

# Section C

*Legislative and policy-based reporting*



## C.1 Risk management and internal audit

The Health Directorate Audit and Risk Management Committee oversees the Health Directorate's risk management function, internal audit program, internal systems and compliance, and external accountabilities to provide assurance to the Director-General of effective and consistent application across the organisation. The *Health Directorate Audit and Risk Management Committee Charter* governs the operation of the committee.

The committee's role is to consider the internal control environment, governance and risk management activities objectively. It is made up of internal and external members and is supported by the Health Directorate Internal Audit and Risk Manager.

The committee consists of five members: an independent external chair, three senior executives from the Health Directorate and one additional external member. Observers from the Health Directorate and the ACT Auditor-General's Office also attend the meetings. The Audit and Risk Management Committee held five meetings in 2011–12. Committee members' attendances are set out in the table below.

### *Audit and Risk Management Committee membership and attendance in 2011–12*

Name of member	Position	Duration of membership	Meetings attended
Mr Geoff Knuckey	Independent Chair	1 year	4
Mr Ian Thompson	Deputy Chair	6 years	5
Mr Lee Martin	Member	1 year	4
Ms Judi Childs	Member	5 years	4
Mr Bruce Jones	External Member	6 years	5

The Internal Audit and Risk Management Branch supports and improves the Health Directorate's corporate governance by developing and implementing the Strategic Internal Audit Program. The Health Directorate Strategic Internal Audit Program for the period 1 July 2011 to 31 December 2012 has been designed to closely align with the Health Directorate's strategic priorities and risks. The program is reviewed regularly to ensure that it continues to be effective.

In 2011–12, the Internal Audit and Risk Management Branch finalised 12 audits. Audit findings and recommendations are rated in line with the Health Directorate Integrated Risk Management Guidelines. Throughout the year, the Internal Audit and Risk Manager reported to the Audit and Risk Management Committee on progress against the Strategic Internal Audit Program and progress of the implementation of audit recommendations.

The Audit and Risk Management Committee is also kept informed of the progress of the implementation of recommendations from the ACT Auditor-General's Office reports, where they apply to the Health Directorate.

The Health Directorate risk management program is based on the international standard AS/NZS ISO 31000: 2009. All business units in the Health Directorate conduct risk management activities in accordance with the Health Directorate's risk management policy, framework and guidelines. The risk management policy, framework, guidelines and associated procedures support a consistent, integrated approach to risk management activities and reporting across all business units.

Each business unit in the Health Directorate is also charged with the responsibility of developing its risk management program and maintaining a divisional risk register. Extreme and high risks are reported to the Audit and Risk Management Committee for oversight. During 2011–12, the Audit and Risk Management Committee received regular risk management reports.

It also:

- provided leadership and advice on improving the Health Directorate's Risk Management Policy and Framework
- monitored risk management process implementation across the Health Directorate
- supported the promotion of the Health Directorate's risk management philosophy, appetite and culture
- ensured that Health Directorate risk management programs supported the Health Directorate's strategic direction.

## C.2 Fraud prevention

The Health Directorate has a comprehensive fraud control policy and framework in place. The framework was reviewed in April 2009 in accordance with the Risk Management Standard (AS/NZS ISO 31000:2009) and the ACT Public Service Integrity Policy. An updated action plan was developed and endorsed by the Executive Council as part of the review. Risk assessments are undertaken across the agency to identify fraud risks, and mitigating controls are in place to address fraud risks. Executive Directors are vested with responsibility for the management of all risks. Continuous processes are in place to identify, record and mitigate risks in line with documented procedures. Effective reporting and mitigation is monitored by the Health Directorate's Audit and Risk Management Committee and through other financial reporting mechanisms.

Staff are provided with fraud control and prevention training via e-Learning and during orientation. Managers are provided with further information and training during the managers orientation program. This is reinforced by the distribution of targeted information.

Four instances of alleged fraud were notified during 2011–12. One case of alleged falsification of a document was not pursued due to the resignation of the officer concerned. The other three cases, notified towards the end of the financial year, are under investigation in accordance with the relevant disciplinary provisions. One case has been subject to two audits, with the reports resulting in a number of agreed recommendations and an action plan for implementation.

## C.3 Public interest disclosure

Public interest disclosure is managed in the Health Directorate in accordance with the *Public Interest Disclosure Act 1994*. Procedures for actioning public interest disclosures are carried out according to the Chief Minister and Cabinet Directorate guidelines. The Health Directorate's public interest disclosure policy and procedures are available to all staff and the community on the Health website. The Senior Executive Responsible for Business Integrity Risk (SERBIR) receives disclosures and determines the appropriate action in accordance with the Act.

One matter referred for investigation in 2010–11 was finalised in 2011–12, with no supporting evidence of misconduct found.

Eight disclosures relating to disclosable conduct were received in 2011–12. The disclosures related to maladministration, fraud, misappropriation, improper conduct and bullying and harassment. Two were investigated and finalised in 2011–12. In one, no supporting evidence of misconduct was found. The other investigation resulted in a finding of misconduct and the counselling of the officer concerned. Five disclosures are under investigation, having been received towards the end of the reporting year. The final disclosure is under consideration pending further information being obtained.

## C.4 Freedom of information

The *ACT Freedom of Information Act 1989* gives citizens a legally enforceable right of access to official information in a documentary form held by ACT ministers and agencies, except where an essential public interest requires confidentiality to be maintained. It also requires information about the operations of ACT agencies to be made publicly available, particularly rules and practices affecting citizens in their dealings with those agencies.

### Section 7 statement

Section 7 of the *ACT Freedom of Information Act 1989* requires all agencies to prepare and publish a statement setting out the structure, operation and categories of documents. This is set out below.

### Organisation

The Health Directorate is responsible to the Minister for Health, who appoints the Director-General. The agency is responsible for policy development, planning and the provision of a range of health services to best meet the needs of the community within the policy framework and budget parameters set by government.

### Powers

The Health Directorate holds a wide variety of statutory powers relating to health services in the ACT. A comprehensive list of legislation under which the Health Directorate exercises statutory powers can be found in section B.4, Legislation report.

The Directorate has the authority to do all things that are necessary for the performance of its functions, including the purchase, sale and lease of buildings and equipment, the provision of financial assistance, and to enter into arrangements with people or authorities for the provision of health services.

The Chief Health Officer has the authority to grant, deny, vary and revoke applications for the supply of prescription drugs of dependence under the *Drugs of Dependence Act 1989*. The Chief Health Officer also holds powers to license and inspect hairdressers, boarding houses, eating houses and private hospitals and other establishments.

The *Health Records (Privacy and Access) Act 1997* assists consumers of health services to gain access to their personal records without having to apply under the *Freedom of Information Act 1989*.

The Health Services Commissioner holds power under the *Human Rights Commission Act 2005* to investigate and conciliate complaints about providers of health services. Clients can contact the Commissioner's office by telephoning 6205 2222 or calling in person at Level 2, 12 Moore Street, Canberra City, 2601.

### Categories of documents

The Health Directorate holds several basic categories of documents, including:

- those that are freely available on request and without charge
- those available for sale, including those that are part of a public register
- those that are exempt under the *Freedom of Information Act 1989* (the Act), and
- all other kinds of documents that may be made available under the Act.

The Health Directorate's Freedom of Information Officer coordinates requests on behalf of the agency.

### **Documents available on request**

Documents in this category include publications produced by the Directorate on various aspects of its activities. These are distributed from public counters and libraries throughout the Territory and may also be available on the ACT Government's web site at [www.act.gov.au](http://www.act.gov.au), or the Health Directorate's web site at [www.health.act.gov.au](http://www.health.act.gov.au).

Documents of other kinds that may be available under the Freedom of Information Act are:

- a. general files, including internal, interdepartmental and public documents, minutes of meetings of management and other committees, agendas and background papers, policy statements, financial and staffing estimates
- b. diaries, rosters and work sheets
- c. program and policy files
- d. records held on microfilm, computer or paper in connection with specialised divisional functions
- e. photographs, videos and films
- f. financial and accounting records
- g. details of contracts and tenders
- h. files on applicants and clients
- i. records of government, including the machinery of government
- j. leases and deeds of agreement
- k. databases relating to personnel administration, assets registers, in-patient morbidity statistics and accounting systems, and
- l. maps and plans of the Health Directorate's facilities, such as hospitals and health centres, working plans and drawings for proposed buildings or facilities under alteration or construction and maps of the ACT and surrounding region used for planning and delivery of services.

The Directorate may hold medical and client records within its many functional units. These include inpatient and outpatient records at the Canberra Hospital and health centres' medical records and dental records. Access to these records may be gained under the *Health Records (Privacy and Access) Act 1997*.

The Directorate also produces, for public distribution, a number of pamphlets and brochures relating to health matters in the ACT and the surrounding region.

The Health Directorate will make available for purchase documents covered by section 8 of the *Freedom of Information Act 1989*.

### **Freedom of Information procedures and initial contact points**

The Health Directorate's Freedom of Information officer receives, monitors and coordinates all requests for documents held by the agency. The FOI officer is located at Level 3, 11 Moore Street, Canberra City (phone 02 6205 1340). The FOI officer is available to members of the public from 9.00 am to 4.00 pm Monday to Friday (excluding public holidays) for the lodgement of requests. Electronic requests can be sent to [Executive\\_Co-ordination\\_unit@act.gov.au](mailto:Executive_Co-ordination_unit@act.gov.au). Copies of documents to which access has been granted under the FOI Act may be forwarded to the applicant or may be inspected under supervision during office hours.

## Processing guidelines

A copy of the Directorate's FOI processing guidelines is provided to the FOI decision makers to assist in their deliberations. The FOI officer is able to assist decision makers in all aspects of processing applications in accordance with the Act.

## Section 8 statement

Section 8 of the *Freedom of Information Act 1989* requires the principal officer to prepare and make available each year a statement (which may be in the form of an index) specifying the documents that are provided by the directorate for the purposes of an enactment or scheme administered by the directorate. The statement can be made available to members of the public by contacting the principal officer.

## Section 79 statement

The following tables summarise the results of FOI requests across the Directorate and the time taken to finalise requests. No application fees were charged for requests in the reporting period.

Description	Number
<b>Initial applications lodged</b>	<b>60</b>
Partial access	15
Access refused	12
Full release	9
Technical Refusal	4
Withdrawn	11
Transferred	0
Not yet finalised (as at 30 June 2012)	9
<b>Reviews lodged (under section 59 of the <i>Freedom of Information Act 1989</i>)</b>	<b>3</b>
Number upheld	1
Number overturned	1
Number not yet finalised (as at 30 June 2012)	1
Applications to ACT Civil and Administrative Tribunal	0
Requests to amend records	0
<b>Time taken to finalise requests</b>	
Less than 31 days	24
31–45 days	6
46–60 days (third party consultation)	4
61–90 days	6
More than 90 days	0

## C.5 Internal accountability

### Senior executive and responsibilities

The organisational chart on page 2 shows the structure of the Health Directorate at 30 June 2012. This chart includes the names of the senior executives responsible for each of the organisation's output areas.

Executives in the ACT Public Service are engaged under contract for periods not exceeding five years. Their remuneration is determined by the Australian Capital Territory Remuneration Tribunal.

### Substantial senior executive and organisational changes

The Health Directorate underwent an internal restructure during 2010–11. The purpose of this restructure was to improve the delivery of family- and patient-centred care, achieve good governance and accountability, and position the organisation to meet demand for services now and into the future.

Prior to implementation of the restructure, extensive consultation occurred with staff and stakeholders. One of the commitments coming out of this consultation was that a number of factors and decisions would be reviewed one year after implementation.

The Health Directorate has committed to review: the new executive positions and committees put in place, changed governance arrangements, and the overall impact of the restructure.

After this review, it is expected that the Health Directorate will be able to ascertain whether implementation of the restructure is complete and effective and what issues, if any, have arisen from the change.

The review is under way as at 30 June 2012.

The Health Directorate is organised into groups and operational areas which report directly to the Director-General. The two groups—Canberra Hospital and Health Services, and Strategy and Corporate—are led by Deputy Directors-General and are divided into direct clinical service divisions and strategic and corporate support branches. Canberra Hospital and Health Services employs the majority of staff working in the Health Directorate.

Senior executive positions across the organisation are as follows:

- Dr Peggy Brown Director-General (DG)
- Ian Thompson Deputy Director-General (DDG), Strategy and Corporate
- Lee Martin Deputy Director-General (DDG), Canberra Hospital and Health Services
- Dr Imogen Mitchell Director, DonatLife ACT
- Dr Paul Kelly Chief Health Officer, Population Health Division
- Elizabeth Trickett Executive Director, Quality and Safety Unit
- Ron Foster Chief Finance Officer, Financial Management
- Judy Redmond Chief Information Officer, E-health and Clinical Records Branch
- Phil Ghirardello Executive Director, Performance and Innovation Branch
- Rosemary Kennedy Executive Director, Business and Infrastructure Branch
- Ross O'Donoghue Executive Director, Policy and Government Relations Branch
- Grant Carey-Ide Executive Director, Service and Capital Planning Branch
- Judi Childs Executive Director, People Strategy and Services

- Veronica Croome Chief Nurse
- Karen Murphy Allied Health Advisor
- Prof Frank Bowden Principal Medical Advisor
- Dr Helen Toyne GP Advisor
- Prof Paul Gatenby AM Director of Research
- Barbara Reid Executive Director, Division of Surgery and Oral Health
- Elizabeth Chatham Executive Director, Division of Women, Youth and Children
- Jeannette MacCullagh (A/g) Executive Director, Division of Critical Care and Imaging
- Denise Lamb Executive Director, Division of Capital Region Cancer Service
- Linda Kohlhagen Executive Director, Division of Rehabilitation, Aged and Community Care
- Katrina Bracher Executive Director, Division of Mental Health, Justice Health and Alcohol and Drug Services
- Prof Julia Potter Executive Director, Division of Pathology
- Rosemary O'Donnell Executive Director, Division of Medicine
- Dr Rob Griffin (A/g) Executive Director, Medical Services
- Susan Aitkenhead Executive Director, Nursing and Midwifery
- June Gunning (A/g) Director, Acute Support Services.

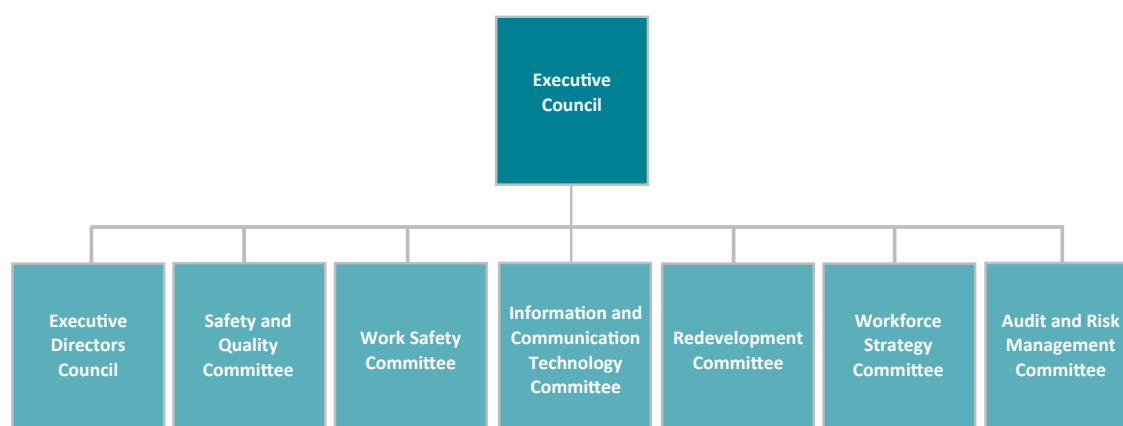
## Senior management committees, roles and membership

Health Directorate committees are established at the following levels:

- Tier 1—directorate level
- Tier 2—division/branch level and Tier 1 subcommittees
- Tier 3—unit/team level.

Information within the organisation is cascaded down from Tier 1 committees, and similarly information and issues can be raised at the Tier 3 level and reported and managed up through the higher committee tiers.

The overarching governance committee for the Health Directorate is the Executive Council.





Name of committee	Role of committee	Membership
Executive Council	<p>At the centre of the Health Directorate’s governance model is the Executive Council. The role of this peak council is to:</p> <ul style="list-style-type: none"> <li>• support the Director-General to meet responsibilities outlined in the <i>Health Act 1993</i> and other relevant legislation</li> <li>• make recommendations on the strategic direction, priorities and objectives of the organisation and endorse plans and actions to achieve the objectives</li> <li>• oversee finance, performance and human resources</li> <li>• set an example for the corporate culture throughout the organisation.</li> </ul> <p>The Executive Council is chaired by the Director-General and meets twice monthly; one of these meetings each month is focused on finance and performance, and other matters are discussed at the alternate meeting. A number of subcommittees report to the Executive Council, each dealing with different areas of accountability across the directorate.</p>	<p>Director-General (Chair)  Deputy Director-General, Canberra Hospital and Health Services  Deputy Director-General, Strategy and Corporate  Chief Finance Officer  Chief Health Officer  Executive Director, Quality and Safety  Consumer Representative  Academic Representative</p>
Executive Directors Council	<p>This council provides an opportunity for all executive members to communicate and collaboratively work in partnership with other areas of the Health Directorate to deliver patient-focused, high-quality care through influencing policy and strategic direction, managing policy governance and risk, and maximising operational effectiveness. The Executive Directors Council meets monthly and reports to the Executive Council on strategic operational matters and risk management. Subcommittees of the Executive Directors Council include:</p> <ul style="list-style-type: none"> <li>• divisional/branch executive meetings</li> <li>• National Access Plan Committee/ Executive Subcommittee</li> <li>• Medical Staff Council</li> <li>• Nursing and Midwifery Council</li> <li>• Allied Health Council</li> <li>• Surgical Services Taskforce</li> <li>• Emergency Care Taskforce</li> <li>• Critical Care Taskforce</li> <li>• Plant and Equipment Committee</li> <li>• Southern Local Health Network ACT Health Directorate Clinical Governance Committee</li> <li>• ACT Health Directorate Nursing and Midwifery Reasonable Workload Committee.</li> </ul>	<p>Director-General  Deputy Director-General, Strategy and Corporate  Deputy Director-General, Canberra Hospital and Health Services  Director, Executive Coordination Unit  Director, Communications and Marketing Manager, Internal Audit and Risk  Allied Health Advisor  ACT Chief Nurse  Principal Medical Advisor  Chief Finance Officer  Chief Health Officer  Chief Information Officer  Executive Director, Service and Capital Planning  Executive Director, Policy and Government Relations Branch  Executive Director, People Strategy and Services Branch  Executive Director, Quality and Safety Unit  Executive Director, Business and Infrastructure Branch  Executive Director, Performance and Innovation Branch  Executive Director, Division of Capital Region Cancer Service  Executive Director, Division of Mental Health, Justice Health and Alcohol and Drug Services</p>

Name of committee	Role of committee	Membership
Executive Directors Council (continued)		Executive Director, Division of Rehabilitation, Aged and Community Care Executive Director, Division of Critical Care and Imaging Executive Director, Division of Medicine Executive Director, Division of Women, Youth and Children Executive Director, Division of Surgery and Oral Health Executive Director, Division of Pathology
Safety and Quality Committee	<p>This committee comprises executive and professional advisor positions and academic and consumer representatives. Its role is to:</p> <ul style="list-style-type: none"> <li>• set strategic directions, priorities and objectives in quality and safety</li> <li>• oversee clinical practice improvement, quality improvement, accreditation, clinical governance matters (including sentinel events), consumer engagement and clinical policy</li> <li>• monitor research activity across the Health Directorate.</li> </ul> <p>The committee is chaired by the Director-General, meets monthly and reports to the Executive Council.</p> <p>Subcommittees:</p> <ul style="list-style-type: none"> <li>• Accreditation Steering Group</li> <li>• Health Technology and Assessment Committee</li> <li>• Health Interagency Clinical Review Committee</li> <li>• Medical and Dental Appointments Advisory Committee</li> <li>• Clinical Practice Committee</li> <li>• Appropriate Use of Blood Reference Group</li> <li>• Clinical Safety and Quality Steering Committee.</li> </ul>	Director-General Deputy Director-General, Corporate and Strategy Deputy Director-General, Canberra Hospital and Health Services Executive Director, Quality and Safety Unit Chief Information Officer Executive Director, Performance and Innovation Branch Executive Director, Business and Infrastructure Branch Executive Director, Service and Capital Planning Branch Executive Director, Policy and Government Relations Branch Executive Director, Human Resource Management Branch Chief Nurse Principal Medical Advisor Principal Allied Health Advisor Manager, Internal Audit and Risk Management Unit State Medical Director, Donate-Life ACT Consumer and carer representatives

