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- *Output 1.1 Local Hospital Network*
 - *Acute Admitted Mental Health Services (LHN - 1.1.d)*- was 5 per cent higher than target due to a higher number of separations than anticipated. The largest increase in service volume was observed in treatment for personality disorders and eating and obsessive-compulsive disorders at Canberra Health Services.
 - *Sub-Acute Services (LHN - 1.1.e)* - was 17 per cent higher than target due to an increase in separations particularly in rehabilitation as a result of the opening of University of Canberra Hospital.
 - *The Percentage of mental health clients with outcome measures completed (LHN - 1.1.g)* - was 11 per cent higher than target due to service managers having a focus on monitoring completion rates with front line staff. Changes to the indicator (for example, measuring change scores in outcome measures rather than completion rates) are being considered as part of the current development of the ACT mental health reporting framework.

Background information

- Director-Generals (DG) and Chief Executive Officers (CEO) are responsible for delivering outcomes for the provision of services. Each DG / CEO is responsible to their Minister for the delivery of outcomes and for the provision of outputs as specified in each agency's budget papers.
- Performance indicators provide a succinct and transparent means by which ACT Government entities can present their performance and in so doing be held accountable.
- Section 30(E) of the *Financial Management Act 1996* requires Ministers to prepare a half-yearly performance report for each directorate for which the Minister is responsible and report to the Legislative Assembly within 45 days of the end of the December period. This report must include:
 - a. A progress report on delivery of outputs; and
 - b. An explanation of any significant variations from performance criteria.

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GBC19/XX

Portfolio/s: Health and Wellbeing**ISSUE: Resignation of Chief Health Officer – Dr Paul Kelly****Talking points:**

- Chief Health Officer, Dr Paul Kelly, has recently accepted a new role with the Australian Government Department of Health as the Chief Medical Advisor, Health Products Regulation Group.
- Dr Kelly has held the role of ACT Chief Health Officer for the past 8 years. In that time, he has contributed greatly to the health of our community through a range of protection, prevention and promotion activities.
- I would like to take the opportunity to thank Dr Kelly for the leadership and commitment he has shown in the role of Chief Health Officer, and for his dedication to improving the health of Canberrans.
- Some examples of Dr Kelly's achievements in the role, include:
 - The Healthy Weight Initiative and related health promotion programs, which have contributed to successfully reversing the upward trend of overweight and obesity in children in the ACT.
 - The re-imagined biennial Chief Health Officer's Report - Healthy Canberra, and the associated HealthStats ACT website, which provides excellent information on the health of the ACT population.
 - Expansions to immunisation programs, including the introduction of new ACT funded vaccines and new initiatives to increase vaccination rates such as pharmacist vaccination.
 - New approaches to communicable disease outbreak management in aged and childcare facilities and schools.
 - A range of new harm minimisation approaches in relation to alcohol, tobacco and other drugs, including leading the whole of government approach to allow pill testing in the ACT - an Australian first - and a range of initiatives to reduce the harm associated with smoking.

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Lead Directorate: Health

- Dr Kelly's decision to move on from ACT Health is a matter for him. However, after eight years in the Chief Health Officer role, he is moving to a prominent role in the Australian Government, and we wish him the very best.
- The Chief Health Officer position is an important leadership role across the ACT Health public health system.
- Dr Kelly will be finishing with ACT Health in early-March, and arrangements for the role going forward will be put in place shortly.
- The recruitment process to appoint a new Chief Health Officer will commence as soon as possible.

Background Information

- On Friday 8 February 2018, the Director-General of ACT Health Michael De'Ath, announced the resignation of Dr Kelly in an all staff message. This announcement coincided with the announcement of his appointment to the Australian Government by Glenys Beauchamp, Secretary of the Federal Department of Health.
- Dr Kelly's resignation has received media attention from The Canberra Times and ABC Radio Canberra.

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GBC19/23

Portfolio/s: Health and Wellbeing

ISSUE: INTENSIVE CARE BED CAPACITY

Talking points:

- As our city is growing and our community is getting older, our hospitals are treating people with more complex conditions.
- This is not an issue that is unique to Canberra. Across Australia, hospitals are experiencing pressures from increased demand for critical care services, like those provided by our intensive care units (ICU).
- While the new SPIRE Centre at Canberra Hospital will expand ICU capacity, early planning work has identified that capacity in the ICU will be required ahead of SPIRE's completion.
- To respond, the Government is currently considering options to manage ICU capacity in the medium term. This includes strategies that address key pressures, such as physical capacity and workforce shortages.
- This work builds on the investments the Government made in last year's Budget to enable the hospital to better manage periods of high demand, with more resources for acute care in peak times, such as the winter flu season.
- Canberrans can be assured that should they or a loved one require urgent treatment they will receive it.
- Canberra Hospital and Calvary Public Hospital Bruce have well established systems and processes in place to appropriately manage periods of high demand.
- This includes rostering of additional staff to ensure clinically safe staff-to-patient ratios and working together across the system to manage ICU patients.
- Patients will continue to receive high quality care as the planning and construction of SPIRE progresses.

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Key Information

- The Canberra Hospital has a level 3 tertiary referral centre ICU with 31 physical beds.
- The Calvary Public Hospital has a level 4 tertiary referral centre ICU with 8 beds.
- In periods of high demand, Canberra Hospital and Calvary work closely together to manage ICU demand. This can include the transfer of patients where clinically safe to do so.

Background Information

- On Monday 18 February, ABC Canberra published the online article: [Canberra Hospital's intensive care unit could run out of beds from October, senior planner reveals](#).
- The story states that the Government has been advised that the Canberra Hospital ICU may be unable to accept urgent admissions as early as October, due to a "critical risk" of reaching capacity. The story also states that planning for the SPIRE Centre had identified a 200 bed surgical bed shortfall.
- The media reports follow the release of internal documents through a Freedom of Information request from the ACT Opposition. The documents included:
 - a brief from the former A/g Chief Clinical Operations and SPIRE Executive Sponsor, Mark Dykgraaf, which outlined issues pertaining to the number of surgical inpatients beds in SPIRE, and a concept brief; and
 - a concept brief, which outlined issues relating to ICU bed capacity at Canberra Hospital.

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Portfolio/s: Health and Wellbeing

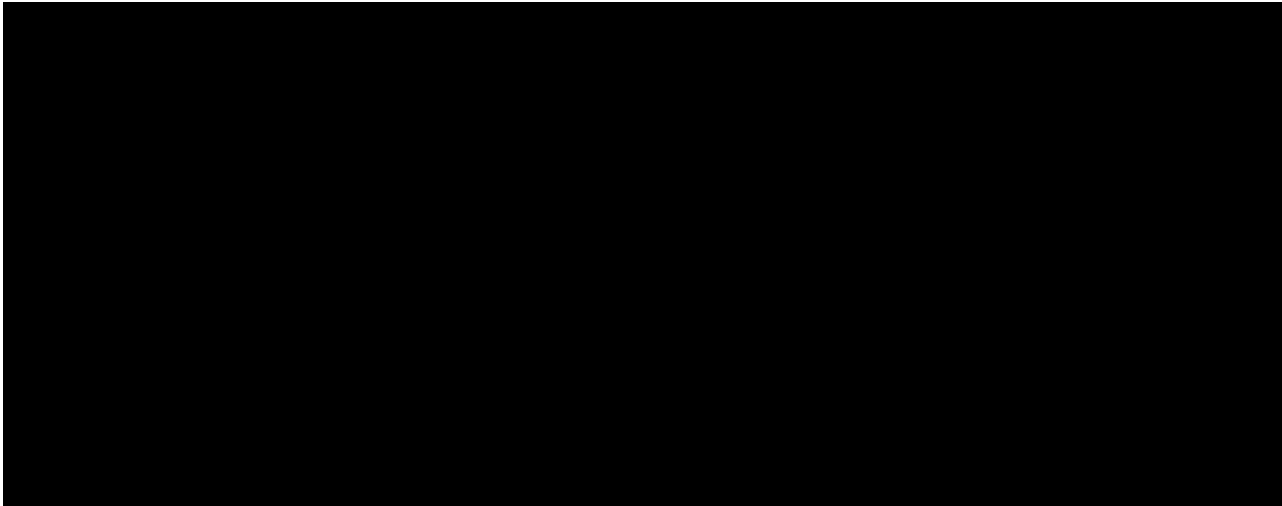
ISSUE: Canberra Times article – 17 February 2019 [REDACTED]

Talking points:

- Calvary appreciates the sadness associated with the loss of a family member and extends their sympathy to [REDACTED].
- At all times Calvary staff are committed to providing the best possible care to patients.

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Cleared by: Deputy Director-General Ext: 49799
Information Officer name: Karen Doran
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GBC19/23

Portfolio/s: Health and Wellbeing

ISSUE: SURGICAL PROCEDURES, INTERVENTIONAL RADIOLOGY AND EMERGENCY (SPIRE) – FOI18/125

Talking points:

- Reports on bed numbers at the new Surgical Procedures, Interventional Radiology and Emergency (SPIRE) Centre are pre-emptive, with bed numbers still to be finalised as part of territory-wide planning underway.
- Following December’s announcement of SPIRE’s location on the north-eastern side of the Canberra Hospital campus, SPIRE is now entering its next phase of project development. This includes more advanced planning; the commencement of early design works; and more intensive engagement with the clinical workforce.
- While the SPIRE development progresses, ACT Health is working closely with key stakeholders including Calvary Public Hospital to explore an expansion of health services and infrastructure in Canberra’s north.
- Canberra’s north is rapidly growing. To future-proof our healthcare system and as part of a territory-wide approach to health services and infrastructure planning, we are undertaking a northside hospital services scoping study, which will explore health service and infrastructure options across Canberra’s north. This territory-wide planning will ensure the health system has capacity to meet future demand for hospital services, including bed numbers.
- The new SPIRE Centre is a major health infrastructure project for Canberra and the surrounding region. It is a \$500 million investment by the ACT Government that will transform the Canberra Hospital campus and enhance the delivery of acute hospital services with increased capacity.
- Construction on SPIRE is expected to commence in 2020, with SPIRE planned for completion in 2023-24.

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Cleared by: Deputy Director-General Ext:
Information Officer name:
Contact Officer name: Regan Elfving Ext: X49854
Lead Directorate: Health

Background Information

- On 3 January 2019, ACT Health Directorate accepted transfer of an access application Mrs Dunne submitted to Canberra Health Services under the Freedom of Information Act 2016 (the Act). In the application Mrs Dunne requested:
 - Reports or similar documents prepared for either the Director-General of ACT Health Directorate or the CEO of Canberra Health Services regarding progress of the SPIRE project from 1 October 2018 to 1 January 2019.
 - Correspondence between either Canberra Health Services or ACT Health Directorate and the office of the Minister for Health and Wellbeing's from 1 October 2018 to 1 January 2019.
 - A communications strategy for the SPIRE project and correspondence between either Canberra Health Services or ACT Health Directorate and the office of the Minister for Health and Wellbeing regarding the communications strategy from 1 October 2018 to 1 January 2019.
 - Communications to all Canberra Health Services staff including clinical staff, as well as unions and professional organisations regarding changes to the SPIRE project dated from 1 October 2018 to 1 January 2019.
- The documents released contain an outline of an alternative proposal to the SPIRE project from the perspective of the former Chief of Clinical Operations and includes discussion of some of the operational challenges between now and completion of SPIRE project.

Cleared as complete and accurate: 12/02/2019
Cleared by: Deputy Director-General Ext:
Information Officer name:
Contact Officer name: Regan Elfving Ext: X49854
Lead Directorate: Health

ISSUE: MATERNITY SERVICES IN THE ACT

Talking points:

- The ACT Government continues to make maternity services in the ACT a priority.
- Over the next three years the ACT Government has committed \$65.5 million to continue the expansion of the Centenary Hospital for Women and Children (CHWC) to provide additional capacity and support for maternity and paediatric services.
- I have provided a submission to the current Inquiry into Maternity Services in the ACT. I understand that the Committee will be visiting the CHWC and Calvary Public Hospital Bruce (CPHB) maternity units in late February/early March 2019.
- I look forward to receiving the Committee's report and considering its findings as we expand and improve maternity services in the ACT.

Key Information

- On 18 September 2018 an inquiry into maternity services in the ACT was announced by the Chair of the Standing Committee on Health, Ageing and Community Care, Mr Michael Pettersson MLA.
- Minister Fitzharris provided a submission to the Inquiry on 20 December 2018. Prepared by the ACT Health Directorate, this was informed by advice from Canberra Health Services and CPHB.
- The Committee will visit the CHWC and CPHB in late February and early March 2019 respectively.

Cleared as complete and accurate: 25/01/2019
Cleared by: Executive Director Ext: 49808
Information Officer name: Patrick Henry
Contact Officer name: Paul Wyles Ext: 49751
Lead Directorate: Health

Background Information

- Maternity services at public hospitals in the ACT are provided in a multidisciplinary team model offering women a variety of options for their care during pregnancy, birth, and postnatally. The available options include general practitioner shared care; midwife led care; private midwife led care; and obstetrician led care.
- The safety and quality of the maternity care provided by Canberra Health Services is assured through a comprehensive clinical governance system involving the Division of Women, Youth and Children Quality and Safety Committee, Maternity Quality and Safety Committee, and the Perinatal Mortality and Morbidity Committee. The divisional committee reports to the Canberra Health Services Executive Committee and the Canberra Health Services Clinical Review Committee.

Summary of Maternity Care Options Across CHWC and CPHB

Care options	CHWC	CPHB
General practitioner shared care	✓	✓
Continuity of midwifery care	✓	✓
Private midwifery led care	✓	✓
Obstetrician led care	✓	✓
Maternity assessment unit	✓	✓
Early pregnancy assessment unit	✓	✓
Postnatal care	✓	✓
Low and acceptable risk factor pregnancies	✓	✓
Neonatal special care	✓	✓
Neonatal intensive care	✓	X
High risk factor pregnancies	✓	X

Issues

Demand for Maternity services in the ACT

- There has been significant media coverage of maternity services in the ACT and, in particular, the demand levels and the impact of that demand on staffing levels and morale. Birthing events at CHWC have increased from 2,743 in 2010-11 to 3,561 in 2016-17 (annual growth of 4.5 per cent). Increases in beds over this period have been made in line with the increase in demand.
- Canberra Health Services acknowledges the concerns raised last year by some staff at CHWC. Canberra Health Services has been working with staff and their representatives to ensure they are supported and their concerns are addressed appropriately. All issues of any nature raised by staff are fully investigated.
- Canberra Health Services recognises that all staff at CHWC are caring people who want to provide the very best care for women and their families.

- The table below shows the distribution of births across maternity services in the ACT, by month for 2017.

Month of birth (2017)	Canberra Hospital	Calvary Bruce Public	Calvary John James	Calvary Bruce Private	Private Homebirth	ACT
January	334	155	89	4	0	582
February	289	123	78	4	0	494
March	318	140	84	6	1	549
April	291	129	73	2	0	495
May	308	133	82	5	0	528
June	288	133	90	6	1	518
July	306	128	86	1	1	522
August	325	148	64	2	0	539
September	351	133	57	0	0	541
October	325	133	97	2	0	557
November	315	125	64	4	1	509
December	290	99	72	2	0	463
Total	3740	1579	936	38	4	6297
Monthly average	311.7	131.6	78	3.2	0.3	524.8

ISSUE: INDEPENDENT REVIEW INTO ACT HEALTH'S CULTURE

Talking points:

- Together with the Minister for Health and Wellbeing, I have been extremely clear around my expectation for a positive culture in the delivery of public health care in the ACT.
- The Government has a zero tolerance for bullying and harassment.
- Since March 2018, there has been significant work undertaken within our public health system to improve culture and governance, and to build an environment of genuine engagement.
- I have seen significant improvements in workplace culture since this time.
- 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.
- The Terms of Reference (released on 21 September 2018) for the Independent Review required the appointed Panel to deliver an interim report to the Minister for Health and Wellbeing by 31 January 2019, with a final report due on or before the end of March 2019.
- The Review Panel delivered its interim report by the due date, and this was subsequently publicly released by the Minister on 1 February 2019.

Cleared as complete and accurate: 08/02/2019
Cleared by: Director-General Ext: 50823
Information Officer name:
Contact Officer name: Vanessa Dal Molin Ext: 79532
Lead Directorate: Health

TRIM Ref: GBC19/20

- I welcome the Interim Report. The ACT Government has agreed to all recommendations in principle, noting that this is an interim report. We understand the importance of working with staff and stakeholders to put the final recommendations into practice in a way that drives the real change we need to see.
- Through the establishment of strong and transparent governance arrangements, we will ensure that implementation is efficient and effective, and that staff and stakeholders are appropriately engaged.
- I do not shy away from the fact that, at times, the Report makes difficult reading. It is disappointing to read that staff working in our public health system have experienced bullying, intimidation and harassment.
- The ACT Government invests significantly in the delivery of public health services to ensure safe, high quality healthcare for the ACT community and our surrounding region. In addition to taking care of our community, we are also working hard to ensure that our staff are looked after.
- With new Executive leadership teams being established across our three health services there is a strong commitment to developing a positive workplace culture. Signs of a shift in positivity are already being demonstrated, and it was pleasing to read in the Interim Report that there is cautious optimism by many within the service around the new leadership.
- The Interim Report also highlights the fact that the issue of culture within public health services is not unique to the ACT – it is a concern at a national level.
- The Review recommendations give us practical recommendations which provide us now with the opportunity to lead the nation in developing a positive workplace culture across our health systems.
- This Review has provided staff with the opportunity to be heard, to share their experiences, their stories and contribute in a positive way to real change.
- I would like to take this opportunity to thank Panel members, Mick Reid, Fiona Brew and David Watters for the extensive work they have undertaken throughout this process and I look forward to receiving the final report of the Review over the coming weeks.

Cleared as complete and accurate: 08/02/2019
Cleared by: Director-General Ext: 50823
Information Officer name:
Contact Officer name: Vanessa Dal Molin Ext: 79532
Lead Directorate: Health

TRIM Ref: GBC19/20

Key Issues:

Review Panel Profiles

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

Cleared as complete and accurate: 08/02/2019
Cleared by: Director-General Ext: 50823
Information Officer name:
Contact Officer name: Vanessa Dal Molin Ext: 79532
Lead Directorate: Health

TRIM Ref: GBC19/20

GBC19/20

Portfolios: Mental Health

ISSUE: ACT HEALTH ORGANISATIONAL REFORM

Talking points:

- A significant achievement this year was the transition of ACT Health into two organisations. In March 2018, the decision to create two health organisations with clear scope and accountabilities was announced.
- The ACT Health Directorate Executive Leadership Team, with the support of a dedicated Transition Office, were responsible for overseeing the transition planning and implementation.
- On 1 October 2018, two directorates were formally established, and ACT Health and Canberra Health Services became operational.
- Staff who deliver frontline health services to the Canberra community now come under the umbrella of a dedicated health services delivery organisation – Canberra Health Services.
- The ACT Health Directorate is now responsible for strategic policy, research and planning and will set the strategic direction for health services across the ACT.
- The creation of two health organisations has enabled a clearer focus on efficiency and effectiveness for clinical operations and enabled the ACT Health Directorate to undertake core strategy and system stewardship functions.
- This change is an essential evolution for our growing population and expanding health system and has also brought greater clarity about the distinct roles and responsibilities of frontline staff and corporate staff.
- For patients, consumers and their families, the transition has been a seamless one.

Cleared as complete and accurate: 07/11/2018
Cleared by: Executive Director Ext:
Information Officer name:
Contact Officer name: Vanessa Dal Molin Ext: 49401
Lead Directorate: Health

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

Key Information

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

Achievements

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

Cleared as complete and accurate: 07/11/2018
Cleared by: Executive Director Ext:
Information Officer name:
Contact Officer name: Vanessa Dal Molin Ext: 49401
Lead Directorate: Health

Project governance

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

Financial

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

Recruitment

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

Next Steps

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

Cleared as complete and accurate: 07/11/2018
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Lead Directorate: Health

GBC19/20

Portfolio/s: Mental Health

ISSUE: ACT HEALTH TERRITORY-WIDE HEALTH SERVICES STRATEGY

Talking points:

- Work on the Territory-wide Health Services Strategy (the Strategy) is nearing completion and the Territory-wide Health Services Advisory Group has provided final feedback on the Strategy.
- The revised Strategy will be considered by the Directorate Leadership Committee and then will be put to Ministers for final endorsement.
- Implementation of the Strategy will be phased in from early 2019 to take full advantage of the development of the two new organisations and the recruitment of a new leadership team.
- Feedback to date from ACT Health staff and the Advisory Group indicates a high level of support for the refreshed Strategy.
- An ACT Health Strategic Framework is being finalised which provides an anchor for ACT Health's vision and a foundation for a person-centered, innovative and high performing health system for the Territory.
- The development of the Specialty Services Plans (SSPs) is also progressing well. There are approximately 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 in two phases:
 - **Phase 1** has involved profiling the current services. Work to date has included stakeholder engagement with these service providers:
 - CHS service providers;
 - Calvary;
 - ACT Health GPs;

Clinicians have had the opportunity to provide further input and feedback as the format of the document has changed.

Cleared as complete and accurate:	06/02/2019	
Cleared by:	Deputy Director-General	Ext: 59010
Information Officer name:	Leonie McGregor	
Contact Officer name:	Leonie McGregor	Ext: 59010
Lead Directorate:	Health	

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

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Information Officer name: Leonie McGregor
Contact Officer name: Leonie McGregor Ext: 59010
Lead Directorate: Health

GBC19/20

Portfolio/s: Mental Health

ISSUE: ACT HEALTH SYSTEM-WIDE DATA REVIEW

Talking points:

- ACT Health undertook a System-Wide Data Review in 2017-2018 to address underlying issues around data and reporting, after it was unable to provide data on emergency department performance, elective surgery waiting times and mental health data for the 2017 Report on Government Services.
- The ACT Health System-Wide Data Review is complete, with the Minister for Health and Wellbeing tabling of the Outcomes Report in the Legislative Assembly on 21 August 2018.
- The Outcomes Report made nine key recommendations, and set out a three-year program of activities that was developed in accordance with best practice data management and performance reporting principles.
- Implementing this program of activities continues to be a 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.
- On 21 August 2018 Minister Fitzharris tabled an Implementation Plan Phase One that covers the first six months of the three-year program of activities.
- Significant progress has been made against the activities identified in the Implementation Plan Phase One. The Implementation Plan is to be updated by ACT Health every six months to reflect the progress of activities underway and highlight activities planned to start over the following six month period.
- Implementation Plan Phase Two is currently being drafted and is anticipated to be published this month.
- In response to the System-Wide Data Review, ACT Health is also working to develop and enhance dedicated mental health performance metrics.
This work will:
 - consolidate existing information and reporting;

Cleared as complete and accurate: 6/2/19
Cleared by: Deputy Director-General Ext: 49799
Information Officer name: Karen Doran
Contact Officer name: Karen Chudleigh Ext: 49335
Lead Directorate: Health

- make information more relevant to stakeholder and community requirements;
 - include the development of 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*.
- To deliver this work, ACT Health has embarked on a co-design process with ACT mental health stakeholders to address the core issues raised by the ACT Auditor General's Report findings and enhance performance indicators specific to mental health services provided in the Territory and funded by ACT Health. A draft mental health performance indicator and reporting framework is currently under development.
 - It is expected this work will be finalised in the first half of 2019.

Key Information

The nine key recommendations made during the System-Wide Data Review

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

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Lead Directorate: Health

Notable outcomes achieved through the Review process

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

Progress of key activities identified in the System-Wide Data Review Implementation Plan Phase One

- The initial build of the data repository has been completed and work continues to progress the transition of priority data elements related to the Emergency Department, Elective Surgery, Walk-in Centres and Bed Occupancy.
- In collaboration with AIHW, work is progressing to improve the compilation, provision and sharing of data and link ACT Health data with national submission processes.

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Lead Directorate: Health

- Development of a metadata registry is well advanced across several metadata sets and defining data items within each performance indicator.
- Significant progress has been made in the development of a draft mental health performance indicator and reporting framework for ACT Health funded mental health services.
- A data governance committee structure has been identified and the inaugural meeting of the System-Wide Data Review Reference Group held in November 2018.
- ACT Health has engaged with the ACT Government Office of the Chief Digital Officer to:
 - align ACT Health data policies and procedures under development with the whole of government approach;
 - develop data quality dimensions to inform the ACT Health Data Quality Framework.
- Development and drafting of a number of key documents, including:
 - ACT Health Data Management and Governance Framework;
 - ACT Health Performance, Reporting and Data Management Strategy;
 - ACT Health Data Quality Framework;
 - ACT Health Analytics Framework.
- Development of Implementation Plan Phase Two is underway.

Cleared as complete and accurate: 6/2/19
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Lead Directorate: Health

GBC19/20

Portfolios: Mental Health

ISSUE: OFFICE FOR MENTAL HEALTH AND WELLBEING

Talking points:

- Dr Elizabeth Moore commenced in the position of Coordinator-General on the 3 December 2018. Dr Moore brings great experience to the ACT and since her commencement she has met with key stakeholders across the community, mental health sector and government.
- Within the 100 days from the commencement of the Coordinator-General, the Office is undertaking a process of co-design with the peak non-government organisations to inform the development of a territory-wide vision for mental health and wellbeing. This new vision will reflect how Canberra wishes to foster the mental health and wellbeing of its people into the 21st century.
- Three co-design workshops are being held this month in different locations across Canberra to maximise people's opportunity to participate.
- People will also be able to have their say through the ACT Government's Your Say website and the Office for Mental Health and Wellbeing page on the ACT Health website. All interested members of our community are encouraged to participate.
- The ACT Agency Stewardship Group commenced in January 2019 and will oversee the development of a whole of government work plan for mental health and wellbeing in the ACT.

Cleared as complete and accurate: 31/01/2019
Cleared by: Executive Director Ext: 49600
Information Officer name:
Contact Officer name: Lee-Anne Rogers Ext: 49862
Lead Directorate: Health

TRIM Ref:

Key Information

- The Office will maintain a level of independence and has a mandate to work across all Government agencies. In order to ensure the Office retains a level of independence from the day-to-day running of ACT Health, it will have the authority to conduct reviews and produce reports as the Coordinator-General deems necessary or at the request of the Minister for Mental Health.
- While the Office was formally launched on 14 June 2018, the commitment of action within 100 days is 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.

Cleared as complete and accurate: 31/01/2019
Cleared by: Executive Director Ext: 49600
Information Officer name:
Contact Officer name: Lee-Anne Rogers Ext: 49862
Lead Directorate: Health

TRIM Ref:

GBC19/20

Portfolio: Mental Health

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

Talking points:

NDIS and Mental Health Interface work:

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

Cleared as complete and accurate: 12/02/2019
Cleared by: Executive Director Ext: 49737
Information Officer name: Amber Shuhyta
Contact Officer name: Yasmin Barrington-Knight Ext: 49783
Lead Directorate: Health

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

Key information

National Psychosocial Support Measure

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

Background Information

- The ACT was a trial site for rollout of the NDIS from 2014-2016. A taskforce was established to assist the transition of support organisations and assist those people requiring psychosocial support to test their eligibility for the scheme. Additional funding of \$500,000 was made available by the ACT Government to support transition.
- As part of this process, 21 programs delivered by 12 community organisations were identified as 'in scope' for transition to the NDIS. The funding allocated to these programs, approximately \$4.1 million, was included in the Territory contribution to the NDIS.
- At the time of the ACT moving to full scheme in September 2016, 205 people with psychosocial disability were active participants with plans for individual support

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Contact Officer name: Yasmin Barrington-Knight Ext: 49783
Lead Directorate: Health

packages under the NDIS. As at June 2018, this number is up to 798 (COAG Disability Reform Council, NDIS Quarterly reports).

- The transition to the NDIS has not been without challenges and concerns raised in the ACT are consistent with those experienced nationally, including:
 - Access to the NDIS and 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 and the importance for staff to have adequate understanding of psychosocial disability, including how to collaborate with the individual and their key supports; greater understanding as to the adequacy of plans, agreed funding and the impact of these on individuals.
 - Pricing structure and 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.
 - The need to build in support coordination including funding for services to assist people in the period leading up to their 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; and the loss of social support programs, especially group programs, with open access since the rollout of the NDIS.
- National and ACT activities to improve the experience of participants, resolve issues with the interface between NDIS and mainstream services and address the needs of those who are not eligible for the NDIS, are a response to these concerns.

Cleared as complete and accurate:	12/02/2019	
Cleared by:	Executive Director	Ext: 49737
Information Officer name:	Amber Shuhyta	
Contact Officer name:	Yasmin Barrington-Knight	Ext: 49783
Lead Directorate:	Health	

GBC19/20

Portfolio: Mental Health

ISSUE: EATING DISORDER SERVICES IN THE ACT

Talking points:

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

Cleared as complete and accurate:	30/01/2019	
Cleared by:	Executive Director	Ext: 77969
Information Officer name:	Patrick Henry	
Contact Officer name:	Matthew Wafer	Ext: 51889
Lead Directorate:	Health	

Key Information

- Eating disorders are serious illnesses that are often poorly understood. These diseases cause high levels of psychological distress, carry risk of long term mental and physical illness, an increased risk of premature death due to medical complications and an increased risk of suicide. Eating disorders can occur at any stage in life, although the incidence peaks nationally between the ages of 12-25.
- The Position Statement presents a Stepped Care model that emphasises the four key pillars for an effective service system, including primary care, specialist interventions, local hospital interventions and intensive tertiary supports.
- The Eating Disorder Position Statement describes a number of immediate actions that ACT Health can pursue within existing resources, in addition to identifying future options for development that will require Budget consideration.
- Some short term options identified in the Position Statement include:
 - offering training and support for General Practitioners around eating disorders;
 - establishing a Speciality Network of people interested in eating disorders;
 - raising awareness of eating disorders amongst the community and healthcare professionals and service providers; and
 - exploring interstate clinical specialist partnerships;
 - data analysis, including mapping, coding and modelling of inpatient admissions.
- Longer term, system-wide options outlined in the Position Statement include;
 - developing local clinical hubs with coordination and leadership capacity;
 - specialist eating disorder consult liaison;
 - opportunities for partnership with NGOs and community organisations;
 - implementation of contemporary Clinical Guidelines and Referral Pathways;
 - promoting and enabling better discharge planning and transition; and
 - additional support for families and carers.

Specialist in-patient treatment

- The petition requested the establishment of a specialist in-patient treatment centre for eating disorder in the ACT or, in the absence of such a unit, the provision of 10 long-stay hospital beds for intensive and specialised treatment of eating disorders.
- Analysis of current national and ACT data by the Eating Disorder Working Group suggests that there is not enough demand for inpatient services to operate such a unit safely. This data showed that improvements to early intervention and community based services should be prioritised. The data and these findings were presented to the working group, including the lead petitioner, who supported this approach.
- Where possible, treatment for eating disorders should be offered in the settings that are the least restrictive. In cases where admission to a specialised eating disorder in-patient unit is required, ACT Health will aim to develop relationships with specialised interstate services to arrange appropriate treatment and ensure continuity of care.

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GBC19/20

Portfolio: Mental Health

ISSUE: SUICIDE PREVENTION PROGRAMS

Talking points:

Lifespan Suicide Prevention Framework

- The ACT Government has committed \$1.545 million from 2018-19 to establish a pilot version of the Black Dog Institute's LifeSpan Integrated Suicide Prevention Framework in the ACT over the next three years.
- The ACT LifeSpan suicide prevention trial launched in the ACT on 5 November 2018.
- This initiative is in addition to the existing ongoing suicide prevention, intervention and management services that are delivered through contemporary models of care by Mental Health, Justice Health and Alcohol and Drug Services in Canberra Health Services.
- 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.
- A LifeSpan Steering Committee, composed of key local agencies and stakeholders to guide this work in the ACT, meets monthly to support the implementation, with good attendance and engagement from the government and community sector.
- The first ACT Suicide Prevention Collaborative meeting, bringing together community members and organisations with an interest in suicide prevention to provide information, education, and networking opportunities, was held at Canberra Hospital on 29 November 2018. Collaborative meetings will continue on a quarterly basis under LifeSpan.

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Way Back Support Service

- The Way Back Support Service, developed by beyondblue, is a non-clinical suicide prevention service developed to provide follow-up support to people for up to three months, after they have attempted suicide.
- The Way Back began as a pilot program in the ACT in October 2016 and has been administered by the Woden Community Service since then.
- Way Back has a high level of service demand. As of 13 September 2018, a total of 300 referrals have been received since the program commenced.
- In recognition of the high level of demand, ACT Health has provided additional funding to beyondblue to extend the pilot and fund an additional support co-ordinator.
- The 2018-19 ACT Budget provided an additional \$350,000 for Way Back, which will further support the service to continue until June 2019.
- The Federal Government 2018/19 budget included a commitment of \$37.6 million over four years to expand the Way Back program across Australia. This funding will match the funding allocated by States and Territories to their local Way Back services. ACT Health is currently in discussion with the Capital Health Network and beyondblue to determine what this investment means for the delivery of the ACT program.
- ACT Health received the Final Report for the trial on 31 October 2018. ACT Health is currently reviewing this evaluation, which will be used to inform future funding of the service.

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TRIM Ref: GBC19/20

Key Information

- According to the latest ABS data, there were 3,128 deaths from suicide across Australia in 2017, which was the highest suicide rate in the past ten years.
- In 2017, 58 suicide deaths were recorded in the ACT, which represents an increase of 30 people from 2016 and the highest percentage increase among all jurisdictions.
- In August 2018, ACT Health also provided an additional \$60,000 for suicide prevention through Let's Talk Funding Grants. This funding is supporting the Territory's mental health sector by helping community organisations to deliver better suicide prevention services to Canberrans, in alignment with LifeSpan.

LifeSpan Suicide Prevention Framework

- 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

- The provision of suicide attempt aftercare is a key recommendation under the nine evidence-based strategies of LifeSpan, with research compiled by Black Dog Institute indicating that this is one of the most effective strategies to prevent further suicide attempts.
- Way Back also 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, as well as addressing elements of increasing access to services and appropriate treatment.

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TRIM Ref: GBC19/20

GBC19/20

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 mental health in the ACT.
- A key priority area of the Fifth National Mental Health and Suicide Prevention Plan (the 5th Plan) is achieving effective integration of mental health services. An action identified to achieve this priority is the development of a regional ACT Mental Health and Suicide Prevention Plan (ACT Plan), to account for local contexts.
- ACT Health, in partnership with the Capital Health Network (CHN), Canberra Health Services, and community stakeholders are developing the joint ACT 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 ACT Plan.
- On the 28 August 2018, I attended a Consultation Forum for the ACT Plan hosted by the CHN. This was a significant milestone in the planning process and brought together a diverse range of stakeholders to identify priorities and practical strategies that will form the basis of the ACT Plan.
- Online consultations remained open until the end of October 2018. Input is currently being sought from specific groups to ensure the plan is representative of the whole community. A first draft is expected to be available early 2019. This has the ACT ahead of schedule to finalise the plan within the timeframes set out under the 5th Plan.
- The Office for Mental Health and Wellbeing are well placed to oversee the implementation of the ACT Plan and facilitate effective cross-sectoral collaboration that will be critical for the success of the plan.

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Key InformationThe 5th Plan

- Achieving integrated regional planning and service delivery is Priority Area 1 of the 5th Plan.
- The first edition of the *Joint Regional Planning for Integrated Mental Health and Suicide Prevention Services – A Guide for Local Health Networks and Primary Health Networks* and the associated *Compendium of Resources* was released to PHNs and LHNs in October 2018. ACT Health was a participant in the 5th Plan Working Group that prepared these guidance documents.

The Regional Plan

- The planning process incorporates service mapping and data analysis as well as drawing on evidence and best practice in developing the ACT Plan. For example:
 - CHN, ACT Health and Australian National University have drafted the first edition of the Integrated Mental Health Atlas of the Australian Capital Territory Primary Health Network Region;
 - CHN, ACT Health Directorate and Canberra Health Services staff have been trained in the use of the National Mental Health Services Planning Framework tool to assist and inform service planning and demand analysis;
 - CHN has conducted baseline (2016) and follow up (2018) Needs Assessments for the Primary Health Network region;
 - analysis of data on community and service profiles, prevalence of mental health issues, service use and outcomes.; and
 - The Office for Mental Health and Wellbeing has established a detailed Matrix of Services, mapping available services across age groups and level of need.
- Collaboration and co-design are fundamental to the process of joint planning. Key stakeholders, inclusive of people with lived experience of services, have been involved in the ACT Regional Planning Working Group and the consultation forum held on 28 August 2018 involved participants from across the ACT community more broadly. An online survey invited additional input with over 30 online submissions received.
- The work of identifying priorities and potential actions is underway and further co-design work will be done around the agreed priorities.
- Additional input is being sought from specific community groups, such as Aboriginal and Torres Strait Islander people, to ensure the ACT Plan is representative of the issues and priorities of the whole ACT community.

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GBC19/20

Portfolio/s: Mental Health

ISSUE: NURSES AND MIDWIVES: TOWARDS A SAFER CULTURE

Talking points:

- In December 2018, the Minister for Health and Wellbeing and I launched ACT Health's strategy to improve the workplace health and safety of nurses and midwives.
- The *Nurses and Midwives: Towards a Safer Culture – The First Step Strategy* outlines ACT Health's vision of an ACT public health care system where staff, patients, and visitors are protected from harm and feel safe at all times.
- Two dedicated, senior nurse project officers have been recently appointed to implement a range of strategies for Mental Health, and Nursing and Midwifery.
- The Strategy is being led by ACT Health and will encompass Canberra Health Services, the University of Canberra Hospital, and Calvary Public Hospital Bruce.
- Engagement with executive nursing staff across the three workplaces has commenced to raise awareness of the Strategy.
- A Resilience Workshop will be held during February 2019. The workshop is available to all nurses, midwives and assistants in nursing (AINS). Information has been sent to executive nursing staff across the three workplaces for distribution.

Key Information

- The Strategy, Implementation Plan and Discussion Paper are available on the ACT Health website.
- The purpose of the Strategy is to provide a safe and healthy environment; an environment where our staff and all persons who enter ACT Health workplaces are protected from harm and feel safe at all times.

Cleared as complete and accurate: 12/02/2019
Cleared by: Deputy Director-General Ext:
Information Officer name:
Contact Officer name: Pieta McCarthy Ext: 49554
Lead Directorate: Health

TRIM Ref: GBC19/20

- 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.
 - Safewards Implementation
 - The Safewards Model is a mental health in-patient health program originating in the United Kingdom and designed by Professor Len Bowers.
 - Implementation comprises of two aspects - the Safewards Model and the 10 Safewards Interventions. The Safewards Model describes how potentially harmful events through conflict and prevention of harm through containment manifest in psychiatric in-patient units. The program educates and teaches staff how they can reduce conflicts and the need for restrictive interventions such as medications, sedations, restraints by recognising triggers which can put patients, staff and visitors at risk, and managing these situations before they escalate.
 - Safewards has been implemented in many places internationally and in Australia including NSW Health, Queensland Health and widely in Victorian Health.
 - Safewards has been a key program based in clinical mental health facilities however has not been implemented in a generalised nursing and midwifery clinical setting. Bendigo Health and Peninsula launched Safewards Victoria, a pilot to trial Safewards into the Bendigo Health Emergency Department. The trial commence on 5 February 2019 and will run for one year before being evaluated independently by the University of Melbourne.
 - Since 2014, researchers at the Centre for Psychiatric Nursing have lead the evaluation of the Victorian government funded implementation of Safewards in the state of Victoria. The implementation of Safewards in Victoria is the most substantial and systematic in the world to date as advised by the University of Melbourne.

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- The *Nurses and Midwives: Towards a Safer Culture- The First Step Strategy* identifies a standardised approach to the management of patients through a Safewards implementation plan, to be developed and endorsed by the Nurses and Midwives: Towards a Safer Culture Reference Group in 2019.

Background Information

- Workplace violence and aggression is a global problem confronting all health care workers and a major focus for health services as they strive to provide for the health and safety of workers within diverse and dynamic workplace environments.
- Nurses and midwives, at the forefront of health care delivery, are the largest health care group exposed to Occupational Violence and Aggression (OVA). Research suggests significant under-reporting due to multiple factors, including complex reporting systems and a culture normalisation of OVA (Victorian Auditor General, 2015; Hogarth et al., 2016).

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Portfolio/s: Mental Health**ISSUE: CENTENARY HOSPITAL FOR WOMAN AND CHILDREN
INFRASTRUCTURE EXPANSION TIMEFRAMES – ADOLESCENT
MENTAL HEALTH SECTION****Talking points:**

- As stated in the context of the Select Committee on Estimates 2018-19, the Expansion of the Centenary Hospital for Women and Children (CHWC) project is forecasted for completion by the end of financial year 2021-22, with elements of the project due for staged completion over this period. This estimated completion timeframe includes building and commissioning of the new and refurbished infrastructure.
- As part of the CHWC Expansion project, this Government is committed to delivering an Adolescent Mental Health Inpatient Unit (AMHIU) and planning and early design work for this new service is underway. It is expected that the AMHIU will be completed during the 2021-22 financial year.
- Construction of the expansion project started in the 2018-19 financial year, with completion of the security enhancement works to support a Custodial Birth Suite. This element was completed in October 2018.
- ACT Health has commenced the next phase of the project to complete design works for other elements of the expansion and determine final staging and scheduling of works (including for the AMHIU). This is expected to be significantly progressed in coming months, to inform staged delivery of expansion works.
- Since the expansion was announced in last year's Budget, ACT Health has been working to undertake project due diligence and early design and determine the final staging and scheduling of works to give greater certainty around timeframes.
- It is important to highlight that the expansion is happening in an existing facility on Canberra Hospital 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.

Cleared as complete and accurate: 31/01/2019
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- The 2017-18 Budget announced an estimated capital cost of \$70 million for the expansion of the CHWC.
- The Government has allocated \$68.075 million in budget and forward estimates for the CHWC Expansion, including the AMHIU, with \$2.5 million available in 2018-19 to progress planning and early design.
- The final cost estimate for the project is subject to Government's consideration of the outcomes of the Proof of Concept design and a final detailed project proposal (anticipated to be considered by Government over the coming months).

Key Information

- Expansion of the CHWC is a commitment of this Government from the 2016 election.
- The expansion will improve the services and support for patients of maternity and paediatric services and provide new services, including an adolescent mental health unit and expanded neonatal intensive care services.
- The project is responding to the significant growth in demand for these services for the Canberra and surrounding NSW's communities.
- The commitment for the CHWC expansion provides for an adolescent mental health unit, an adolescent gynaecology service, paediatric high-dependency/high-care unit, and more paediatric and neonatal intensive care service beds. Note, some of these elements are intended for delivery through the Surgical Procedures, Interventional Radiology and Emergency (SPIRE) Centre project (e.g. paediatric intensive care beds and high dependency unit services).

Funding for the Expansion of the CHWC (as per the 2018-19 Budget)

2018-19 Budget					
	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Capital Provision	4,000	33,500	28,075	0	65,575
Capital Injection	2,500	0	0	0	2,500

Cleared as complete and accurate: 31/01/2019
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ISSUE: MINISTER'S FACT SHEET – AS AT 30 SEPTEMBER 2018
Key Information

	2016–17	2017-18	% change	Q1 2018-19*
Walk-in Centres				
<i>Number of presentations to Walk-in Centres</i>	36,785	41,551	13%	12,690
Emergency department				
<i>Number of presentations by hospital</i>				
Canberra Hospital	85,093	88,661	4%	na
Calvary Public Hospital	58,767	59,117	1%	na
Total	143,860	147,778	3%	36,852
<i>Number of presentations by category</i>				
1—Resuscitation	642	752	17%	187
2—Emergency	14,694	14,737	0%	3,960
3—Urgent	55,380	62,106	12%	16,202
4—Semi-urgent	58,524	57,999	-1%	13,718
5—Non-urgent	14,620	12,184	-17%	2,778
Total	143,860	147,778	3%	36,845
<i>Percentage of patients seen on time¹</i>				
1—Resuscitation	99%	100%	1%	100%
2—Emergency	77%	77%	0%	77%
3—Urgent	50%	37%	-13%	33%
4—Semi-urgent	64%	49%	-15%	47%
5—Non-urgent	92%	82%	-10%	83%
Total	63%	50%	-13%	47%
<i>Proportion of presentations with a length of stay of 4 hours or less²</i>				
Canberra Hospital	71%	59%	-12%	na
Calvary Public Hospital	76%	72%	-4%	na
Total	73%	64%	-9%	61%

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 emergency department presentations with a length of stay of 4 hours or less is 90%.

*Note: This information is taken from the most recent publicly available Quarterly Performance Report for the period July to September 2018.

Cleared as complete and accurate:	12/03/2019	
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TRIM Ref:	GBC19/23	

	2016–17	2017-18	% change	Q1 2018-19*
Elective surgery waiting lists				
<i>Number of patients waiting longer than clinically recommended at end of period</i>				
Urgency 1 (see within 30 days)	8	8	0%	na
Urgency 2 (see within 90 days)	227	104	-54%	na
Urgency 3 (see within 365 days)	200	287	43%	na
Total	435	399	-8%	410
<i>Number of removals for surgery</i>	12,826	13,340	4%	3,582
<i>Proportion of removals for surgery that were within clinically recommended timeframes</i>				
Urgency 1 (see within 30 days)	92%	91%	-1%	95%
Urgency 2 (see within 90 days)	81%	70%	-11%	80%
Urgency 3 (see within 365 days)	88%	77%	-11%	79%
Separations from public hospitals				
<i>Number of inpatient separations</i>				
Same day	60,487	60,052	-1%	14,502
Overnight	54,431	55,369	2%	14,519
Total	114,918	115,421	0%	29,021
Breast screens				
<i>Number of breast screens performed</i>	17,176	18,123	6%	na

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TRIM Ref:	GBC19/23	

ISSUE: FINAL REPORT ON INDEPENDENT REVIEW INTO THE WORKPLACE CULTURE WITHIN ACT PUBLIC HEALTH SERVICES

Talking points:

- Together with the Minister for Mental Health, I have been extremely clear around my expectation for a positive culture in the delivery of public health care in the ACT.
- The Government has a zero tolerance for bullying and harassment.
- Since March 2018, there has been significant work undertaken within our public health system to improve culture and governance, and to build an environment of genuine engagement.
- I have seen significant improvements in workplace culture since this time.
- Building on these achievements, I made the decision to put in place several processes to assist in further improving culture within ACT Health. This included the establishment of an Independent Review of the workplace culture within ACT Public Health Services and the formation of a Clinical Leadership Forum.
- The Terms of Reference (released on 21 September 2018) for the Independent Review required the appointed Panel to deliver an interim report to me by 31 January 2019, with a final report due on or before the end of March 2019.
- The Review Panel delivered its interim report to me by the due date, and this was subsequently released publicly on 1 February 2019.
- The Final Report has now been received and was released to staff and the public on 7 March 2019.
- I welcome the Final Report. The ACT Government has agreed to all recommendations in principle. We understand the importance of working with staff and stakeholders to put the final recommendations into practice in a way that drives the real change we need to see. The Final Report has also given the Government clear implementation and timeline guidance.

Cleared as complete and accurate:	08/03/2019	
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Lead Directorate:	Health	
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Information Officer name:	Vanessa Dal Molin	
TRIM Ref:	GBC19/92	

- Through the establishment of strong and transparent governance arrangements, we will ensure that implementation is efficient and effective, and that staff and stakeholders are appropriately engaged.
- I do not shy away from the fact that, at times, the Report makes difficult reading. It is disappointing to read that staff working in our public health system have experienced bullying, intimidation and harassment.
- The ACT Government invests significantly in the delivery of public health services to ensure safe, high quality healthcare for the ACT community and our surrounding region. In addition to taking care of our community, we are also working hard to ensure that our staff are looked after.
- With new Executive leadership teams being established across our three health services there is a strong commitment to developing a positive workplace culture. Signs of a shift in positivity are already being demonstrated, and it was pleasing to read in the Final Report that there is cautious optimism by many within the service around the new leadership.
- The Final Report also highlights the fact that the issue of culture within public health services is not unique to the ACT – it is a concern at a national level.
- The Review recommendations give us practical recommendations which provide us now with the opportunity to lead the nation in developing a positive workplace culture across our health systems.
- This Review has provided staff with the opportunity to be heard, to share their experiences, their stories and contribute in a positive way to real change.
- I want to thank the staff, individuals and organisations that contributed to the Review. That so many made a submission to the Review panel is a testament to the confidence that the Canberra community (including staff and patients) had in the Review team to deliver appropriate recommendations.
- I would like to take this opportunity to thank Panel members, Mick Reid, Fiona Brew and David Watters for the extensive work they have undertaken throughout this process.