Name of committee	Role of committee	Membership
Work Safety Committee	<p>This committee provides a strategic overview of the agency’s approach to workplace safety, provides advice and makes recommendations to the Director-General about policies, strategies, allocation of resources and legislative arrangements for workplace health and safety, and addresses whole-of-agency workplace safety issues that are unable to be resolved at division or branch level. The committee meets quarterly and reports to the Executive Council.</p> <p>Subcommittees:</p> <ul style="list-style-type: none"> <li>• Dangerous Substances Committee</li> <li>• Tier 2 workplace safety committees</li> <li>• Radiation Safety Committee</li> <li>• Security Committee</li> <li>• Violence and Aggression Working Group.</li> </ul>	<p>Director-General (Chair)</p> <p>Deputy Director-General, Canberra Hospital and Health Services</p> <p>Deputy Director-General, Strategy and Corporate</p> <p>Chief Health Officer</p> <p>Chief Finance Officer</p> <p>Executive Director, Quality and Safety Unit</p> <p>Director, Injury Prevention and Management</p> <p>Two representatives from each division/branch (Tier 2) OH&amp;S Committee, including one manager and one Health and Safety Representative (chairs of divisional committees)</p>
Information Communication and Technology Committee	<p>The committee is responsible for:</p> <ul style="list-style-type: none"> <li>• development of Health Directorate ICT plans, policies and frameworks, as required, and recommendation of these to the Executive Council, ensuring whole-of-government issues are considered</li> <li>• monitoring lifecycle ICT asset management frameworks, strategies and policies consistent with best practice</li> <li>• monitoring, review and management of ICT asset, service and delivery and financial performance and infrastructure risk across the Health Directorate</li> <li>• ensuring whole-of-ACT Government and Health Directorate ICT policies and standards are implemented across the organisation</li> <li>• evaluating proposed ICT initiatives and recommending supported business cases for all major ICT projects to the Executive Council</li> <li>• regularly reviewing and reporting the status of ICT projects under development and, if required, recommending strategies to rectify significant variances of these.</li> </ul>	<p>Deputy Director-General, Strategy and Corporate (Chair)</p> <p>Deputy Director-General, Canberra Hospital and Health Services</p> <p>Chief Information Officer</p> <p>Executive Director, Quality and Safety</p> <p>Executive Director, Policy and Government Relations</p> <p>Executive Director, Performance and Innovation</p> <p>Executive Director, Service and Capital Planning</p> <p>Executive Director, Business and Infrastructure</p> <p>Executive Director, Human Resources</p> <p>Chief Health Officer</p> <p>Chief Nurse</p>

Name of committee	Role of committee	Membership
Redevelopment Committee	<p>The Redevelopment Committee is the chief decision-making body for the Health Infrastructure Program (HIP). It is responsible for providing advice, monitoring progress and monitoring the risks of the HIP. The committee provides strategic advice and recommendations to ensure that the capital works and infrastructure align with the strategic and endorsed service planning directions of the Health Directorate. The committee provides the final approval process for individual elements of projects and final approval of programs of work. The committee includes membership external to the Health Directorate. The committee meets monthly and reports to the Executive Council and the Director-General's Steering Group.</p>	<p>Director-General (Chair)  Deputy Director-General, Strategy and Corporate  Deputy Director-General, Canberra Hospital and Health Services  Deputy Director-General, Chief Minister and Cabinet Directorate  Executive Director, Policy Coordination and Development, Treasury Directorate  Executive Director, Shared Services Procurement, Treasury Directorate  Director Health ICT, Shared Services ICT, Treasury Directorate  General Manager, Shared Services ICT, Treasury Directorate  Executive Director, Service and Capital Planning Branch  Executive Director, Business and Infrastructure Branch  Executive Director, Performance and Innovation Branch  Executive Director, People Services and Strategy Branch  Project Director, THiNC Health Australia  Deputy Project Director, THiNC Health Australia  Chief Finance Officer, Financial Management  Chief Information Officer, Clinical Records and e-Health Branch  Principal Solicitor, ACT Government Solicitor  Chief Executive, Calvary Public Hospital  Two consumer representatives</p>

Name of committee	Role of committee	Membership
Workforce Strategy Committee	<p>This committee is to:</p> <ul style="list-style-type: none"> <li>• give strategic context and direction for the development of the Health Directorate workforce, including a focus on workforce planning; recruitment and retention strategies; organisational development, workplace culture and leadership; human resource management, including employee relations and industrial matters; training and education, including essential education, academic linkages and research</li> <li>• ensure all associated strategies are coordinated, integrated and aligned to the broader Health Directorate strategic objectives</li> <li>• strategically oversee the impact of organisational redesign on the workforce profile and on workplace health and safety.</li> </ul> <p>The committee comprises members of the executive, strategic and operational professional advisors and directors of People Strategy and Services Branch sections.</p> <p>The committee meets quarterly and reports to the Executive Council.</p> <p>Subcommittees:</p> <ul style="list-style-type: none"> <li>• Workforce Planning Subcommittee.</li> </ul>	<p>Deputy Director-General, Strategy and Corporate (Chair)</p> <p>Deputy Director-General, Canberra Hospital and Health Services</p> <p>Executive Director, People Strategy and Services Branch</p> <p>Executive Director, Performance and Innovation Branch</p> <p>Executive Director, Quality and Safety Unit</p> <p>Executive Director, Business and Infrastructure Branch (representing support services)</p> <p>Director, Executive Coordination Unit (representing administrative staff)</p> <p>Chief Nurse</p> <p>Principal Medical Advisor</p> <p>Principal Allied Health Advisor</p> <p>Executive Director of Nursing and Midwifery</p> <p>Executive Director of Medical Services</p> <p>Executive Director, Service and Capital Planning Branch</p> <p>Director, Acute Support Services</p> <p>Director, Workforce Policy and Planning Unit</p> <p>Director, Staff Development Unit</p> <p>Director, Organisational Development</p>
Audit and Risk Management Committee	<p>This committee is established to provide assurance, assistance and advice to the Director-General and guidance to the Executive Directors Council on the directorate's audit, risk control and compliance frameworks and external accountability responsibilities, as prescribed in the <i>Financial Management Act 1996</i>. The committee contributes to management and delivery of health services through oversight of financial statements, internal control, internal audit, external audit, risk management, compliance and business performance. The membership provides strategic advice to the Director-General on organisation-wide risk management and facilitates the prevention of fraud risk. The Audit and Risk Management Committee meets quarterly and reports to the Director-General.</p>	<p>External Chair of the Committee—independent and external to the Health Directorate</p> <p>Deputy Chair of the Committee, the Deputy Director-General (Strategy and Corporate)</p> <p>Two Health Directorate senior executives</p> <p>External member with expertise in internal audit and risk management</p>

In addition to the Tier 1 committees, two committees established as a result of the review of governance were progressed. These committees provide advice and recommendations directly to the Executive Council.

Name of committee	Role of committee	Membership
Management Advisory Council	<p>The broad membership reflects the role of the council, which is to promote engagement with staff across the organisation, facilitate information sharing and discussion on government priorities and key strategic and operational issues, and to provide advice to the Executive Council. The Council is chaired by the Director-General and meets quarterly for half a day, reporting to the Executive Council. There are no subcommittees.</p>	<p>Council membership comprises the members of the Executive Directors Council along with key professional positions within divisions and representatives of stakeholder groups, including consumers and professional staff across the organisation.</p> <p>Director-General (Chair)</p> <p>Deputy Director-General, Strategy and Corporate</p> <p>Deputy Director-General, Canberra Hospital and Health Services</p> <p>Executive Officer, Strategy and Corporate</p> <p>Executive Officer, Canberra Hospital and Health Services</p> <p>Director, Executive Coordination</p> <p>Director, Communications and Marketing</p> <p>Manager, Internal Audit and Risk</p> <p>Chief Finance Officer</p> <p>Chief Health Officer</p> <p>Executive Director, Quality and Safety</p> <p>Chief Nurse</p> <p>Principal Medical Advisor</p> <p>Principal Allied Health Advisor, Director, GP Liaison Unit</p> <p>Executive Director of Nursing and Midwifery</p> <p>Executive Director of Medical Services</p> <p>Senior Business Analyst</p> <p>Director, Acute Support Services</p> <p>Chief Information Officer</p> <p>Executive Director, Performance and Innovation</p> <p>Executive Director, Business and Infrastructure (plus additional PD representatives as required)</p> <p>Executive Director, Service and Capital Planning</p> <p>Executive Director, Policy and Government Relations</p> <p>GP Advisor</p> <p>Executive Director, Human Resource Management</p> <p>Executive Members, Surgery and Oral Health (i.e. ED, Clinical Directors, DON, Academic Head, Manager Allied Health)</p> <p>Executive Members, Critical Care and Diagnostics (i.e. ED, Clinical Directors, DON, Academic Head, Manager Allied Health)</p>

Name of committee	Role of committee	Membership
Management Advisory Council (continued)		<p>Executive Members, Women, Youth and Children (i.e. ED, Clinical Directors, DON, Academic Head, Manager—Allied Health)</p> <p>Executive Members, Medicine (i.e. ED, Clinical Director, DON, Academic Head, Manager Allied Health)</p> <p>Executive Members, Rehabilitation, Aged and Community Care (i.e. ED, Clinical Directors, DONs, Academic Heads, Manager—Allied Health)</p> <p>Executive Members, Capital Region Cancer Service (i.e. ED, Clinical Director, DON, Academic Head, Manager—Allied Health)</p> <p>Executive Members, Mental Health, Justice Health and Alcohol and Drug Services (i.e. ED, Clinical Director, DON, Academic Head, Manager—Allied Health )</p> <p>Executive Members, Pathology (i.e. ED, Operational Manager)</p> <p>Two consumer and carer representatives</p> <p>Two RMO representatives</p> <p>Two registrar representatives</p> <p>Two nursing representatives</p> <p>Two allied health representatives</p> <p>Two non-clinical staff representatives</p> <p>Two administrative staff representatives</p> <p>Two scientific staff representatives</p>
Clinical Senate	<p>The role of the Senate is to provide a forum for a multidisciplinary group of clinicians, health experts and consumers with diverse perspectives to share their collective knowledge in discussing strategic clinical issues and to make recommendations to the Director-General, ACT Health Directorate, and the Chair of ACT Medicare Local.</p> <p>The Clinical Senate will report to the Director-General, Health Directorate, and the Chair of ACT Medicare Local, who will consider and respond formally and transparently to all recommendations.</p> <p>The membership of the Senate reflects the range of views that would be encountered across the full breadth of the community on significant clinical strategic issues. Members are appointed following due consideration of clinical skills and/or knowledge, capacity to make a contribution, clinical influence, consumer input and multidisciplinary coverage.</p> <p>The Senate comprises up to 40 members, the majority of whom are clinicians with direct clinical duties. In addition to ex-officio members, membership consists of specialist medical practitioners, junior medical practitioners, specialist dental practitioners, nursing and midwifery representatives, academic staff, allied health professionals and consumer representatives.</p> <p>Meetings are held three or four times a year. The Health Directorate provides secretariat support to the Senate.</p>	<p>Deputy Director-General, TCH and Health Services (Chair)</p> <p>Deputy Director-General, Strategy and Corporate</p> <p>Executive Director of Medical Services</p> <p>Executive Director of Nursing and Midwifery</p> <p>Director, Acute Support Services</p> <p>Chief Nurse</p> <p>Principal Medical Advisor</p> <p>Principal Allied Health Advisor</p> <p>GP Advisor</p> <p>Chair, Medical Staff Council</p> <p>All divisional clinical directors</p> <p>All divisional directors of nursing</p> <p>All divisional allied health representatives</p> <p>Executive Director, Quality and Safety</p> <p>Consumer and carer representatives</p> <p>Relevant others, based on issue(s) to be considered</p> <p>Membership is not fixed and will comprise up to 40 non-representative medical practitioners, nurses, allied health professionals, therapeutic, scientific and diagnostic members as well as consumers and carers. Membership for each Senate meeting will be determined on the basis of the matters being discussed.</p>

As well as these committees, governance meetings are established at the Tier 2 level within the Strategy and Corporate group and the Canberra Hospital and Health Services group, as well as within clinical divisions and corporate branches. Senior staff from divisions and branches are involved in these meetings and key information is cascaded down from the Tier 1 level via groups, divisions and branches to unit level across the directorate.

A range of forums provide the opportunity for stakeholder input. These include:

- Local Hospital Network Council (bi-monthly)—ongoing
- Medical Staff Council (monthly)—ongoing
- Nursing and Midwifery Leaders meeting (monthly)—ongoing
- Allied Health forum (monthly)—ongoing
- Director-General Forums (six-weekly)—ongoing
- Leadership Network (three times a year)—ongoing
- ACT Region Integrated Regional Clinical Training Network—ongoing
- Tertiary Education Liaison Committee (quarterly)—ongoing
- Private Hospitals Liaison Committee (quarterly)—ongoing
- Healthcare Consumers Liaison Committee (quarterly)—ongoing
- GP Liaison Network (quarterly)—ongoing
- Southern LHN Liaison Committee—ongoing
- Health Directorate/Community Services Directorate Liaison committee (quarterly)—ongoing
- Health Directorate/Human Rights Commission (annual)—ongoing.

## **ACT Local Hospital Network Council**

On 27 July 2011, the Chief Minister announced the establishment of the ACT Local Hospital Network Council. The council was established under amendments to the *Health Act 1993*, passed by the Legislative Assembly on 29 March 2011. It is responsible for providing strategic advice to the Director-General of the Health Directorate on matters critical to the ACT Local Hospital Network's success. The council's specific functions are set out in section 14 of the Act.

Each financial year the council is required to present to the Minister for Health a report on: the state of the local hospital network; and any recommendations relating to the improvement of health services by the local hospital network that the council considers necessary.

Part 3A of the Act requires that the council consist of not more than 10 members, appointed by the Minister. The council must include members who bring the necessary skills and experience to allow the council to perform its functions under the Act and include members who have expertise or experience in several areas, including, but not limited to: health management experience, expertise in clinical matters, academic, teaching and research experience in the field of health services and consumers.

The Act requires the council to meet at least six times a year. The Health Directorate provides secretariat support to the council.



## **Corporate and operational plans (and associated reporting and review)**

### **access health**

access health is a future directions document developed by the Minister for Health. It is about ensuring people have access to the right care when they need it. The ACT Government is committed to maintaining the high standard of health enjoyed by people living in the Canberra region and has identified priority areas in which to concentrate its efforts. These are:

- timely access to care
- aged care
- mental health
- chronic disease management
- Aboriginal and Torres Strait Islander health
- early childhood and vulnerable families.

### **Corporate Plan 2010–2012**

The Health Directorate Corporate Plan describes the vision, values and key objectives of the organisation. The priorities of the directorate are described under seven key performance areas:

- consumer experience
- sustainability
- hospital and related care
- prevention
- social inclusion and Indigenous health
- community-based health
- aged care.

During 2011–12, the Health Directorate continued to measure performance against these areas through key performance measures identified in ACT Government Priorities for 2011–2012 and the Health Directorate's strategic and accountability indicator sets within the ACT Budget Papers. In addition, a process for review and development of the Corporate Plan 2012–2017 occurred during the reporting year at the executive level. Once a framework for the plan has been finalised, a staff consultation process will commence.

### **Clinical Services Plan 2012–2017 (draft)**

The *Clinical Services Plan 2012–2017* succeeds the Clinical Services Plan 2005–2011. It will provide strategic guidance for the maintenance, enhancement and development of publicly funded health services in the ACT and will identify key issues to be addressed in more specific service level planning.

The strategies in the draft plan have been developed to enable the Health Directorate to meet future demand for health services and improve access for those most in need.

The focus areas of the plan are to:

- meet increasing demand for health services
- improve the patient journey
- improve the health of vulnerable people
- build and nurture a sustainable health system
- ensure planning and delivery of health services is underpinned by the Health Directorate Safety and Quality Framework.

During 2011–12, the draft plan was completed. It will be released in July 2012 for consultation prior to being finalised. A steering committee, with representation from the ACT Local Hospital Network Council, Medicare Local, Health Care Consumers' Association, Canberra Hospital and Health Services and Calvary Hospital, was formed to oversee and guide the planning process. It is anticipated that the final plan will be endorsed and implemented in the latter half of 2012.

## **ACT Primary Health Care Strategy 2011–2014**

The Health Minister launched the new Health Directorate ACT Primary Health Care Strategy on Wednesday, 14 December 2011. This strategy builds on the work of the *ACT Primary Health Care Strategy 2006–2009* and sets the strategic direction for primary health care into the future.

The *ACT Primary Health Care Strategy 2011–2014* is a high-level document that reflects the ACT community's ideas about their needs and priorities for primary health care. It has been developed in the context of the outcomes of the Council of Australian Governments (COAG) health reforms and a range of health-related strategies and plans already in existence.

The strategy includes six key principles:

- Principle 1—Empowered person-centred care
- Principle 2—Focus on disease prevention and promote a holistic understanding of health as wellbeing rather than absence of disease
- Principle 3—Services are evidence-based, safe, appropriate, effective and efficient
- Principle 4—Equity and access
- Principle 5—Collaborative model of team-based coordinated care
- Principle 6—Integration and collaboration to support the patient journey.

The strategy also identifies seven priority areas for action. The first four priorities focus on improving outcomes and addressing areas for improvement in current arrangements. The last three priority areas focus on providing enablers or building blocks which are essential to achieve improvement. The priorities are based on those identified in the National Primary Health Care Strategy. The seven priority areas for action are:

- improving access and reducing inequity
- improving coordination and continuity of care, especially for people with chronic conditions
- increasing the focus on prevention, health promotion, early intervention and consumer empowerment
- improving quality, safety, performance and accountability
- information management
- workforce
- infrastructure.

The Primary Health and Chronic Disease Strategy Committee (PH&CDS) is overseeing implementation of the strategy. Six-monthly reports which outline progress against the 12-month implementation plan of 16 priority actions and key performance indicators are provided to Health Directorate Executive Council and primary healthcare stakeholders. Action areas where progress is being made include:

- investigating ways to improve geographic access to health and wellbeing services across Canberra and increasing coordination between mainstream and Aboriginal and Torres Strait Islander community-controlled health care for Aboriginal and Torres Strait Islander people
- improving access to primary health care focused on the detection and ongoing management of chronic disease as part of the National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes
- developing strategies to improve handover between settings (e.g. hospitals and primary health care), including the use of e-health systems that support shared individual health records, building and sustaining referral pathways and developing common intake and discharge protocols
- planning, delivering and evaluating health promotion and preventive health programs targeted at risk factors in communities, in conjunction with the Australian National Preventive Health Agency, existing ACT Government health promotion and population health programs, primary healthcare providers, government, universities, and non-government and business sectors
- promoting information and referral pathways for preventative health services and programs in the community to service providers and consumers, which will support consumers to modify behavioural risk factors and increase health-promoting lifestyle behaviours
- promoting strategies to communicate the importance of sharing information between and within the acute and primary healthcare sectors.

## **ACT Chronic Disease Strategy**

The *ACT Chronic Disease Strategy 2008–2011* provided strategic direction for the prevention, detection and management of chronic disease in the ACT through an overarching framework for the provision of supports to address the increasing prevalence of people at risk of, or living with, chronic disease in our community.

From 2008 to 2011, the strategy made considerable progress in ensuring that chronic disease prevention, detection and management were coordinated, collaborative and interprofessional. Implementation of the strategy resulted in significant achievements in:

- health promotion and prevention initiatives, including the introduction of the telephone-based Get Healthy Information and Coaching Service, the Aboriginal and Torres Strait Islander Tobacco Control Strategy and continuing implementation of the Healthy Future: Preventive Health Program and the Kids at Play, the Active Play and Eating Well project
- specialist services for those living with chronic conditions, including the introduction of home telemonitoring, telephone coaching, the introduction of a Parkinson's and other movement disorders specialist nurse and continuation of chronic disease self-management courses.

A consultant has been engaged to develop a Strategy for Improving Care and Support for those Living with Chronic Conditions 2012–2017, in collaboration with a small working group. A draft is awaiting ministerial approval before it is released for six weeks of public consultation.

The *ACT Chronic Disease Strategy 2008–2011* incorporated the following action areas:

- prevention and risk reduction across the continuum
- early detection and early treatment
- integration and continuity of prevention and care
- self-management
- research and surveillance.

The draft strategy for 2012–2017, entitled *Strategy for Improving Care and Support for those Living with Chronic Conditions 2012–2017*, concentrates on improving care and support services. Interventions and goals relating to chronic disease prevention will be addressed in the ACT Health Promotion and Prevention Strategy. The draft 2012–2017 strategy is based on the commitment goals that every person living with a chronic condition:

- receives appropriate screening and early detection
- receives the right care in the right place at the right time from the right team
- has a plan which supports active participation in their care
- is aware of relevant support options and how to access them
- is provided with information and support to stay healthy and/or minimise the risk of other diseases
- does not have to repeat their story unnecessarily.