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Clinical Leadership Forum

- I also intend to finalise terms of reference for a Clinical Leadership Forum over the coming weeks.
- This is a high level forum that will report directly to me.
- The Forum will include a range of stakeholders from across Canberra Hospital, Calvary Public Hospital and the broader ACT health services sector.
- The Forum will provide an important mechanism for clinical leaders to advise on health services planning and infrastructure, clinical culture and training and education.
- Work is well underway to appoint members to the Forum, with an Expression of Interest process soon to be publicly released.

ACT Health Cultural Survey

- Culture is complex and dynamic, particularly in large health care organisations such as ACT Health. Over many years ACT Health has been closely monitoring its workplace culture and utilising a range of methods drawn from best practice to encourage respectful and supportive environments for staff and patients.
- ACT Health's Quality Strategy 2018-2028 was officially launched in March 2018. The Strategy supports the delivery of person-centred, safe and effective care, through three key enablers – Culture, Leadership and Communication. The inclusion of culture as a key enabler will further strengthen the implementation of the Strategy.
- Given the ACT Government's decision to create two organisations from October 2018, as well as the need to address other key organisational challenges, culture development is a central area of focus. Key actions focusing on leadership, values and engagement are being planned and implemented.
- Building a cohesive senior leadership team is critical to improved workplace culture in both organisations. Since July 2018, the Director-General, Deputy Directors-General and Executives have participated in a number of high-level workshops to discuss culture improvement, refreshing organisational

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vision, values-based behaviours and leading staff through the organisational transition.

- The findings and recommendations of the independent review into the workplace culture within public health services will help inform the content of the next Staff Culture Surveys for both organisations.
- The timing for the next Staff Culture Survey will be considered as part of the implementation of recommendations of the Review into the Workplace Culture within ACT Public Health Services.

Background

Review Panel Profiles

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

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TRIM Ref:	GBC19/92	

GBC19/92

Portfolio/s: Health & Wellbeing

ISSUE: UPDATE ON QUARTERLY REPORTING AND ACT HEALTH PUBLICATION OF DATA FOR CONSUMERS

Talking points:

- As part of the commitment to improved data reporting, the first Quarterly Performance Report (QPR) for 2018-19 was released in November 2018. The report was developed in consultation with the Health Care Consumers Association.
- The second quarter QPR, for the period October to December 2018, will be released in the coming weeks. The QPR continues to provide patients, consumers and the ACT community with a summary of activity and performance across a range of services, including Emergency Departments, Admitted Patients, Elective Surgery, Walk-in Centres, and Quality and Safety.
- Additionally, as the recommendations of the System-Wide Data Review (SWDR) are implemented, the QPRs will continuously be reviewed 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.

ACT Publication of Data for Consumers

- One of the priorities for ACT Health Directorate is to identify and report relevant health information to improve access to data online and help Canberrans be more informed about their own health care.
- As identified through the System-Wide Data Review, ACT Health provides data for over 130 performance indicators that are publicly reported. This includes information in the Report on Government Services and on the MyHospitals and MyHealthyCommunities websites.

Cleared as complete and accurate:	12/03/2019	
Cleared by:	Deputy Director-General	Ext: 52248
Contact Officer name:	Emily Harper	Ext: 49541
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Karen Doran	
TRIM Ref:	GBC19/92	

- 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.
- To ensure that we continue to improve the availability and usefulness of information about our health system, ACT Health continues to refresh the publication of data for consumers.
- This was identified as one of the key activities in the Implementation Plan of the recommendations of the SWDR that I tabled in the Legislative Assembly on 21 August 2018.
- This includes access to useful and up-to-date information through user friendly web portals, such as emergency department waiting times, the number of patients waiting, and the number of patients receiving treatment.
- ACT Health is continuing to engage with a range of consumer groups, including the Health Care Consumers Association (HCCA) to better understand consumer requirements for information about the ACT's health services.
- Further community consultation will be conducted to ensure that a full range of views are obtained to inform ACT Health's ongoing public reporting requirements.
- As we learn more about what information the ACT community expects, the quarterly performance reports will evolve to meet those expectations.

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;

Cleared as complete and accurate:	12/03/2019	
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Information Officer name:	Karen Doran	
TRIM Ref:	GBC19/92	

- 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.
- 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 outcomes of the Review, six-monthly Implementations Plans addressing the three-year program of activities are also published by ACT Health.
- The Implementation Plan for Phase Two (i.e. the first half of 2019) is currently being finalised and will be published this month. It will outline the activities planned for commencement in Phase Two and reflect on the progress of activities already underway.
- 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.
- The ACT Health Quarterly Performance Report – July to September 2018 was the first quarterly performance report produced by ACT Health since 2016, and contains results for the 2017-18 financial year to provide transparent public reporting on the historical performance of the Territory’s health services.
- ACT Health will continue to publish quarterly reports, providing information on territory-wide performance on public health services.

Cleared as complete and accurate:	12/03/2019	
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Contact Officer name:	Emily Harper	Ext: 49541
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Karen Doran	
TRIM Ref:	GBC19/92	

GBC19/92

Portfolio/s: Health and Wellbeing

ISSUE: DEATH IN CALVARY EMERGENCY DEPARTMENT

Talking points:

- On 3 January 2019, The Canberra Times published an article headlined ‘Patient dies sitting in Calvary waiting room’ that alleged a patient died alone while seated in the Calvary Emergency Department (ED) on 31 December 2018 (New Year’s Eve).
- I have received further advice from Calvary Public Hospital on this matter and it is important to clarify that a patient did not die in the waiting room of the ED as was alluded to in the media reporting.
- There was a patient who was provided urgent and appropriate emergency care when their condition deteriorated rapidly. This was initially in the waiting room before being moved to another area within the ED for further care.
- The patient was not alone but accompanied by their family whilst in the ED. Unfortunately, the patient later died in the ED, and our thoughts are with this person’s family.
- Although the report contains significant inaccuracies, the matter currently rests with the ACT Coroner, and out of respect to the patient’s family, Calvary has not been able to release information that corrects the inaccuracies within the report.
- Our hospitals have well established processes for triage through the ED. As this is before the Coroner, it is not something I am able to provide any further comment on at this stage.

If asked when you, as Minister, were notified of the matter:

- My office was notified of the matter on 2 January 2019. I requested further information on the matter, which I received from Calvary the following day.

Cleared as complete and accurate:	28/02/2019	
Cleared by:	Deputy Director-General	Ext: 49190
Contact Officer name:	Jacob Fell	Ext: 49349
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Karen Doran	
TRIM Ref:	GBC19/92	

Key Information

- The published story is inaccurate.
- Details of the patient, the circumstances of the event, the nature of the patient's condition and the treatment provided cannot be released as that would be in breach of Calvary's responsibilities with respect to coronial, privacy and confidentiality obligations.
- Calvary will provide a response to the Minister once the Coroner has completed his/her deliberations. At this stage Calvary have not been provided an anticipated completion date for this process.
- Calvary acknowledges that while the report is inaccurate, there are instances where people in the ED waiting room may witness events that cause discomfort and sometimes distress.

Background Information

- While the Canberra Times advised Calvary of their intention to publish the story, Calvary could not provide refutatory information to the journalist as doing so would be a breach of the coronial, privacy and confidentiality provisions.
- Calvary will request the Canberra Times publish a retraction or correcting article when information about the matter can be released or is made public by the Coroner.
- Calvary recognises and regrets that this type of story may create concern within the community about the quality of public health and hospital services in the ACT.
- Continuing to respect the privacy of the patient's family and of the coronial processes are the paramount considerations in this matter.

Cleared as complete and accurate:	28/02/2019	
Cleared by:	Deputy Director-General	Ext: 49190
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Portfolio/s: Health and Wellbeing

ISSUE: REPORT ON GOVERNMENT SERVICES (ROGS) 2019

Talking points:

- Report on Government Services (RoGS) 2019 shows Canberra is one of the healthiest communities in the country.
- ACT residents have the highest life expectancies in Australia, our city has some of the lowest rates of cancer compared to national figures and we also have some of the highest rates of immunisation amongst our children and young people.
- In 2017–18, the ACT was the only jurisdiction to achieve at least 95 per cent immunisation coverage for every antigen in the national immunisation program for children aged 12 months to less than 15 months.
- The ACT Government is continuing to invest in initiatives to keep our community healthy and well. As part of this, we are investing in new immunisation programs such as free flu shots for children aged between six months and five years, and free meningococcal ACWY vaccination for year 10 students.

Key Information

Positive results across the five health chapters

- Chapter E – Health Overview
 - In 2015–17, the ACT had the highest female life expectancy in Australia (85.2 years). The ACT has had the highest or equal highest life expectancy in Australia since 2006–08.
 - Infant and child mortality in the ACT is also below national averages.
- Chapter 10: Primary and Community Health
 - In 2016–17, the ACT had the fourth highest number of closed alcohol and other drug treatment services in the government sector and a 5 per cent increase since 2015–16. The proportion of treatment episodes provided by the non-government services in ACT increased from 42 per cent in 2007–08 to 55 per cent in 2016–17. The increase can be attributed in part to new funding (both

Cleared as complete and accurate:	01/03/2019	
Cleared by:	Deputy Director-General	Ext: 49799
Contact Officer name:	Karen Chudleigh	Ext: 49335
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Karen Doran	
TRIM Ref:	GBC19/92	

ACT and Commonwealth) provided to Non-Government Organisations (NGOs) for new programs.

- Chapter 12: Public Hospitals
 - In 2016–17, the ACT had the second highest overall rate of full-time equivalent public hospital staff (medical officers, nurses, diagnostic and allied health staff, administrative and clerical staff and other personal care staff) in the country.
 - In 2016–17, the ACT reported lower than the national rate of unplanned hospital readmissions across all surgical procedures except prostatectomy.
 - RoGS 2019 shows the ACT hospital system is becoming more efficient, with the average cost per weighted separation (i.e. per patient discharge) in decreasing 18.3 per cent in five years, from \$6,854 in 2012-13 to \$5,598 in 2016–17.
- Chapter 13: Mental Health Management
 - ACT has a high rate of community follow-up post discharge, which is also reflected in a higher rate of community service contact and support provided in the community to keep people well for longer and less reliant on inpatient admissions.
 - The ACT reported higher than the national average for the rate of contact within seven days of discharge from a psychiatric admission for both Indigenous and non-Indigenous Australians.
 - Between 2009–10 and 2016–17, the ACT has increased available beds per 100,000 people in acute hospitals with psychiatric units or wards by 24 per cent. The increase nationally for the same period was 7per cent.
 - In 2017–18, the ACT had the second lowest rate of seclusion events per 1,000 bed days in the country. Between 2008–09 and 2017–18, ACT reported a decrease of 58 per cent in seclusion rates.
- Chapter 14: Aged Care
 - Between 2012–13 and 2016–17, the proportion of public hospital separations for older people where the care type was ‘maintenance’ and the length of stay was 35 days or more, decreased by 9.8 percentage points in the ACT, while it increased by 0.3 percentage points nationally.
 - Patients are classified as ‘maintenance’ once they no longer require acute care. There are a range of reasons that can influence discharge for these patients, including access to appropriate aged care supports, patient and family choice of care support and personal circumstances.

Cleared as complete and accurate:	01/03/2019	
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Amendment to 2015-16 mental health data – Report on Government Services (RoGS)

- In February 2019, it was identified that incorrect data on 2015-16 mental health non-government organisation service grants was included in the 2018 RoGS.
- The correct NGO service grant amount for 2015-16 was \$11,678,178, but it appears the incorrect amount of \$21,069,167 was supplied for publication in RoGS.
- The incorrect amount was subsequently included in the 2019 RoGS time series, indexed to \$21.6 million (constant price) for time series comparability.
- 2019 RoGS also included 2016-17 data, reporting that the NGO service grant amount for that financial year was \$9.5 million.
- The reduction of approximately \$2.1 million between 2015-16 and 2016-17 is attributable to the ACT's transition to the National Disability Insurance Scheme, with funding for patients and consumers becoming available through that scheme in addition to NGO funding.
- To correct the 2015-16 data, ACT Health will follow the standard RoGS resubmission process used routinely by all state and territory health departments to supply corrected or additional data.
- The next opportunity for this figure to be updated in RoGS will be the 2020 report.

Background Information

- The purpose of the RoGS is to provide information on equity, efficiency and effectiveness of government services in Australia. It is coordinated and published by the Productivity Commission (PC).
- Data for the RoGS are provided to the PC under a Council of Australian Governments (COAG) Agreement. The majority of the data used by the PC for inclusion in RoGS is supplied via the Australian Institute of Health and Welfare (AIHW). The AIHW performs the analysis and, in many cases, combines data from states and territories and the Commonwealth to produce national totals or other indicators. ACT Health also provides certain data directly to the PC.
- Data for 2015–16 Emergency Department and Elective Surgery data for the RoGS report is not available in the RoGS 2019. The 2015–16 data will be included in RoGS 2020.

Cleared as complete and accurate:	01/03/2019	
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TRIM Ref:	GBC19/92	

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Portfolio/s: Health and Wellbeing

ISSUE: RELEASE OF INDEPENDENT HOSPITAL PRICING AUTHORITY (IHPA) COST REPORT

Talking points:

- The 2016-17 cost report was published on the Independent Hospital Pricing Authority's (IHPA) website in March 2019.
- The report provides average cost information for all activity streams (admitted acute, admitted sub and non-acute, emergency department (ED) and non-admitted) for hospital cost data submitted to IHPA.
- The draft report shows ACT hospitals are becoming more efficient. ACT's acute admitted costs per separation (including ED costs) reduced from \$6,400 in 2015-16 to \$5,751 in 2016-17, a ten per cent decrease.
 - The draft report shows ACT's average costs for acute admitted patients excluding ED costs was \$5,325.
- There has been significant work undertaken in recent years to improve the efficiency of our health services, including a focus on reducing elective surgery wait times.
- The separation of the ACT Health and Canberra Health Services will allow the two organisations to better focus on how services can be delivered more efficiently and effectively.
- ACT Health continues to improve its costing methodologies to ensure the cost report accurately reflect the cost of services and to ensure alignment with the approach adopted in other jurisdictions.

Background Information

- As a signatory to the National Health Reform Agreement, ACT Health is required to provide patient level costing data to IHPA for public hospital services provided in the ACT. This cost data collection is known as the National Hospital Cost Data Collection (NHCDC).
- The NHCDC is the primary data collection that IHPA relies on to calculate the National Efficient Price.

Cleared as complete and accurate:	05/03/2019	
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Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Karen Doran	
TRIM Ref:	GBC19/92	

- To ensure the quality of NHCDC data is robust and fit-for-purpose, IHPA commissions an annual Independent Financial Review to verify that all participating jurisdictions are compliant with Australian Hospital Patient Costing Standards (AHPCS).
- Jurisdictions are required to apply cost methodologies according to the AHPCS. The standards provide a guide to costing for NHCDC purposes, as well as providing consistency in interpreting results.
- After completion of each round of the NHCDC, IHPA publishes the NHCDC Report. The report provides average cost information for all activity streams (admitted acute, admitted sub and non-acute, emergency and non-admitted), summarised in Table 1 below.
- Draft NHCDC Report – Public Sector, Round 21 (2016-17)

Activity Steam	2015-16 ACT - Average Cost	2016-17 ACT - Average Cost	2016-17- National Average Cost
Acute	\$6,400	\$5,751	\$5,171
Sub and non-acute	\$15,853	\$13,010	\$13,997
Emergency	\$838	\$705	\$666
Non-admitted	\$280	\$283	\$309

- Note: Admitted (acute, sub and non-acute) costs include some emergency department costs.
- The methodology used by IHPA in calculating the average cost per separation for admitted patients is different to the internal methodology used by the ACT.
- Under IHPA's approach, ED costs associated with patients who were admitted to hospital through the ED is reported twice – once in the ED cost category, and also in the relevant admitted cost categories.
- In the 2016-17 NHCDC report, IHPA reported average cost for acute admitted patients in a separate table by excluding the emergency department costs, which is consistent with the ACT's and other jurisdiction's internal approaches.
- ACT Health is working with IHPA to refine the methodology used in the NHCDC reports.

Cleared as complete and accurate:	05/03/2019	
Cleared by:	Deputy Director-General	Ext: 52248
Contact Officer name:	Jacob Fell	Ext: 76230
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Karen Doran	
TRIM Ref:	GBC19/92	

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Portfolio: Health and Wellbeing

ISSUE: MEASLES

Talking points:

- Three cases of measles have been reported to ACT Health since mid December 2018.
- The first case, who likely acquired the infection while overseas, was reported to ACT Health on 17 December 2018.
- The first case attended several public venues while they were unknowingly infectious. A Public Health Alert was issued on 18 December 2018 to inform people who attended these venues to be aware of measles symptoms.
- The second case, reported to ACT Health on 1 January 2019, is likely to have acquired their infection through indirect contact with the first case by being in the same public place at the same time.
- The third case was reported to ACT Health on 7 February 2019 and likely acquired their infection overseas. This case is not linked to the two previous cases.
- The third case attended the Canberra Airport while they were unknowingly infectious. A Public Health Alert was issued on 8 February 2019 to inform people who were at the airport on 3 February 2019 between 10 am 11am to be aware for signs and symptoms of measles.
- For all three cases, ACT Health commenced a rapid public health response and followed up all contacts that could be identified in line with national guidelines.
- No further cases of measles have been reported in the ACT, and no other identified contacts have gone on to develop measles.

Cleared as complete and accurate:	13/03/2018	
Cleared by:	Deputy Director-General	Ext:
Contact Officer name:	Conrad Barr	Ext: 49252
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Conrad Barr	
TRIM Ref:	GBC19/92	

Key Information

- Although measles infection is now rare in Australia due to sustained high immunisation coverage, measles continues to circulate in many countries overseas and increased measles activity has been reported internationally over the last few months.
- Across Australia, increased measles activity has been noted in December and January, largely linked to cases who acquired their infections overseas. As at 11 February 2019, 24 cases of measles have been reported across Australia in 2019, with ten cases in WA, nine cases in NSW, two cases in Qld, one case in Vic and one case in SA.
- Measles cases continue to be reported in Australia due to visitors and returning travellers contracting the disease in overseas countries where outbreaks continue to occur. People travelling overseas should check their immune status before they leave.

Background Information

- Measles is a serious disease and is highly contagious among people who are not fully immunised.
- The virus is spread from an infectious person during coughing and sneezing or through direct contact with secretions from the nose or mouth.
- People generally develop symptoms 7-18 days after being exposed to a person with infectious measles, with ten days being more common. People are infectious from four days before they develop a rash until four days after.
- Two doses of Measles Mumps Rubella vaccine (MMR) are required for immunity against measles. The vaccine can be given at any age after nine months.
- Under the funded Australian National Immunisation Program, two doses of MMR vaccine are given to children at 12 and 18 months of age.
- Individuals born in 1966 and later who have not had two doses of MMR vaccine are considered susceptible to measles.
- The ACT Government funds measles, mumps, rubella (MMR) vaccine for adults. Anyone born in or after 1966 who have not previously received two measles containing vaccines is eligible for free MMR vaccine. This can be obtained from ACT GPs.
- Anyone with symptoms of measles should arrange to be seen as early as possible by their doctor. They should advise their health provider before they arrive at the medical clinic so that appropriate infection control precautions can be put in place to stop the spread of the infection.

Cleared as complete and accurate:	13/03/2018	
Cleared by:	Deputy Director-General	Ext:
Contact Officer name:	Conrad Barr	Ext: 49252
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Conrad Barr	
TRIM Ref:	GBC19/92	

GBC19/92

Portfolio: Health and Wellbeing

ISSUE: ICE ADDICTION IN CHILDREN

Talking points:

- The Government takes very seriously allegations that drug dealers are sexually abusing children in exchange for access to the drug ice. This is clearly very serious criminal offending.
- The report “Canberra’s Other Crisis” on Channel 10’s ‘The Project’ on Monday 4 March highlighted the links between youth disadvantage, homelessness and drug use, and the excellent work being done by Canberra Police Community Youth Club (PCYC) to respond to these issues.
- Community Services Directorate (CSD) funds Canberra PCYC to run case management activities and group programs as part of the PCYC Child, Youth and Family Services Program.
- ACT Health Directorate funds both youth-specific alcohol and other drug services, and youth-focused programs run by general services.
- There are six youth-specific outpatient programs that provide services to under-16s, operated by Canberra Health Services, Gugan Gulwan and Ted Noffs Foundation, and another six programs/services that are more general but can be accessed by under 16s.
- In addition, the ACT Government funds ten beds through the Ted Noffs Foundation for any person requiring drug and alcohol treatment services, which are accessible by people under the age of 16, where required.
- Ted Noffs Foundation has advised ACT Health Directorate that there are currently no significant delays in accessing its youth alcohol and other drug rehabilitation program.

Cleared as complete and accurate:	07/03/2019	
Cleared by:	Deputy Director-General	Ext: 49180
Contact Officer name:	Carolyn Bartholomew	Ext: 49699
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Leonie McGregor	
TRIM Ref:	GBC19/92	

Background Information

- An ABC news story on 19 December 2018 included allegations by a staff member of Canberra PCYC that some Canberra drug dealers are sexually abusing children in exchange for access to crystal methamphetamine – ‘ice’.
- The original ABC story claimed that there is rising trend of ice use among Canberra teenagers generally, and a lack of rehabilitation programs.
- There is currently only limited data available on ice use among young people in the ACT. However, data on amphetamines as a more general class of drugs does not support claims that there is a rising trend of amphetamine use amongst Canberra teenagers attending school.
- Data from the Australian Secondary Students Alcohol and Drug Survey (ASSAD) in fact indicates a long-term decline in amphetamine use among 12–17 year-olds.
- For example, in 1999, 3.2 per cent of 12–17 year-old school students reported using amphetamines in the last four weeks, but in 2017 the equivalent proportion was 0.5 per cent.
- In 2017, two per cent of secondary school students had reported they had ever tried amphetamines, compared to 15 per cent who had tried cannabis and 66 per cent had tried alcohol.
- The PCYC program described in the ABC and Channel 10 stories is an intensive program that provides "alternative avenues for diverting young people from the justice system".
- Ted Noffs Foundation has advised that the young people in the PCYC program are a small group of vulnerable young people already known to justice and to ACT services. The significant levels of disadvantage experienced by program participants is clearer in ‘The Project’ story than the original ABC story.
- Ted Noffs Foundation has also advised that it is aware that some sexual predators target vulnerable young people by supplying them with illicit drugs, and while this behaviour is shocking, it is unfortunately, neither new, nor exclusive to ice, nor exclusive to Canberra. Ted Noffs Foundation has supported several young people during related criminal prosecutions related to such issues.
- ACT Health Directorate is investing approximately \$1,785,000 in Ted Noffs Foundation in the financial year 2018–19.
- Canberra Health Services' Alcohol and Drug Service operates the Youth Drug and Alcohol Program. This program provides counselling for under 18s, including support for young people at the Bimberi Youth Justice Centre.
- ACT Health Directorate is funding Gugan Gulwan \$650,000 in 2018–19 to provide youth alcohol and other drug services specifically tailored for young people from Aboriginal and Torres Strait Islander backgrounds.
- PCYC has not approached ACT Health Directorate to request funding for alcohol and other drug treatment programs.
- PCYC did not make a submission raising any of the concerns mentioned in the ABC story to the July 2018 public consultation on the ACT Drug Strategy Action Plan 2018–2021. It has also not written to ACT Health Directorate to raise these concerns.

Cleared as complete and accurate:	07/03/2019	
Cleared by:	Deputy Director-General	Ext: 49180
Contact Officer name:	Carolyn Bartholomew	Ext: 49699
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Leonie McGregor	
TRIM Ref:	GBC19/92	

GBC19/92

Portfolio: Health & Wellbeing

ISSUE: Prosecution of Ricardo's Café Jamison

Talking points:

- Food safety is a very important issue – one that ACT Health takes very seriously. Not only can food borne illness have serious impacts on a person's health, but we also want our community to feel confident dining out in Canberra's cafes and restaurants and at major events.
- In February 2017, ACT Health investigated reports of an outbreak of gastrointestinal illness at Ricardo's Café, Jamison. Subsequent investigation found over 100 cases of illness was associated with this café.
- In response, ACT Health undertook regulatory action and closed the premises under a prohibition order until identified food safety issues had been rectified.
- ACT Health does not take a decision to issue a prohibition order or prepare a prosecution brief for a business lightly. ACT Health prepared a prosecution brief following a thorough investigation and analysis of the evidence.
- ACT Health referred the prosecution brief to the Office of the ACT Director of Public Prosecutions (DPP). The decision to prosecute and any subsequent decisions made as part of the prosecution process is a matter for the DPP.
- It is understood that during the course of the hearing, an adverse evidentially ruling prevented the prosecution leading evidence from a key witness, and a serious medical issue prevented another witness giving evidence.
- In light of the evidential issues and following negotiations, the prosecution accepted a plea of guilty to one count of contravening a food standard code in lieu of all charges, and the defendant received a non-conviction order in relation to that charge.

ENDS

Cleared as complete and accurate:	06/03/2019	
Cleared by:	Executive Branch Manager	Ext: 5124 9462
Contact Officer name:	Conrad Barr	Ext: 5124 9462
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Conrad Barr	
TRIM Ref:	GBC19/92	

Key Information

- ACT Health routinely inspects food businesses against the requirements of the *Food Act 2001* and the Australian New Zealand Foods Standards Code to ensure the safe handling and sale of food. ACT Health also investigates complaints and reports of foodborne illness.

Background Information

- Every year around 2,500 food business inspections are conducted, and we work closely with businesses to ensure compliance with food safety standards. All public complaints and outbreaks of foodborne illnesses are investigated immediately.

Cleared as complete and accurate:	06/03/2019	
Cleared by:	Executive Branch Manager	Ext: 5124 9462
Contact Officer name:	Conrad Barr	Ext: 5124 9462
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Conrad Barr	
TRIM Ref:	GBC19/92	

GBC19/92

Portfolio: Health & Wellbeing

ISSUE: Meningococcal case in the ACT

Talking points:

- ACT Health were notified of a case of meningococcal disease in an adolescent ACT resident on 27 February 2019.
- The case, diagnosed with serogroup B, was admitted to the Canberra Hospital and the person has since recovered.
- ACT Health has taken appropriate public health action, in accordance with national guidelines. Action included providing antibiotics to close contacts, and providing 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.

Key Information

- Meningococcal disease is caused by the bacteria *Neisseria meningitidis* (also known as meningococcus). There are different types of meningococcus which are referred to as serogroups (e.g. A, B, C, W and Y).
- Most illness in Australia is caused by serogroups B, W and Y. Since 2014, disease caused by serogroups W and Y has increased across Australia.
- Vaccination for meningococcal B is not currently subsidised or funded under the National Immunisation Program (NIP) or by the ACT Government.
- The ACT government has acted in the first instance to protect young Canberrans against the more emerging risk posed by meningococcal serogroups W and Y.
- In 2018, 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 serogroups of meningococcus (A, C, W and Y).

Cleared as complete and accurate:	13/03/2018	
Cleared by:	Deputy Director-General	Ext: 49180
Contact Officer name:	Kerryn Coleman (A/g CHO)	Ext: 50883
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Conrad Barr	
TRIM Ref:	GBC19/92	

- The 2018 Year 10 Program was very successful, with 79 per cent of Year 10 students vaccinated in the first half of 2018. Building on the success of the Year 10 program, schools-based vaccination clinics were extended to all Year 11 and 12 students during terms 3 and 4 of 2018.
- The ACT government announced ongoing funding for the Year 10 schools-based meningococcal ACWY vaccination program for 2018-2019.
- From April 2019, the adolescent meningococcal ACWY vaccine will be a component of the NIP and funded by the Commonwealth.
- Young people aged 15 to 19 years who are yet to receive the meningococcal ACWY vaccine can still get the free vaccine through their GP.
- From 1 July 2018, the NIP schedule for all infants at 12 months of age was amended from a meningococcal C vaccine to a meningococcal ACWY vaccine.

Background Information

- Meningococcal disease is caused by the bacteria *Neisseria meningitidis* (also known as meningococcus). It is a serious disease that can cause meningitis (infection of the membranes around the brain and spinal cord) and/or bacteraemia (infection of the blood). These are both severe infections that may lead to death.
- There are different types of meningococcus. Most illness in Australia is caused by serogroups B, W and Y. Other types include A and C. Since 2014, disease caused by serogroups W and Y has increased across Australia.
- Meningococcal disease can affect people of any age, but is most common in children less than five years of age and in those aged 15-25 years. The disease occurs more often in winter and spring.
- Young adults and older adolescents 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.
- The ACT government is aware that a meningococcal B vaccination program was 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:	13/03/2018	
Cleared by:	Deputy Director-General	Ext: 49180
Contact Officer name:	Kerryn Coleman (A/g CHO)	Ext: 50883
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Conrad Barr	
TRIM Ref:	GBC19/92	

GBC19/92

Portfolio: Health & Wellbeing

**ISSUE: Surgical Procedures, Interventional Radiology and Emergency
(SPIRE) Centre Update**

Talking points:

- The Surgical Procedures, Interventional Radiology and Emergency (SPIRE) Centre is a major health infrastructure project for Canberra and the surrounding region.
- The SPIRE Centre will increase our capacity to deliver acute, hospital-based health care in a modern, purpose-built facility. It will see \$500 million invested in the Canberra Hospital campus.
- The SPIRE centre for the Canberra Hospital will provide for state-of-the-art surgical, procedural and imaging facilities, and boost the number of operating theatres for the hospital. It will also provide more inpatient beds, a larger intensive care unit, a coronary care unit, and a significantly expanded emergency department.
- Following extensive planning and feasibility work, SPIRE will be built at the eastern end of the hospital campus. This location will minimise disruption to existing critical care services such as the emergency department and helipad while SPIRE is constructed.
- Buildings 5 and 24 at the Canberra Hospital, which predominantly house non-clinical services, will be demolished to make way for SPIRE. Planning for the relocation of services within these buildings is ongoing and is being undertaken with close engagement with affected services.
- As part of the planning and feasibility work that has been underway, ACT Health has commenced engagement with the clinical workforce on SPIRE. This will continue in 2019 as early design work progresses.
- Further information, including a SPIRE factsheet can be found on the ACT Health public website (see section: About of Health System, and then Planning for the Future)

Cleared as complete and accurate:	14/03/2019	
Cleared by:	Executive Group Manager	Ext: 49805
Contact Officer name:	Liz Lopa	Ext: 49707
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Jakob Culver	
TRIM Ref:	GBC19/92	

Key Information

Timelines for the SPIRE

- The 2016 election commitment stated that SPIRE was planned to open in 2022-23. This was prior to any feasibility, planning and early design works being undertaken.
- SPIRE is a major infrastructure project and as the feasibility and early planning has developed for the SPIRE project, so has the anticipated completion timeframe.
- At this early stage, construction is anticipated to commence in 2020, with demolition of buildings currently occupying the SPIRE site expected to commence in the second half of 2019. SPIRE is targeted for completion in 2023-24, which is consistent with 2017-18 estimated programming forecasts for the project, and project due diligence currently underway will determine final staging and scheduling of works.

Key Deliverable	Estimated Date(s)
Planning and Design Phases (Current Stage)	2018 to 2020
Construction Commencement	During 2020
Targeted Project Completion Date	During 2023-24

- Following extensive planning and feasibility work, the SPIRE Centre will be built at the north-eastern end of the Canberra Hospital campus. This work has included the development of preliminary demand modelling, scope options analysis and high-level engineering studies.
- The SPIRE Centre site location was announced to the public on 12 December 2018 with project updates available on the [ACT Health website](#).
- Staging and decanting planning for existing building that will be demolished has commenced in preparation for the commencement of demolition works in late 2019.
- ACT Health has also recently commenced early design work for SPIRE, which will refine options for the campus and define solutions for optimal integration with the existing hospital infrastructure and services.
- Planning and Design for SPIRE needs to be considered carefully, as the hospital campus is an operational site where existing health services will continue to be delivered while construction is underway.
- ACT Health and Canberra Health Services continues to engage with clinical staff on the SPIRE planning and design works underway; Territory-wide health services planning, and clinical input are a vital part of planning for the construction of SPIRE. A Clinical Information Session for SPIRE was held on 22 November 2018, and clinical stakeholders will be involved in design phases moving forward.

Cleared as complete and accurate: 14/03/2019
 Cleared by: Executive Group Manager Ext: 49805
 Contact Officer name: Liz Lopa Ext: 49707
 Lead Directorate: Health
 Cleared for release: Yes
 Information Officer name: Jakob Culver
 TRIM Ref: GBC19/92

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

Funding for the SPIRE (as per the 2018-19 Budget)

- 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

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

Cleared as complete and accurate: 14/03/2019
 Cleared by: Executive Group Manager Ext: 49805
 Contact Officer name: Liz Lopa Ext: 49707
 Lead Directorate: Health
 Cleared for release: Yes
 Information Officer name: Jakob Culver
 TRIM Ref: GBC19/92

GBC19/92

Portfolio/s: Health & Wellbeing

ISSUE: NGUNNAWAL BUSH HEALING FARM

Talking points:

- The fourth program of the NBHF is scheduled to commence on 25 March 2019 with a potential of ten clients currently being screened. It is scheduled to be completed in June 2019. Clients are being sourced from a range of government and non-government programs within the ACT.
- The program includes the following providers:
 - Blacksmithing and toolmaking – Valley Forge Cuppcumbalong;
 - Physical fitness and wellbeing – Thriving Life and Strive Fitness;
 - Music therapy – Johnny Huckle;
 - Cultural walks and talks – ACT Parks and Conservation Aboriginal Rangers ‘Health Country Program’;
 - Horse therapy – Peakgrove Equine Assisted Therapy;
 - Relapse prevention – SMART Recovery; and
 - Cartoon therapy – FunnyOz Works.
- Programs to date have been:
 - 1st Program November -December 2017
 - 2nd Program June - September 2018
 - 3rd Program September – December 2018
 - 4th Program March – June 2019
- 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.

Cleared as complete and accurate:	13/03/2019	
Cleared by:	Executive Group Manager	Ext: 79143
Contact Officer name:	Jodie Brooks	Ext: 19726
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Carolyn Bartholomew	
TRIM Ref:	GBC19/92	

- As I have previously committed, ACT Health has contracted Mr Russell Taylor AM to undertake a review following the successful completion of one year of operation of the NBHF.
- Mr Taylor AM is an Aboriginal Australian (Kamilaroi) and former long term Senior Executive Service member of the Australian Public Service. In 2016, he stepped down as CEO of the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) in Canberra. Mr Taylor is also a former CEO of the NSW Aboriginal Housing Office (AHO), the Chair of the Burbangana Group and the 2018 NAIDOC Male Elder of the Year.
- The terms of the review are that Mr Taylor will examine and report on:
 - governance arrangements for the NBHF and recommendations regarding appropriate governance arrangements into the future;
 - the range of programs currently delivered and potential future additions or improvements best suited to governance model;
 - research and consultation in relation to delivery of appropriate and effective programs including processes for client identification and selection, effectiveness of completed programs and the sustainability of program outcomes following completion;
 - the effectiveness and relevance of governing policies for the NBHF;
 - staffing levels, training and supervision procedures; and
 - current infrastructure and best use of the facility to align with program aims, the NBHF governance model and the needs of the Community.
- Healing Framework
 ACT Health has contracted with the Healing Foundation to develop a Cultural Healing Framework for the NBHF. The purpose of this framework is to establish the ongoing principals which underpin the NBHF and the concepts of cultural healing. The Healing foundation has been delayed in undertaking this work due to a lack of engagement from the United Ngunnawal Elders Council (UNEC).

Cleared as complete and accurate:	13/03/2019	
Cleared by:	Executive Group Manager	Ext: 79143
Contact Officer name:	Jodie Brooks	Ext: 19726
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Carolyn Bartholomew	
TRIM Ref:	GBC19/92	

- There are intentions in the early new year to try to engage with UNEC via the Secretariat initially. This will be a collaborative approach from ACT Health and the contractors for the Healing Framework in an effort to get some engagement. The 12-month contract for this work to be undertaken has been renewed for 2019.

Cleared as complete and accurate:	13/03/2019	
Cleared by:	Executive Group Manager	Ext: 79143
Contact Officer name:	Jodie Brooks	Ext: 19726
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Carolyn Bartholomew	
TRIM Ref:	GBC19/92	

GBC19/92

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

- The ACT Government received a proposal from Pill Testing Australia to conduct a pill testing service at the Groovin the Moo Canberra music festival being held at Exhibition Park on 28 April 2019.
- I am pleased to say the ACT Government has given the green light for this second trial of a pill testing service.
- Collaboration between all relevant parties, including the festival promoter and Pill Testing Australia is still needed for the pill testing service to proceed at the festival.
- The ACT Government continues to support an evidence based, harm minimisation approach to drug policy and believes the decision by the NSW government to increase the penalties associated with drug possession is unlikely to prevent further deaths at music festivals.
- It is planned that an evaluation of the second trial of a pill testing service will be conducted by independent researchers.
- The ACT Government would welcome any proposal to conduct pill testing at any music festivals held in the ACT. However, the option to make a pill testing service available is not intended to be an incentive to bring new events to the ACT, but rather to make an event safer.

Key Information:

- Australia's first trial of a pill testing service took place at Groovin the Moo Canberra on 29 April 2018.
- The service was provided by the Safety Testing and Advisory Service at Festivals and Events (STA-SAFE), now known as Pill Testing Australia, and was supported by the ACT Government, the festival promoters (Cattleyard Promotions) and the University of Canberra, where the festival was held.

Cleared as complete and accurate:	07/03/2019	
Cleared by:	Deputy Director-General	Ext: 49699
Contact Officer name:		
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Carolyn Bartholomew	
TRIM Ref:	GBC19/23	

- 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.
- Medical experts support the introduction of pill testing. Supporters include the Royal Australian College of Physicians, the Australian Medical Association President and the Public Health Association of Australia.
- The ACT Health Directorate reconvened the cross-government pill testing working group to consider the public health, legal and social issues relating to the second proposal provided by Pill Testing Australia and has provided advice to Government about this.

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 drug-related deaths of six young people at music festivals across Australia in the current festival season.

Cleared as complete and accurate:	07/03/2019	
Cleared by:	Deputy Director-General	Ext: 49699
Contact Officer name:		
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Carolyn Bartholomew	
TRIM Ref:	GBC19/23	

ISSUE: QEII FAMILY CENTRE
Talking points:

- Canberra Mothercraft Society (CMS) currently delivers early parenting support and education services at the Queen Elizabeth II Family Centre (QEII).
- CMS will exit service delivery at the end of their current contract on 30 June 2019.
- The ACT Health Directorate is currently engaged in a process to find a new provider for the QEII.
- The ACT Health Directorate will be working closely with CMS and the new provider to ensure a smooth transition for the service.
- The ACT Health Directorate is proposing to conduct a targeted select tender process, offering a short-term (12 month + 12 month option) contract to allow time for a full open tender process to be completed.
- This approach will ensure continuity of the service for the families of the ACT whilst the ACT Health Directorate undertakes a more detailed analysis of current and future service needs.

Key Information

- Given the procurement timeframes and complexity, it is not possible to undertake a full open tender process prior to 30 June 2019.
- On 6 February 2019, the Minister for Health & Wellbeing, Meegan Fitzharris, MLA, approved the option of a targeted select tender process.
- Given the uncertainties, ACT Health Directorate is working with the Women, Youth and Children Division of Canberra Health Services on a fall back option of CHS taking over operational responsibility should the ACT Health Directorate be unable to secure a service provider from 1 July 2019.

Cleared as complete and accurate:	08/03/2019	
Cleared by:	Executive Group Manager	Ext: 49699
Contact Officer name:	Carolyn Bartholomew	Ext: 49674
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Sarah Galton	
TRIM Ref:	GBC19/92	

GBC19/92

Portfolio/s: Health and Wellbeing**ISSUE: Resignation of Chief Health Officer – Dr Paul Kelly****Talking points:**

- Chief Health Officer, Dr Paul Kelly, has accepted a new role with the Australian Government Department of Health as the Chief Medical Advisor, Health Products Regulation Group.
- Dr Kelly held the role of ACT Chief Health Officer for the last 8 years. In that time, he has contributed greatly to the health of our community through a range of protection, prevention and promotion activities.
- I would like to take the opportunity to thank Dr Kelly for the leadership and commitment he has shown in the role of Chief Health Officer, and for his dedication to improving the health of Canberrans.
- Some examples of Dr Kelly's achievements in the role, include:
 - The Healthy Weight Initiative and related health promotion programs, which have contributed to successfully reversing the upward trend of overweight and obesity in children in the ACT.
 - The re-imagined biennial Chief Health Officer's Report - Healthy Canberra, and the associated HealthStats ACT website, which provides excellent information on the health of the ACT population.
 - Expansions to immunisation programs, including the introduction of new ACT funded vaccines and new initiatives to increase vaccination rates such as pharmacist vaccination.
 - New approaches to communicable disease outbreak management in aged and childcare facilities and schools.
 - A range of new harm minimisation approaches in relation to alcohol, tobacco and other drugs, including leading the whole of government approach to allow pill testing in the ACT - an Australian first - and a range of initiatives to reduce the harm associated with smoking.

Cleared as complete and accurate:	08/03/2018	
Cleared by:	Director-General	Ext: 49400
Information Officer name:	Director-General	
Contact Officer name:	Vanessa Dal Molin	Ext:79532
Lead Directorate:	Health	

- Dr Kelly's decision to move on from ACT Health is a matter for him. However, after eight years in the Chief Health Officer role, he is moving to a prominent role in the Australian Government, and we wish him the very best.
- The Chief Health Officer position is an important leadership role across the ACT Health public health system.
- Dr Kelly finished with ACT Health on 4 March, and acting arrangements have now been put in place.
- The recruitment process to appoint a new Chief Health Officer will commence as soon as possible.

Background Information

- On Friday 8 February 2018, the Director-General of ACT Health Michael De'Ath, announced the resignation of Dr Kelly in an all staff message. This announcement coincided with the announcement of his appointment to the Australian Government by Glenys Beauchamp, Secretary of the Federal Department of Health.
- Dr Kelly's resignation has received media attention from The Canberra Times and ABC Radio Canberra.

Cleared as complete and accurate:	08/03/2018	
Cleared by:	Director-General	Ext: 49400
Information Officer name:	Director-General	
Contact Officer name:	Vanessa Dal Molin	Ext:79532
Lead Directorate:	Health	

GBC19/92

Portfolios: Health and Wellbeing

ISSUE: ACT HEALTH ORGANISATIONAL REFORM

Talking points:

- A significant achievement this year was the transition of ACT Health. In March 2018, the decision to create two health organisations with clear scope and accountabilities was announced.
- The ACT Health Directorate Executive Leadership Team, with the support of a dedicated Transition Office, were responsible for overseeing the transition planning and implementation.
- On 1 October 2018, two directorates were formally established and ACT Health and Canberra Health Services became operational.
- Staff who deliver frontline health services to the Canberra community now come under the umbrella of a dedicated health services delivery organisation – Canberra Health Services.
- The ACT Health Directorate is now responsible for strategic policy, research and planning and will set the strategic direction for health services across the ACT.
- The creation of two health organisations has enabled a clearer focus on efficiency and effectiveness for clinical operations and enabled the ACT Health Directorate to undertake core strategy and system stewardship functions.
- This change has been an essential evolution for our growing population and expanding health system and has also brought greater clarity about the distinct roles and responsibilities of frontline staff and corporate staff.
- For patients, consumers and their families, the transition has been a seamless one.

Cleared as complete and accurate:	08/03/2019	
Cleared by:	Director-General	Ext: 49400
Contact Officer name:	Michael De'Ath	Ext: 49400
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Director-General	
TRIM Ref:	GBC19/92	

- People visiting our public hospitals, our popular Walk-in Centres or accessing the many community-based health services that we offer have continued to be seen by the same hard working and dedicated people who make up our health system.
- Following the appointment of a Chief Executive Officer for Canberra Health Services, a review of the structure was undertaken.
- Changes to the Canberra Health Services structure were required to realign some reporting lines at the senior level to enable similar work functions to be grouped together. This ensures the structure supports how the health service works now and how we need it to work in the future.
- Following consultation with staff and relevant stakeholders a final organisational structure was released to staff which commenced taking effect from 1 March 2019.
- Due to a significant recruitment process to appoint all clinical Executive Directors to each Division, a phased approach to transitioning teams was required, and is anticipated to be fully implemented by the end of April.

Key Information

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

Achievements

- The project successfully achieved the overall aim to split the organisation by 1 October 2018. This is reflected with the following benefits/achievements:
 - Organisational structures for the ACT Health Directorate and Canberra Health Services established. They are publicly available on the Health website (<https://health.act.gov.au/about-our-health-system/organisation-structures>)

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Contact Officer name:	Michael De’Ath	Ext: 49400
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Director-General	
TRIM Ref:	GBC19/92	

- Administrative Arrangements enacted
- Cost centres, ABNs, bank accounts, Financial Delegations and Instructions for each organisation established and operational
- HR Delegations Manual, Change Leadership Training, Staff Workshops and Change Management Guide completed
- Activities planned for Strategic Accommodation, Parking, Switchboard, Procurement, realignment of Contracts and identification of Health Infrastructure assets, risks, systems and processes completed
- Governance framework developed and endorsed
- Aligning Government Directory to new organisational structure and mapping systems and administrators to new structure and cost centres are 80-99% complete
- Extensive consultation with senior leaders, staff and external stakeholders including unions.

Project governance

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

Financial

- There was no additional budget for the ACT Health Transition Project. Staffing was sourced through reallocation of existing staff and through engagement of corporate support functions. Costs were contained through use of internal resources and supports where available.
- Spring Green Consulting were engaged to support the project and provided continuity from the Form and Function review.
- No front-line positions have been identified as being redundant through the restructure of ACT Health.

Cleared as complete and accurate:	08/03/2019	
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Contact Officer name:	Michael De'Ath	Ext: 49400
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Director-General	
TRIM Ref:	GBC19/92	

- As at 14 November 2018, the ACT Health Directorate comprises 560 (head count) staff and Canberra Health Services 7177 (head count). This includes casual and unattached officers.

Executive Recruitment

- Both organisations are in the process of finalising their executive structures. All executive roles have been sized to ensure equity and transparency.
- Recruitment processes to fill changed executive roles are now underway.

Next Steps

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

Cleared as complete and accurate:	08/03/2019	
Cleared by:	Director-General	Ext: 49400
Contact Officer name:	Michael De'Ath	Ext: 49400
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Director-General	
TRIM Ref:	GBC19/92	

GBC19/92

Portfolio/s: Health and Wellbeing

ISSUE: INFRASTRUCTURE (INCLUDING SPIRE)

Talking points:

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

If asked about recent media relating to the number of ICU beds following an FOI request:

- The FOI documents referred to are old and based on assumptions that are no longer relevant to the project.
- Bed numbers at SPIRE are still to be finalised in the context of territory-wide planning, design and engagement processes for the project.

Key information

Timelines for the Expansion of the CHWC

- The project is due for staged delivery through to 2021-22 with some components delivered as early as 2020.
- Construction of the expansion started in the 2018-19 financial year, with completion of the security enhancement works to support a Custodial Birth Suite. This element was completed in October 2018.

Cleared as complete and accurate:	12/03/2019	
Cleared by:	Deputy Director-General	Ext: 52248
Contact Officer name:	Brad Burch	Ext: 72385
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Karen Doran	
TRIM Ref:	GBC19/92	

- ACT Health has commenced the next phase of the project to complete design works for other elements of the expansion and determine final staging and scheduling of works. This is expected to be significantly progressed in coming months, to inform staged delivery of expansion works.

Key Deliverable	Estimated Completion Date
Custodial Birth Suite	Completed in October 2018 (2018-19)
Adolescent Mental Health Unit Completion	2021-22
CHWC Expansion Project Completion	2021-22

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

Funding for the Expansion of the CHWC (as per the 2018-19 Budget)

- Expansion of the CHWC is a commitment of this Government from the 2016 election.
- The 2018-19 Budget provided a capital injection of \$2.5 million to allow for the continuation of planning and design related to the expansion of the CHWC.
- The Government has allocated \$68.075 million in the budget and forward estimates for the CHWC Expansion. The final cost estimate is subject to Government's consideration of outcomes of Proof of Concept and a final detailed project proposal.