The key priorities in the draft strategy are to:

- optimise existing services through enhanced integration
- improve access
- better support those in the community
- improve person-centredness
- enhance detection and secondary prevention
- enhance governance and system enablers.

The Primary Health and Chronic Disease Strategy Committee oversees implementation of these strategies and provides oversight and central coordination of chronic disease policies and initiatives. The committee is chaired by the Policy and Government Relations Branch and includes representation from relevant Health Directorate areas of operation, ACT Medicare Local, the Pharmacy Guild of Australia (ACT), the Health Care Consumers' Association ACT, Winnunga Nimmyjah Aboriginal Health Service, ANU Medical School, the Heart Foundation ACT and Diabetes ACT.

The committee prepares six-monthly reports on progress in implementing priority actions for submission to the Executive Council, as well as a final evaluation report when the strategy is completed.

## ***ACT Palliative Care Services Plan***

The *ACT Palliative Care Strategy 2007–2011* provided overarching direction for the delivery of palliative care services in the ACT in accordance with Palliative Care Australia's National Palliative Care Standards.

From 2007 to 2011, the strategy made considerable progress in promoting coordinated palliative care services.

In particular, achievements were made in:

- the availability of palliative care and bereavement information and education resources for community members
- increased liaison between palliative care services, residential aged care facilities and primary health care
- implementation of Australian Government-funded palliative care projects.

A consultant has been engaged to develop a Palliative Care Service Plan 2012–2017 in collaboration with a working group. A draft is being finalised based on feedback received from stakeholders, including the working group members, the Local Hospitals Network and the Little Company of Mary Health Care. This will be released for public consultation following approval from the ACT Minister for Health.

## **Background**

The *ACT Palliative Care Strategy 2007–2011* aimed to strengthen palliative care services by:

- improving community education, awareness and participation
- further developing a comprehensive ACT palliative care service
- strengthening the provision of primary care through the palliative approach
- strengthening specialist palliative care services
- further developing a skilled workforce
- improving information management and data collection.

In late 2011 it was decided that the strategy would be replaced by a service plan. Therefore, the ACT Palliative Care Services Plan 2012–2017 is being developed to provide a strategic direction for the development of palliative care to best meet current and projected population needs. The draft plan has identified strategies to achieve the following key goals:

- to play a leadership role in ensuring reliable access to quality palliative care in the ACT, appropriate to needs and respecting the wishes of patients
- to ensure that palliative care services are provided in the ACT using innovative and best practice models of care that provide greater continuity of care and smoother transitions between settings
- to ensure the ACT community is well informed about all aspects of death and dying, and individuals and their families are able to make an informed choice about their treatment options and the setting in which palliative care is provided
- to ensure that an optimal capacity of palliative care services will be in place to meet the current and projected population demand
- to ensure an appropriately qualified and sustainable workforce to provide the projected level of palliative care services in the ACT
- to develop a local research and knowledge base to inform service and workforce development and quality improvement.

Implementation of the ACT Palliative Care Strategy and development of the new ACT Palliative Care Services Plan 2012–2017 is overseen by the ACT Palliative Care Strategy Implementation Steering Committee, which includes representation from:

- Policy and Government Relations, Health Directorate (Chair and secretariat)
- Capital Region Cancer Service, Health Directorate
- Manager, Clare Holland House, Calvary Health Care
- Director of Palliative Care Research, Calvary Health Care
- Medical Director, Clare Holland House

- GP Advisor to Health Directorate
- ACT Palliative Care Society
- Carers ACT
- GP representative nominated by the ACT Medicare Local
- Health Care Consumers' Association ACT
- Home-Based Palliative Care
- Rehabilitation, Aged and Community Care, Health Directorate
- National Capital Private Hospital.

The committee prepares six-monthly reports on progress in implementing priority actions for submission to the Executive Council and will prepare a final evaluation report when the strategy is completed.

## **ACT Children's Plan**

The ACT Children's Plan was launched in June 2010 to provide an aspirational whole-of-government and whole-of-community vision to make Canberra a great and safe place for children and to ensure their needs are a priority for government and community. The ACT Children's Plan is operational from 2010 to 2014.

### **Main strategic directions (goals)**

The aim of the ACT Children's Plan is that Canberra is a child and youth-friendly city that supports all children and young people to reach their potential, make a contribution and share the benefits of our community. The plan proposes six building blocks to make Canberra a child-friendly city:

- opportunities for children to influence decisions about their lives and their community and to actively participate in their communities
- advocacy, promotion and protection of children's rights
- processes to assess the impact of law, policy and practice on children
- regular monitoring of the state of children's health, wellbeing, learning and development
- services, programs and environments that support children's optimal development and enhance parental, family and community capacity
- effective governance mechanisms across government and community.

### **Major goals/projects commenced in 2011–12**

- The Health Directorate has contributed to the development of A Picture of ACT Children, which will be the second report on children's health, wellbeing, development and learning indicators.
- The directorate has established a Neglect of Medical Needs of Children and Young People Working Group to improve its capacity to respond to the needs of these children and their families.
- The directorate commenced the refreshing of its Child Protection Policy.

## **Mental Health Services Plan 2009–2014**

The *ACT Mental Health Services Plan 2009–2014*, launched in August 2009, is a strategic-level document giving broad direction for the future development of public mental health services in the ACT. It was developed in consultation with key stakeholders over a two-year period. The plan covers the years 2009 to 2014 but conveys a vision for how mental health services will be delivered in the ACT in 20 years' time.

The guiding vision for mental health services in the ACT is that by 2020 the mental health needs of the community will be met by a comprehensive network of complementary and integrated mental health services that:

- enhance knowledge and understanding
- intervene and provide support early and for as long as is necessary
- as far as possible, address mental health issues in community settings, working with and developing natural systems of support.

Consumer and carer participation will be richly woven through all aspects of service planning, delivery, research, teaching and evaluation, while peer support and advocacy services will be available as required to support consumers in their journey of recovery.

The plan aligns services with four developmental stages that, rather than promoting service delivery along age lines alone, will focus on developmental and life milestones to determine the most appropriate point of service.

During 2010–11, the ACT's mental health direction was informed by the *Council of Australian Governments National Action Plan for Mental Health 2006–2011* and the national mental health plans and other documents of the National Mental Health Strategy. These included the *Fourth National Mental Health Plan 2009–2014* and the revised *National Standards for Mental Health Services*.

## **Strategic directions**

The plan sets goals for change and improvements in the mental health sector. To achieve these goals, the plan follows four priorities:

1. reinforcing capacity in the mental health sector
2. extending the mental health service system
3. innovating in the mental health service system
4. planning implementation of change.

Timelines for implementing these actions have been indicated throughout the five-year life of the plan. Oversight of the implementation process was allocated to the Strategic Oversight Group (SOG). Led by the Health Directorate, the SOG includes consumer, carer, community, education and primary care representatives, with participation from ACT and Australian Government agencies. The SOG released its first annual report in 2010. Activities in SOG's first year of operation focused on developing understanding of the complex and dynamic environment in which mental health services are delivered in the ACT and the issues faced.

## **Strategies/actions fully implemented at June 2012**

- The Adult Mental Health Unit opened at the Canberra Hospital in March 2012 and has been operational since 11 April 2012.
- In 2011–12 the Child and Adolescent Mental Health (CAMHS) model of care redesign steering committee progressed the development of the model for the Adolescent and Young Adult Mental Health Inpatient Unit (AYAMHIU). The work includes changes to the overall CAMHS structure and model of service to include an expanded age range of zero to 25 years. This work reflects the four life stages development model proposed in the ACT Mental Health Services Plan 2009–2014.
- Mental Illness Fellowship Victoria has been contracted to provide the Youth Mental Health Step-Up Step-Down Residential Service. A property has been selected and it is expected that the service will be operational during 2012–13.

- During 2011–12 a tender process was held for an older persons (65+) Mental Health Step-Up Step-Down Residential Service. No proposals were received through the tender and the Health Directorate undertook direct negotiations with interested residential providers. These negotiations continued in 2012–13.
- The Review of the ACT Community Sector of Mental Health Services was completed in 2011. The review resulted in an action framework with 14 recommendations to drive development of the community mental health sector. The Health Directorate is working collaboratively with mental health sector peak bodies to progress the review's recommendations. The implementation of the recommendations will be affected by the ACT Government community sector reform process and the impact of the National Disability Insurance Scheme.

## ***Building a Strong Foundation: A Framework for Promoting Mental Health and Wellbeing in the ACT 2009–2014***

*Building a Strong Foundation: A Framework for Promoting Mental Health and Wellbeing in the ACT 2009–2014* aims to guide the implementation and development of activities to promote mental health and wellbeing, prevent mental illness and, where this is not possible, intervene early to detect and treat mental disorders.

### ***Main strategic directions***

The framework has three priorities:

- Promoting mental health and wellbeing is everybody's business.
- Preventing mental illness is a shared responsibility.
- Early intervention requires strong inter-sectoral cooperation.

Timelines for implementing these activities have been indicated throughout the five-year life of the plan. Oversight of the process is undertaken by the Mental Health Promotion, Prevention and Early Intervention Implementation and Evaluation Working Group, which includes consumer, carer, community, education, primary care and directorate representation.

The 2010–11 evaluation report, *Building a Strong Foundation: Evaluation Findings 2010–2011*, was finalised in 2012. This report summarises the implementation findings from the second-year evaluation of the framework.

### ***Major goals implemented/completed***

- Twenty-four agencies reported that they successfully embedded activities to promote mental health and wellbeing into their strategic plans and strategies.
- All midwives and MACH nurses have been trained in the use of the Edinburgh Postnatal Depression Scale.
- Forty-seven secondary schools and colleges have implemented MindMatters in their school curriculum.
- Eight hundred and sixty-eight young people were assessed for mental health at headspace ACT.
- The Belconnen Bungee Program was expanded to the Tuggeranong region through the Bungee Southside Youth Resilience Program.
- The Housing Assistance Support Initiative (HASI) program was expanded to 15 places during 2010–11 and plans are under way to include 20 more places in 2011–12.



## **Managing the Risk of Suicide: A Suicide Prevention Strategy for the ACT 2009–2014**

*Managing the Risk of Suicide: A Suicide Prevention Strategy for the ACT 2009–2014* provides a service development framework to guide an integrated, whole-of-community approach to suicide prevention across the lifespan.

### **Main strategic directions**

The strategy's main strategic directions are to:

- reduce rates of suicide and self-harm in the ACT
- increase resilience, coping skills and connectedness
- improve awareness of and access to suicide prevention training, education and information
- increase collaboration and partnerships between organisations providing suicide prevention and postvention services in the ACT.

The 2010–11 evaluation report, *Managing the Risk of Suicide: Evaluation Findings 2009–2010*, was finalised in 2012. This report summarises the implementation findings from the first-year evaluation of the strategy.

### **Major goals implemented/completed**

- One hundred and five community service agency employees and 495 government employees attended suicide prevention training programs.
- Two hundred counsellors participated in training to enhance their skills to support those bereaved by suicide.
- The MHPU provided \$34,000 in funding for the delivery of Real Understanding in Self-Harm, a suicide prevention training program based on dialectical behaviour therapy principles, developed for prisoners.
- Sixty school counsellors completed training entitled Self-Harm in the School Environment.
- Seventy-three individuals attended the inaugural Men's Suicide Prevention Conference.
- One hundred and forty-three young people were supported through the Housing for Young People Program (HYPP).
- A mental health risk assessment was provided to all new detainees on admission to the Bimberi Youth Justice Centre and the Alexander Maconochie Centre.
- Support was provided through SupportLink and Carers ACT to 333 Canberrans bereaved by suicide.
- A service level agreement was developed between the Australian Federal Police, ACT Corrective Services, ACT courts administration and Mental Health ACT outlining staff responsibilities in each organisation in relation to the care of people with a mental illness.

The Health Directorate is leading the way nationally with the development of the first whole-of-government mental health promotion, prevention and early intervention framework. The Health Directorate, in conjunction with the Centre for Mental Health Research at the Australian National University, is evaluating the outcomes of implementation and identifying the factors that affect implementation of both Building a Strong Foundation and Managing the Risk of Suicide.

Outcome and process evaluation data, collected from agencies identified as having responsibility for implementing actions, is collated and the findings from the surveys used to compile an annual report to the Legislative Assembly.

## **Council of Australian Governments (COAG) National Action Plan on Mental Health 2006–2011**

The *Council of Australian Governments (COAG) National Action Plan on Mental Health 2006–2011* has come to the end of its implementation period. The jurisdictional reports on the implementation of the plan can be found on the COAG website at [www.coag.gov.au/other-reports-and-papers](http://www.coag.gov.au/other-reports-and-papers). COAG has requested that senior officials from the Commonwealth and states and territories work together to draft a 10-year Roadmap for Mental Health Reform and present the roadmap to COAG by the end of 2012 for endorsement. The roadmap follows up COAG's commitment to mental health as a whole-of-government priority.

### **The Fourth National Mental Health Plan**

The *Fourth National Mental Health Plan: An agenda for collaborative government action in mental health 2009–2014* was launched at the Australian Health Ministers' Conference held on 13 November 2009. It demonstrates a commitment to ongoing national mental health reform and identifies key actions to advance the vision of the National Mental Health Policy 2008.

While led by health ministers, the plan takes a whole-of-government approach by involving sectors other than health. It provides a basis for governments to advance mental health activities in the various portfolio areas in a more integrated way, recognising that many sectors can contribute to better outcomes for people living with mental illness. The plan has five priority areas for government action in mental health:

- social inclusion and recovery
- prevention and early intervention
- service access, coordination and continuity of care
- quality improvement and innovation
- accountability—measuring and reporting progress.

The plan is ambitious in its approach and includes a robust accountability framework. Each year, governments report progress on implementation of the plan to the Council of Australian Governments. The plan includes indicators for monitoring change in the way the mental health system is working for people living with mental illness as well as their families and carers. Health ministers agreed to develop targets and data sources for each of the indicators in the first 12 months of the plan's operation.

### **Implementation**

Following advice from the Australian Health Ministers' Advisory Council to use a strategic approach to progress the implementation of the Fourth National Mental Health Plan, the Commonwealth and states and territories agreed to concentrate on two flagships for implementation. Flagship 1, led by Queensland, focuses on the social inclusion actions of the plan and the ACT is participating on the national committee developing this flagship. Flagship 2 focuses on actions centred on children and youth mental health and is led by the Commonwealth. Two significant elements of the plan have been progressed during 2011–12: the development of National Mental Health Services Planning Framework and the National Mental Health Recovery Framework. When completed, these two frameworks will appreciably contribute to the culture and provision of mental health services into the future. The strategic approach to implementing the plan fits well with the 2011 Council of Australian Governments' request for the development of the whole-of-government 10-year Roadmap for Mental Health Reform.

## ***A New Way—Aboriginal and Torres Strait Islander Health and Wellbeing Plan 2006–2011***

The Health Directorate continued to implement strategies of the policy document, *A New Way: the ACT Aboriginal and Torres Strait Islander Health and Wellbeing Plan 2006–2011*. The plan provides a direct response to the requirements of the National Strategic Framework for Aboriginal and Torres Strait Islander Health against the following objectives:

- to address the identified health and family wellbeing priority areas
- to provide an effective and responsive health and family wellbeing system for Aboriginal and Torres Strait Islander people in the ACT
- to influence the health and family wellbeing impacts of the health-related sector
- to improve resourcing and accountability.

The plan's strategies influenced process changes in the Health Directorate, particularly in relation to developing new policies, plans and strategies. The introduction of the Aboriginal and Torres Strait Islander Health Impact Statement led to the Health Directorate considering the impact of new proposals on the Aboriginal and Torres Strait Islander communities. Consultation and engagement with the local communities are now a requirement of the process and set out in the Policy Management Policy.

The Aboriginal and Torres Strait Islander Health Forum of the ACT is reviewing and updating *A New Way: The ACT Aboriginal and Torres Strait Islander Health and Wellbeing Plan 2006–2011*. The forum includes members from the ACT Health Directorate, ACT/NSW Office of Aboriginal and Torres Strait Islander Health, the Australian Government Department of Health and Ageing, Winnunga Nimmityjah Aboriginal Health Service, the ACT Aboriginal and Torres Strait Islander Elected Body and the Close the Gap Team of ACT Medicare Local.

## ***Health Workforce Plan 2012–17***

Preparation of the workforce plan is under way. The draft document highlights the national advances in workforce planning and the alignment of the new plan to the national strategies.

The ACT Health Workforce Plan 2012–17 supports national workforce reform strategies and builds on the achievements of the *ACT Health Workforce Plan 2005–2010*. Consumer and population needs provide the main driving force for change, and the overarching principles are that changes are cost-effective, resilient, proactive, ethical, equitable, accountable and appropriate. It is a plan to provide the right service to the right person at the right time in the right place and within budget. The focus areas of the plan are strongly linked to Health Directorate strategies and service plans which support more specific local needs.

The plan seeks to address health workforce issues through a multi-faceted approach across five areas:

1. Health Workforce Reform: Improving Service Delivery
2. Health Workforce Capacity: Skills Development
3. Leadership and Culture Improvement for Health System Sustainability
4. Health Workforce Planning
5. Policy, Funding and Regulation.

This plan delivers a framework for action by providing medium-term, sustainable workforce planning strategies. These strategies will support the continued delivery of high-quality health and community care services to the ACT region in an environment of increasing workforce challenges.

## **ACT Breastfeeding Strategic Framework 2010–2015**

The *ACT Breastfeeding Strategic Framework 2010–2015* was launched on 10 November 2010. Its aim is to increase the number of infants being exclusively breastfed from birth to six months and to encourage ongoing breastfeeding with complementary foods until at least 12 months of age, in line with National Health and Medical Research Council recommendations. The framework sets the context for the protection, promotion and support of breastfeeding in the ACT for the next five years and beyond.

The ACT Breastfeeding Initiative was funded through the Population Health Division's Healthy Future budget and is a joint initiative of the Health Promotion Branch and the Division of Women, Youth and Children community health programs. Funding for this project ceased on 30 June 2012. A dedicated project officer continues to implement the framework. Funding options are currently being explored.

The implementation plan for the framework was endorsed by the Breastfeeding Initiative Steering Committee (BISC) on 18 November 2010. Implementation work is ongoing. Activities of note include:

- representation on the National Breastfeeding Jurisdictional Senior Officials Group (BJOG), which is implementing the Australian Breastfeeding Strategic Framework 2010–2015
- being a lead state/territory on the BJOG working group, which is revisiting the potential for expansion of Australia's Marketing of Infant Formula (MAIF) agreement to align further with the World Health Organisation (WHO) code on the marketing of breastmilk substitutes
- the development of an enhanced breastfeeding data collection system through the ACT Patient Administration System (ACTPAS) database, while ensuring collaboration and consistency with the national approach
- the commissioning of further research in response to initial research undertaken during the framework's development phase. This research project was approved by three ACT human research ethics committees and was conducted in 2011. The project, entitled *Exploring Transitional Maternal and Child Health Services which Protect, Promote and Support Breastfeeding in the ACT*, responds to the recommendation that there was a need for 'more intensive at-home support and guidance'. Its aim was to identify realistic, achievable and sustainable breastfeeding support services for parents in the first six to eight weeks after the birth of their baby. Work has commenced on recommendations from the research report
- extensive liaison with government and non-government stakeholders to progress activities pertinent to their organisations
- ongoing education of health professionals, stakeholders and community members on the key components of the framework, including the development of ACT-focused resources
- the active pursuit of Breastfeeding-Friendly Workplace accreditation for the Health Directorate.

The overall framework is being reviewed as a 'snapshot'. The snapshot will consider work undertaken to date, explore barriers to implementation and make recommendations for implementation until 2015, with a particular focus on the next 12 months.

## ACT Alcohol, Tobacco and Other Drug Strategy 2010–2014

Implementation of the ACT Alcohol, Tobacco and Other Drug Strategy 2010–2014 commenced in July 2010. Following the commencement of the *Liquor Act 2010* on 1 December 2010, a number of initiatives have begun:

- Responsible service of alcohol requirements have commenced. New responsible service of alcohol offences commenced on 1 June 2012.
- Responsible promotions requirements, and prohibited promotional activity measures, have commenced.
- New criminal offences have been introduced to strengthen the new liquor laws.
- The *Liquor Act 2010* introduced the requirement to report annual liquor sales data (volumes of alcohol sold by beverage type) to the Chief Health Officer and Commissioner for Fair Trading. Liquor off-licence wholesalers will now report sales data to government by 31 July each year. Reporting commenced in 2011–12.
- A risk-based fee structure for liquor licences was introduced on 1 December 2011 to fund new police and Office of Regulatory Services initiatives. Liquor licences associated with the most harm now incur a commensurate licensing fee.
- The report of the Parliamentary Standing Committee on Justice and Community Safety's inquiry into liquor licensing fees was tabled in May 2012. The ACT Government is to respond to the inquiry's recommendations.