2018-19 Budget

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Capital Provision	4,000	33,500	28,075	0	65,575
Capital Injection	2,500	0	0	0	2,500
Feasibility Expense	225	0	0	0	225

Cleared as complete and accurate:	12/03/2019	
Cleared by:	Deputy Director-General	Ext: 52248
Contact Officer name:	Brad Burch	Ext: 72385
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Cleared for release	Yes	
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Timelines for the SPIRE

- The 2016 election commitment stated that SPIRE was planned to open in 2022-23. This was prior to any feasibility, planning and early design works being undertaken.
- SPIRE is a major infrastructure project and as the feasibility and early planning has developed for the SPIRE project, so has the anticipated completion timeframe.
- At this early stage, construction is anticipated to commence in 2020, with demolition of buildings currently occupying the SPIRE site expected to commence in the second half of 2019. SPIRE is targeted for completion in 2023-24, which is consistent with 2017-18 estimated programming forecasts for the project, and project due diligence currently underway will determine final staging and scheduling of works.

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Targeted Project Completion Date	During 2023-24

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- The SPIRE Centre site location was announced to the public on 12 December 2018 with project updates available on the ACT Health website.
- Staging and decanting planning for existing building that will be demolished has commenced in preparation for the commencement of demolition works in late 2019.
- ACT Health has also recently commenced early design work for SPIRE, which will refine options for the campus and define solutions for optimal integration with the existing hospital infrastructure and services.
- Planning and Design for SPIRE needs to be considered carefully, as the hospital campus is an operational site where existing health services will continue to be delivered while construction is underway.
- ACT Health and Canberra Health Services continues to engage with clinical staff on the SPIRE planning and design works underway; Territory-wide health services planning, and clinical input are a vital part of planning for the construction of SPIRE. A Clinical Information Session for SPIRE was held on 22 November 2018, and clinical stakeholders will be involved in design phases moving forward.
- We are working closely with our other Directorate partners, such as Environment Planning and Sustainable Development Directorate and Transport Canberra and City

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Contact Officer name:	Brad Burch	Ext: 72385
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Karen Doran	
TRIM Ref:	GBC19/92	

Services, to explore broader planning implications for the health precinct at Garran with the Woden Town Master Plan and other landmark proposals in the area.

Funding for the SPIRE (as per the 2018-19 Budget)

- 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

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

Upgrading and Maintaining ACT Health Assets

- The ACT Government is investing some \$100 million in health assets and infrastructure to address identified risks across CHS properties under the Upgrading and Maintaining ACT Health Assets (UMAHA) program.
- In addition, through the SPIRE and CHWC Expansion projects, \$570 million will be invested in the Canberra Hospital campus over the next five years. This will address pressures in Critical Care and Woman and Children services on the campus.
- Further long-term planning will be undertaken to identify opportunities for further modernisation of the campus beyond the delivery of SPIRE.
- ACT Health is also working to ease pressure on Canberra Hospital by working closely with Calvary Health Care and establishing, or enhancing, health services available through other sites such as Walk-in and Community Health Centres.

Cleared as complete and accurate:	12/03/2019	
Cleared by:	Deputy Director-General	Ext: 52248
Contact Officer name:	Brad Burch	Ext: 72385
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Karen Doran	
TRIM Ref:	GBC19/92	

Portfolios: Chief Minister, Health & Wellbeing, Attorney-General, Police & Emergency Services

ISSUE: Government Position on Drugs of Dependence (Personal Cannabis Use) Amendment Bill

Talking points:

- The Government takes a clear harm minimisation position to drug use in our community.
- We do not condone personal use of cannabis and we know there are health risks for individuals that do use it. However, we also acknowledge the simple reality that it's happening Canberra.
- We want to provide an appropriate scheme for those individuals who are already using cannabis and will continue to do so, acknowledging that outright prohibition can bring people into contact with the justice system unnecessarily and prevent people seeking help when they need it.
- The Government supports the Private Members Bill in principle, but notes this is a complex issue that requires proper consideration and debate.
- The ACT has decriminalised personal use of small amounts of cannabis for some time, and the Private Members Bill is largely consistent with the scheme already in place.
- We will take time to consider the scrutiny report and potential Government amendments we believe will improve the Bill from both a health and justice perspective.

Key Information

- We want to put these measures in place to move focus away from small personal users of cannabis so that police efforts can go where they are really needed.
- We know there is still some uncertainty about how these changes will unfold given the complex legal environment. The government is supporting these changes as a trial and will monitor and review their impacts over the coming years.

Cleared as complete and accurate:

Cleared by:

Contact Officer Name:

Lead Directorate:

Director

Andrew Mehrton

Chief Minister, Treasury and
Economic Development

Ext: 58507

Ext: 58507

- We're also taking time to consider government amendments. We want to think this through and take on board the feedback we receive, noting our approach in principle is to support cannabis reform.
- The Bill proposes to legalise the personal cultivation, possession and use of small amounts of cannabis for persons aged 18 or older; possession and use of up to 50 grams of cannabis and cultivation of up to four cannabis plants.
- For persons under 18 years of age it would remain an offence to possess cannabis or cannabis plants and SCONs would continue to be available for use by police.
- The Bill includes other minor elements such as new offences for smoking cannabis in public places or near children; and consequential amendments to the *Criminal Code 2002* (ACT) and the *Medicines, Poisons and Therapeutic Goods Act 2008*.
- Whilst no other Australian jurisdiction has legalised the personal use of cannabis, National and ACT surveys show community support for the decriminalisation and/or legalisation of cannabis for personal use.

Background Information – may not be suitable for public disclosure

- Under current ACT legislation, the *Drugs of Dependence Act 1989* (Drugs Act), it is an offence to possess cannabis or to cultivate cannabis plants, including in small quantities for personal use.
- The Drugs Act also allows for the use of a Simple Cannabis Offence Notice (SCON) as an alternative to an arrest for the possession of cannabis, if the offence is possession of cannabis weighing no more than 50 grams or possession of no more than two cannabis plants. A SCON is effectively a \$100 fine which, if paid within 60 days, and avoids a criminal conviction being recorded for the offender.
- On 28 November 2018, Michael Pettersson MLA introduced the *Drugs of Dependence (Personal Cannabis Use) Amendment Bill 2018* (the Bill) into the ACT Legislative Assembly.

Cleared as complete and accurate:

Cleared by:

Contact Officer Name:

Lead Directorate:

Director

Andrew Mehrton

Chief Minister, Treasury and
Economic Development

Ext: 58507

Ext: 58507

GBC19/92

Portfolio: Health & Wellbeing

ISSUE: Alcohol and Other Drug Policy

Talking points:

Drug Strategy Action Plan

- The ACT Government is committed to investing in evidence-based responses to minimise harms from alcohol, tobacco and other drugs.
The ACT is at the forefront of innovative harm reduction policy approaches, as demonstrated by the successful introduction of Australia’s first Government-backed pill testing trial and current consideration by this Assembly of legalisation of possession and cultivation of small amounts of cannabis.
- The ACT Drug Strategy Action Plan 2018–2021: A Plan to Minimise Harms from Alcohol, Tobacco and Other Drug Use (the Action Plan) was released on 11 December 2018.
- The ACT Government is committed to working collaboratively on the priorities outlined in the Action Plan.
- ACT Health Directorate is currently working to convene the first meeting of the Drug Strategy Action Plan Advisory Group, which will include representation from government, academia, community, and consumer and peer organisations.

Independent Review and Systems Level Re-Design of Withdrawal Management Services (Including Culturally Specific Drug and Alcohol Rehabilitation Centre)

- 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 commenced some of the preliminary work needed to identify gaps in alcohol and other drug service delivery. This has included a review of withdrawal services in the ACT conducted by 360Edge.

Cleared as complete and accurate:	06/03/2019	
Cleared by:	Deputy Director-General	Ext: 49699
Contact Officer name:	Emily Harper / Erica Nixon	Ext: 49541
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Leonie McGregor	
TRIM Ref:	GB19/92	

- 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 per the ACT Aboriginal and Torres Strait Islander Agreement 2019-2018, ACT Health and Canberra Health Services Action Plan commit to collaborate with Aboriginal and Torres Strait Islander services and other stakeholders to determine specialist AOD implementation priorities, including residential rehabilitation for Aboriginal and Torres Strait Islander peoples.
- ACT Health will deliver alcohol, tobacco and illicit priority actions including exploring rehabilitation opportunities for Aboriginal and Torres Strait Islander people.
- Other culturally specific AOD funding is provided to Winnunga Nimmityjah Aboriginal Health and Community Services and Gugan Gulwan Youth Aboriginal Corporation including:
 - Alcohol and other drugs harm reduction
 - Information and education
 - Support and case management
 - Tackle smoking program

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, and recommended that ACT Health should develop such a program, in addition to existing bed-based services.
- The Review was commissioned to inform internal policy and planning, and while it provides an evidence-base for future policy consideration, it is not intended for the review to be publicly released.

Cleared as complete and accurate:	06/03/2019	
Cleared by:	Deputy Director-General	Ext: 49699
Contact Officer name:	Emily Harper / Erica Nixon	Ext: 49541
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Leonie McGregor	
TRIM Ref:	GB19/92	

Background Information:

- The ACT Action Plan outlines 43 priority actions to address and minimise harms from alcohol, tobacco, illicit drugs and non-medical use of pharmaceuticals in the Territory, aligned to the framework provided by the National Drug Strategy 2017-2026.
- It is intended the ACT Action Plan Advisory Group will provide input and advice on the implementation, monitoring, and evaluation of the ACT Action Plan, and play an important role in identifying emerging drug use patterns and informing future priorities.
- ACT Health Directorate is currently contributing to policy development for the ACT Drug and Alcohol Court (DAC) and working with Canberra Health Services to develop the relevant clinical procedures.
- A consultant has been engaged to advise on the most suitable clinical programs for the DAC, and to estimate required capacity and potential costs.

Cleared as complete and accurate:	06/03/2019	
Cleared by:	Deputy Director-General	Ext: 49699
Contact Officer name:	Emily Harper / Erica Nixon	Ext: 49541
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Leonie McGregor	
TRIM Ref:	GB19/92	

GBC19/92

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

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

Key Information

- ACT Health Directorate is currently exploring options for banning conversion therapy in the ACT.
- Following advice from my Directorate and consultation with the Attorney General, ACT Health Directorate officials are working with relevant Justice and Community Safety Directorate officials to prepare legislative options in order to ban conversion therapy. This work has now commenced.
- On 3 February 2019, the Victorian Government announced plans to legislate a prohibition of LGBTIQ conversion practices and is considering how best to support those previously exposed to this practice.
- Queensland Health is also considering a ban on conversion therapy and how best to support those impacted historically.

Cleared as complete and accurate:	07/03/2019	
Cleared by:	Executive Group Manager	Ext: 49737
Contact Officer name:	Paul Wyles	Ext: 49751
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Amber Shuhyta	
TRIM Ref:	GBC19/92	

Background Information

- On 3 February 2019, the Victorian Premier, Daniel Andrews MP, announced his plan to ban gay conversion therapy. This is in response to a report from the Victorian Health Complaints Commissioner who found that those subjected to conversion practices experience long-term psychological harm and distress. The Commissioner has stated that in her opinion legislation to ban conversion therapy will send a clear message to the community, clearly standing against these damaging and inappropriate practices and supporting LGBTIQ individuals.
- The NSW Government has expressed support for the Victorian ban, indicating a preference for a national approach through the Council of Australian Governments.
- In October 2018, the Human Rights Law Centre in conjunction with La Trobe University released their report 'Preventing Harm, Promoting Justice'. The report illuminates the unique experiences and needs of LGBT people of faith who have undergone some form of religion-based conversion therapy; outlines the history, prevalence and changing nature of services provided to LGBT people of faith in Australia; canvases international legal models and conducts a human rights based analysis of the issues as well as surveys the existing legal landscape in Australia.
- In May 2018, the Queensland Government indicated that the Health Ombudsman would provide advice on banning gay conversion therapy in that State.

Issues

- 'Gay conversion therapy' is an umbrella term for a range of practices intended to change or suppress a person's sexual orientation. Many definitions have tended to focus on issues related only to sexual orientation. Over recent years it has emerged that the practice has also affected transgender people who may be seeking to transition, and people with diverse gender identity or gender expression. There is potential impact on intersex people too, if an early decision is made regarding a child's sex or gender, that does not then relate to the child's perception of their sex or gender.
- The broader term 'conversion therapies' (CT) is therefore generally preferred in the recent literature. If a broader definition of CT is adopted (i.e. to include sexual orientation, gender identity and gender expression), it is important to understand particular terminology and to distinguish between the concepts of biological sex characteristics, legal sex and gender identity.
- The *Prohibition of Conversion Therapies Bill 2018*, currently before the Oireachtas Éireann – the parliament of the Republic of Ireland – includes the following definition: 'Conversion therapy means any practice or treatment by any person that seeks to change, suppress and, or eliminate a person's sexual orientation, gender identity and, or gender expression.' In discussing any proposed regulation or prohibition of CT, it should

Cleared as complete and accurate:	07/03/2019	
Cleared by:	Executive Group Manager	Ext: 49737
Contact Officer name:	Paul Wyles	Ext: 49751
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Amber Shuhyta	
TRIM Ref:	GBC19/92	

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 *Prohibition of Conversion Therapy (Scotland) Act 2018* defines conversion therapy as “any therapy, treatment or action which a person administers or performs on another person (P) with a view to: (a) altering P’s sexual orientation; or (b) altering P’s gender identity.
- On 3 July 2018, the Government of the United Kingdom announced its intention to end the practice of conversion therapy in the UK, and take further action on hate crime.
- 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.
- 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 counselling and support, which may or may not involve seeking to convert away from those feelings.
- There may also be implications for free speech and the rights of individuals to have the freedom to pursue their own goals within a confidential therapeutic environment.
- Care must be taken to ensure religious organisations in Canberra understand that religious freedom is not under attack. Instead, the message to be communicated is that this measure is to ensure harm is not done to people in ACT through the use of CT.
- Protections for practitioners who are providing legitimate support to individuals may also be required, in the event of a complaint made against them without sufficient evidence of conversion being attempted.
- It is therefore difficult to prohibit a practice which is not advertised, nor which may or may not be intended to “convert” an individual away from same-sex attraction.
- 14 jurisdictions in the USA have recently banned CT being offered by licenced mental health practitioners to minors. However, CT in the USA can still take place amongst unregistered practitioners or within religious institutions, and there are no protections in place for adults.

Cleared as complete and accurate:	07/03/2019	
Cleared by:	Executive Group Manager	Ext: 49737
Contact Officer name:	Paul Wyles	Ext: 49751
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Amber Shuhyta	
TRIM Ref:	GBC19/92	

GBC 19/92

Portfolio: Health & Wellbeing

ISSUE: SUPPORT FOR BULK BILLING GENERAL PRACTITIONERS

Talking points:

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

Cleared as complete and accurate:	06/03/2019	
Cleared by:	Executive Group Manager	Ext: 49808
Contact Officer name:	Catherine Eadie	Ext: 49749
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Amber Shuhyta	
TRIM Ref:	GBC19/92	

- Contracts are in place and funding has been provided to the National Health Co-op and Isabella Plains Medical Centre.
- The contract with the Interchange General Practice was delayed (at the Interchange's request) while it changed its status to become a Cooperative that will then offer bulk billing to all patients. This change has recently been confirmed and the contract between the Interchange Health Cooperative and the ACT Health Directorate is now in the process of being signed.
- This change does not impact on the Interchange's eligibility to receive the grant as the practice will be increasing its rate of bulk billing to 100 per cent (apart from a few special services), thus achieving the aim of the Grant Fund and further enhancing the deliverables from this election commitment.
- Consideration is still being given to the use of approximately \$89,000 (excluding GST) of remaining funds that were not allocated during the Bulk Billing General Practices Grant Fund.
- ACT Health Directorate has processed a Freedom of Information (FOI) request for documents related to the Bulk Billing General Practices Grant Fund, specifically documents and correspondence related to the consideration of the applications. This request has been managed in accordance with the FOI Act.

Cleared as complete and accurate:	06/03/2019	
Cleared by:	Executive Group Manager	Ext: 49808
Contact Officer name:	Catherine Eadie	Ext: 49749
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Amber Shuhyta	
TRIM Ref:	GBC19/92	

GBC19/92

Portfolio: Health and Wellbeing

ISSUE: National Code of Conduct for Health Care Workers

Talking points

- The National Code of Conduct for Health Care Workers (the Code) was agreed by the Council of Australian Governments (COAG) Health Council in 2015.
- The decision required each jurisdiction to enact new, or amend existing, legislation and regulations to implement the Code. The Code will protect the public by providing nationally agreed standards of conduct and practice for health care workers, and enables the Health Services Commissioner (the Commissioner) to investigate complaints and impose sanctions on those who breach the Code.
- The Code will cover workers who are not registered under the National Registration and Accreditation Scheme for health practitioners, as well as registered practitioners providing services unrelated to their registration (for example, a nurse practising as a herbalist or homeopath).
- The vast majority of health care workers practise in a safe, competent and ethical manner. However, it is important that there is a robust set of standards and regulations in place to guide practitioners and protect the community.
- Implementation of the Code will enable the Commissioner to investigate complaints and take action in circumstances where the community may be put at risk.
- In the ACT, the Code will be implemented by making amendments to the *Human Rights Commission Act 2005*. It is anticipated that the Code will be implemented in the ACT in 2019.
- The ACT has taken a considered and consultative approach to implementing the Code. ACT community consultation was conducted in August 2018, including targeted consultation to over 60 stakeholders outside government. Eight submissions were received and considered.

Cleared as complete and accurate:	07/03/2019	
Cleared by:	Executive Group Manager	Ext: 49808
Contact Officer name:	Rowan Ford	Ext: 49784
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Amber Shuhyta	
TRIM Ref:	GBC19/92	

- A further round of consultation was conducted between 6 December 2018 and 4 February 2019. All feedback received by the ACT Health Directorate will be considered before a response is put to Government.

Key Information

- The Code has standards against which to assess a health care worker's conduct and practice in the event of a complaint or serious adverse event, including to:
 - provide health services in a safe and ethical manner;
 - have client consent before providing a health service;
 - not claim that they can cure cancer or other terminal illnesses;
 - not misinform clients about matters such as the efficacy of the service they are providing or their qualifications;
 - provide accurate advice;
 - not exploit their clients, either through financial or sexual misconduct;
 - mitigate harm to the client if an adverse event occurs in connection with the health service they are providing;
 - control infection and taking appropriate action when they have been diagnosed with a transmissible medical condition;
 - not practise while under the influence of intoxicating or unlawful substances;
 - seek advice about how, or whether, they should provide a health service if they have a physical or mental impairment, disability, condition or disorder (including an addiction);
 - comply with privacy laws, keep records and have appropriate insurance;
 - report concerns about the conduct of another health care worker if they believe they have put a client at risk or failed to comply with the Code; and
 - display the code and information about making a complaint on their premises, where clients can easily see it.
- The ACT Education Directorate has raised some concerns regarding the application of the Code to the Healthcare Access at Schools Program. The Health Services Commissioner and the ACT Health Directorate will work with the Education Directorate prior to commencement of the legislation, to ensure their preparedness for the new Code.
- The National Code is designed as a 'light touch' regulatory system, which does not restrict entry to unregistered health care workers practising their professions, or require them to be registered.

Cleared as complete and accurate:	07/03/2019	
Cleared by:	Executive Group Manager	Ext: 49808
Contact Officer name:	Rowan Ford	Ext: 49784
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Amber Shuhyta	
TRIM Ref:	GBC19/92	

- It is a ‘negative licensing’ scheme, which enables action to be taken against an unregistered health care worker who fails to comply with proper standards of conduct or practice and places the community at risk.
- The Commissioner will be able to:
 - receive and investigate complaints about a breach of the Code;
 - issue interim orders prohibiting a health care worker from providing a health service or setting conditions on that service, of up to eight weeks, while they are conducting an investigation;
 - issue public warnings during an investigation to alert the public early in relation to risks of particular health treatments and providers;
 - issue final prohibition and condition orders, and to make public statements about a health care worker who is subject to an order following an investigation; and
 - enforce an order issued in another state or territory where that prohibition order corresponds (or substantially corresponds) to the type of prohibition order that can be made in the ACT.
- Before the Commissioner makes an order, they must find that the health care worker has both breached the Code and poses a serious risk to the health and safety of members of the public.
- Any investigation would be conducted under the principle of natural justice, and decisions will be reviewable by the ACT Civil and Administrative Tribunal (ACAT).
- The Code will also establish offence provisions for any person who does not comply with an order.
- The Commissioner will be able to vary or cancel a prohibition or condition order, and must keep a public register.
- In June 2013, the Standing Council on Health, the precursor to the COAG Health Council, agreed in principle to strengthen state and territory health complaints mechanisms, by implementing a single national code of conduct for unregistered health practitioners in each jurisdiction, a nationally accessible register of prohibition orders, and mutual recognition arrangements between states and territories to support national enforcement of the Code. National consultations were held in all states and territories the following year, in conjunction with local health departments, to seek public comment on the terms of a draft code. Over 100 submissions were received.
- The final document, the National Code of Conduct for Health Care Workers, was agreed by the COAG Health Council in 2015.

Cleared as complete and accurate:	07/03/2019	
Cleared by:	Executive Group Manager	Ext: 49808
Contact Officer name:	Rowan Ford	Ext: 49784
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Amber Shuhyta	
TRIM Ref:	GBC19/92	

GBC19/92

Portfolio: Health & Wellbeing

ISSUE: ACT HEALTH TERRITORY-WIDE HEALTH SERVICES STRATEGY

Talking points:

- An ACT Health and Wellbeing Strategic Framework 2019-2029 (the Framework) will be launched imminently and provides an anchor for ACT Health’s vision “Your Health – Our Priority” and a foundation for a person-centred, innovative and high performing health system for the Territory. One of the key strategies identified in the Framework to achieve this vision is an ACT Health Territory-wide Health Services Strategy (the Strategy) previously known as a framework.
- The Strategy is nearing completion and has been considered by the Directorate Leadership Committee and will be put to Minister/s for final endorsement.
- Feedback to date from ACT Health staff and the Advisory Group has been positive and the Strategy has been revised to reflect the transition of services and the development of a Territory Wide Health Services Plan 2019-2024 (the Plan).
- Development of the Plan is well underway and will be informed by the work undertaken to date on Specialty Service Plans (SSPs). The Plan will identify priorities for health service development and redesign and will be based on a comprehensive assessment of health service needs across the care continuum on a geographic basis and for priority population groups.
- The SSPs are also progressing well. There are approximately 46 SSPs in total in development. This includes 40 specialty services and six core services such as pathology and pharmacy.

Cleared as complete and accurate:	08/03/2019	
Cleared by:	Executive Group Manager	Ext: 49699
Contact Officer name:	Carolyn Bartholomew	Ext: 59010
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Leonie McGregor	
TRIM Ref:	GBC19/92	

GBC19/92

Portfolio: Health and Wellbeing

ISSUE: CHEMOTHERAPY CO-PAYMENTS

Talking points:

- On 4 July 2018, the Chief Minister announced that the ACT Government would meet the costs of co-payments for chemotherapy for cancer treatment, and that patients would no longer be directly charged.
- From 6 August 2018, Canberra Health Services (CHS) began covering the co-payment for patients requiring injectable and infusible chemotherapies in ACT public hospitals (the Chemotherapy Scheme).
- The ACT Government has since also committed to covering the co-payment for oral chemotherapy medications dispensed through ACT public hospitals.
 - There were initially some administrative issues with meeting the cost of oral chemotherapy medication in public hospitals between 6 August 2018 and 23 October 2018. These issues are now resolved.
 - All affected patients have been contacted by CHS or Calvary Public Hospital Bruce, and reimbursed or had credit arranged.
- The Government acknowledges that covering chemotherapy co-payments is a complex issue with no single scheme in use across Australian jurisdictions.
- With the exception of NSW, it is my understanding that all other jurisdictions attract some level of chemotherapy co-payment.
- NSW made a commitment to cover the co-payments on \$100 chemotherapy medications, however there are vast operational differences between ACT and NSW, there are also differences in medication coverage. For example there are no oral chemotherapy medications included in the \$100.

Cleared as complete and accurate:	07/03/2019	
Cleared by:	Executive Group Manager	Ext: 49737
Contact Officer name:	Aaron Adams	Ext: 49790
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Amber Shuhyta	
TRIM Ref:	GBC19/92	

- As stated in the Standing Committee on Health, Ageing and Community Services in November 2018, I do not believe managing the scheme through community pharmacy is achievable and this Scheme will not cover all chemotherapy co-payments at this stage.