In 2011 a PhD position at the University of Canberra was funded for three years to evaluate the Aboriginal and Torres Strait Islander Tobacco Control Strategy. Winnunga Nimmityjah Aboriginal Health Service continued to implement the No More Boondah project. Smoking cessation activities for young people are a core component of Gugan Gulwan Youth Aboriginal Corporation's Youth Access program, Street Beat.

The ACT Legislative Assembly passed the *Smoking in Cars with Children (Prohibition) Act 2011* in October 2011. The Act commenced on 1 May 2012. A \$250 fine will apply if a person is caught smoking in a car with children present. An education campaign has been undertaken to inform people of the effects of smoking around children and about the commencement of the legislation.

The ACT Early Intervention Pilot Project (EIPP) was evaluated in an external evaluation of all drug diversion programs in the ACT, which was commissioned by the Health Directorate and conducted by the Drug Policy Modelling Program, National Drug and Alcohol Research Centre, University of New South Wales.

An evaluation of drug policies and services in the Alexander Maconochie Centre, along with the government response to the evaluation, was completed in 2011. The government response included plans for implementation of supported recommendations. In 2012 a status report on the progress of the implementation of the supported recommendations was completed.

Workers in the mental health, youth and alcohol and other drug sectors participated in a workplace tobacco management project, completed in December 2011. This involved collaboration between the Alcohol, Tobacco and Other Drug Association ACT as the lead agency for the project, the Mental Health Community Coalition ACT and the Youth Coalition of the ACT. Some of the outcomes were:

- All nine workplaces involved in the project had a workplace tobacco management policy in place by the end of the project.
- Most sites were able to involve stakeholders in the policy development process.
- Levels of support for the policy implementation across all sites were good.
- Framing policy development and implementation in a positive and empowering way achieves results, and a focus on harm reduction makes tobacco policy congruent with sector philosophies.

## Sustainability Strategy

### Major goals completed in 2011–12

The Health Directorate continues to demonstrate its commitment to the principles of sustainability development by monitoring its use of resources, and integrating economic, social and environmental considerations into measures to minimise the impact of agency activities on the environment. In 2011–12, the Health Directorate:

- endorsed the ACT Health Sustainability Strategy
- implemented the first phase of the Sustainability Action Plan
- initiated the pilot program leading to the implementation of the whole-of-government rollout of the My Carpools project to decrease private vehicle usage and CO<sub>2</sub> emissions
- implemented a Sustainable Transport Working Group to provide a platform for discussion and stakeholder engagement to increase activity and alternative transport options for staff, patients and visitors to healthcare facilities
- installed additional bicycle storage for visitors and staff on the Canberra Hospital campus
- implemented the restricted office stationery catalogue of OfficeMax to ensure cost minimisation, thus maximising value for money and use of sustainable products
- conducted community consultation on future energy options for the Canberra Hospital campus as part of a feasibility study to best meet sustainability goals of minimising CO<sub>2</sub> emissions associated with future infrastructure growth.

### Quality and Safety Framework 2010–2015

The *Quality and Safety Framework 2010–2015* describes a vision and direction to improve safety and quality in the Health Directorate and sets out activities that will occur throughout the organisation to improve the safety and quality of the directorate's services for its consumers. The plan includes a set of actions divided into three themes, which align with those of the Australian Commission on Safety and Quality in Health Care in its framework for a vision for safe and high-quality health care for Australia. These themes are that care will be: consumer-centred, driven by information and organised for safety.

To meet these themes, the Quality and Safety Unit has achieved the following:

- partnering with the Health Care Consumers' Association ACT to provide forums on 'how to complain properly', consumer representative training and advocacy training
- an annual Thank You celebration for consumer representatives on Health Directorate committees
- regular liaison meetings with the Human Rights Commission to discuss processes and training opportunities for staff
- development of a new Consumer Feedback and Engagement Policy and Standard Operating Procedure
- divisional progress report, providing weekly updates of feedback and status
- participation in developing the Rural Health Education Foundation's DVD and toolkit, entitled *The Patient's Choice: Quality at the End of Life*
- completion of the respecting patient choices (RPC) trained facilitators questionnaire, which sought feedback on the RPC e-learning and face-to-face training, facilitator support and resources, and experiences

- development of a discussion group for trained facilitators to provide support and guidance
- development of a glossary of terms to assist facilitators when completing advance care plans
- guest presentations at Medicare Local Aged Care Forums and the Council on the Ageing ACT
- planning for future implementation of core standards for forms outlined in A National Framework for Advance Care Directives
- completion of the first round of data collection for the Effective Communication in Clinical Handover (ECCHO) project, a Australian Research Council funding project in collaboration with the University of Technology Sydney and three other jurisdictions
- rollout of education and training on the National Recommendations for User Applied Labelling of Injectible Medications, Fluids and Lines
- completion of a training strategy to further support the implementation of open disclosure in the Health Directorate
- development of clear policy documents on important safety and quality issues such as:
  - restraint, which clearly outlines the limited circumstances in which patients can be restrained for safety reasons
  - searching, which states the limited situations in which a consumer’s property or person can be searched in the interests of safety
  - violence and aggression, which provides clear information on how staff can respond to violence and aggression from consumers, patients and/or visitors
  - policy management, which involved realigning the policy management governance processes to the new organisational structure and providing clear information, processes and supports for the effective governance of policy documents
- facilitation of the ACT Quality in Healthcare Awards, showcasing patient safety and quality initiatives across the Territory, and the Health Directorate Better Practice Awards, celebrating local quality improvement activities
- coordination and monitoring of preparations for the November 2012 Australian Council on Health Standards organisation-wide survey.

The framework is being reviewed for progress against the areas for action and alignment with the 10 national safety and quality health service standards. This will be complete by December 2012.

## ***Progress on reviews—combined 2009 and 2010 GP interaction surveys***

Several new services, communication strategies and process refinements have been put in place to improve the interaction between general practice and the Health Directorate following two interaction surveys, conducted in 2009 and 2010. There are 25 recommendations in the combined report. To date, eight have been completed, 10 are ongoing and seven are in various stages of progress.

Improvements have been wide ranging and include:

- The Health Service Directory (HSD) Find a Health Service, which was officially launched in September 2011, has undergone development. All Health Directorate services, GP practices and pharmacies are now uploaded onto the HSD. This is a work in progress.
- A dedicated GP website known as ACT Health Net is used across the ACT and surrounding region. It is a dynamic web page that contains information about the outpatient department services and outpatient waiting times, assisting local GPs with the selection of the most appropriate clinic and clinician for their patients. Work is being done to improve the display of the outpatient waiting list on the website.
- The Health Directorate is developing referral guidelines for outpatient services in consultation with the specialists in each area and with input from GP advisors and ACT Medicare Local. Once approved, these guidelines will be uploaded onto the ACT Health Net website.
- New standard operating procedures have been drafted as part of the Canberra Hospital and Health Services Outpatient Redesign Project. A Booking and Scheduling Redesign Working Group has also been established to redesign processes from referral registration to booking of appointments.

### ***E-referrals***

- An e-referral system, which allows clinician-to-clinician communication, has been established. An e-referral template has been developed and is being used by GPs with Patient Management Software Med Tech 32 and Medical Director 3.11.
- Enhancements to the e-referral system for hospital administration users are being tested. These enhancements will allow for acknowledgement messages to be sent to the referring GP.

### ***Improving timely discharge summaries***

- Significant work has been done across the Canberra Hospital campus to try to improve the quality and timeliness of discharge summaries, including education, clinical support and discharge summary awards.

### ***Confirming and promoting the GP as part of the treating team***

- Policy and standard operating procedures have been endorsed by the Canberra Hospital and Health Services Executive Council. An education strategy will now be developed for hospital staff and the information disseminated to GPs once these policies have been implemented.

### ***Building closer relationships with general practice***

- The continued building of relationships between the GP Liaison Unit, e-health staff and GP practices by way of periodic visits and/or telephone conversations has resulted in improved communication and referral practices and supported discussions on what is working and what needs to be improved.
- Formal communication channels between general practice and the Health Directorate continue to operate through the ACT Health Directorate–ACT Medicare Local quarterly meetings (a newly established group consisting of the Director-General, Deputy Directors-General, the Chief Health Officer and the Executive Director of People Strategy and Services Branch), GP Liaison Network quarterly meetings and the ACT GP Workforce Working Group.
- ACT Medicare Local is planning a new GP interaction survey, to be conducted in 2012, and is seeking Health Directorate input into the development of the survey. The Health Directorate will not be undertaking a similar survey on this occasion.



## **C.6 Human resource performance**

In 2011–12, the human resource function in the Health Directorate focused on supporting the organisation through significant challenges, including the changes and work required after the implementation of a new organisational structure.

Key strategies for the branch are to improve employee retention, engagement and performance through continued professional development; to improve the quality of management, leadership and organisational culture; and to implement specific strategies for the creation of an efficient and effective employment and industrial environment.

Key achievements in 2011–12 are thematically grouped below.

### ***Delivering for the future***

- In January 2012, the Human Resource Management Branch implemented a new structure and adopted a new name, the People Strategy and Services Branch. The new name and structure represent more accurately the function and role of the branch, and align services to both arms of the business, the strategy and corporate function, and the Canberra Hospital and Health Services function.
- The branch continued its support of the Health Infrastructure Program in the areas of change management and workforce development. Considerable focus during the year was on the Women’s and Children’s Hospital, the Adult Acute Mental Health Inpatient Unit, the community health centres and the Capital Region Cancer Centre.
- The Health Leadership Network continued to create opportunities to build collaborative relationships and partnerships across the Health Directorate. The group met three times during the year and speakers and presentations encouraged participants to develop lateral-thinking leadership skills.
- The branch provided workforce planning data and projections to inform the development of new hospital and health services infrastructure.
- The branch worked with the newly structured organisation to provide a new workforce reporting framework and key performance indicators to ensure workforce data meets organisational needs for future sustainability.
- Health Workforce Australia (HWA) initiatives and projects to support the development of the future workforce and the national workforce planning framework were progressed in 2011–12. The workforce policy and planning unit has been leading the accountability for the following key areas: increased clinical training placements across eight disciplines, clinical supervision capacity and identification of areas for improvement, coordination of the development of infrastructure to support additional capacity for student placements, and development of the Simulation Learning Environment across the ACT.

### ***Strengthening organisational resilience***

- 2011–12 was a busy year in relation to the Health Directorate’s industrial frameworks. Four enterprise agreements were implemented: General, Health Professionals, Nursing and Midwifery, and Medical Officers. Based on the whole-of-government core template, these agreements provide for specific conditions and arrangements for each employment group.
- The Health Directorate conducted the fourth in a series of organisation-wide Workplace Culture Surveys from 19 March to 11 April 2012. The surveys have been used to identify, promote and track the outcomes of key development initiatives across the organisation, as well as specific activities within divisions or branches and work areas.

- There was significant investment in and commitment to the Respect, Equity and Diversity (RED) framework in 2011–12, with 2554 staff attending training during the year. A RED contact officer network has been established. This network provides an important support to staff members who may be experiencing bullying and harassment, including the provision of information about potential next steps to address the behaviour.

## ***Sustaining community confidence***

- The ACT Government Health Directorate Secondary Student Work Experience Program rolled out during 2011–12, with dozens of students from government, Catholic and independent high schools and colleges who are planning to take up careers in the health professions taking part.
- During 2011–12, 167 registered nurses were supported at various stages of the Graduate Nurse Program, and 28 enrolled nurses and 22 graduate midwives began their careers with the Health Directorate.
- The branch administers the GP Workforce program on behalf of government. This is a four-year, \$12 million program to grow and support the local GP workforce. It includes initiatives such as the Education Infrastructure Support Grant Payment to support GPs teaching undergraduate medical students; the GP Prevocational Placement Program, enabling newly trained doctors to gain clinical experience in general practice; and the GP Trainee Scholarships, providing incentives to choose training in general practice. The branch also funds a dedicated marketing and support adviser position to work with ACT Medicare Local and the Health Directorate to develop and implement strategies to attract GPs to the ACT. This has resulted in 15 GPs commencing practice in the ACT in 2011–12. A total of 48 GPs have commenced since the officer's appointment in May 2008.
- The Workforce Plan for the Health Workforce of the ACT (2012–2017) is in development. A comprehensive discussion paper has been released, and feedback is being received which will inform the new workforce plan. The new workforce plan will focus on Health Directorate needs aligned to HWA national workforce domains. The strategic plan will support and inform the broader ACT workforce planning strategies of interrelated community and health organisations.

## ***Working collaboratively***

- Managers and team leaders continued to seek specialist advice and support from the experts in the branch to support employees' individual needs in the workplace and to facilitate significant change activities associated with new models of care and redevelopment of the health service.
- Many work areas and teams undertook development workshops in 2011–12 to enhance workplace interactions and teamwork; identify and progress sustainable business planning and improvement initiatives; increase employee engagement; and ensure a commitment to positive values-based behaviour. These workshops focused on providing quality patient care and services to the ACT and surrounding community.
- The Health Leadership Network introduced cross-Health Directorate projects in 2012. Participants joined groups led by executives and worked on specific problems or issues. The results were presented back to the broader network.

## ***Enhancing skills and capabilities***

- In 2011–12, the branch recruited the Employment Inclusion Officer to assist with recognising and achieving the commitment the Health Directorate has made to the ACTPS Employment Strategies. This role coordinates the Health Directorate's participation with the ACT Government's Aboriginal and Torres Strait Islander Traineeship Program and Traineeship Program for People with a Disability.

- The Health Directorate is a key stakeholder in the ACT Region Integrated Regional Clinical Training Network (IRCTN), which was established in 2011–12. The network’s role is to coordinate, plan and facilitate quality clinical training activity across a number of health sectors, including public and non-government health providers and higher education and training providers.
- The continued commitment to ongoing development and enhancement of the workforce through a comprehensive and rigorous learning and development strategy delivered significant rewards in terms of qualifications and traineeships, as described in section C.8, Learning and development.

## C.7 Staffing profile

### Full-time equivalents (FTE) and headcount

	Female	Male
FTE by gender	4,034.2	1,381.8
Headcount by gender	4,738	1,490
% of workforce (headcount)	76%	24%

### Classifications

Classification group	Female	Male	Total
Administrative Officers	736	138	874
Dental	11	3	14
Executive Officers	12	8	20
General Service Officers and equivalent	194	257	451
Health Assistants	45	2	47
Health Professional Officers	747	208	955
Information Technology Officers	0	2	2
Medical Officers	312	427	739
Nursing staff	2,304	275	2,579
Professional Officers	11	3	14
Senior Officers	230	115	345
Teachers	1	0	1
Technical Officers	132	50	182
Trainees and apprentices	3	2	5
<b>Total</b>	<b>4,738</b>	<b>1,490</b>	<b>6,228</b>

### Employment category by gender

Employment category	Female	Male	Total
Casual	298	95	393
Permanent full-time	2,247	829	3,076
Permanent part-time	1,475	134	1,609
Temporary full-time	547	399	946
Temporary part-time	171	33	204
<b>Total</b>	<b>4,738</b>	<b>1,490</b>	<b>6,228</b>

### Average length of service by age group by gender

Average length of service	Pre-Baby Boomers		Baby Boomers		Generation X		Generation Y		Total	
	F	M	F	M	F	M	F	M	F	M
0–2	6	2	216	74	447	218	662	247	1,331	541
2–4	2	3	203	47	307	122	319	89	831	261
4–6	3	2	170	50	253	92	158	25	584	169
6–8	6	1	150	49	183	54	71	16	410	120
8–10	6	3	158	40	126	46	35	6	325	95
10–12	2	1	147	40	114	27	15	2	278	70
12–14	3	0	87	24	77	13	5	0	172	37
14+ years	12	6	594	142	201	49	0	0	807	197

Generation	Birth years covered	Generation	Birth years covered
Pre-Baby Boomers	Prior to 1946	Generation X	1965 to 1979 inclusive
Baby Boomers	1946 to 1964 inclusive	Generation Y	From 1980 and onwards

### Total average length of service by gender

Gender	Average length of service
Female	7.4
Male	6.2
<b>Total</b>	<b>7.1</b>

### Age profile

Age group	Female	Male	Total
<20	27	9	36
20–24	298	91	389
25–29	616	194	810
30–34	606	195	801
35–39	547	225	772
40–44	611	188	799

Age group	Female	Male	Total
45–49	556	183	739
50–54	670	155	825
55–59	477	143	620
60–64	257	70	327
65–69	59	32	91
70+	14	5	19

### Agency profile

Branch/division	FTE	Headcount
Canberra Hospital and Health Services	4,389.5	5,112
Director General Reports	294.4	320
Special Purpose Account	13.7	17
Strategy and Corporate	718.4	779
<b>Total</b>	<b>5,416.0</b>	<b>6,228</b>

### Agency profile by employment type

Branch/division	Permanent	Temporary	Casual
Canberra Hospital and Health Services	3,775	999	338
Director-General Reports	274	40	5
Special Purpose Account	4	12	1
Strategy and Corporate	632	99	49
<b>Total</b>	<b>4,685</b>	<b>1,150</b>	<b>393</b>

### Equity and workplace diversity

	Category A	Category B	Category C		
	Aboriginal and/ or Torres Strait Islander	Culturally and linguistically diverse	People with a disability	Employees who identify in category A, B or C*	Women
Headcount	61	1,128	117	1,292	4,738
% of total staff	1.0%	18.1%	1.9%	20.7%	76.1%

\*Employees who identify in more than one equity and diversity category are only counted once.

The statistics exclude board members, staff not paid by the ACT Public Service and people on leave without pay. Staff members who had separated from the ACT Public Service but received a payment have been included.

## **C.8 Learning and development**

### ***Learning and development programs***

Learning and development programs and activities in the Health Directorate are provided to enhance staff capabilities in key output areas and ensure competency as well as legislation compliance. Tertiary students who are studying in health-related disciplines are supported with learning and development in their health discipline activities and training in legislative requirements. Clinical education programs for staff and students facilitate registration, credentialing and expansion of the scope of practice for professions.

The Health Directorate provides a calendar of learning and development, which includes management and leadership development, essential training, clinical programs, workplace skills development, nationally accredited training and comprehensive staff orientation programs.

### ***Registered Training Organisation***

The Health Directorate is a Registered Training Organisation (RTO) and in April 2012 underwent an external audit and achieved reaccreditation as an RTO until June 2017. Two nationally recognised programs are provided for staff. Eighty staff participated in the Certificate IV in Training and Assessment, which provides professional development for staff across the organisation engaged in work-based training and education initiatives, student and graduate support, and competency assessment to support the provision of safe, quality health care. The Diabetes Mellitus accredited course provides clinicians and health professionals with information and underpinning knowledge of diabetes for management in the clinical and community environment. In 2011–12, 34 staff completed the diabetes program.

### ***Education Activity Register***

The Education Activity Register database is a quality monitoring system that describes all programs on the Health Directorate learning management system (Capabiliti). It provides information about program outcomes, evaluation methods, revision dates, benchmarking, risk management, references and endorsement by executives. All programs on Capabiliti also have an education activity form and appear in the register. The Staff Development Unit monitors annual updating of the register. The register demonstrates that the Health Directorate learning and development programs are evaluated and improved as required. Evaluation reports are also completed on each program.

### ***Essential Education***

The Health Directorate Essential Education Policy outlines the required education which an employee must complete, based on the requirements of their job role. This education covers legislative requirements as well as key organisational priorities. The Essential Education Policy was further adjusted in February 2011 and is again being reviewed in 2012. Training on a variety of topics is provided according to the role of staff and provided by subject matter experts in e-learning and face-to-face sessions. Students, volunteers and contractors are also required to complete selected training.

## ***Mandatory Update Day for Nurses and Midwives***

Mandatory Update Day (MUD) is a full-day program conducted twice a month on rotating days to enable nurses and midwives in Canberra Hospital and Health Services to complete updates on most of their annual essential education in one day. There are also other programs nurses and midwives can attend to complete essential education. However, the provision of this full-day program enables this requirement to be completed more easily for staff on shift work. In 2011–12, 1043 places were offered in this program and 978 nurses and midwives attended.

## ***Orientation***

All new employees of the Health Directorate are required to attend the Health Directorate Orientation Program within the first month of commencing their employment. The Staff Development Unit provides a monthly orientation program for all new staff across all areas, services and employment categories. Orientation ensures all new staff are welcomed, have an awareness of legislative requirements, understand how the Health Directorate contributes to the local community, are aware of the importance of individual job performance and are aware of their essential education requirements.