Background Information

- The ACT Government's chemotherapy scheme was initially implemented to cover the cost of chemotherapy medication co-payments for infusible and injectable medications only.
- Historically, all oral chemotherapy medication for cancer patients dispensed from ACT public hospitals attracted a co-payment which were paid by the patient. As a result, patients have been receiving invoices for oral chemotherapy medications. This process has now been amended.

Cleared as complete and accurate:	07/03/2019	
Cleared by:	Executive Group Manager	Ext: 49737
Contact Officer name:	Aaron Adams	Ext: 49790
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Amber Shuhyta	
TRIM Ref:	GBC19/92	

GBC19/92

Portfolio/s: Health and Wellbeing

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

Talking points:

- There are currently 330 staff in ACT Health and Canberra Health Services covered by Attraction and Retention Incentives (ARIns) and Special Employment Arrangements (SEAs).
- Total expenditure on ARIns/SEAs in 2017-18 was \$18.7 million, the vast majority of which went to doctors and other health professionals.
- Significant changes are underway to classification arrangements for Health Professionals are underway, as part of negotiations for the Health Professionals Enterprise Agreement, which will see a number of long-standing Health Professional ARIns incorporated into the EA.
- Revised arrangements for ARIns applying to medical practitioners are currently being discussed with employee representatives, with the intention of implementing these commencing in February 2019.
- The proposed changes will see a greater consistency in approach in regards to above-agreement payments.

Cleared as complete and accurate:	06/03/2019	
Cleared by:	Deputy Director-General	Ext: 49190
Contact Officer name:	Emm Dale	Ext: 49706
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Karen Doran	
TRIM Ref:	GBC19/92	

GBC19/92

Portfolios: Health and Wellbeing and Mental Health

ISSUE: Nurse Safety Strategy

Talking points:

- In December 2018, the Minister for Mental Health and I launched ACT Health’s strategy to improve the workplace health and safety of nurses and midwives.
- *The Nurses and Midwives: Towards a Safer Culture – The First Step Strategy* outlines ACT Health’s vision of an ACT public health care system where staff, patients, and visitors are protected from harm and feel safe at all times.
- Two dedicated, senior nurse project officers have been recently appointed to implement a range of strategies for Mental Health, and Nursing and Midwifery.
- The Strategy is being led by ACT Health and will encompass Canberra Health Services, the University of Canberra Hospital, and Calvary Public Hospital Bruce.
- Engagement with executive nursing staff across the three workplaces has commenced to raise awareness of the Strategy.
- A Resilience Workshop was presented by the Advisory Board on 14 February 2019. The workshop was attended by nurses and midwives from Canberra Health Services, the University of Canberra Hospital, and Calvary Public Hospital Bruce. The purpose of this workshop was to provide an overview of rebuilding the foundations for a resilient and safe workforce.

Key Information

- The Strategy, Implementation Plan and Discussion Paper are available on the ACT Health website.
- The purpose of the Strategy is to provide a safe and healthy environment; an environment where our staff and all persons who enter ACT Health workplaces are protected from harm and feel safe at all times.

Cleared as complete and accurate: 06/03/2019
Cleared by: Deputy Director-General Ext:
Information Officer name:
Contact Officer name: Pieta McCarthy Ext: 49554
Lead Directorate: Health

TRIM Ref: GBC19/92

- 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.
 - Safewards Implementation
 - The Safewards Model is a mental health in-patient health program originating in the United Kingdom and designed by Professor Len Bowers.
 - Implementation comprises of two aspects - the Safewards Model and the 10 Safewards Interventions. The Safewards Model describes how potentially harmful events through conflict and prevention of harm through containment manifest in psychiatric in-patient units. The program educates and teaches staff how they can reduce conflicts and the need for restrictive interventions such as medications, sedations, restraints by recognising triggers which can put patients, staff and visitors at risk, and managing these situations before they escalate.
 - Safewards has been implemented in many places internationally and across Australia including NSW Health, Queensland Health and widely in Victorian Health.
 - Safewards has been a key program based in clinical mental health facilities however has not been implemented in a generalised nursing and midwifery clinical setting. Bendigo Health and Peninsula Health launched Safewards Victoria, a pilot to trial Safewards into the Bendigo Health Emergency Department. The trial commences on 5 February 2019 and will run for one year before being evaluated independently by the University of Melbourne.
 - Since 2014, researchers at the Centre for Psychiatric Nursing have led the evaluation of the Victorian government funded implementation of Safewards in the state of Victoria. The implementation of Safewards in Victoria is the most substantial and systematic in the world to date as advised by the University of Melbourne.

Cleared as complete and accurate: 06/03/2019
Cleared by: Deputy Director-General Ext:
Information Officer name:
Contact Officer name: Pieta McCarthy Ext: 49554
Lead Directorate: Health

TRIM Ref: GBC19/92

- The *Nurses and Midwives: Towards a Safer Culture- The First Step Strategy* identifies a standardised approach to the management of patients through a Safewards implementation plan, to be developed and endorsed by the Nurses and Midwives: Towards a Safer Culture Reference Group in 2019.

Background Information

- Workplace violence and aggression is a global problem confronting all health care workers and a major focus for health services as they strive to provide for the health and safety of workers within diverse and dynamic workplace environments.
- Nurses and midwives, at the forefront of health care delivery, are the largest health care group exposed to Occupational Violence and Aggression (OVA). Research suggests significant under-reporting due to multiple factors, including complex reporting systems and a culture normalisation of OVA (Victorian Auditor General, 2015; Hogarth et al., 2016).

Cleared as complete and accurate: 06/03/2019
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Contact Officer name: Pieta McCarthy Ext: 49554
Lead Directorate: Health

TRIM Ref: GBC19/92

GBC19/92

Portfolio/s: Health and Wellbeing

ISSUE: SENIOR MANAGEMENT UPDATE AT ACT HEALTH, CALVARY AND CANBERRA HEALTH SERVICES

Talking points:

- The ACT Chief Health Officer, Dr Paul Kelly, will commence in a new role on 12 March 2019 as the Chief Medical Advisor, Health Products Regulation Group at the Commonwealth Department of Health. Dr Kelly has held the role of ACT Chief Health Officer for the past eight years, dedicating his time to bettering the health of the ACT population through a range of protection, prevention and promotion activities. Arrangements for the Chief Health Officer role going forward are being considered.
- Mr Mark Dykgraaf commenced as General Manager, Calvary Public Hospital Bruce (CPHB) in December 2018. Both public and private hospitals on the Bruce site will report to Mr Dykgraaf. Mr Dykgraaf was formally the Chief of Clinical Operations at Canberra Health Services.
- Ms Barbara Reid was appointed as Calvary ACT Regional Chief Executive Officer with responsibilities for the Calvary's services in the region: hospitals, aged care and community care.
- The Chief Medical Officer (CMO), Chief Nursing and Midwifery Officer (CNMO), and Chief Allied Health Officer (CAHO) now report to the Deputy Director-General, Health Systems Policy and Strategy in the ACT Health Directorate. The Office of Professional Leadership has been established to support the work of the CMO, CNMO and CAHO. The Office will create an environment for consistent high-quality clinical standards and multidisciplinary collaboration.
- Dr Danesh Arya will be commencing in the role of acting Chief Medical Officer from 18 March 2019. Dr Arya has had an extensive career in Australia and internationally.
- Ms Karen Faichney commenced the role of Acting Chief Nursing and Midwifery Officer on Monday 4 March.

Cleared as complete and accurate:	28/02/2019	
Cleared by:	Deputy Director-General	Ext: 49190
Contact Officer name:	Jacob Fell	Ext: 49349
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Karen Doran	
TRIM Ref:	GBC19/92	

Key information

Office of Professional Leadership

- The Office plays a key role in:
 - Identifying trends in the delivery of health services and workforce across the ACT;
 - Encouraging leadership and strategic direction for the clinical workforce;
 - Collaborating with other areas that lead whole of ACT health strategy and planning functions, both within the Health Directorate, Canberra Health Services;
 - Leading and maintaining high professional standards, recruitment and education required under the National Registration and Accreditation Scheme (NRAS);
 - Providing expert, strategic, timely advice on emerging issues at the local, state, national and international levels; and develops policies and initiatives which support the delivery of health priorities and achievement of government health objectives;
 - Guiding and promoting research and continuous improvement of professional practice; and
 - Representing the Territory on relevant national forums.

Clinical and Professional Leadership Roles – ACT Health Directorate

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

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Information Officer name:	Karen Doran	
TRIM Ref:	GBC19/92	

and ACT Health system at national forums and is instrumental in ensuring the future capability of the nursing and midwifery profession.

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

Background Information

Difference Between Roles – ACT Health Directorate and Canberra Health Services

- The CMO previously had hospital based operational responsibilities for supervision and provision of clinical services. These responsibilities are now managed by the Executive Director of Medical Services in addition to other responsibilities such as GP and Primary Health, Health Technology Management, Medical Imaging, Pharmacy and Pathology. This in keeping with operating models in other states and jurisdictions.
- The CMO role is responsible for developing a collaborative and strategic approach to medicine for the ACT and at a national level. The role is responsible for setting the strategic, professional and workforce oriented agenda for medicine in the ACT including the creation and maintenance of effective clinical governance policy in relation to medicine and continuous improvement of medical practice to improve clinical and health system outcomes and drive system wide improvement.
- The CNMO role previously combined the role of Executive Director Nursing & Midwifery and Patient Support Services, which is a hospital based, operational role; with that of the CNMO which is a territory wide, professional leadership role. The CNMO role is no longer responsible for the hospital based aspects of the position allowing it to focus on strategic workforce and professional matters across the territory. The two roles will work closely together to ensure consistency of professional practice and standards.
- The Executive Director Nursing & Midwifery and Patient Support Services is an operational role providing professional supervision and direction to nursing and midwifery staff. The Executive Director Nursing & Midwifery and Patient Support Services will focus on matters such as rostering and resourcing for Canberra Health Services, implementation of quality and safety improvement programs, management of nursing and ward support services.
- Having the CMO, CNMO and CAHO together in one functional area helps to promote multi-disciplinary and integrated health care across the ACT health system.

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Contact Officer name:	Jacob Fell	Ext: 49349
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Karen Doran	
TRIM Ref:	GBC19/92	

GBC19/92

Portfolio/s Health & Wellbeing

ISSUE: CONSULTANCY CONTRACTS LED BY ACT HEALTH AND CHS

Talking points:

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

Key Information

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

Cleared as complete and accurate:	01/03/2019	
Cleared by:	Deputy Director-General	Ext: 52248
Contact Officer name:	Tim Roach	Ext: 79063
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Karen Doran	
TRIM Ref:	GBC19/92	

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Portfolio: Health and Wellbeing

ISSUE: NGO FUNDING AND PROCUREMENT OF SERVICES FROM COMMUNITY SERVICES

Talking points:

- Community organisations do a lot of good work that complements the public health system to better support people in managing their health.
- In December 2018 ACT Health informed service providers of funding arrangements beyond the current contract period.
- Consumers can be assured of service continuity beyond the current contract period.

Key Information

- ACT Health Directorate funds services that improve health outcomes and complement and support services delivered directly by the public health system.
- The majority of 2016-19 service funding agreements expire on 30 June 2019.
- To provide continuity of access to services for consumers and provide greater certainty to current service providers, in December 2018 ACT Health informed the majority of these service providers that their contracts will be extended for a further three years.
- The contract variation process provides an opportunity to update aspects of contracts, in negotiation with each service provider.
- ACT Health Directorate will commence contract negotiations in March and April 2019.

Cleared as complete and accurate:	07/03/2019	
Cleared by:	Executive Group Manager	Ext:
Contact Officer name:	Rebecca Dawson	Ext: 49756
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Carolyn Bartholomew	
TRIM Ref:	GBC19/92	

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Portfolio/s: Health and Wellbeing

ISSUE: BED NUMBERS AND BED OCCUPANCY

Talking Points

- Bed occupancy is a measure of the efficient use of resources available for hospital services.
- Bed occupancy figures fluctuate hourly, daily and monthly, and also vary substantially with the level of demand experienced across each hospital campus.
- ACT public hospitals achieved a bed occupancy rate of 86 per cent for the 2017-18 financial year. This is comparable to previous years.
- For the 2018-19 financial year to 13 February 2019, the bed occupancy and the number of beds, based on the average per day, were:
 - Canberra Health Services – 94 per cent based on an average physical bed capacity of 660 beds;
 - University of Canberra Hospital – 84 per cent based on an average physical bed capacity of 85 beds (since 17 July 2018); and
 - Calvary Public Hospital Bruce (CPHB) – 67 per cent based on an average physical bed capacity of 277.
- The overall year-to-date occupancy was 86 per cent compared to the 2018-19 target of 90 per cent.
- The National Average Length of Stay in hospital for overnight patients during 2016-17 was 5.3 days. The average length of stay of overnight patients in CHS was 5.6 days, and CPHB, 5.1 days.
- During 2017-18 there were 55,364 overnight separations. This is an increase compared to 54,431 during 2016-17, and 51,685 during 2015-16.

Cleared as complete and accurate:	05/03/2019	
Cleared by:	Deputy Director-General	Ext: 49799
Contact Officer name:	Emily Harper	Ext: 49541
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Karen Doran	
TRIM Ref:	GBC19/92	

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Portfolio: Health and Wellbeing

ISSUE: EMERGENCY DEPARTMENT DEMAND

Talking points:

- Emergency Department (ED) presentations across the system increased from 143,860 in 2016-17 to 147,778 in 2017-18, representing a 3 per cent increase.
- ACT Health is focused on delivering emergency services within clinically recommended timeframes.
- ACT EDs achieved the ‘seen on time’ target for category one and five patients during 2017-18.
- This target was not achieved in 2017-18 for categories two to four. Operational areas advise that this is due to the unprecedented winter season demand, and more clinically urgent and complex patient presentations.
- There were 36,840 ED presentations in the first quarter of 2018-19 and 37,071 in the second quarter.
- The second quarter of 2018-19 is showing some improvements in timeliness.
 - 36 per cent of emergency triage category three patients were seen on time, up from 33 per cent the previous quarter; and
 - 51 per cent of emergency triage category four patients were seen on time, up from 47 per cent the previous quarter.

Key Information

- The 2018-19 budget provided funding for a number of full time equivalent frontline staff, including additional nursing staff, allied health professionals and medical officers.

Cleared as complete and accurate:	12/03/2019	
Cleared by:	Deputy Director-General	Ext: 49799
Contact Officer name:	Emily Harper	Ext: 49541
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Karen Doran	
TRIM Ref:	GBC19/92	

- Several strategies to assist in managing the increase in demand have been implemented, including dedicated winter plans which incorporate additional beds and staffing, daily operational strategies to improve patient flow and discharge, and public education to inform the community about appropriate use of the ED and the alternative services available to the community.
- This will assist to improve access to emergency services and care, reduce the waiting times experienced by patients, and optimise the seamless transfer of patients to the most appropriate clinical environment. This will result in better health outcomes and experiences for patients in the ACT and surrounding NSW region.

Cleared as complete and accurate:	12/03/2019	
Cleared by:	Deputy Director-General	Ext: 49799
Contact Officer name:	Emily Harper	Ext: 49541
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Karen Doran	
TRIM Ref:	GBC19/92	

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Portfolio/s: Health and Wellbeing

ISSUE: Half Yearly Performance Reports: Canberra Health Services, Health Directorate and Local Hospital Network

Talking points:

- Half Yearly Performance Reports for Canberra Health Services, ACT Health Directorate and Local Hospital Network (LHN) was tabled in the Legislative Assembly on Thursday 14 February 2019.
- There were some major variances within Statements of Performance and recorded output.

Key information

Canberra Health Services

- Output 1.1 - Acute Services:
 - Output 1.1.c – Emergency Services - was five per cent below target. Emergency Department (ED) presentations and acuity increased considerably from 2016 to 2017, partly due to a severe flu season resulting in a high volume of respiratory related conditions. Although ED activity remains at historically high levels, the rate of increase seen in recent years has not occurred in the current reporting period, partly due to a milder flu season.
 - Output 1.1.e. - Sub Acute Services - was 24 per cent higher than the target due mainly to Rehabilitation Care seeing an 18 per cent increase, reflecting the opening of University of Canberra Hospital.
- Output 1.2 Mental Health, Justice health and Alcohol and Drug Services:
 - Output 1.2.b - Children and youth mental health program community service contacts - was 20 per cent higher than the target due to higher demand and staff levels, particularly in the acute areas. The program has been expanded through the Youth Mental Health Assertive Outreach and Expansion of the Perinatal Mental Health Service budget initiatives.
 - Output 1.2.c - Mental Health Rehabilitation and Specialty Services - was 24 per cent higher than target due mainly to demand for rehabilitation and specialty mental health services.

Cleared as complete and accurate:	05/03/2019	
Cleared by:	Executive Group Manager	Ext: 49869
Contact Officer name:	Gray Charlton	Ext: 49643
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	John Fletcher	
TRIM Ref:	GBC19/92	

- Output 1.2.f - Justice Health Services community contacts - was Ten per cent lower than target largely due to adjustments in clinical and operational practices resulting in less occasions of service.
- Output 1.4 Cancer Services:
 - Output 1.4.c – Number of breast screens for women aged 50 to 74 – was 23 per cent higher than the target due to an increase in the age group from 50-69 years to 50-74 years. The target was not adjusted for this cohort. Output 1.4.e - percentage of screened patients who are assessed within 28 days - was Ten per cent lower than target was impacted by program capacity as well as client choice. Screening capacity in October and November increased significantly with the engagement of locum radiographers. This resulted in an increase in the number of women recalled for assessment. This in turn exceeded available assessment appointments and resulted in some women exceeding the 28 day timeframe.
- Output 1.5 Rehabilitation Aged and Community Care:
 - Output 1.5.b - Number of allied health regional services - was 14 per cent below target reflecting reductions in activity due in part to staff vacancies and unplanned personal leave. Physiotherapy occasions of service are also down due to an increase in group sessions.
 - Output 1.5.c - Mean waiting time for clients on the dental services waiting list - was 17 per cent higher than target reflecting a decrease in Commonwealth National Partnership Agreement funding of 62.5 per cent. This indicator will be reviewed to consider the impact of this reduction.

ACT Health Directorate and LHN

- Output 1.3 Population Health:
 - Output 1.3.a - Samples analysed - was 11 per cent higher than the target due to the achievement of processing of a backlog of data, particularly in the areas of Environmental and Forensic chemistry.
 - Output 1.3.b - Total number of inspections and proactive site visits of food business - was 28 per cent lower than target due to staff shortages, as a result of resignations, temporary transfers and unplanned leave. Recruitment is underway to fill vacant positions.
 - Output 1.3.d - Number of It's Your Move schools recruited to the Program - was 217 per cent higher than target due to the increasing popularity of the program. This results from a significant increase in the number of schools participating in the program.

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Cleared by:	Executive Group Manager	Ext: 49869
Contact Officer name:	Gray Charlton	Ext: 49643
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	John Fletcher	
TRIM Ref:	GBC19/92	

- Output 1.1 Acute Services
 - Output 1.1.f – Calvary Services – NWAU (out of scope) - was 11 per cent lower than target due to a shift in patient case mix to lower weighted clinics.
- Output 1.1 Local Hospital Network
 - Acute Admitted Mental Health Services (LHN - 1.1.d)- was five per cent higher than target due to a higher number of separations than anticipated. The largest increase in service volume was observed in treatment for personality disorders and eating and obsessive-compulsive disorders at Canberra Health Services.
 - Sub-Acute Services (LHN - 1.1.e) - was 17 per cent higher than target due to an increase in separations particularly in rehabilitation as a result of the opening of University of Canberra Hospital.
 - The Percentage of mental health clients with outcome measures completed (LHN - 1.1.g) - was 11 per cent higher than target due to service managers having a focus on monitoring completion rates with front line staff. Changes to the indicator (for example, measuring change scores in outcome measures rather than completion rates) are being considered as part of the current development of the ACT mental health reporting framework.

Background information

- Directors-General (DG) and Chief Executive Officers (CEO) are responsible for delivering outcomes for the provision of services. Each DG / CEO is responsible to their Minister for the delivery of outcomes and for the provision of outputs as specified in each agency’s budget papers.
- Performance indicators provide a succinct and transparent means by which ACT Government entities can present their performance and in so doing be held accountable.
- Section 30(E) of the *Financial Management Act 1996* requires Ministers to prepare a half-yearly performance report for each directorate for which the Minister is responsible and report to the Legislative Assembly within 45 days of the end of the December period. This report must include:
 - a) A progress report on delivery of outputs; and
 - b) An explanation of any significant variations from performance criteria.

Cleared as complete and accurate:	05/03/2019	
Cleared by:	Executive Group Manager	Ext: 49869
Contact Officer name:	Gray Charlton	Ext: 49643
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	John Fletcher	
TRIM Ref:	GBC19/92	

GBC19/92

Portfolio/s: Health and Wellbeing

ISSUE: INTENSIVE CARE BED CAPACITY

Talking points:

- As our city is growing and our community is getting older, our hospitals are treating people with more complex conditions.
- This is not an issue that is unique to Canberra. Across Australia, hospitals are experiencing pressures from increased demand for critical care services, like those provided by our intensive care units (ICU).
- While the new SPIRE Centre at Canberra Hospital will expand ICU capacity, early planning work has identified that capacity in the ICU will be required ahead of SPIRE's completion.
- To respond, the Government is currently considering options to manage ICU capacity in the medium term. This includes strategies that address key pressures, such as physical capacity and workforce shortages.
- This work builds on the investments the Government made in last year's Budget to enable the hospital to better manage periods of high demand, with more resources for acute care in peak times, such as the winter flu season.
- Canberrans can be assured that should they or a loved one require urgent treatment they will receive it.
- Canberra Hospital and Calvary Public Hospital Bruce have well established systems and processes in place to appropriately manage periods of high demand.
- This includes rostering of additional staff to ensure clinically safe staff-to-patient ratios and working together across the system to manage ICU patients.
- Patients will continue to receive high quality care as the planning and construction of SPIRE progresses.

Cleared as complete and accurate:	13/03/2018	
Cleared by:	Director-General	Ext: 49400
Contact Officer name:	Vanessa Dal Molin	Ext: 49401
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Vanessa Dal Molin	
TRIM Ref:	GBC19/92	

Key Information

- The Canberra Hospital has a level 3 tertiary referral centre ICU with 31 physical beds.
- The Calvary Public Hospital has a level 4 tertiary referral centre ICU with 8 beds.
- In periods of high demand, Canberra Hospital and Calvary work closely together to manage ICU demand. This can include the transfer of patients where clinically safe to do so.

Background Information

- On Monday 18 February, ABC Canberra published the online article: [Canberra Hospital's intensive care unit could run out of beds from October, senior planner reveals](#).
- The story states that the Government has been advised that the Canberra Hospital ICU may be unable to accept urgent admissions as early as October, due to a "critical risk" of reaching capacity. The story also states that planning for the SPIRE Centre had identified a 200 bed surgical bed shortfall.
- The media reports follow the release of internal documents through a Freedom of Information request from the ACT Opposition. The documents included:
 - a brief from the former A/g Chief Clinical Operations and SPIRE Executive Sponsor, Mark Dykgraaf, which outlined issues pertaining to the number of surgical inpatients beds in SPIRE, and a concept brief; and
 - a concept brief, which outlined issues relating to ICU bed capacity at Canberra Hospital.