In 2011–12, a total of 1050 staff and volunteers attended the Health Directorate Orientation Program.

## ***Managers Orientation***

All managers who are new to the Health Directorate are required to complete the Managers Orientation Program according to the Essential Education Policy. The Managers Orientation is provided monthly by the Staff Development Unit and conducted over two consecutive days.

The Managers Orientation Program welcomes new managers into the organisation and into their new role. The program provides information on ‘the way we do things in the Health Directorate’. It ensures all managers are made aware of their obligations with respect to legislation, policies, procedures, responsibilities and issues of managing staff. In 2011–12, a total of 127 managers attended.

## ***Human Rights Act training for managers***

The Staff Development Unit provided eight sessions of the Human Rights Act training for managers during 2011–12, with 84 managers attending.

## ***Health Directorate Leadership Network***

The Health Directorate Leadership Network was launched by the Director-General on November 2010. The major objectives of the network are to:

- break down silos and create opportunities to build collaborative relationships and partnerships across the organisation
- draw on the capabilities, corporate and business knowledge and experience of Health Directorate leaders at all levels
- generate solutions to meet organisational needs and further develop and refresh members’ leadership skills
- promote and support learning organisation principles, including systemic thinking, integration and dialogue.

The membership is composed of around 130 employees identified by the Health Executive as the leaders and potential leaders who could most benefit and contribute to the objectives of the network. Summit workshops are held three times a calendar year in addition to project group work undertaken by members over that year. During 2011 the workshops were in April, August and December. An evaluation conducted with the membership during the December summit strongly supported continuing the network for a second year. The first workshop in 2012 was held in May, with two more scheduled for August and November.

## **Managing and preventing bullying and harassment**

In 2011–12 the Health Directorate continued the rollout of essential training to managers and all staff on managing and preventing bullying, harassment and discrimination. The comprehensive training has the following key objectives:

- familiarise staff with the revised Health Directorate Anti-Discrimination, Bullying and Harassment Policy and Procedures
- define the roles and responsibilities of staff and managers
- inform staff of the Respect, Equity and Diversity (RED) Framework
- define and describe unacceptable behaviour
- discuss the consequences of inaction for the individual/supervisor/manager/executive and the Health Directorate
- provide information on additional support and resources available to assist staff to manage and prevent discrimination, harassment and bullying.

### **Training attendance 1 July 2011 to 30 June 2012**

All staff workshops	Managers' seminar	Total number/percentage of staff trained in 2011–12
2,143	434	2,577 (41%)

The Health Directorate has also established the RED Contact Officer Network. The RED Contact Officer Network was officially launched in December 2011. The number of RED contact officers at 30 June 2012 is 78. RED contact officers are located in various Health Directorate locations and are from diverse professions, including nurses, allied health, administrative staff and staff who work outside of traditional business hours.

## **Clinical Support and Supervision Program**

The Clinical Support and Supervision Program is a two-part program for clinical staff who are responsible for providing clinical supervision to students, new graduates and new staff. The introductory level program aims to address the basic skills required to perform clinical supervision duties. Content has been modified to ensure it matches current Health Workforce Australia guidelines for supervision. The program has two parts, including a one-day workshop and a self-directed learning package. Eight workshops were conducted in 2011–12, with 88 participants attending.



## ***Safety education: manual handling and PART***

The manual handling education team provides training and coaching on the safe performance of manual tasks for a wide range of clinical and non-clinical staff, students and volunteers. In 2011–12 the team conducted 190 face-to-face courses with 2995 participants and provided additional on-the-job training to specific work areas. A total of 321 volunteers and students were also provided with manual handling training. In addition, there were 5014 completions of manual-handling awareness and ergonomics e-learning programs. In 2011–12, the Health Directorate had a total of 8330 attendances or completions of manual handling in accordance with the Essential Education Policy, under which some staff complete both e-learning awareness programs and face-to-face programs that cover practical manual handling skills.

The PART (Predict, Assess and Respond to Challenging/Aggressive Behaviour) program provides training for staff in high-risk areas to respond to challenging client behaviour safely and effectively in order to reduce the risk of harm to both clients and staff. In 2011–12, 118 participants completed PART programs.

## ***Student Clinical Placement Unit***

The Student Clinical Placement Unit (SCPU) was established in 2008 and has five dedicated staff members whose roles focus on administration, coordination and facilitation of student clinical placements from the many education providers involved in training health professionals. The SCPU forms part of the Professional Leadership, Education and Research Branch of the Health Directorate.

The SCPU supports students and educators through a coordinated, standard approach to the planning and coordination of clinical placements for nursing, midwifery, medical and allied health disciplines. The placement coordinators report to the ACT Chief Nurse, the Allied Health Adviser and the Principal Medical Adviser respectively.

The Student Placement online database underwent two upgrades in 2011–12 to improve functionality and reporting capabilities. This improvement has assisted with the reporting requirements of Health Workforce Australia in relation to student clinical placement activity. In 2011–12, an Administrative Officer joined the SCPU.

## ***Clinical Development Nurse/Midwifery Professional Development Program***

Clinical Development Nurses and Midwives (CDN/Ms) are employed by the clinical areas to provide workplace learning and support for nursing and midwifery staff. The Graduate Enrolled Nurse Program and Registered Nurse Program are supported by dedicated CDN/Ms. In addition, an Enrolled Nurse Scope of Practice CDN supports enrolled nurses pursuing further education such as medication endorsement.

Learning and development support is provided to CDN/Ms through bimonthly half-day professional development programs and monthly 90-minute meetings. Both programs are designed to meet the learning needs of CDN/Ms to provide clinical support.

In 2011–12, seven professional development programs took place, with a 36 per cent increase in attendance to 107 CDN/Ms. Additionally, 155 CDN/Ms attended the professional development meetings, an increase of 40 per cent. Both activities were positively evaluated.

## ***Work Experience Program***

The Secondary Student Work Experience Program has been designed in partnership with the ACT Government Education and Training Directorate to encourage Year 10, 11 and 12 students from government, Catholic and independent high schools and colleges in the ACT to take up careers in the health professions. Four-day placements are offered in both clinical and non-clinical areas of the Health Directorate.

The program began accepting students in June 2011. From July 2011 to June 2012, 163 students completed placements. To date a further 108 applications have been received for work experience placements for the rest of the 2012 calendar year.

Feedback from school coordinators, students and Health Directorate staff has been very positive. The school coordinators and students state they have a better understanding of the broad range of careers available in health and the subjects they need to select to gain entry to those careers. Health Directorate staff have provided positive feedback about the maturity and enthusiasm of the students attending placement.

## ***Night Duty Program***

Nurses working at night are provided with an education program offered once or twice a month, depending on learning priorities. The night duty program covers essential education and clinical or professional topics. A total of 1030 nurses attended 28 sessions in 2011–12.

## ***Child protection training***

Training is provided for three categories of staff according to their contact with children and young people, and data is recorded in Capabiliti, the learning management system. Child protection training is also provided to non-government agencies that receive funding from the Health Directorate. E-learning is used as an alternative to the face-to-face session for Level 1 Child Protection Training (for all staff once only) and includes an assessment. The Child Protection Team continues to provide face-to-face sessions for staff who do not have access to a computer.

The Level 2 refresher is available as an e-learning package and also includes an assessment. This enables staff to maintain their essential learning via an alternative medium. Face-to-face sessions are still being offered. The Health Directorate volunteers are offered training monthly and this is well attended.

The Health Directorate continues to work in partnership with the Community Services Directorate to provide a series of workshops for government and non-government organisations with the aim of increasing individuals' confidence and ability when working with vulnerable families. The workshops have focused on:

- children and young people living with family violence
- children and young people living with a parent with a mental illness
- children and young people affected by parents' drug and alcohol misuse.

### **Number of Health Directorate staff attending child protection training in 2011–12**

<b>Level of training</b>	<b>Total number trained</b>
Level 1*	401
Level 1 e-learning	771
Level 2	728
Level 2 e-learning	233
Level 2 refresher	187
Level 3	293
Level 3 refresher	153
<b>TOTAL**</b>	<b>2,766</b>

\*Staff may attend more than one level of training.

\*\*The participant total reflects the full number of attendees at education sessions.

### **Early Recognition of the Deteriorating Patient Program (COMPASS)**

The Early Recognition of the Deteriorating Patient Program (COMPASS) is designed for nurses, physiotherapists, doctors and undergraduates, and is delivered by the Early Recognition of the Deteriorating Patient Team. The tiered package consists of an interactive CD-ROM, examples of observation charts of deteriorating patients with related questions, an education manual, detailed information on physiological principles underlying vital signs, use of the modified early warning scores, structured communication strategies, case scenarios, an online assessment using multiple choice, and a three-hour face-to-face interdisciplinary teaching session.

In 2011–12, 35 three-hour adult COMPASS sessions were held, with a total of 502 participants across Canberra Hospital and Health Services. Four paediatric sessions with 16 participants and four maternity sessions with eight participants were also held. Eighty-nine one-hour COMPASS Refreshers (including night duty) were held, with 966 staff attending. The training is also undertaken by new medical staff in January orientation each year.

In addition, a monthly Modified Early Warning Score (MEWS) and Medical Emergency Team (MET) forum is held to discuss case studies, audits and a topic of the month.

A new program for the responders of Call and Respond Early (CARE) calls, a family-activated escalation, was also developed as part of the pilot project. This was developed and delivered in conjunction with Organisational Development, People Strategy and Service Branch.

The COMPASS education program is used by facilities in every state and territory in Australia and in New Zealand, Oman and the United Kingdom, with portions of the manual translated for a similar program in Sweden. Ireland has made COMPASS the National Education Program for Deteriorating Patients and recently it won a Taoiseach's (Prime Minister's) Public Sector Excellence Award. The program used in Ireland was developed by the Health Directorate.

### **Graduate Nurse Program**

The Health Directorate offers a 12-month transitional program for graduate registered nurses, focused on every facet of the graduate experience to provide a high level of clinical and professional support, care, feedback and guidance during the transition from student to registered nurse. Calvary Health Care ACT offers a separate program. In 2011–12, 56 per cent of graduates were from the ACT, the other graduates were from New South Wales, South Australia, Queensland and overseas.

In 2011–12, 167 graduates were supported in the program. Some commenced prior to the beginning of the financial year but completed the program in the financial year.

February 2011 intake	59 participants completed—93% retention
June 2011 intake	7 participants completed—100% retention
August 2011 intake	15 participants completed—88% retention
February 2012 intake	73 participants commenced, and have not yet completed
May 2012 intake	13 participants commenced, and have not yet completed

Twenty graduates completed the 2011 Foundation Program during their graduate year within the Emergency Department, the Intensive Care Unit or the Perioperative Department. In February 2012, 27 graduates commenced a foundation program. A Paediatric and Neonatal Foundation Program was added in 2012.

### Graduate Midwife Program

In 2011, 10 graduate midwives, including two Bachelor of Midwifery graduates, were recruited and commenced the program. The program was successfully completed by 100 per cent of participants and eight of the original cohort continue to be employed in the maternity unit at Canberra Hospital and Health Services. Formative and summative evaluations occurred and the program was updated according to feedback received.

The 2012 Graduate Midwife Program commenced on staggered start dates in February and March with 22 participants. Two more graduates commenced in April and a further two are due to commence in August. This cohort of graduate midwives includes the first group of Bachelor of Midwifery graduates from the University of Canberra. The program was significantly altered in response to feedback from both current and previous graduate midwives and now includes a five-day orientation program with two midwifery-specific orientation days, weekly graduate midwife meetings and five graduate midwife study days. Graduates are also offered a rotation to the Canberra Midwifery Program or to the Continuity at the Canberra Hospital Program (CaTCH). All graduate midwives are due to complete the program in 2013, 12 months after commencement.

### Enrolled Nurse Graduate Program

The Enrolled Nurse Graduate Program is a 12-month course made up of two six-month placements designed to assist in the transition from student to practitioner. The program introduces novice enrolled nurses to lifelong learning opportunities to gain knowledge of the latest developments, concepts and research in the nursing profession, and increase awareness of current healthcare trends and practice issues. The program also empowers enrolled nurses to communicate collegially with other healthcare professionals in an interdisciplinary educational environment. The end-of-program evaluations are positive, with participants stating that the program assisted them in their transition from student to practitioner.

February 2011 intake	4 participants completed—100% retention
May 2011 intake	2 participants completed—70% retention
June 2011 intake	1 participants completed—100% retention
September 2011 intake	15 participants commenced, and have not yet completed
February 2012 intake	13 participants commenced

## ***Introduction to Perioperative Nursing Program***

The 12-month Introduction to Perioperative Nursing Program commenced in 2002. It was first developed to attract and retain nurses in response to staffing shortages in the Perioperative Department. Since its inception, the program has seen many changes and now delivers a broad team-orientated approach. The program provides education modules and clinical rotations encompassing all perioperative nursing specialties, including Instrument/Circulating, Anaesthetics, the Extended Day Surgery Unit (EDSU) and the Post-Anaesthetic Care Unit (PACU). The program runs from February to February in line with the New Graduate Program and is accredited with the Australian College of Operating Room Nurses (ACORN). In July 2011 the Introduction to Perioperative Nursing Program again received accreditation for a further three years.

## ***Perioperative Team Leader Program***

The Perioperative Team Leader (TL) Program first commenced in 2002 and was developed to attract and train nurses to fulfil the role of Scrub TL after hours. Through the process of evaluation and organisational need, the program was changed to deliver a broader team-orientated approach, providing education modules encompassing all perioperative nursing specialties, including Scrub, Anaesthetics, EDSU and PACU. Level 1 perioperative registered nurses with a minimum of two years experience (including 12-month EDSU) or Level 2 perioperative registered nurses who have not yet worked as a team leader are the target groups for this program.

The increasing responsibilities of the perioperative TLs and the skills required to coordinate the clinical environment after hours are the driving force behind creating a program specifically for team leading. Better communication between the four perioperative units in relation to the patient surgical journey was of high priority, as was providing the new TL with the skills required to troubleshoot and guide patients, staff and resources effectively. Perioperative managers set core prerequisites for the program to complete in conjunction with this course.

## ***Postgraduate courses for nurses and midwives***

In 2011–12 the neonatal intensive care nursing and paediatric and child health postgraduate programs continued through the Australian Catholic University, delivering a Graduate Certificate and Master of Neonatal Intensive Care Nursing and Paediatric and Child Health. The courses are offered for the calendar year. This education model combines theory and experiential learning for Health Directorate nurses and midwives. In 2011, four students completed the neonatal course. In 2012, three students commenced the online component of the neonatal course, with the clinical unit offered in 2013. The Master of Paediatric and Child Health Program had seven students enrolled at the beginning of the year and three students enrolled in second semester.

## ***Graduate Diploma in Midwifery***

The Graduate Diploma in Midwifery is offered in partnership with the University of Canberra and the Health Directorate Staff Development Unit. This is the final partnership program, as from August 2012 this program will be wholly conducted by the University of Canberra. The aim of this course is to produce graduates eligible for registration with the Australian Health Practitioner Regulation Agency (AHPRA). The Australian Nursing and Midwifery Council (ANMC) Competency Standards for the Midwife underpin the course. Students are employed while undertaking the course.

In January 2012, all 12 students from the previous course graduated as midwives from the Graduate Diploma in Midwifery. Of the 12 graduates, 10 are working as midwives in the Health Directorate, one is working as a midwife interstate and one is on maternity leave.

In February 2012, 17 students were enrolled in the course, with 10 enrolled as clinical students and seven enrolled as part-time theory students. In February 2012, the Canberra Hospital and Health Services employed four students, Calvary Public Hospital employed three students, Calvary Private Hospital employed one student, Queen Elizabeth II Family Centre employed one student and Moruya Hospital employed one student.

## Re-entry programs for registered nurses and midwives and Overseas-Qualified Nurse Program

The Health Directorate refresher programs recruit and provide educational support to nurses and midwives who have not worked in health care for up to 10 years.

The Overseas Qualified Nurse program provides education and support to suitably qualified overseas nurses to obtain registration in Australia and apply for positions in the Health Directorate. All programs offered are accredited with the Nursing and Midwifery Board of Australia.

2011–12	Completed	Recruited to Health Directorate
Registered Nurses refresher	6	3
Enrolled Nurse refresher	2	2
Midwifery refresher	3	2
Overseas Qualified Nurse Program	1	1

Since 2005, over 132 nurses and midwives have been recruited to the Health Directorate through these programs into areas of need, such as the Emergency Department, Neonatal Intensive Care, Midwifery, Paediatrics, surgical and medical areas, Community Health, Mental Health and Calvary Healthcare. The Enrolled Nurse Refresher Program is not offered at present, since the qualification level for enrolled nurses has changed from certificate level to diploma, changing the roles and responsibilities for enrolled nurses.

## Life support programs

Life support programs are offered to clinical staff and were revised in 2012 in line with recent changes in national resuscitation guidelines. The table below shows the training provided and the number of staff who attended.

Training	No. of participants
Basic Life Support—202 programs	2,267
Advanced Life Support—13 programs	200
Advanced Life Support Refresher—12 programs	90
Neonatal Life Support—12 programs	Health Directorate—163 Calvary—14
Update Neonatal Life Support—5 programs	67
Paediatric Life Support—9 programs facilitated by Advanced Paediatric Life Support (Victoria) held in Canberra	107
Paediatric Life Support Refresher Canberra Hospital—5 programs	37

### ***Staff Selection course***

The Staff Selection course offers managers a guide through the recruitment process from identifying and advertising a vacancy through to the selection of a candidate. The course covers the legislation that governs recruitment in the ACT Public Service and outlines the Selection Advisory Committee's role and responsibilities in the recruitment process. The Staff Selection course is compulsory for those wanting to chair a recruitment panel. There were 10 courses held in 2011–12, with 83 attendees, and evaluation of the training and feedback on the content has been positive.

### ***Managing workplace issues and managing underperformance course***

These two programs are presented for managers to enable them to successfully manage the issues within the guidelines of the enterprise agreements. As well as taking managers through the important procedural steps, the course seeks to increase a manager's ability to address issues as early as possible to eliminate the need for more formal intervention. Five courses were held in 2011–12, with 56 attendees in the Managing Underperformance process course.

### ***Chemotherapy Safe Handling Program***

This program provides evidence-based education to meet best practice requirements of enrolled and registered nurses, midwives and medical officers working with patients receiving chemotherapy. The program is also attended by nurses working in private medical practices. In 2011–12, the Staff Development Unit conducted seven programs.

### ***Intravenous Cannulation Workshop***

The Intravenous Cannulation Workshop is a four-hour workshop offered every four weeks to teach safe practice for insertion of peripheral cannulas in the clinical setting. Registered nurses, midwives, medical students, medical officers and radiographers participate in this program. Third-year student nurses in their final placement may also apply but, if credentialed prior to registration, may not cannulate unsupervised until after registration. Twelve workshops were conducted between July 2011 and June 2012, with a total of 136 participants.

### ***Central Venous Access Devices Workshop***

A three-hour Central Venous Access Devices (CVAD) Workshop is offered four times a year for all staff working with Central Lines. An e-learning package is also available. Participants are given an overview of current health policy and procedures in the care and management of CVAD. They also receive updates on best practice, demonstrations for CVAD access, blood sampling, antithrombotics for blocked catheters and heparin locks. Troubleshooting using critical thinking and problem solving in the patient care context is also provided. In this last financial year, four workshops have been provided, with 35 participants. In addition, 22 participants have passed the e-learning package.

### ***Peripherally Inserted Central Catheters training***

This program is designed to give a limited number of experienced clinicians with advanced practice skills and knowledge in venous access to insert peripherally inserted central catheters when required. Five registered nurses and one medical officer are currently undertaking training.

## **Scholarships for allied health, nursing and midwifery**

In 2011–12, there was growth in the uptake of the scholarships offered by the Health Directorate to eligible registered nurses, midwives and enrolled nurses.

**Post-Registration Scholarships (previously known as Postgraduate Scholarships):** A total of 143 recipients were awarded a scholarship in 2011–12, and 88 recipients commenced with the academic year in 2012. Of these, 59 are new students and 29 are continuing students. Further post-registration scholarships will be awarded during 2012 as a second round of applications is offered to coincide with studies commencing in semester 2, 2012. The total amount granted to date for 2012 is \$251,000.

**Mental Health Scholarships:** A total of 33 mental health scholarships have been awarded, with total funding of \$40,737 awarded to the recipients.

**Aboriginal and Torres Strait Islander Enrolled Nursing Scholarships:** Two were offered again in 2011–12 in response to the Australian Government's (COAG) National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes. New and existing Aboriginal and Torres Strait Islander students were given the opportunity to undertake a Diploma of Nursing through the Canberra Institute of Technology on either a full-time or part-time basis. No students are currently receiving the benefit of this scholarship because the applicants did not meet the eligibility criteria.