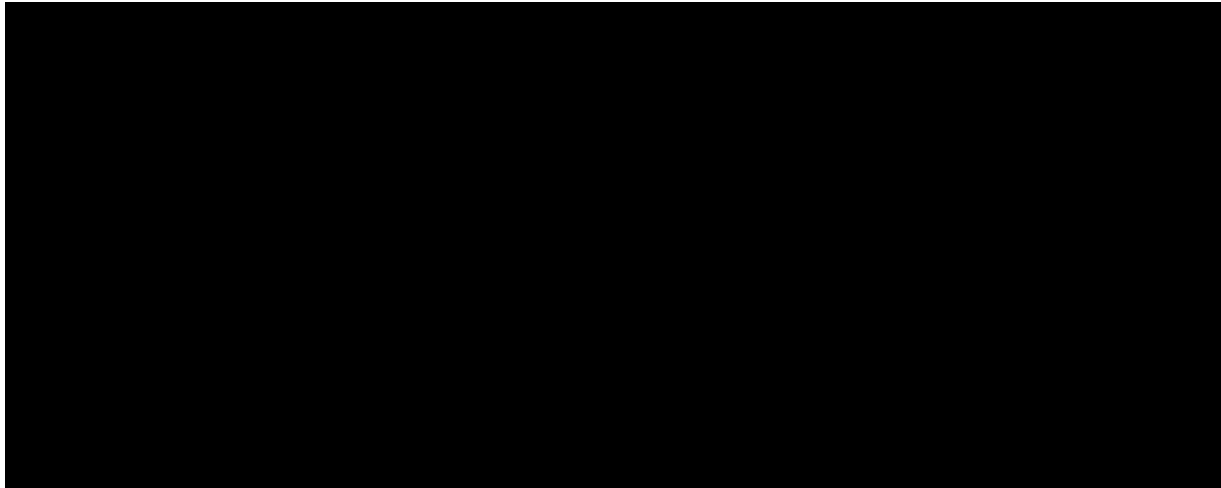
Cleared as complete and accurate:	13/03/2018	
Cleared by:	Director-General	Ext: 49400
Contact Officer name:	Vanessa Dal Molin	Ext: 49401
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Vanessa Dal Molin	
TRIM Ref:	GBC19/92	

GBC19/92

Portfolio/s: Health and Wellbeing**ISSUE:** Canberra Times article – 17 February 2019 [REDACTED]**Talking points:**

- Calvary appreciates the sadness associated with the loss of a family member and extends their sympathy to [REDACTED].
- At all times Calvary staff are committed to providing the best possible care to patients.

Cleared as complete and accurate:	04/03/2019	
Cleared by:	Deputy Director-General	Ext: 49799
Contact Officer name:	Mark Dykgraaf	Ext: 62016101
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Karen Doran	
TRIM Ref:	GBC19/92	



Cleared as complete and accurate:	04/03/2019	
Cleared by:	Deputy Director-General	Ext: 49799
Contact Officer name:	Mark Dykgraaf	Ext: 62016101
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Karen Doran	
TRIM Ref:	GBC19/92	

ISSUE: MATERNITY SERVICES IN THE ACT
Talking points:

- The ACT Government continues to make maternity services in the ACT a priority.
- Over the next three years the ACT Government has committed \$65.5 million to continue the expansion of the Centenary Hospital for Women and Children (CHWC) to provide additional capacity and support for maternity and paediatric services.
- I have provided a submission to the current Inquiry into Maternity Services in the ACT. I understand that the Committee will visit all ACT maternity units.
- I look forward to receiving the Committee's report and considering its findings as we expand and improve maternity services in the ACT.

Key Information

- On 18 September 2018 an inquiry into maternity services in the ACT was announced by the Chair of the Standing Committee on Health, Ageing and Community Care, Mr Michael Pettersson MLA.
- Minister Fitzharris provided a submission to the Inquiry on 20 December 2018. Prepared by the ACT Health Directorate, this was informed by advice from Canberra Health Services and Calvary Public Hospital Bruce (CPHB).
- The Committee visited the CHWC in February 2019. The visits to CPHB and the Queen Elizabeth II Family Centre have been deferred until after the Committee has conducted a separate inquiry into the personal use of cannabis.

Cleared as complete and accurate:	07/03/2019	
Cleared by:	Executive Group Manager	Ext: 49808
Contact Officer name:	Paul Wyles	Ext: 49751
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Amber Shuhyta	
TRIM Ref:	GBC19/92	

Background Information

- Maternity services at public hospitals in the ACT are provided in a multidisciplinary team model offering women a variety of options for their care during pregnancy, birth, and postnatally. The available options include general practitioner shared care; midwife led care; private midwife led care; and obstetrician led care.
- The safety and quality of the maternity care provided by Canberra Health Services is assured through a comprehensive clinical governance system involving the Division of Women, Youth and Children Quality and Safety Committee, Maternity Quality and Safety Committee, and the Perinatal Mortality and Morbidity Committee. The divisional committee reports to the Canberra Health Services Executive Committee and the Canberra Health Services Clinical Review Committee.

Summary of Maternity Care Options Across CHWC and CPHB

Care options	CHWC	CPHB
General practitioner shared care	✓	✓
Continuity of midwifery care	✓	✓
Private midwifery led care	✓	✓
Obstetrician led care	✓	✓
Maternity assessment unit	✓	✓
Early pregnancy assessment unit	✓	✓
Postnatal care	✓	✓
Low and acceptable risk factor pregnancies	✓	✓
Neonatal special care	✓	✓
Neonatal intensive care	✓	X
High risk factor pregnancies	✓	X

Issues

Demand for Maternity services in the ACT

- There has been significant media coverage of maternity services in the ACT and, in particular, the demand levels and the impact of that demand on staffing levels and morale. Birthing events at CHWC have increased from 2,743 in 2010-11 to 3,561 in 2016-17 (annual growth of 4.5 per cent). Increases in beds over this period have been made in line with the increase in demand.
- Canberra Health Services acknowledges the concerns raised last year by some staff at CHWC. Canberra Health Services has been working with staff and their representatives to ensure they are supported and their concerns are addressed appropriately. All issues of any nature raised by staff are fully investigated.

Cleared as complete and accurate:	07/03/2019	
Cleared by:	Executive Group Manager	Ext: 49808
Contact Officer name:	Paul Wyles	Ext: 49751
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Amber Shuhyta	
TRIM Ref:	GBC19/92	

- Canberra Health Services recognises that all staff at CHWC are caring people who want to provide the very best care for women and their families.
- The table below shows the distribution of births across maternity services in the ACT, by month for 2017.

Month of birth (2017)	Canberra Hospital	Calvary Bruce Public	Calvary John James	Calvary Bruce Private	Private Homebirth	ACT
January	334	155	89	4	0	582
February	289	123	78	4	0	494
March	318	140	84	6	1	549
April	291	129	73	2	0	495
May	308	133	82	5	0	528
June	288	133	90	6	1	518
July	306	128	86	1	1	522
August	325	148	64	2	0	539
September	351	133	57	0	0	541
October	325	133	97	2	0	557
November	315	125	64	4	1	509
December	290	99	72	2	0	463
Total	3740	1579	936	38	4	6297
Monthly average	311.7	131.6	78	3.2	0.3	524.8

Cleared as complete and accurate:	07/03/2019	
Cleared by:	Executive Group Manager	Ext: 49808
Contact Officer name:	Paul Wyles	Ext: 49751
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Amber Shuhyta	
TRIM Ref:	GBC19/92	

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Portfolio: Health & Wellbeing
Disability, Children & Youth

ISSUE: YEAR 7 HEALTH CHECK (Y7HC)

Talking points:

- The ACT Government is committed to improving the health of young people by identifying issues early and recognises the opportunity to identify these needs in the school setting.
- ACT Labor committed to a Health Check at the 2016 ACT election. This was initially intended to be conducted for children in Year 6, however advice provided by experts has resulted in this to be refocused for Year 7 students.
- The Year 7 Health Check (Y7HC) will be collected in two parts: an assessment of healthy weight by measuring BMI, derived from weight and height; and an electronic survey that will encompass an assessment of emotional wellbeing along with capturing socio-demographic data.
- This is a ground-breaking program and a first for Australia. The Y7HC provides an exciting and shared opportunity to build an innovative program for the future, unseen anywhere else in Australia.

Consultation:

- The Y7HC is currently out for public consultation on the YourSay website.
- Phase 1 consultation has already occurred and included representatives of Mental Health, Women's & Youth, Education and Mental Health. This has informed the shared development of an early operational model.
- Phase 2 consultation with the public and wider professional stakeholders has commenced through the YourSay website. The Young Persons' Commissioner is also involved in consulting with young people specifically to help guide the design and implementation of the Health Check.

Cleared as complete and accurate:	07/03/2019	
Cleared by:	Deputy Director-General	Ext: 49180
Contact Officer name:	Dr Hai Phung	Ext: 44978
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Leonie McGregor	
TRIM Ref:	GBC19/92	

- It is proposed that the measurement of BMI will occur in Term 4 (Oct-Dec 2019) in the first year of the program, aligning with dose 2 of the HPV immunisation schedule. In doing so, ACT Health will continue to minimise school disruption.
- Following this, the electronic survey will occur in 2019. An expanded version also containing the emotional wellbeing component will roll out in 2020 as part of a comprehensive survey package.

Key Information

- The target population is all Year 7 students in the ACT. The program will aim for universal coverage, taking into account the needs of individuals and organisations.
- The program will adhere to high ethical standards and will provide a private place for height and weight measurements, taken with sensitivity by trained staff.
- Parents and legal guardians must provide written (active) consent for their child to participate in the Y7HC program.
- Feedback from the Y7HC program is provided to parents and to a nominated general medical practitioner (GP) if agreed, and will include information about local services that can offer further information, assessment or treatment.
- With 1 in 5 (21 per cent) ACT children in Year 6 now overweight or obese and 26 per cent of all children aged 5-17 years either overweight or obese, increasing the proportion of people at a healthy body weight in the population is a major priority.
- 6 per cent of 12-13 year-olds in the ACT are reported to have experienced an emotional wellbeing problem, increasing to 19 per cent in those aged 14-17 years.
- The Y7HC will help us all to intervene early as health problems are developing.
- The Y7HC will help us to understand the changing nature of the Territory's population needs and inform future service and program design.

Background Information

- Ethical submissions are being made to both ACT Health Human Research Ethics Committee (HREC) and the ACT Education Ethics Committee. Further successful submissions have been made to the Clinical Forms Committee to seek support for the Y7HC consent process.
- Ongoing engagement with the Director of Clinical Records has clarified and agreed a process to ensure the accurate submission of health records resulting from the Y7HC. ACT Health is working with Shared Services to semi-automate this process and reduce manual administrative burden on stakeholders.

Cleared as complete and accurate: 07/03/2019
Cleared by: Deputy Director-General Ext: 49180
Contact Officer name: Dr Hai Phung Ext: 44978
Lead Directorate: Health
Cleared for release: Yes
Information Officer name: Leonie McGregor
TRIM Ref: GBC19/92

GBC19/92

Portfolio/s: Health & Wellbeing

ISSUE: Private Patients in Public Hospitals

Talking points:

- On admission, Canberra Hospital patients are given the choice to elect to be a public or private patient in accordance with the National Standards for Public Hospital Admitted Patient Election processes.
- Regardless of whether a patient is public or private, in accordance with the Medicare Principles, all patients are treated on the basis of clinical need and within a clinically appropriate period.
- There is negligible financial difference for hospitals as to whether a patient is admitted as a private or public patient.
- Canberra Hospital's reimbursement for public patients is covered by Medicare, whereas private patients are covered by a combination of Medicare, the individual's private health insurer, and possible out of pocket costs.
- It is the patient's choice whether or not to receive treatment as a private patient. Coverage for any out of pocket costs above payments from Medicare are determined by the individual's agreement with their insurer.

Key Information

- The National Health Reform Agreement (NHRA) outlines that if clinically appropriate, the hospital may provide information about alternative service providers. The choice to receive services from an alternative service provider must have fully informed consent and hospital employees must not direct patients towards a particular choice.
- The Commonwealth has previously had conversations with States and Territories as part of the NHRA Drafting subgroup that was exploring the rise in private patients being treated in public hospitals. State and Territories have refuted that this is occurring.
- Historically there has been significant media and political interest in this issue.

Cleared as complete and accurate: 13/03/2019
Cleared by: Executive Group Manager Ext:49737
Contact Officer name: Aaron Adams Ext:49790
Lead Directorate: Health
Cleared for release: Yes
Information Officer name: Amber Shuhyta
TRIM Ref: GBC19/92

Background Information

- The “Vulnerable and shocked: Patients targeted by hospital revenue push” article published in the The Sydney Morning Herald on 11 March 2019, discusses a pattern of patients being pressured into switching to private care after admission.
- This article was developed from past media reports (The Sydney Morning Herald and The Age) and a discussion paper (‘Options to reduce pressure on private health insurance premiums by addressing the growth of private patients in public hospitals’) released by the Australian Government in late 2017 on the growth in the use of public hospital services by private patients.
- The article makes specific mention of Canberra Hospital where parents of a patient who had attempted suicide, were allegedly requested to later sign him in as a private patient to ‘help the hospital’.
- The examples cited in the article and the comments refer to patient interactions in hospitals across multiple jurisdictions over several decades. Academics quoted by the Sydney Morning Herald suggest deliberate and structured targeting of patients may be occurring.
- An article in The Canberra Times on 17 March 2019 “Crackdown vow for ‘money grabbing’ public hospital pressure ploy” reports that public hospitals’ client liaison officers identify patients in emergency departments and pressure them to use their private health insurance.
- The Sydney Morning Herald reported on 21 March 2019 that the Victorian Department of Health and Human Services is investigating hospital operators following a letter from the Federal Health Minister which alleged “aggressive, coercive and unethical” pressure was placed on public hospitals to register private patients.
- COAG commissioned a Working Group under the NHRA to explore ‘the drivers of growth in private patients in public hospitals’. AHMAC agreed in a meeting on 7 December 2018 that the work previously commissioned by COAG Health Council would not deliver sufficient returns to justify the activity at this stage.

Cleared as complete and accurate: 13/03/2019
Cleared by: Executive Group Manager Ext:49737
Contact Officer name: Aaron Adams Ext:49790
Lead Directorate: Health
Cleared for release: Yes
Information Officer name: Amber Shuhyta
TRIM Ref: GBC19/92

GBC19/92

Portfolio/s: Health & Wellbeing

ISSUE: DEATH CAP MUSHROOMS

Talking points:

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

Key Information

- The Death Cap mushroom is a deadly poisonous fungus that often grows near established oak trees. They are usually found following wet weather, in late summer or Autumn.
- ACT Health is aware of four fatalities associated with Death Cap mushrooms in the ACT since the year 2000.

Background Information

- Transport Canberra and City Services (TCCS) conduct weekly inspections of known Deathcap mushroom sites over the Autumn.
- Death Cap mushrooms were found on Saturday 10 March in two irrigated locations in the ACT: Stirling Oval and Lennox Gardens. The mushrooms were removed and destroyed.

Cleared as complete and accurate:	13/03/2019	
Cleared by:	Executive Branch Manager	Ext: 49262
Contact Officer name:	Conrad Barr	Ext: 49262
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Leonie McGregor	
TRIM Ref:	GBC19/92	

GBC19/92

Portfolio/s: Health & Wellbeing

ISSUE: Abortion and Contraception Services at Calvary Hospital

Talking points:

- The ACT is a leader in abortion law reform by making abortion a health, not a criminal matter and introducing exclusion zones.
- The ACT Government absolutely supports a woman's right to access safe abortion and other reproductive services here in the ACT.
- We want to encourage people to feel comfortable in our public health services and any way this can be improved will be considered.

Key Information

- Over recent months the Minister's office has had discussions with Calvary about the hospital's policies around reproductive services as part of a broader piece of work the Minister is leading in partnership with the Women's Centre for Health Matters.
- Currently elective terminations aren't offered at Canberra Hospital or Calvary, however they are provided for clinical reasons at Canberra Hospital.
- As a Catholic based organisation, Calvary (which operates hospitals in other states) has its own Code of Ethical Standards that govern how women's health services are offered in Calvary facilities. This does not include elective termination services.
- There are other options for women seeking abortion in the ACT, including the Marie Stopes clinic.
- The Assembly recently passed legislation to allow medical abortions to be accessed following a consultation or referral through a woman's local GP for the first time in the ACT.

Cleared as complete and accurate:	13/03/2018	
Cleared by:	Deputy Director-General	Ext: 49799
Contact Officer name:	Emm Dale	Ext:
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Karen Doran	
TRIM Ref:	GBC19/92	

CM2019/2511

Portfolio/s: Health and Wellbeing

ISSUE: HEALTHY AND ACTIVE LIVING AND PREVENTIVE HEALTH

Talking points:

- The 2017-18 ACT Government budget provided \$4 million over four years to develop approaches to better preventative health outcomes in the Territory.
- This builds on significant investment through the whole-of government Healthy Weight Initiative, which commenced in 2013. Important programs such as *It's Your Move*, *Fresh Tastes* and *Ride or Walk to School* that promote healthy eating and physical activity for our school children are continuing to be delivered.
- Addressing the major risk factors for chronic disease and supporting all Canberrans to make healthy and active living their way of life will involve a collaborative approach across government, non government organisations, the community, business and the research sector – it is only by working together that we can better understand local challenges and create the right environments that protect health and wellbeing.
- A number of stakeholders participated in an interim reference group in November 2018 to discuss preventive health challenges for Canberra and explore how we could find new ways of working both across government and with non-government stakeholders tackle ongoing preventive health challenges.
- A number of foundation research projects are being finalised that will support the ACT Government's commitment to introducing indicators focused on the wellbeing of the Canberra community that drive design and delivery of policy and services across government.

Cleared as complete and accurate:	12/03/2019	
Cleared by:	Deputy Director-General	Ext: 75564
Contact Officer name:	Kareena Arthy	
Lead Directorate:	Chief Minister, Treasury and Economic Development	
Cleared for release	Yes	
Information Officer name:	Helen Stokes	Ext: 50958
TRIM Ref:	CM2019/2511	

Key Information

- On 26 November 2018 you opened a meeting of an interim reference group on the development of a *Healthy and Active Living* strategy. This meeting was used to seek feedback from stakeholders on a proposed framework to work across the community to deliver a comprehensive approach to preventive health for Canberra and propose focus areas to pilot the approach. Open workshops were also held on 30 November and 3 December 2018 to seek wider community input. These events provided a positive response from attendees to looking at the social and economic determinants of health.
- The interim reference group was formed in response to you writing to stakeholders across non-government organisations, business, community and the education and research sectors on 9 October 2018 providing an update on development of a *Healthy and Active Living* strategy and inviting their participation to formalise the strategy.
 - *Non-government organisations*: Heart Foundation, Nutrition Australia, ACT Council of Social Service, Physical Activity Foundation, Anglicare, Public Health Association of Australia
 - *Community*: Combined Community Councils ACT, Youth Coalition, Hands Across Canberra, Reclink Australia, Michael Moore
 - *Business*: CBR Innovation Network, Canberra Business Chamber, Aspen Medical, Healthy Eating Hub, Fit-To-Manage
 - *Education and research*: University of Canberra, Australian National University, Canberra Institute of Technology
 - *Other*: Capital Health Network, ACT Aboriginal and Torres Strait Islander Elected Body, Gambling and Racing Commission
- 2017-18 *Healthy Weight Initiative* funding has been re-profiled to 2018-19 to support *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 *Ride or Walk to School* and *PE Pulse* (aimed at improving physical activity in schools).
- On 7 September 2018 you confirmed funding for *Ride or Walk to School* for 2019 to Lucille Bailie, CEO of the Physical Activity Foundation and in an ABC Radio interview. Ms Bailie was also interviewed by ABC Radio on 7 September 2018.
- The University of Canberra was 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, CIT and the Heart Foundation were on the Steering Group. ACT Government support to progress the proposal is not being considered in the 2019-20 Budget.

Cleared as complete and accurate: 12/03/2019
Cleared by: Deputy Director-General Ext: 75564
Contact Officer name: Kareena Arthy
Lead Directorate: Chief Minister, Treasury and Economic Development
Cleared for release: Yes
Information Officer name: Helen Stokes Ext: 50958
TRIM Ref: CM2019/2511

- Research projects that have been completed between June 2018 and March 2019 inform development of a healthy and active living strategy which can be used for other cross-government activities that support addressing preventive health challenges include:

Project	Supplier and \$ (excl GST)
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 Policy Collaboration - \$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
Total	\$336,000

Background Information

- Rates of overweight and obesity in the ACT are lower than the national average, but still a major area of concern. The proportion of adults who are overweight or obese has increased from 40 per cent in 1995 to 63.5 per cent in 2014-15 and one in five Year 6 students was overweight or obese in 2015.
- The amount spent on discretionary foods and drinks (for example takeaways and soft 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 less than 10 per cent of children consumed enough vegetables.
- Sixty-five per cent of younger adults in the ACT were sufficiently active in 2015-16. Over 40 per cent of primary and high school students were active for at least an hour a day in 2015-16. However, 39 per cent of primary school and 69 per cent of high school students were exceeding screen time guidelines in 2015-16.

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 Lead Directorate: Chief Minister, Treasury and Economic Development
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 TRIM Ref: CM2019/2511

- Fewer than 10 per cent of Canberrans smoke – the lowest proportion of adult daily smokers in Australia. There are parts of the community where smoking rates are a lot higher than one in ten, including Aboriginal and Torres Strait Islander people, young pregnant women and those living with social and economic disadvantage.
- In 2016, around 14 percent of Canberrans aged 14 years and older drank alcohol at lifetime risky levels. However, some groups continue to drink at more harmful levels, with around one in 10 Canberrans engaged in risky drinking at least weekly and around one in 5 males aged 14 years and older drinking at lifetime risky levels.
- On 10 April 2017 you hosted an initial stakeholder forum to assist the government in refocussing prevention efforts. Participants included public health experts, business owners, practitioners, 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.
- On 16 February 2018 a CBR Innovation Network (CBRIN) event was held to bring together potential new collaborators and promote innovation. Ideas from the event were around supporting people to find time to fit in being more active, rewarding behaviour change to being more healthy and active, improving access to information and supporting healthier workplaces.

Cleared as complete and accurate: 12/03/2019
Cleared by: Deputy Director-General Ext: 75564
Contact Officer name: Kareena Arthy
Lead Directorate: Chief Minister, Treasury and
Economic Development
Cleared for release: Yes
Information Officer name: Helen Stokes Ext: 50958
TRIM Ref: CM2019/2511

ISSUE: INDEPENDENT REVIEW INTO ACT HEALTH'S CULTURE

Talking points:

- Together with the Minister for Health and Wellbeing, I have been extremely clear around my expectation for a positive culture in the delivery of public health care in the ACT.
- The Government has a zero tolerance for bullying and harassment.
- Since March 2018, there has been significant work undertaken within our public health system to improve culture and governance, and to build an environment of genuine engagement.
- I have seen significant improvements in workplace culture since this time.
- 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.
- The Terms of Reference (released on 21 September 2018) for the Independent Review required the appointed Panel to deliver an interim report to the Minister for Health and Wellbeing by 31 January 2019, with a final report due on or before the end of March 2019.
- The Review Panel delivered its interim report by the due date, and this was subsequently publicly released by the Minister for Health and Wellbeing on 1 February 2019.
- The Final Report has now been received and was released to staff and the public on 7 March 2019.

Cleared as complete and accurate:	12/03/2019	
Cleared by:	Director-General	Ext: 49400
Contact Officer name:	Vanessa Dal Molin	Ext: 49400
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Director-General	
TRIM Ref:	GBC19/93	

- I welcome the Final Report. The ACT Government has agreed to all recommendations in principle. We understand the importance of working with staff and stakeholders to put the final recommendations into practice in a way that drives the real change we need to see.
- Through the establishment of strong and transparent governance arrangements, we will ensure that implementation is efficient and effective, and that staff and stakeholders are appropriately engaged.
- I do not shy away from the fact that, at times, the Report makes difficult reading. It is disappointing to read that staff working in our public health system have experienced bullying, intimidation and harassment.
- The ACT Government invests significantly in the delivery of public health services to ensure safe, high quality healthcare for the ACT community and our surrounding region. In addition to taking care of our community, we are also working hard to ensure that our staff are looked after.
- With new Executive leadership teams being established across our three health services there is a strong commitment to developing a positive workplace culture. Signs of a shift in positivity are already being demonstrated, and it was pleasing to read in the Final Report that there is cautious optimism by many within the service around the new leadership.
- The Final Report also highlights the fact that the issue of culture within public health services is not unique to the ACT – it is a concern at a national level.
- The Review recommendations give us practical recommendations which provide us now with the opportunity to lead the nation in developing a positive workplace culture across our health systems.
- The Final Report has also given the Government clear implementation and timeline guidance.
- This Review has provided staff with the opportunity to be heard, to share their experiences, their stories and contribute in a positive way to real change.
- I would like to take this opportunity to thank Panel members, Mick Reid, Fiona Brew and David Watters for the extensive work they have undertaken throughout this process.