**Travel Scholarships:** A total of 11 scholarships have been awarded to provide financial assistance to nurses and midwives to enable them to present a paper or poster at a relevant interstate or international conference. The amount granted during this period totals \$26,465.

Up to four Joanna Briggs Institute (JBI) Clinical Fellowship Scholarships will be awarded in 2012 to support nurses and midwives wishing to participate in the JBI Clinical Fellowship Program at the University of Adelaide. The program focuses on advanced education and training in practical approaches to identifying and using clinical evidence in health care and is designed to develop motivated, clinically focused practitioners. To date, two recipients have received funding, with a combined value of \$7000.

The Office of the Allied Health Adviser supports and promotes the Health Directorate's commitment to ongoing learning and development through the Allied Health Postgraduate Scholarship Scheme. Scholarships are awarded to support recipients in their pursuit of further learning in clinical practice, education and training, research and/or management and leadership.

Scholarships are administered over one academic (calendar) year, with budget spread over two financial years. The 2011–12 budget supported 21 continuing recipients completing their Semester 2, 2011 studies and 27 new recipients completing their Semester 1, 2012 studies.

Total investment in allied health postgraduate scholarships in 2011–12 was \$146,725.55.



## Health Directorate learning and development activity

The Health Directorate schedules, books, approves and reports on learning and development activities using Capabiliti, the Learning Management System. Calvary Health Care ACT has a separate recording system, so the figures in the table below do not include internally run training at Calvary.

### Learning and development activity for face-to-face programs and completion of e-learning programs by health division as recorded in Capabiliti from July 2011 to June 2012

Division	No. of attendances	Hours	Salary	e-learning completed
Office of the Director-General	1,075	2,870	\$132,343	938
DDG Strategy and Corporate	2,556	6,438	\$261,587	1,885
DDG Canberra Hospital and Health Services	50,916	129,018	\$5,112,396	24,752
Calvary*	283	N/A	N/A	
Special Purpose Account	78	103	\$4,025	21
<b>TOTAL</b>	<b>54,908</b>	<b>138,429</b>	<b>\$5,510,351</b>	<b>27,596</b>

\*Calvary hours and salary costs are not available.

### ACT Government Health Directorate staff undertaking whole-of-government learning and development

Initiative	Details (No. of participants who attended each program)
ACTPS Graduate Program	1
Young Professionals Network	18
Future Leaders Program	4
Executive Development Program	3
PSM Program	1
Sponsored Training for First-time and Front-line Managers	This program was not conducted in 2011–12.

	No. of participants	Cost/value
Study assistance	180	\$36,607.27
Shared Services Calendar of Training participants	192	\$58,494.40

### Future learning and development priorities

The following are the key learning priorities as determined by executives in the Health Directorate:

- performance management
- financial management
- customer service
- essential education
- bullying and harassment training.

Projects and programs are ongoing around these key priorities.

## **C.9 Workplace health and safety**

### ***Our priority—a safe and healthy working environment for all employees***

To enhance the efforts already achieved in keeping our staff healthy and safe and ensure this is a sustainable goal, the Health Directorate provides staff with health promotion opportunities in addition to a range of injury prevention and injury management services.

Health promotion opportunities are targeted and promoted to staff across the Health Directorate by the Health Promotion Branch to assist them to improve their general health and wellbeing.

Workplace safety within the Health Directorate is a shared responsibility between staff and the Workplace Safety section. This section has overarching responsibility for keeping our staff healthy and safe and focuses on ensuring that the Health Directorate has an effective workplace safety management system to identify, manage and monitor safety risks. The Workplace Safety section also provides a holistic Early Intervention Physiotherapy Service to staff who have sustained a musculo-skeletal accident or injury in the workplace and occupational medicine services across the Health Directorate to prevent potential infectious disease transmission to healthcare workers. These services include pre-employment screening, a vaccination program (including annual influenza vaccinations), an immunisation drop-in clinic, occupational risk exposure (ORE) and follow up-management, counselling and advice, cytotoxic screening, a mobile clinic for seasonal flu vaccinations and product monitoring on safety devices, surveillance and education.

Shared Services is responsible for coordinating and providing assistance to those employees who are injured in the course of their work and who require ongoing support while they are recovering from their injuries.

### ***Measures taken in 2011–12***

Workplace safety measures undertaken during 2011–12 include:

My Health, the Health Directorate's new staff health and wellbeing program, was launched in May 2011 by the Health Promotion Branch, Population Health Division. The program aims to provide Health Directorate employees with increased access to information and programs that support healthy lifestyle change in areas such as physical activity, nutrition, smoking and emotional health and wellbeing, and to assist the Health Directorate as an employer to continue to build its capacity to provide a supportive environment for employees in health living matters.

- External audits of operational areas' compliance with the Safety Management System were conducted to provide recommendations for improvements in the Safety Management System.
- The focus on workplace safety representatives', staff and managers' training in work safety continued this year. To enable improved access and more flexible training opportunities, e-learning packages were developed for work safety legislation, manual tasks, workstation setups and dealing with violence and aggression.
- The Health Directorate's Safety Management System is under review to ensure compliance with both legislative and AS4801 standards.

## The three national targets

The ACT Government is party to the National Occupational Health and Safety Strategy 2002–2012. A range of measures are reported nationally, with the following targeting improvements in three areas:

- Target 1—Incidence of workplace injuries (number of workers compensation claims with five or more days time off work per 1000 employees) compared to the target of a 40 per cent reduction in this indicator over the period 2002 to 2012
- Target 2—Incidence of work-related fatalities compared to the target of zero fatalities by 2012
- Target 3—Average lost time rate (average number of weeks time off work for workers compensation per 1000 employees) compared to the target of a 40 per cent reduction in this indicator over the period 2002 to 2012

Reporting on the injury prevention and management targets is by financial year.

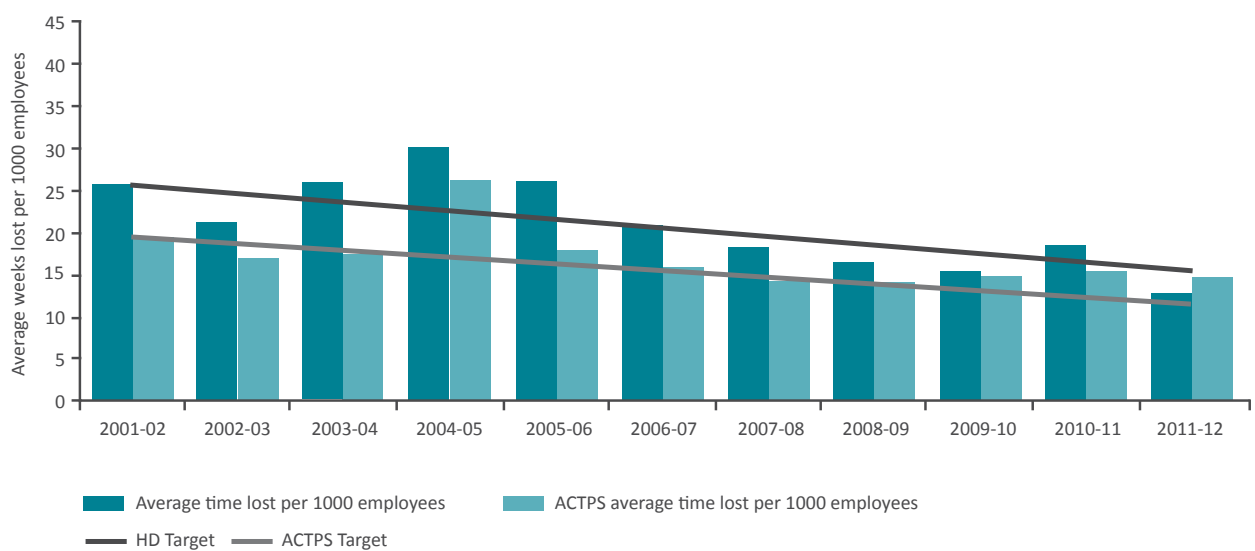
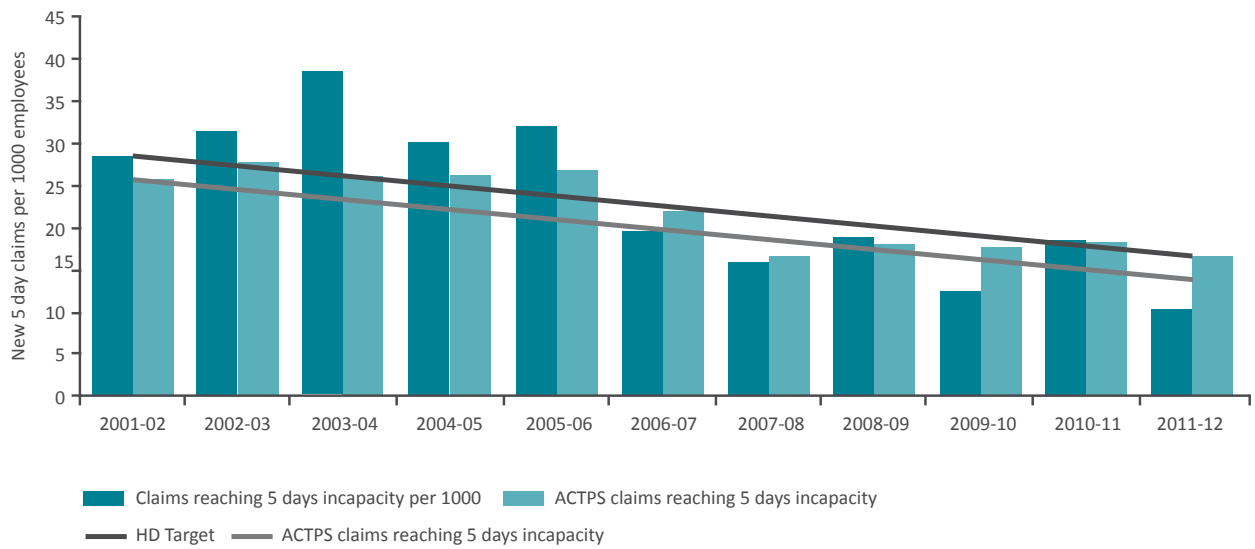
### **Target 1—Incidence of workplace injuries (number of workers compensation claims with five or more days time off work per 1000 employees) compared to the target of a 40 per cent reduction in this indicator over the period 2002 to 2012**

Experience quarter ending	2001–02	2002–03	2003–04	2004–05	2005–06	2006–07	2007–08	2008–09	2009–10	2010–11	2011–12
New 5-day claims	94	126	139	111	126	78	69	84	58	90	50
Rate per 1000 employees	28.2	31.1	38.1	29.8	31.8	19.2	15.8	18.6	12.1	18.0	9.7
HD target	28.2	27.0	25.9	24.8	23.7	22.5	21.4	20.3	19.1	18.0	16.9
ACTPS new 5-day claims	412	473	448	440	459	379	291	330	333	355	322
Rate per 1000 employees	25.3	27.5	25.9	25.8	26.4	21.9	16.3	17.9	17.7	18.0	16.3
ACTPS target	25.3	24.3	23.3	22.2	21.2	20.2	19.2	18.2	17.2	16.2	15.2

### **Target 2—Incidence of work-related fatalities compared to the target of zero fatalities by 2012**

There were no recorded work-related fatalities in this category during the year.

**Target 3—Average lost-time rate (average number of weeks time off work for workers compensation per 1000 employees) compared to the target of a 40 per cent reduction in this indicator over the period 2002 to 2012**



Experience quarter ending	2001–02	2002–03	2003–04	2004–05	2005–06	2006–07	2007–08	2008–09	2009–10	2010–11	2011–12
Weeks incap	3,557	3,549	3,914	3,850	4,273	3,453	3,297	3,083	3,025	3,715	2,690
Rate per 1000 employees	1,066	877	1,074	1,033	1,078	848	754	681	630	743	521
HD target	1,066	1,023	980	938	895	852	810	767	725	682	639
ACTPS target	801	769	737	705	673	641	609	577	545	513	481

## Other key performance indicators

Incidents, accidents, investigations and notices were as follows:

- During 2011–12, 1209 accident/incident reports were lodged, compared with 1219 lodged during the preceding year. Of these reports, 153 resulted in lost time of one day or more, compared with 127 in the preceding year.
- Fourteen accidents/incidents were notified to ACT WorkSafe under section 35 of the *Work Health and Safety Act 2011*, compared with 20 in the preceding year relating to Health Directorate staff. In addition, there were a number of instances where contractors working for the Health Directorate reported incidents directly to WorkSafe ACT.
- There was one provisional improvement notice (PIN) issued under section 45 of the Work Safety Regulation 2009 or the Work Health and Safety Regulation 2011. The notice was in relation to potential unknown contaminants affecting staff in one work area. The PIN is still outstanding at the time of reporting.
- No improvement notices, failure to comply notices, prohibition notices or notices of non-compliance were issued to the Health Directorate under the *Work Safety Act 2008* or the *Work Health and Safety Act 2011*.
- There were 194 elected health and safety representatives within the Health Directorate at 30 June 2011.
- There were 129 workstation assessments recorded during the financial year. The full number of workstation assessments completed is unknown, as a central register is not maintained by the Health Directorate. Workstation assessments are conducted as part of workers compensation return-to-work plans, as well as for non-compensatory purposes.

## C.10 Workplace relations

Details of the Health Directorate's Special Employment Arrangements (SEAs) and Australian Workplace Agreements (AWAs) are set out in the table below.

Description	No. of individual SEAs	No. of group SEAs*	Total employees covered by group SEAs**	TOTAL
	A	B	C	(A+C)
<b>SEAs</b>				
Number of SEAs at 30 June 2012	175	2	4	24
Number of SEAs entered into during period	20	0	0	10
Number of SEAs terminated during period	9	0	0	0
Number of SEAs providing for privately plated vehicles as at 30 June 2012	11	0	0	0
Number of SEAs for employees who have transferred from AWAs during period	0	0	0	0
<b>AWAs</b>				
Number of AWAs at 30 June 2012	9	0	0	1
Number of AWAs terminated/lapsed (including formal termination and those that have lapsed due to staff departures)	2	0	0	1

\*This records the number of group SEAs entered into during the reporting period.

\*\*This records the total number of individual SEAs entered into during the reporting period.

	Classification range	Remuneration as at 30 June 2012
Individual and group SEAs	e.g. SOGB–SOGA	\$115,000–\$120,000
AWAs (includes AWAs ceased during reporting period)	e.g. SOGA	\$130,000

## C.11 Human Rights Act 2004

Staff of the Health Directorate continue to be supported in their access to internal and external training opportunities relating to human rights issues. The Human Rights Commission provides regular training sessions on human rights matters for all Health Directorate employees. Staff are encouraged to attend training sessions, which are widely advertised within the agency and provided free of charge. In addition, representatives from the Human Rights Commission attend the Health Directorate managers and staff orientation induction modules and provide information on the human rights responsibilities of staff. The Health Directorate is committed to building a human rights culture in the delivery of health services and to ensuring that Health Directorate managers work within a human rights framework.

In addition to this training, the ACT Health Directorate staff development unit delivered eight sessions of the Human Rights Act for Managers course during 2011–12. Eighty-four staff participated in these sessions, with attendees being made up of a mixture of senior managers, policy officers and administrative, technical and clinical staff. The breakdown of attendees for 2011–12 was: 11 Administrative Service Officers, 11 Health Professional Officers, 26 Registered Nurses, two Medical Officers, 33 Senior Officers and one Technical Officer. Human rights training has been particularly important this year in order to ensure that staff are aware of their statutory obligations and the implications of the *Human Rights Act 2004*. The development and use of the plain English toolkit on the Human Rights Act by the Justice and Community Services Directorate (JACSD) has greatly assisted staff to understand and comply with their obligations.

During 2011–12 the Health Directorate developed and published a number of brochures on human rights issues. For example, the *ACT Charter of Rights for People who Experience Mental Health Issues* was a publication developed for the Health Directorate by an advisory group comprising key community stakeholders. The charter was released for public consultation in early 2011 and launched in Mental Health Week in October 2011. It received significant media coverage, as its launch coincided with the inaugural Mental Health Community Coalition conference. The development of the charter was applauded throughout the mental health sector. The charter is available electronically on the Health Directorate website at [www.health.act.gov.au/health-services/mental-health-act/charter-of-rights](http://www.health.act.gov.au/health-services/mental-health-act/charter-of-rights). It was printed in the form of 100 posters and 5000 brochures. Most of these posters and brochures have been distributed throughout the mental health government and non-government sector by the Human Rights Commission, the Public Trustee's office, Medicare Local, ACT shopfronts, Canberra Connect and the ACT public libraries.

The Health Directorate, in conjunction with the Human Rights Commission, has also updated and republished two brochures dealing with the *Health Records (Privacy and Access) Act 1997*. The brochures provide consumers and record keepers with information about their rights and responsibilities under this legislation. Individuals' right to privacy regarding their health records and personal health information is an important human right protected by this legislation. During the year, 5329 copies of the record keeper brochure were distributed to key stakeholders, including community, medical and consumer advocacy groups in the ACT. A further 7764 copies of the consumer brochure were distributed elsewhere.

Liaison with the Human Rights and Regulatory Policy Unit of JACSD is initiated where staff experience uncertainty about human rights issues in the development of legislation and for the routine vetting of draft bills. Issues identified in any Health Directorate bills as a result of the Legislative Assembly's scrutiny process are also brought to the attention of relevant staff. In 2011–12, the Health Directorate prepared 28 Cabinet submissions. Of these, three related to legislative proposals, and a human rights compatibility statement was issued for each proposal. There were no unresolved issues requiring further consultation with the Human Rights and Regulatory Policy Unit.

During the year, the Health Directorate oversaw the passage of the Transplant and Anatomy Amendment Bill 2011. This law raised a number of human rights issues related to obtaining consent for the purposes of tissue donation. To maintain compatibility with the *Human Rights Act 2004*, amendments were required to allow competent minors to be given total control over the decision whether to donate tissue (regenerative or non-regenerative) to another person. In addition, parental consent was limited to situations where a minor was incompetent and had insufficient maturity to make decisions about their own medical treatment. Consideration of the human rights implications surrounding consent in the drafting of these amendments meant no adjustments were required before the legislation was deemed compatible with the *Human Rights Act 2004*.

All Health Directorate legislation has been audited for consistency with the *Human Rights Act 2004*. The majority of Health Directorate legislation has been found to be consistent with the principles and rights protected by the Act. Where legislation has been found to be inconsistent, amendments have been made. The outstanding matters covered by the legislation audit are being implemented as part of the legislative reviews that the Health Directorate undertakes periodically.

This year, for example, the Health Directorate continued its major review of the *Mental Health (Treatment and Care) Act 1994*, which engages a number of significant human rights issues. These issues are being addressed as part of this review. The aim of the review is to strike the balance between a person's rights to make their own decisions and the need to ensure their access to treatment, their safety and the safety of others when the person is unable to make decisions for themselves. To ensure this balance, the full range of stakeholders, including mental health consumers and carers, community agencies, the Human Rights Commission and human rights law representatives, have been involved in the development of recommendations. A statement of compatibility with the *Human Rights Act 2004* is required as part of the approval process for any legislative changes.

During 2011–12 the Health Directorate has been actively involved in promoting the use of the Human Rights Commission complaints-handling processes in resolving complaints arising under the *Human Rights Act 2004*.

One application involving the Health Directorate and raising issues under the *Human Rights Act 2004* came before the ACT Supreme Court in 2011–12. The application arose from a wrong site surgery incident at the Canberra Hospital. The family of the patient alleges that the Health Directorate failed to respect and protect the rights of the deceased, alleging she was treated in a cruel, inhumane and degrading way and was subjected to medical treatment without her free consent. The family also seeks a declaration or order that the deceased was the victim of a contravention of the Human Rights Act by the Health Directorate. The issues raised in this application have not been resolved, as the matter is still before the ACT Supreme Court. The Health Directorate practised full disclosure with the family at the time of incident and remains open to further discussion with the family to provide support, care and assistance to all involved.



## **C.12 Strategic Bushfire Management Plan**

During 2011–12, the Health Directorate did not have any facilities located in rural or ember zones and was therefore not required by the ACT Emergency Services Agency (ESA) to prepare a Bushfire Operational Plan under the Strategic Bushfire Management Plan.

In 2010, the ESA completed fire/ember risk assessments to identify at-risk ACT Government owned and operated facilities during high fire danger periods for the ACT Elevated Fire Danger Plan. Assessments were made of government owned or regulated properties where normal activities should be suspended when a catastrophic bushfire danger alert is in place.

One Health Directorate facility was identified by the ESA assessment—the proposed rehabilitation centre known as the Ngunnawal Bush Healing Farm (NBHF), to be located at Mowera, in the foothills of the Brindabella ranges, in the far west of the ACT.