Cleared as complete and accurate:	12/03/2019	
Cleared by:	Director-General	Ext: 49400
Contact Officer name:	Vanessa Dal Molin	Ext: 49400
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Director-General	
TRIM Ref:	GBC19/93	

Key Issues:

Review Panel Profiles

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

Cleared as complete and accurate:	12/03/2019	
Cleared by:	Director-General	Ext: 49400
Contact Officer name:	Vanessa Dal Molin	Ext: 49400
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Director-General	
TRIM Ref:	GBC19/93	

GBC19/92

Portfolios: Health and Wellbeing

ISSUE: ACT HEALTH ORGANISATIONAL REFORM

Talking points:

- A significant achievement this year was the transition of ACT Health. In March 2018, the decision to create two health organisations with clear scope and accountabilities was announced.
- The ACT Health Directorate Executive Leadership Team, with the support of a dedicated Transition Office, were responsible for overseeing the transition planning and implementation.
- On 1 October 2018, two directorates were formally established and ACT Health and Canberra Health Services became operational.
- Staff who deliver frontline health services to the Canberra community now come under the umbrella of a dedicated health services delivery organisation – Canberra Health Services.
- The ACT Health Directorate is now responsible for strategic policy, research and planning and will set the strategic direction for health services across the ACT.
- The creation of two health organisations has enabled a clearer focus on efficiency and effectiveness for clinical operations and enabled the ACT Health Directorate to undertake core strategy and system stewardship functions.
- This change has been an essential evolution for our growing population and expanding health system and has also brought greater clarity about the distinct roles and responsibilities of frontline staff and corporate staff.
- For patients, consumers and their families, the transition has been a seamless one.

Cleared as complete and accurate:	08/03/2019	
Cleared by:	Director-General	Ext: 49400
Contact Officer name:	Michael De'Ath	Ext: 49400
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Director-General	
TRIM Ref:	GBC19/92	

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

Key Information

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

Achievements

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

Cleared as complete and accurate:	08/03/2019	
Cleared by:	Director-General	Ext: 49400
Contact Officer name:	Michael De’Ath	Ext: 49400
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Director-General	
TRIM Ref:	GBC19/92	

Project governance

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

Financial

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

Executive Recruitment

- Both organisations are in the process of finalising their executive structures. All executive roles have been sized to ensure equity and transparency.
- Recruitment processes to fill changed executive roles are now underway.

Next Steps

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

Cleared as complete and accurate:	08/03/2019	
Cleared by:	Director-General	Ext: 49400
Contact Officer name:	Michael De'Ath	Ext: 49400
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Director-General	
TRIM Ref:	GBC19/92	

GBC19/93

Portfolio: Mental Health

ISSUE: ACT HEALTH TERRITORY-WIDE HEALTH SERVICES STRATEGY

Talking points:

- An ACT Health and Wellbeing Strategic Framework 2019-2029 (the Framework) will be launched imminently and provides an anchor for ACT Health’s vision “Your Health – Our Priority” and a foundation for a person-centred, innovative and high performing health system for the Territory. One of the key strategies identified in the Framework to achieve this vision is an ACT Health Territory-wide Health Services Strategy (the Strategy) previously known as a framework.
- The Strategy is nearing completion and has been considered by the Directorate Leadership Committee and will be put to Minister/s for final endorsement.
- Feedback to date from ACT Health staff and the Advisory Group has been positive and the Strategy has been revised to reflect the transition of services and the development of a Territory Wide Health Services Plan 2019-2024 (the Plan).
- Development of the Plan is well underway and will be informed by the work undertaken to date on Specialty Service Plans (SSPs). The Plan will identify priorities for health service development and redesign and will be based on a comprehensive assessment of health service needs across the care continuum on a geographic basis and for priority population groups.
- The SSPs are also progressing well. There are approximately 46 SSPs in total in development. This includes 40 specialty services and six core services such as pathology, pharmacy and Mental Health.

Cleared as complete and accurate:	08/03/2019	
Cleared by:	Executive Group Manager	Ext: 49699
Contact Officer name:	Carolyn Bartholomew	Ext: 59010
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Leonie McGregor	
TRIM Ref:	GBC19/93	

GBC19/93

Portfolio/s: Mental Health

ISSUE: ACT HEALTH SYSTEM-WIDE DATA REVIEW

Talking points:

- ACT Health undertook a System-Wide Data Review in 2017-2018 to address underlying issues around data and reporting, after it was unable to provide data on emergency department performance, elective surgery waiting times and mental health data for the 2017 Report on Government Services.
- The ACT Health System-Wide Data Review is complete, with the Minister for Health and Wellbeing tabling the Outcomes Report and first six-monthly Implementation Plan in the Legislative Assembly on 21 August 2018.
- The Outcomes Report made nine key recommendations, and set out a three-year program of activities that was developed in accordance with best practice data management and performance reporting principles.
- An Implementation Plan for the next six months' work is currently being finalised and is anticipated to be published this month. It covers the second phase of the three-year program and provides an update on the significant progress that has been made against the activities identified in the first Implementation Plan.
- Implementing the three-year program of activities continues to be a 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.
- In response to the System-Wide Data Review, ACT Health is also working 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;

Cleared as complete and accurate:	06/03/2019	
Cleared by:	Deputy Director-General	Ext: 49799
Contact Officer name:	Karen Chudleigh	Ext: 49335
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Kim Salisbury	
TRIM Ref:	GBC19/93	

- include the development of 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*.
- To deliver this work, ACT Health has embarked on a co-design process with ACT mental health stakeholders to address the core issues raised by the ACT Auditor General's Report findings and enhance performance indicators specific to mental health services provided in the Territory and funded by ACT Health. A draft mental health performance indicator and reporting framework has been developed and is currently being considered by stakeholders.
 - It is expected this work will be finalised in the first half of 2019.

Key Information

The nine key recommendations made during the System-Wide Data Review

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

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community and stakeholders.

8. Embed change management practices as business needs evolve and ensure these enhancement are appropriately governed.
9. Be transparent within and outside ACT Health, by meeting regulatory requirements as well as deliver insights and intelligence about the healthcare services delivered throughout the ACT.

Notable outcomes achieved through the Review process

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

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

- 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.

Progress of key activities identified in the System-Wide Data Review Implementation Plan

Phase One

- The initial build of the data repository has been completed and work continues to progress the transition of priority data elements related to the Emergency Department, Elective Surgery, Walk-in Centres and Bed Occupancy.
- In collaboration with AIHW, work is progressing to improve the compilation, provision and sharing of data and link ACT Health data with national submission processes.
- Development of a metadata registry is well advanced across several metadata sets and defining data items within each performance indicator.
- Significant progress has been made in the development of a draft mental health performance indicator and reporting framework for ACT Health funded mental health services.
- A data governance committee structure has been identified and the inaugural meeting of the System-Wide Data Review Reference Group held in November 2018.
- ACT Health has engaged with the ACT Government Office of the Chief Digital Officer to:
 - align ACT Health data policies and procedures under development with the whole of government approach;
 - develop data quality dimensions to inform the ACT Health Data Quality Framework.
- Development and drafting of a number of key documents, including:
 - ACT Health Data Management and Governance Framework;
 - ACT Health Performance, Reporting and Data Management Strategy;
 - ACT Health Data Quality Framework;
 - ACT Health Analytics Framework.

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Portfolios: Mental Health

ISSUE: OFFICE FOR MENTAL HEALTH AND WELLBEING

Talking points:

- Dr Elizabeth Moore commenced in the position of Coordinator-General on the 3 December 2018. Dr Moore brings great experience to the ACT and since her commencement she has met with key stakeholders across the community, mental health sector and government.
- Within the 100 days from the commencement of the Coordinator-General, the Office has undertaken a process of co-design with peak non-government organisations to inform the development of a territory-wide vision for mental health and wellbeing. This new vision will reflect how Canberra wishes to foster the mental health and wellbeing of its people into the 21st century.
- Three co-design workshops were held last month in different locations across Canberra to maximise people’s opportunity to participate. I was pleased to be able to participate in one of the workshops.
- People were also able to have their say through the ACT Government’s Your Say website and the Office for Mental Health and Wellbeing page on the ACT Health website.
- The ACT Agency Stewardship Group commenced in January 2019 and is overseeing the development of a whole of government work plan for mental health and wellbeing in the ACT.
- The workplan is now with me for review and will be endorsed by Cabinet. I look forward to sharing the final workplan with the Assembly and the community soon.

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Key Information

- The Office will maintain a level of independence and has a mandate to work across all Government agencies. In order to ensure the Office retains a level of independence from the day-to-day running of ACT Health, it will have the authority to conduct reviews and produce reports as the Coordinator-General deems necessary or at the request of the Minister for Mental Health.
- While the Office was formally launched on 14 June 2018, the commitment of action within 100 days is 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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Portfolio: Mental Health

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

Talking points:

Impact of the NDIS Implementation on the ACT community

- The ACT was a trial site for transition of the NDIS, implementing full scheme between 2014 and 2016. Full transition nationally has been occurring since 2016.
- The Canberra Times published an article on 4th February 2019 which detailed a reduction in funding for community mental health organisations from 2015-16 to 2016-17. This was followed up with an article on 4th March 2019 outlining the unprecedented stress on Canberra’s emergency departments and the acute mental health unit, which the article partially attributed to the loss of services and funding cuts as a result of the transition to the NDIS.
- As the article acknowledges, it is difficult to attribute this increased pressure on services to any one factor, however, the implementation of the NDIS with new funding models and significant changes to the service delivery landscape, have presented challenges that require attention.
- The ACT transition to the NDIS impacted 11 organisations and 21 programs. A number of matched funding Commonwealth and ACT/Commonwealth Bilateral Funding Agreements also ceased, and some ACT Government Service Funding Agreements were ended, including for organisations that had moved to delivering only NDIS funded services. The amount of funding transitioned from ACT community based programs to the NDIS was \$4.1 million. Despite this, the ACT Government remains proportionally one of the highest funders of non-government mental health services across the country¹.

¹ Australian Productivity Commission, Report on Government Services (2019)

<https://www.pc.gov.au/research/ongoing/report-on-government-services/2019>

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- The Psychosocial Disability Stream and Complex Support Needs Pathway are a response by the NDIA to the concerns raised across jurisdictions. These initiatives aim to improve how the NDIS operates for people with psychosocial disability. These improvements are yet to be implemented and the ACT Government has lobbied to pilot these initiatives as soon as practicable.
- In the 2017-18 Budget the Australian Government committed \$80 million over four years for the National Psychosocial Support Measure (the Measure). The purpose of the Measure is to provide psychosocial support services to assist people with severe mental illness resulting in reduced psychosocial functional capacity who are not more appropriately funded through the NDIS. The Measure is a welcome addition to funding to address gaps in services. The Capital Health Network, in partnership with ACT Health Directorate, Canberra Health Services and other community stakeholders has recently announced contracts being awarded for two new programs offered by Flourish Australia and Woden Community Services under this measure.
- Initiatives aimed at mental health promotion and early intervention for mental health issues are a priority for the ACT Government. This is reflected in the focus areas of the Office for Mental Health and Wellbeing, initiatives under the LifeSpan Suicide Prevention Framework and priorities being developed as part of the ACT Mental Health and Suicide Prevention Plan.

National Disability Insurance Scheme (NDIS) and Mental Health Interface work:

- At the Disability Reform Council meeting in March 2018, the ACT Government elected to take the national lead on work related to the interface between the NDIS and mental health services.
- The Commonwealth Government has announced a new psychosocial disability stream and Complex Support Needs Pathway under the NDIS which will be implemented progressively and will include:
 - the employment of specialised planners and Local Area Coordinators;
 - better linkages between mental health services and National Disability Insurance Agency (NDIA) staff and partners; and
 - a focus on recovery-based planning and episodic needs.

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Key information

National Psychosocial Support Measure

- On 23 June 2018, the Federal Minister for Health, the Hon Greg Hunt announced that the Bilateral Agreements on the national psychosocial support measure had been finalised between the Australian Government and all eight jurisdictions, including the ACT.
- The Bilateral Agreement between the ACT and Australian Governments will enhance funding for psychosocial support measures for people with functional impairment resulting from severe mental illness, who are not found eligible for the NDIS, or who are otherwise not engaged with the NDIS.
- Total funding from the ACT Government is \$2 million over four financial years, with the Commonwealth funding \$1.3 million over the same period.
- Commissioning of psychosocial support services is being administered by the Capital Health Network (ACT PHN). Flourish Australia and Woden Community Services have been awarded contracts under this measure.

Background Information

- The transition to the NDIS has not been without challenges and concerns raised in the ACT are consistent with those experienced nationally, including:
 - Access to the NDIS and challenges for the NDIS to engage with people in need of supports, difficulties with planning and reviews, process related delays and barriers to engagement.
 - Ensuring skill and expertise of staff at the NDIA and their partners in relation to psychosocial disability and the functional impact of serious mental illness. This includes skill in collaborating with the individual and their key supports; greater understanding of what is needed in NDIS plans; and the impact that inadequate supports will have on individuals and their support networks.
 - Pricing structure and the impact of the NDIS price points on the sustainability, quality and effectiveness of providers of psychosocial support.
 - 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.

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- The need to build in support coordination including funding for services to assist people in the period leading up to their 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; and the 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: SUICIDE PREVENTION PROGRAMS

Talking points:

Lifespan Suicide Prevention Framework

- The ACT Government has committed \$1.545 million from 2018-19 to establish a pilot version of the Black Dog Institute’s LifeSpan Integrated Suicide Prevention Framework in the ACT over the next three years.
- The ACT LifeSpan suicide prevention trial launched in the ACT on 5 November 2018.
- This initiative is in addition to the existing ongoing suicide prevention, intervention and management services that are delivered by Mental Health, Justice Health and Alcohol and Drug Services in Canberra Health Services.
- 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.
- According to research conducted by BDI, the implementation of LifeSpan in the ACT could lead to a reduction of up to 20 per cent in suicide deaths and 30 per cent in suicide attempts.
- A LifeSpan Steering Committee, composed of key local agencies and stakeholders to guide this work in the ACT, meets monthly to support the implementation, with good attendance and engagement from the government and community sector.
- The first ACT Suicide Prevention Collaborative meeting, bringing together community members and organisations with an interest in suicide prevention to provide information, education, and networking opportunities, was held at Canberra Hospital on 29 November 2018.

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- The second ACT Suicide Prevention Collaborative meeting, which focused on the importance of incorporating the voice of ‘Lived Experience’, was held on Wednesday 6 March 2019 at the Griffin Centre, hosted by Mental Illness Education ACT.

Way Back Support Service

- The Way Back Support Service, developed by Beyond Blue, is a non-clinical suicide prevention service developed to provide follow-up support to people for up to three months, after they have attempted suicide.
- The Way Back began as a pilot program in the ACT in October 2016 and has been administered by the Woden Community Service since then.
- Way Back has a high level of service demand. As of 13 September 2018, a total of 300 referrals have been received since the program commenced.
- In recognition of the high level of demand, ACT Health has provided additional funding to Beyond Blue 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 support the service to continue until June 2019.
- The Federal Government 2018/19 budget included a commitment of \$37.6 million over four years to expand the Way Back program across Australia. This funding will match the funding allocated by States and Territories to their local Way Back services. ACT Health is currently in discussion with the Capital Health Network and Beyond Blue to determine what this investment means for the delivery of the ACT program.
- ACT Health received the Final Report for the trial on 31 October 2018. ACT Health is currently reviewing this evaluation, which will be used to inform future funding of the service.

Key Information

- According to the latest ABS data, there were 3,128 deaths from suicide across Australia in 2017, which was the highest suicide rate in the past ten years.
- In 2017, 58 suicide deaths were recorded in the ACT, which represents an increase of 30 people from 2016 and the highest percentage increase among all jurisdictions.

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- In August 2018, ACT Health also provided an additional \$60,000 for suicide prevention through Let's Talk Funding Grants. This funding is supporting the Territory's mental health sector by helping community organisations to deliver better suicide prevention services to Canberrans, in alignment with LifeSpan.

LifeSpan Suicide Prevention Framework

- 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

- The provision of suicide attempt aftercare is a key recommendation under the nine evidence-based strategies of LifeSpan, with research compiled by Black Dog Institute indicating that this is one of the most effective strategies to prevent further suicide attempts.
- Way Back also 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, as well as addressing elements of increasing access to services and appropriate treatment.

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Portfolio: Mental Health**ISSUE: ACT REGIONAL MENTAL HEALTH AND SUICIDE PREVENTION PLAN****Talking points:**

- Better integration and coordination of mental health and suicide prevention services is fundamental to the ACT Government's vision for mental health in the ACT.
- The Fifth National Mental Health and Suicide Prevention Plan (the 5th Plan) also prioritises effective integration of mental health services. The development of a regional ACT Mental Health and Suicide Prevention Plan (ACT Plan) is a response to this priority.
- ACT Health, in partnership with the Capital Health Network (CHN), Canberra Health Services, and community stakeholders are developing the joint ACT Plan.
- On the 28 August 2018, I attended a Consultation Forum for the ACT Plan hosted by the CHN. This was a significant milestone in the planning process and brought together a diverse range of stakeholders to identify priorities and practical strategies that will form the basis of the ACT Plan.
- Online consultations remained open until the end of October 2018. Input has been sought from specific groups to ensure the plan is representative of the whole community. A first draft is expected to be available in March 2019. This has the ACT on schedule to finalise the plan within the timeframes set out under the 5th Plan.
- Due to the whole of government and whole of community focus of the ACT Plan, the Office for Mental Health and Wellbeing are well placed to oversee the implementation of the ACT Plan and facilitate effective cross-sectoral collaboration that will be critical for the success of the plan.

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Key Information

The 5th Plan

- Achieving integrated regional planning and service delivery is Priority Area 1 of the 5th Plan.

The Regional Plan

- The planning process incorporates service mapping and data analysis as well as drawing on evidence and best practice in developing the ACT Plan. For example:
 - CHN, ACT Health and Australian National University have drafted the first edition of the Integrated Mental Health Atlas of the Australian Capital Territory Primary Health Network Region;
 - CHN, ACT Health Directorate and Canberra Health Services staff have been trained in the use of the National Mental Health Services Planning Framework (NMHSPF) planning support tool to assist and inform service planning and demand analysis;
 - CHN has conducted baseline (2016) and follow up (2018) Needs Assessments for the Primary Health Network region;
 - analysis of data on community and service profiles, prevalence of mental health issues, service use and outcomes.; and
 - The Office for Mental Health and Wellbeing has established a detailed Matrix of Services, mapping available services across age groups and level of need.
- Collaboration and co-design are fundamental to the process of creating the ACT Plan. Key stakeholders, inclusive of people with lived experience of services, have been involved in the ACT Regional Planning Working Group and the consultation forum held on 28 August 2018 involved participants from across the ACT community more broadly. An online survey invited additional input with over 30 online submissions received.
- The work of identifying priorities and potential actions is underway and further co-design work will be done around the agreed priorities.
- Additional input is being sought from specific community groups, such as Aboriginal and Torres Strait Islander people, to ensure the ACT Plan is representative of the issues and priorities of the whole ACT community.

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Portfolio: Mental Health**ISSUE: NURSES AND MIDWIVES: TOWARDS A SAFER CULTURE****Talking points:**

- In December 2018, the Minister for Health and Wellbeing and I launched ACT Health's strategy to improve the workplace health and safety of nurses and midwives.
- The *Nurses and Midwives: Towards a Safer Culture – The First Step Strategy* outlines ACT Health's vision of an ACT public health care system where staff, patients, and visitors are protected from harm and feel safe at all times.
- Two dedicated, senior nurse project officers have been recently appointed to implement a range of strategies for Mental Health, and Nursing and Midwifery.
- The Strategy is being led by ACT Health and will encompass Canberra Health Services, the University of Canberra Hospital, and Calvary Public Hospital Bruce.
- Engagement with executive nursing staff across the three workplaces has commenced to raise awareness of the Strategy.
- A Resilience Workshop was presented by the Advisory Board on 19 February 2019. The workshop was attended by nurses and midwives from Canberra Health Services, the University of Canberra Hospital, and Calvary Public Hospital Bruce. The purpose of this workshop was to provide an overview of rebuilding the foundations for a resilient and safe workforce.

Key Information

- The Strategy, Implementation Plan and Discussion Paper are available on the ACT Health website.
- The purpose of the Strategy is to provide a safe and healthy environment; an environment where our staff and all persons who enter ACT Health workplaces are protected from harm and feel safe at all times.

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- 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.
 - Safewards Implementation
 - The Safewards Model is a mental health in-patient health program originating in the United Kingdom and designed by Professor Len Bowers.
 - Implementation comprises of two aspects - the Safewards Model and the 10 Safewards Interventions. The Safewards Model describes how potentially harmful events through conflict and prevention of harm through containment manifest in psychiatric in-patient units. The program educates and teaches staff how they can reduce conflicts and the need for restrictive interventions such as medications, sedations, restraints by recognising triggers which can put patients, staff and visitors at risk, and managing these situations before they escalate.
 - Safewards has been implemented in many places internationally and across Australia including NSW Health, Queensland Health and widely in Victorian Health.
 - Safewards has been a key program based in clinical mental health facilities however has not been implemented in a generalised nursing and midwifery clinical setting. Bendigo Health and Peninsula Health launched Safewards Victoria, a pilot to trial Safewards into the Bendigo Health Emergency Department. The trial commence on 5 February 2019 and will run for one year before being evaluated independently by the University of Melbourne.
 - *The Nurses and Midwives: Towards a Safer Culture- The First Step Strategy* identifies a standardised approach to the management of patients through a Safewards implementation plan, to be developed and endorsed by the Nurses and Midwives: Towards a Safer Culture Reference Group in 2019.

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Background Information

- Workplace violence and aggression is a global problem confronting all health care workers and a major focus for health services as they strive to provide for the health and safety of workers within diverse and dynamic workplace environments.
- Nurses and midwives, at the forefront of health care delivery, are the largest health care group exposed to Occupational Violence and Aggression (OVA). Research suggests significant under-reporting due to multiple factors, including complex reporting systems and a culture normalisation of OVA (Victorian Auditor General, 2015; Hogarth et al., 2016).

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Portfolio: Mental Health

**ISSUE: CENTENARY HOSPITAL FOR WOMAN AND CHILDREN
 INFRASTRUCTURE EXPANSION TIMEFRAMES – ADOLESCENT
 MENTAL HEALTH SECTION**

Talking points:

- As stated in the context of the Select Committee on Estimates 2018-19, the Expansion of the Centenary Hospital for Women and Children (CHWC) project is forecasted for completion by the end of financial year 2021-22, with elements of the project due for staged completion over this period. This estimated completion timeframe includes building and commissioning of the new and refurbished infrastructure.
- As part of the CHWC Expansion project, this Government is committed to delivering an Adolescent Mental Health Inpatient Unit (AMHIU) and planning and early design work for this new service is underway. It is expected that the AMHIU will be completed during the 2021-22 financial year.
- Construction of the expansion project started in the 2018-19 financial year, with completion of the security enhancement works to support a Custodial Birth Suite. This element was completed in October 2018.
- ACT Health has commenced the next phase of the project to complete design works for other elements of the expansion and determine final staging and scheduling of works (including for the AMHIU). The early design stages are expected to be completed in the coming months, and will inform staged delivery of expansion works (including detailed design).
- Since the expansion was announced in last year's Budget, ACT Health has been working to undertake project due diligence and early design and determine the final staging and scheduling of works to give greater certainty around timeframes.

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- It is important to highlight that the expansion is happening in an existing facility on Canberra Hospital 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 2017-18 Budget announced an estimated capital cost of \$70 million for the expansion of the CHWC.
- The Government has allocated \$68.075 million in budget and forward estimates for the CHWC Expansion, including the AMHIU, with \$2.5 million available in 2018-19 to progress planning and early design.
- The final cost estimate for the project is subject to Government's consideration of the outcomes of early design and a final detailed project proposal (anticipated to be considered by Government over the coming months).

Key Information

- Expansion of the CHWC is a commitment of this Government from the 2016 election.
- The expansion will improve the services and support for patients of maternity and paediatric services and provide new services, including an adolescent mental health unit and expanded neonatology and maternity services.
- The project is responding to the significant growth in demand for these services for the Canberra and surrounding NSW's communities.
- The commitment for the CHWC expansion provides for an adolescent mental health unit, an adolescent gynaecology service, paediatric high-dependency/high-care unit, and more maternity, paediatric and neonatology service beds. Note, some of these elements are intended for delivery through the Surgical Procedures, Interventional Radiology and Emergency (SPIRE) Centre project (e.g. paediatric intensive care beds and high dependency unit services).
- The Adolescent Mental Health Inpatient Unit (AMHIU) is part of the CHWC Expansion project. It is expected that the AMHIU will be completed by the end of the 2021-22 financial year.

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Funding for the Expansion of the CHWC (as per the 2018-19 Budget)

2018-19 Budget

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Capital Provision	4,000	33,500	28,075	0	65,575
Capital Injection	2,500	0	0	0	2,500
Feasibility Expense	225	0	0	0	225

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