Once this facility is commissioned and operational, the Health Directorate will be responsible for the development and maintenance of plans to guide staff and clients as to actions to be undertaken during periods of high fire danger, as well as general bushfire awareness and management activities on the site.

For this new facility, a Bushfire Action Plan and a Bushfire Operation Plan will be put in place.

A Bushfire Assessment and Compliance Report is also being prepared for this new facility. The Australian Bushfire Consultants have been engaged to prepare the documentation on behalf of the Health Directorate.

## **C.13 Strategic asset management**

### **Assets managed**

The Health Directorate managed assets with a total written down value of \$624.936 million as at 30 June 2012, including:

Built property assets	\$538.127 million
Land	\$36.820 million
Plant and equipment	\$44.936 million
Leased plant and equipment	\$5.053 million.

The estimated replacement value of these assets was \$1,411.93 million, of which property assets were \$1,195.16 million. The following table lists the Health Directorate's property assets.

The Canberra Hospital (TCH) campus	Area m <sup>2</sup>	Health facilities	Area m <sup>2</sup>
TCH Building 1—Tower Block	37,560	Belconnen Health Centre	3,800
TCH Building 2—Reception/Administration	5,950	Dickson Health Centre	490
TCH Building 3—Oncology/Aged Care/Rehab	17,390	Phillip Health Centre	3,676
TCH Building 3—Linear Accelerator	1,650	Tuggeranong Health Centre	4,524
TCH Building 4—ANU Medical School	4,115	Independent Living Centre—Weston	1,143
TCH Building 5—Skills Centre/Staff Development/Accommodation	8,230	Health Protection Services—Holder	1,600
TCH Building 6—Surgical Services/Offices	4,710	Monash—Health Protection	N/A
TCH Building 7—Alcohol & Drug	1,260	Lanyon Family Care Centre	194
TCH Building 8—Pain Management	660	Ngunnawal Family Care Centre	215
TCH Building 9—Accommodation	740	Arcadia House—Bruce	467
TCH Building 10—Pathology	10,250	Hennessy House—Bruce	3,719
TCH Building 11—Maternity	5,900	Clare Holland House	1,600
TCH Building 12—Diagnostic & Treatment	18,870	QEII Family Centre—Curtin	1,120
TCH Building 13—Helipad Structured Carpark	7,980	Karralika—Fadden	534
TCH Building 15—Refurbished	2,020	Karralika—Isabella Plains	1,400
TCH Building 22—Information Management	243	Northside Contractors—O'Connor	100
TCH Building 23—Redevelopment Unit Offices	1,810	PRS—O'Connor	100
TCH Building 24—Health Administration Offices	1,332	Burrangiri Respite Care Centre—Rivett	1,054
TCH Building 25—Adult Acute Mental Health	5,436	Watson Hostel	2,431
TCH Building 26—Southern Multi-storey Carpark	53,000	Belconnen—Student Accommodation (2 units)	220
Gaunt Pl, Building 1—Dialysis Unit	871	Duffy—Cancer Patient Accommodation	319
Gaunt Pl, Building 2—RILU	688	Paddy's River—Mirowera	206
Gaunt Pl—3, 4, 5, 6 (Mental Health & Aged Care)	668	Phillip—Student Accommodation (2 units)	266
Yamba Drive carpark (Phillip Block 7, Section 1)	N/A		

During 2011–12, no assets were removed from the asset register. The following assets were added to the register:

Patient and Student Accommodation (4 units)—Phillip and Belconnen  
 Patient Accommodation (1 house)—Duffy  
 TCH Building 25—Adult Acute Mental Health Unit.

As at 30 June 2012, the Health Directorate did not have any potentially surplus properties.

## ***Assets maintenance and upgrade***

Works were undertaken at properties throughout the Health Directorate's portfolio. These included:

- energy-saving works at TCH, including a boiler heat recovery and burner management system in Building 1
- provision of bicycle storage facilities throughout TCH
- installation of dual flush cisterns and more efficient heating and cooling systems at the Burrangiri aged care facility
- improved security for the Paediatrics ward
- upgraded fire safety systems at Burrangiri
- upgrading of electricity distribution boards with residual current devices (RCDs)
- replacement of floor coverings in the staff cafeteria and patient areas
- provision of an additional bed in Hospital in the Home (HITH) at TCH
- relocation and refurbishment of the TCH Discharge Lounge
- construction of a new PC3 Laboratory in TCH Building 10
- improved breast screening records area in 1 Moore Street basement
- upgrades to the main entrance foyer at TCH
- refurbishment of offices for Endocrinology, CRCS and Critical Care staff
- relocation and provision of additional Ophthalmology consult rooms
- installation of new theatre lights and booms for the TCH Building 12 operating theatres
- provision of a new community dialysis facility at Weston Creek.

Details of the capital works program are included in section C.14 of this report.

Property, plant and equipment are maintained to a high standard to meet health requirements. Expenditure on repairs and maintenance (excluding salaries) was \$11.040 million, which represents 0.78 per cent of the replacement value.

## ***Building audits***

Eighty building condition assessments, hazardous materials audits and fire reports have been undertaken as part of a rolling three-year program to assess all buildings managed by the Health Directorate. These audits are used to inform the directorate's ongoing asset management program. The condition audits assessed these properties as being in normal or average condition. Disability access audits for all of the directorate's property assets were undertaken in 2006–07. Works have been scheduled against the action plan each year.

## Office accommodation

The agency employs 6270 staff, 644 of whom occupy office-style accommodation in the sites listed in the table below, at an average utilisation rate of 14.4 m<sup>2</sup> per employee.

Location	Property	Owned/ leased	Work points/ staff on 30 June 2012	Office area (m <sup>2</sup> )	Utilisation rate m <sup>2</sup> per employee
Civic	11 Moore Street	Leased	151	2,290	15.2
Civic	1 Moore Street	Leased	130	1,954	15.0
Garran	TCH Building 22	Leased	21	243	11.6
Garran	TCH Building 23	Owned	147	1,810	12.3
Garran	TCH Building 24	Owned	63	1,332	19.4
Holder	Health Protection Services	Owned	81	1,163	14.4
Phillip	1 Bowes Place	Leased	51	583	11.4

The other 5626 staff work in non-office environments within the Health Directorate's acute and non-acute facilities. Due to the clinical nature of these workplaces, the average area per employee is not applicable.

## C.14 Capital works

Capital works within the Health Directorate occur under both the Service and Capital Planning Branch and Business and Infrastructure Branch.

The Service and Capital Planning Branch is responsible for the delivery of the Health Infrastructure Program (HIP), a significant investment in the future health services for the ACT community and surrounding region.

The HIP is based on a complex mix of ageing population, changing technology, and provider and consumer expectations—all of which contribute to a significant increase in demand for health services in the ACT. Demand for health services is projected to increase rapidly over the next 10 years and beyond. The HIP is a comprehensive and structured response to these pressures. Underpinned by future health services demand projections and planning, the HIP encompasses models of care and service delivery, technology, workforce and infrastructure redesign work in conjunction with a significant capital works program over a 10-year period, up to 2022. This reporting year marked the fourth year of the HIP.

The Business and Infrastructure Branch is responsible for the ongoing program of capital works to identified buildings and plant to maintain and improve the existing infrastructure supporting the Health Directorate.

Projects completed in 2011–12 were as follows:

- The Adult Mental Health Unit was completed in March 2012, officially opened on March 23, and the first consumers admitted on 11 April 2012. The facility provides for a 40-bed mental health inpatient unit.
- The Northern Precinct Enabling and Infrastructure Works, funded through the Clinical Services Redevelopment Phase 1 budget, were completed in December 2011. These works provided engineering infrastructure for the northern precinct of the Canberra Hospital campus.
- Works were undertaken at several Health Directorate properties, including Weston Creek, Burrangiri Respite Centre, Kambah Village Creek Centre and the Canberra Hospital (Buildings 1, 2, 5, 6, 10 and 12). Additional details are provided in section C.13 of this report.

Works in progress at 30 June 2012 were:

- Enhancing Canberra Hospital Facilities (Design): this is focusing on the design stage for the development of a new clinical services block (buildings 2 and 3) at the Canberra Hospital.
- Staging, Decanting and Continuity of Services: this project consists of multiple subprojects that aim to relocate occupants of Health Directorate facilities to allow building works to progress.
- Clinical Services Redevelopment (Phases 1 to 3): this provides funds to manage a range of projects to support the overarching Health Infrastructure Program. The appropriations have occurred in three phases to reflect when the funds are required.
- Integrated Cancer Centre (Phases 1 and 2): works are ongoing to provide an integrated treatment centre for cancer services.
- Central Sterilising Services: this project is to progress design work to move Central Sterilising Services to a location on the Canberra Hospital campus. The principal consultant was engaged in June 2012.
- Northside Hospital Specification and Documentation: a site selection report was released for community consultation in January 2012. Associated services planning for the facility is under way and a draft report is anticipated in August 2012.
- Tuggeranong Health Centre (refurbishment and stage 2): final sketch plans have been endorsed by the Executive Reference Group, with identification of suitable location for decanting of services.
- Health Infrastructure Program Change Management and Communication Support: the provision of a coordinated communication strategy to engage target audiences and communicate milestones. In addition, workforce and change managers supporting the Health Infrastructure Program will deliver change management support for staff across the Health Directorate.
- Enhanced Community Health Centre—Belconnen: physical works commenced in January 2012, with construction completion anticipated for June 2013.
- National Health Reform: the ACT's first Implementation Plan (IP) for the *National Partnership Agreement on Improving Public Hospitals* was accepted by the Commonwealth in March 2011. Projects set out in the first IP have all been implemented, and the Commonwealth have accepted ACT progress reports against this. This funding will be used to refurbish and expand the emergency department at both public hospitals. Design work for use of the funding has been progressed.
- Mental Health Young Persons Unit: contracted by the Health Directorate, NSW Health Infrastructure has undertaken a peer review of the schedule of accommodation required for this facility. The Health Directorate is investigating a way forward, including models of care for this client group.
- Centre for Health Teaching, Training and Research (formerly known as the Skills Development Centre): preliminary sketch plans have been endorsed by the ERG, with a budget allocation rolled over in 2012–13 to finalise design.
- Women's and Children's Hospital (Stages 1 and 2): stage 1 of this project is nearing finalisation, with expected completion in July 2013. Delays were experienced in the program of works due to design issues, delayed delivery of thermal glass, unusually adverse weather conditions and difficulties sequencing and coordinating works on the facade.
- Gunghalin Health Centre: building works continued on program, with anticipated completion in August 2012.
- Provision for Project Definition Planning: this budget provides for Health Directorate Health Infrastructure Program staff and for the project director, master cost planner and other subconsultants involved in the overall delivery of the program.
- Secure Mental Health Unit—Forward Design: this project was recommenced following consideration of reports received from two external reviewers: NSW Health Infrastructure and Forensicare. Work is proceeding to inform preparation for the design stage. Budget to finalise the design has been appropriated in the 2012–13 budget.

- Aboriginal and Torres Strait Islander Residential Alcohol and Other Drug Rehabilitation Facility (otherwise known as Ngunnawal Bush Healing Farm): this project has completed community consultation on the design of the facility. Some delays were experienced during a review of the scope of the project to ensure it met budget.

Works commenced in 2011–12 were:

- Accommodation for interstate cancer services patient and carers: with funding support from the Australian Government, a residence in Duffy was purchased and refurbishment commenced. The anticipated completion date is August 2012.

The following tables contain Health Directorate capital works project information and the reconciliation schedule.

### Capital works table—Health Directorate

Project	Proposed or Actual completion date	Original project value \$'000	Revised project value \$'000	Prior years expend \$'000	2011–12 expend \$'000	Total expend to date \$'000
<b>New works – Departmental</b>						
Clinical Services Redevelopment – Phase 3	Jun–14	25,700	25,700	N/A	4,283	4,283
Integrated Cancer Care Centre –Phase 2	Sep–13	15,102	15,102	N/A	–	–
Enhancement of Canberra Hospital Facilities (Design)	Jun–14	41,000	41,000	N/A	79	79
Staging, Decanting and Continuity of Services	Jun–14	19,430	19,430	N/A	1,815	1,815
Identity and Access Management	Sep–13	3,100	3,100	N/A	1,186	1,186
Central Sterilising Service	Apr–14	17,270	17,270	N/A	103	103
North Side Hospital Specification and Documentation	Jun–13	4,000	4,000	N/A	258	258
<b>Capital Upgrades Program – Departmental</b>						
Building Upgrades to address Condition Report findings including Works to Bathrooms, Disability Access and Roofing	Jun–13	561	561	N/A	518	518
Energy Savings/Sustainability – Upgrade Works to Building Control Systems to Improve Efficiency and Installation of Bike Storage Facilities	Jun–13	300	300	N/A	183	183
Safety/Security Upgrades to address Outcomes of Fire Reports, Improve Access Control to Plant Rooms, Floor Covering Upgrades and Removal of Hazardous Materials	Jun–13	380	380	N/A	305	305
Mechanical Systems Upgrades to Plant and Equipment at the Canberra Hospital and various other ACT Health Facilities	Jun–13	600	600	N/A	589	589
Patient/Medical Facilities Upgrades including Refurbishment of Ambulatory Care Facilities, Provision of a Community Dialysis Self Care Facility and Upgrades to Patient Facilities	Jun–13	670	670	N/A	379	379

Project	Proposed or Actual completion date	Original project value \$'000	Revised project value \$'000	Prior years expend \$'000	2011–12 expend \$'000	Total expend to date \$'000
<b>Capital Upgrades Program – Departmental (continued)</b>						
Workplace Improvements which will facilitate improved Patient Flows and Operations and Services at Canberra Hospital	Jun–13	590	590	N/A	523	523
<b>Capital Upgrades Program – Territorial</b>						
Upgrade of Chiller	Dec–11	350	350	N/A	330	330
Upgrades to 6th Floor Kitchen, Theatre Storage and Xavier Level Public Toilets and Floor Finishes	Oct–12	285	285	N/A	110	110
Fire Safety Upgrades – Calvary	Oct–12	300	300	84	126	210
Residential Accommodation Refurbishment – Calvary	Dec–12	310	310	–	–	–
<b>Works in progress – Departmental</b>						
Clinical Services Redevelopment – Phase 2	Jun–13	15,000	9,800	295	4,695	4,990
Tuggeranong Health Centre – Stage 2	May–14	14,000	14,000	4	–4	0
HIP Change Management and Communication Support	Jun–13	4,117	4,117	491	1,477	1,968
National Health Reform	Jun–13	15,098	10,088	1,971	352	2,323
Integrated Capital Region Cancer Centre – Phase 1	Sep–13	27,900	29,652	1,031	7,202	8,233
Enhanced Community Health Centre – Belconnen	Jun–13	51,344	51,344	1,033	7,559	8,592
Mental Health Young Persons Unit	Nov–13	775	775	121	–	121
ACT Health Skills Development Centre	Nov–12	1,300	1,300	423	478	901
Women and Children’s Hospital	Aug–13	90,000	111,060	18,694	59,546	78,240
New Gungahlin Health Centre	Aug–12	18,000	18,000	534	13,346	13,880
Refurbishment of Health Centre –Tuggeranong	May–14	5,000	5,000	526	473	999
Provision for Phase 1 CSR	Sep–12	57,000	26,630	19,051	7,579	26,630
Provision for Project Definition Planning	Jun–13	63,800	61,090	35,304	14,382	49,686
Adult Secure Mental Health Inpatient Unit – Forward Design	Jun–13	1,200	1,200	737	18	755
Aboriginal Torres Strait Islander Residential Alcohol & Other Drug Rehabilitation Facility	Sep–13	5,883	5,883	624	252	876
Linear Accelerator Procurement and Replacement	Dec–12	18,700	17,700	15,314	1,174	16,488
An E-Healthy Future	Jun–14	90,185	90,185	16,040	15,848	31,888

Project	Proposed or Actual completion date	Original project value \$'000	Revised project value \$'000	Prior years expend \$'000	2011–12 expend \$'000	Total expend to date \$'000
Digital Mammography	Jun–13	5,715	5,715	3,968	837	4,805
Neonatal Intensive Care Unit – Video Streaming Service	Dec–12	200	200	100	–	100
<b>Projects – Physically complete but financially incomplete – Departmental</b>						
TCH Discharge Lounge Relocation	Jun–12	150	150	4	113	117
Elective Surgery (Commonwealth Funding)	Sep–09	4,680	4,680	4,452	–	4,452
New Multistorey Car Park TCH	Jun–11	29,000	42,720	40,450	1,431	41,881
Adult Mental Health Inpatient Unit	Apr–12	23,630	23,630	8,746	14,884	23,630
<b>Completed Projects – Physically and financially complete – Departmental</b>						
Augmentation of Medical Offices to meet Growth, and Upgrades to Community Facilities	May–12	560	560	N/A	558	558
Walk-in Centre – TCH	Apr–10	2,157	2,157	2,093	64	2,157
Mental Health Assessment Unit	Apr–10	2,010	2,010	1,598	40	1,638
Neurosurgery Operating Theatre	Aug–10	5,500	10,500	10,466	34	10,500
Surgical Assessment and Planning Unit	Aug–10	4,100	4,100	3,676	424	4,100
Procurement and Installation of a PET/CT Scanner	Nov–10	4,542	4,542	4,553	–11	4,542
Augmentation of Patient and Research Facilities	Mar–12	790	790	90	700	790
Installation of Energy Savings Equipment and Sustainability Upgrades	Dec–11	235	235	154	81	235
Augmentation of Medical Offices	Nov–11	455	455	269	186	455
Workplace Improvements	Dec–11	640	640	307	333	640
<b>Completed Projects – Physically and financially complete – Territorial</b>						
Electrical and Water Efficiency Measures	Dec–11	92	92	N/A	92	92
Security Upgrades – Calvary	Sep–11	100	100	44	56	100

### Reconciliation schedule – capital works and capital injection

Approved Capital Works Program financing to capital injection as per cash flow statement						
	Original \$m	Section16B \$m	Variation \$m	Deferred \$m	Not drawn \$m	Total \$m
Capital works	229.736	14.453	0.000	–93.818	–16.123	134.248
ICT Capital Injections	48.908	14.487	0.000	–42.249	–0.361	20.785
Other capital injections	4.095	6.819	0.000	–1.795	–1.349	7.770
Total Departmental	282.739	35.759	0.000	–137.862	–17.833	162.803
Total Territorial	0.727	0.259	0.000	0.000	0.000	0.986



## C.15 Government contracting

### **Basis of requirement**

- *Government Procurement Act 2001*
- Government Procurement Regulation 2007

### **Report descriptor**

#### **Procurement principles and processes**

In 2011–12, the Health Directorate exercised all procurement activities in accordance with the government tender thresholds and complied with procurement policies and procedures as stated in the *Government Procurement Act 2001*, Government Procurement Regulation 2007 and Government Procurement Amendment Regulation 2009 (No. 1).

To ensure compliance with ACT Government procurement legislation, the Health Directorate:

- sought advice on government procurement policies and procedures from Shared Services Procurement
- notified Shared Services Procurement of all procurements over \$20,000, and, as of 25 April 2012, all procurements over \$25,000 undertaken by the Health Directorate
- referred, where appropriate, procurements that required single, restrictive or open tender procurement processes to Shared Services Procurement, and
- referred, where necessary, all procurements that required Government Procurement Board consideration and/or approval to Shared Services Procurement.

To ensure that contractors meet their employee and industrial relations obligations, all tenders and contracts drafted by Shared Services Procurement on behalf of the Health Directorate include conditions provided by the ACT Government Solicitor's office to reflect the *Government Procurement Act 2001*, Government Procurement Regulation 2007. These include the Ethical Suppliers Guideline and compliance with the government procurement circular on ethical suppliers.

In accordance with procurement legislation, the Health Directorate afforded the highest standard of probity and ethical behaviour towards prospective tenderers. Such behaviour included but was not limited to:

- equality
- impartiality
- transparency
- fair dealing.

#### **External sources of labour and services**

In 2011–12, the Health Directorate engaged a range of external consultants and contractors to undertake services in the following areas:

- frontline clinical health services
- structural and procedural reviews of current business models
- dispute resolution services, including complaint investigation and mediation services, and
- capital works projects.

To ensure that the Health Directorate's contractors met their employee and industrial relations obligations, the directorate:

- engaged the services of Shared Services Procurement to manage, where required, contracts on behalf of the Health Directorate, and
- used Shared Services Procurement documentation, including tender documentation and government contracts that encapsulate all relevant industrial relations legislation as advised by the ACT Government Solicitor's office.

All the Health Directorate's construction contracts above \$500,000 were established using Shared Services Procurement for project management and contractor pre-qualification.

All head contractors and project managers engaged on Health Directorate Health Infrastructure Program (HIP) capital works projects valued above \$0.5 million were pre-qualified by the Territory. All principal consultants engaged in contracts valued above \$50,000 were also pre-qualified by the Territory under the appropriate available pre-qualification category for consultants.

The following tables catalogue all Health Directorate contractors, consultants, and visiting medical officers (VMOs) for the reporting period.

## Contractors

Name of Contractor	Description of Contract	Cost (Exclusive of GST)	Date Contract Let	End Date	Select Tender Yes/No	Reason for Select Tender
Individual contracts which exceed \$25,000; and smaller contracts awarded to the same contractor which, in total, exceed \$25,000.						
Contractor—A person who performs a Job, Task, Project on behalf of the organisation, i.e. a job that can be done by a staff member, but there are no resources to do in house.						
<b>Acute Services (Output 1.1)</b>						
ACT Nursing Service Pty Ltd	Provision of Agency Nurses	\$1,314,804.52	16-Feb-10	16-Feb-14	No	
Adecco	Provision of recruitment services	\$142,404.69	31-May-10	28-Feb-13	No	
Baptist Community Services NSW and ACT	Service Funding Agreement chaplaincy services	\$118,055.52	22-Aug-11	30-Jul-14	Yes	Expertise in field
Calvary Health Care ACT Ltd	Panel for Private Contracting of Elective Surgery in the ACT	\$42,161.26	30-Sep-10	30-Sep-13	No	
Calvary John James Hospital	Panel for Private Contracting of Elective Surgery in the ACT	\$49,604.34	30-Sep-10	30-Sep-13	No	
Clinical Coding Services Pty Ltd	Clinical coding consultants	\$32,509.09	12-Aug-11	11-Aug-13	N/a	
Covance Pty Ltd	Statistical Services for the Academic Unit of General Practice & Community Health	\$31,152.00	01-Jul-10	30-Jun-11	No	

Name of Contractor	Description of Contract	Cost (Exclusive of GST)	Date Contract Let	End Date	Select Tender Yes/No	Reason for Select Tender
<b>Acute Services (Output 1.1) (continued)</b>						
Database Consultants Australia	Clinical Records Index consultants	\$76,366.44		Month to month	N/a	
Global Medics	Medical Locum recruitment agency	\$32,370.01		Month to month	N/a	
Hays Specialist Recruitment Australia Pty Ltd	Provision of contract staff	\$25,054.33	27-May-10	26-May-13	No	
IBM Australia	ACTPAS consultancy services	\$37,000.00		Month to month	N/a	
IPS Worldwide	Critical incident counselling services	\$82,904.13		Month to month	N/a	
Mediserve Pty Ltd	Provision of Agency Nurses	\$1,121,492.05	16-Feb-10	16-Feb-14	No	
MKM Consulting	Enhanced Patient Administration System support and maintenance	\$202,525.00	25-Aug-11	28-Aug-12	No	
Mosaic Recruitment Pty Ltd	Provision of specialised recruitment services	\$39,460.21	06-Jul-09	05-Jul-12	No	
National Healthcare Services	Provision of Agency Nurses	\$609,168.34	16-Feb-10	16-Feb-14	No	
Nursing Agency Australia	Provision of Agency Nurses	\$49,899.57	16-Feb-10	16-Feb-14	No	
Orion Health	Clinical Portal Improvement System; Rhapsody Integration Engine Upgrade	\$224,139.00	31-Mar-10	18-Jan-13	Yes	Expertise in field
Polyoptimum Incorporated	ProAct Scheduling/Rostering software support	\$78,909.18		Month to month	N/a	
Professional Nursing Agency	Provision of Agency Nurses	\$482,118.08		Month to month	Yes	Specialised nursing services
Quality Directions Australia Pty Ltd	Facilitators in supporting doctors by enhancing clinical performance	\$25,795.18		Month to month	N/a	
Resolutions International Pty Ltd	Temporary support staff for Medical Records	\$30,726.72	19-Oct-10	19-Oct-12	No	
South Eastern Sydney Local Health District	Provision of Cancer Genetic Services	\$92,086.80	21-Sep-10	01-Jul-11	N/a	

Name of Contractor	Description of Contract	Cost (Exclusive of GST)	Date Contract Let	End Date	Select Tender Yes/No	Reason for Select Tender
<b>Mental Health, Justice Health and Alcohol and Drug Services (Output 1.2)</b>						
Public Health Association of Australia Inc	Trial Needle and Syringe Program in the Alexander Maconachie Centre	\$73,325.00	06-May-11	31-Jul-11	N/a	
<b>Public Health Services (Output 1.3)</b>						
Canberra Property Management Pty Ltd	Provision of expert advice on various public health matters.	\$39,244.55	01-Jul-11	30-Jun-12	No	
Cancer Institute NSW	Data Entry and Clinical Coding for the ACT Cancer Register	\$166,148.12	01-Jul-11	30-Jun-14	No	
Environmental Health Services (TAS) Pty Ltd	Environmental Health Inspection Services	\$56,400.00	01-Jul-10	30-Jun-12	N/a	
Gammasonics Radiological Services Pty Ltd	Radiation Compliance Testing of Radiation Sources within the ACT	\$29,233.64	01-Jul-09	30-Jun-13	No	
Medibank Health Solutions Telehealth Pty Ltd	Provision of targeted outbound 'support' aimed at engaging and triaging participants into appropriate health programs.	\$230,703.00		Month to month	Yes	Specialist knowledge in service provision
Protiviti Pty Ltd	Auditing services for Population Health on licensed healthcare facilities	\$40,172.78		Month to month	N/a	
Simply Strategic	Sponsorship Evaluation Plan—Grants Program	\$30,065.91	23-Dec-09	Ongoing	N/a	
The Miller Group—Social Policy Consult Pty Ltd	Study and evaluation of Healthier Work practices	\$28,096.36	17-Jul-12	31-Mar-15	No	
<b>Cancer Services (Output 1.4)</b>						
ConsumerRad Unit Trust	Radiology Locum services	\$97,063.40		Month to month	N/a	
<b>Rehabilitation, Aged and Community Care (Output 1.5)</b>						
University of South Australia	Provision of Allied Health Services research	\$58,254.54	30-Jun-11	03-Jun-12	No	

Name of Contractor	Description of Contract	Cost (Exclusive of GST)	Date Contract Let	End Date	Select Tender Yes/No	Reason for Select Tender
<b>Early Intervention and Prevention (Output 1.6)</b>						
International Centre for Allied Health Evidence (UniSA)	Several contracts to provide literature review for Nutrition & Dietetics, Speech Pathology, Physiotherapy in O&G, Rheumatology and ED	\$90,380.00	11-Apr-11	01-Nov-11	No	
Peter Lisacek through University of Canberra	Contract services for project 'Establishing a research network for allied health professionals in the ACT'	\$27,272.73	01-Jul-11	30-Jun-12	No	
<b>Contractors distributed as Overheads of Outputs</b>						
Acumen Contracting and Recruitment Pty Ltd	Information & Communication Technology (ICT) consulting and related business services — Digital Health	\$94,125.00	24-Nov-09	01-Nov-12	No	
ADT Fire Monitoring	Monitoring of ACT Health Directorate Fire Alarm panel	\$41,064.00	30-Sep-07	01-Oct-12	No	
Bizcaps Pty Ltd (Rolls Unit Printing Trust)	National eHealth Transition Authority (NEHTA) data and new products integration management	\$70,000.00	12-Aug-11	11-Aug-12	N/a	
Canberra Institute of Technology	Health workforce Service Funding	\$35,000.00	17-Jun-09	30-Jun-12	N/a	
Centre for Public Management Pty Ltd	Management and leadership program	\$60,730.32		Month to month	N/a	
Christopher Bruce	Provider for Victims Services scheme	\$50,989.50	01-Jul-11	30-Jun-14	No	
Clayton Utz	Provision of Review, Investigation and Related Services	\$26,816.00	01-Nov-10	30-Sep-13	No	
Cogent Business Solutions	Review of ongoing delivery of Domestic & Environmental Services (D&ES) Change Proposals	\$30,313.63	18-Aug-11	30-Jun-12	N/a	
Griffith Massage Centre	Remedial Massage for work-related strains	\$48,557.60	01-Jul-08	Ongoing	N/a	
JA Projects Pty Ltd	Secretariat role for Health Directorate— AHMAC	\$62,036.50	19-Jun-11	19-Jun-13	N/a	

Name of Contractor	Description of Contract	Cost (Exclusive of GST)	Date Contract Let	End Date	Select Tender Yes/No	Reason for Select Tender
Kaizen Management Services	Consultancy to Undertake Safety Audits for ACT Health to Australian Standards 4801 and 4804	\$41,102.73	22-Dec-10	22-Dec-13	No	
LecSafe Australia	Test & Tagging of Electrical Equipment – Health Directorate	\$74,272.49	01-Jul-10	01-Jul-15	No	
McArthur Management Services Pty Ltd	Consultancy recruitment services for Health Directorate	\$25,696.78	01-Jul-09	30-Jun-12	No	
Mercer (Australia) Pty Ltd	Review of Executive Assistant Structure of ACT Public Service	\$37,222.73	29-Jul-10	30-Mar-11	N/a	
National Health Call Centre Network Ltd	Participation in the National Call Network	\$1,270,728.75	01-Jul-07	30-Jun-11	Yes	Preferred government provider
PCA People Pty Ltd	Preferred government provider for recruitment services	\$75,400.82	09-May-09	08-May-12	No	
Single Cell Mobile Consulting Pty Ltd	E-Learning packages	\$35,018.19	12-May-11	12-May-12	N/a	Expertise in field
SMI Group	Fire Protection & Detection for ACT Health Directorate	\$161,956.08	01-Jul-11	01-Jul-14	No	
Stygron Systems Pty Ltd	PICS Maintenance and Enhancement; and Development of Vaccine Inventory System	\$307,537.00		Month to month	Yes	Specialist knowledge in systems development
Taleo	Provision of e-recruitment hosting and support services	\$77,739.75	01-Jul-11	30-Jun-12	N/a	
Talkforce Consultants and Trainers Pty Ltd	Provision of consultancy services to DG Communications	\$31,300.00		Month to month	N/a	
Technology Analytics	Research and Technology development related to innovation and performance	\$39,200.00		Month to month	N/a	

Name of Contractor	Description of Contract	Cost (Exclusive of GST)	Date Contract Let	End Date	Select Tender Yes/No	Reason for Select Tender
The Australian Council on Healthcare Standards	Accreditation support for safety and quality health service providers and quality programs for a broad range of health service providers and consumers	\$49,025.45		Month to month	N/a	
Ultrafeedback Pty Ltd	Panel of Suppliers to Provide Specialist Health Planning Services to the Health Directorate	\$99,821.82	30-May-12	31-May-14	No	
University of Canberra	Review of transitional maternal and child health services; Services, support and consultancy for Healthy Communities Initiative; Research on breastfeeding enablers; Stipend contribution to 2nd year; and 2011-14 service funding agreement	\$447,229.77	31-Jan-10	30-Jun-14	No	
University of NSW	Evaluation of ACT Drug Diversion Programs	\$147,279.00	08-Feb-12	30-Jun-12	No	

## Consultants

Name of Consultant	Description of Contract	Cost (Exclusive of GST)	Date Contract Let	End Date	Select Tender Yes/No	Reason for Select Tender
Individual contracts which exceed \$25,000; and smaller contracts awarded to the same consultant which, in total, exceed \$25,000.						
Consultant—A person who has the knowledge and expertise to perform a task, project, or other which is not available within the Health Directorate and Produces a report, audit, investigation, or other to Health Directorate or third parties.						
<b>Acute Services (Output 1.1)</b>						
Royal Australasian College of Surgeons (RACS)	Consultancy services to DDG Canberra Hospital	\$38,887.50	Month to month		N/a	
<b>Public Health Services (Output 1.3)</b>						
Australian Healthcare Associates	Home and Community Care External Quality Appraisals	\$213,546.35	01-Jan-09	31-Dec-12	No	
KPMG	Regulatory Impact Statement (RIS) on Options for Improving Transparency in Food Regulations	\$62,589.73	18-Aug-11	18-Dec-11	N/a	
<b>Early Intervention and Prevention (Output 1.6)</b>						
Youth and Family Education Resources Pty Ltd	Consultancy services for Aboriginal and Torres Strait Islanders	\$45,280.00	Month to month		N/a	
<b>Consultants distributed as Overheads of Outputs</b>						
Brooks Marchant	Review of Electrical Distribution Boards	\$54,000.00	01-Nov-11	01-May-12	N/a	
Grey Advantage Consulting Pty Ltd	Review of Property Management and Maintenance Plan	\$40,500.00	01-Feb-12	01-Jun-12	N/a	
Kaizen Management Services	Electrical Safety Review	\$83,388.00	20-Dec-11	20-Dec-12	No	
Ms Cathy O'Neil	Development of a New ACT Chronic Disease Strategy	\$34,227.00	03-Jan-12	31-Dec-12	No	
Ms Tracey Elkins/ Ms Juliet Middleton	Development of an ACT Primary Health Care Strategy 2001-2014	\$40,000.00	18-Nov-10	30-Jun-11	No	
Richard Gilbert Consulting	Development of a new ACT Palliative Care Strategy and Services Plan	\$41,059.77	23-Jan-12	31-Jul-12	No	



## Visiting medical officers

Title	Surname	First Name	Description of contract	Date Contract Commences	Date Contract Expires	Total Amount Paid (exc. GST)
<b>Acute Services (Output 1.1)</b>						
Dr	Adham	Omar	VMO	11-Jun-11	27-May-14	\$36,363.64
Dr	Albekaa	Safi	VMO	01-Nov-07	01-Nov-14	\$71,429.31
Dr	Ashman	Bryan	VMO	01-Sep-07	31-Aug-12	\$211,691.28
Dr	Aubin	Phil	VMO	02-Aug-10	02-Aug-13	\$162,775.23
Dr	Auzins	Edwin	VMO	02-Jul-11	01-Jul-14	\$41,001.51
Dr	Barry	Peter (Bio Digital Pty Ltd)	VMO	02-Sep-10	02-Sep-13	\$320,212.32
Dr	Bassett	Mark (Mark Bassett Pty Ltd)	VMO	25-Nov-09	25-Nov-16	\$194,482.99
Dr	Bissaker	Peter	VMO	01-Aug-08	01-Aug-15	\$644,228.36
Dr	Bradshaw	Stephen (Vascular Partners Pty Ltd)	VMO	01-Feb-12	01-Aug-14	\$251,039.48
Dr	Brady	Marc	VMO	31-Oct-11	30-Oct-12	\$35,170.50
Dr	Bromley	Jonathan	VMO	01-Jan-11	31-Dec-14	\$130,044.22
Dr	Brook	Andrew	VMO	30-Nov-10	29-Nov-13	\$79,747.63
Dr	Buchanan	Guy	VMO	01-Dec-07	01-Dec-14	\$55,599.44
Dr	Burke	Bill	VMO	02-Oct-10	02-Oct-13	\$166,342.13
Dr	Burns	Alexander	VMO	01-Jun-08	01-Jun-15	\$253,980.71
Dr	Carney	Gavin (Gavin M. Carney Pty Ltd)	VMO	24-Aug-10	01-Nov-14	\$150,555.89
Dr	Chong	Guan (Dr Guan Chong Pty Ltd)	VMO	01-Jul-10	01-Jul-12	\$260,519.82
Dr	Choudhary	Jivesh	VMO	09-Mar-12	08-Mar-13	\$59,176.81
Dr	Choy	Ellis	VMO	02-Apr-12	01-Apr-13	\$295,611.25
Dr	Close	Susanne (Susie Close Pty Ltd)	VMO	05-Oct-10	31-Jul-14	\$99,476.70
Dr	Corbett	Michael	VMO	07-Sep-10	06-Feb-15	\$72,969.75
Dr	Crawford	Antony	VMO	30-Nov-07	30-Nov-13	\$32,296.48
Dr	Crawshaw	Ian	VMO	01-Oct-07	30-Sep-14	\$90,090.86
Dr	Damiani	Maurizio	VMO	06-Jul-10	06-Jul-13	\$271,841.02
Dr	Davies	Stephen	VMO	01-Mar-08	01-Mar-15	\$29,046.53
Dr	Davis	Ian	VMO	01-Sep-07	01-Sep-14	\$214,558.11
Dr	Devine	Grant (Grant Devine Pty Ltd)	VMO	13-Sep-10	02-Aug-13	\$80,657.91
Dr	Dorai Raj	Anna	VMO	01-Sep-07	01-Sep-14	\$134,476.16

Title	Surname	First Name	Description of contract	Date Contract Commences	Date Contract Expires	Total Amount Paid (exc. GST)
Dr	Downes	Kenneth	VMO	01-Aug-07	01-Aug-11	\$59,041.83
Dr	Duke	David	VMO	21-Jan-08	21-Jan-15	\$156,292.81
Dr	Edwards	Joanne	VMO	22-Aug-11	21-Aug-12	\$145,795.46
Dr	Ellingham	John	VMO	29-Nov-09	29-Nov-16	\$226,857.11
Dr	Freckmann	Mary-Louise	VMO	01-Jul-08	30-Jun-15	\$65,850.11
Dr	French	James	VMO	01-Sep-07	01-Sep-12	\$307,218.64
Dr	Fuller	John	VMO	12-Nov-10	01-Aug-13	\$495,518.69
Dr	Garrick	Danny Edward (DE Garrick Pty Ltd)	VMO	14-Jun-11	13-Jun-12	\$54,666.65
Dr	Gemmell-Smith	Nicholas	VMO	01-Jun-08	01-Jun-15	\$60,752.55
Dr	Gillmore	Colin	VMO	01-Feb-08	31-Jan-15	\$60,521.55
Dr	Gross	Michael	VMO	05-Feb-12	09-Aug-12	\$107,535.80
Dr	Gupta	Lalitha	VMO	11-Oct-11	10-Oct-12	\$35,705.60
Dr	Hamid	Celine	VMO	09-Apr-12	08-Apr-13	\$34,093.81
Dr	Hardman	David	VMO	01-Jul-08	01-Jul-15	\$310,541.43
Dr	Haxhimolla	Hodo	VMO	01-Jul-10	01-Jul-13	\$93,374.65
Dr	Hayes	Deborah	VMO	01-Mar-05	01-Mar-15	\$32,923.81
Dr	Hehir	Andrew	VMO	27-Jan-08	27-Jan-15	\$270,820.50
Dr	Holz	Paul (Paul Holz Pty Ltd)	VMO	02-Mar-11	01-Mar-14	\$106,662.63
Dr	Hufton	Ian	VMO	02-Jul-11	01-Jul-14	\$30,737.47
Dr	Ihsheish	Wisam (Wisam Ihsheish Pty Ltd)	VMO	18-Jul-11	17-Jul-12	\$140,309.13
Dr	Jain	Tarun (TJ Imaging Pty Ltd)	VMO	05-Nov-11	04-Nov-12	\$50,400.00
Dr	Jeans	Phil	VMO	07-Sep-10	01-Aug-12	\$180,019.20
Dr	Jonker	Benjamin	VMO	07-Feb-12	06-Feb-13	\$37,242.73
Dr	Kaye	Graham	VMO	07-Sep-10	30-Aug-14	\$207,011.01
Dr	Klar	Brendan	VMO	25-Aug-10	01-Aug-12	\$123,334.83
Dr	Krishnamoorthy	Ragu	VMO	01-Feb-11	31-Jan-12	\$28,845.26
Dr	Kulisiewicz	Gawel	VMO	07-Aug-09	07-Aug-15	\$264,331.89
Dr	Kulisiewicz	Michael	VMO	16-Mar-11	15-Mar-14	\$37,924.24
Dr	Kwan	Bernard	VMO	01-Sep-07	01-Sep-14	\$54,866.43
Dr	Lah	Frank	VMO	01-Aug-11	31-Jul-14	\$232,601.15
Dr	Lang	Robert	VMO	07-Sep-10	25-Jan-13	\$238,194.55
Dr	Lavieuville	Megan	VMO	11-Oct-11	10-Oct-12	\$62,500.00
Dr	Lee	Elaine	VMO	29-Oct-08	10-Oct-12	\$431,767.48

Title	Surname	First Name	Description of contract	Date Contract Commences	Date Contract Expires	Total Amount Paid (exc. GST)
Dr	Lee	Tack-Tsiew	VMO	01-Jun-08	01-Jun-15	\$77,501.59
Dr	Leerdam	Carolyn	VMO	01-Feb-08	01-Feb-15	\$74,472.47
Dr	Lim	James	VMO	30-Nov-10	29-Nov-13	\$89,221.53
Dr	Lu	Don Bunnag	VMO	01-Dec-07	01-Dec-14	\$39,499.57
Dr	Major	Jennifer	VMO	02-Nov-10	02-Nov-14	\$85,424.88
Dr	Makeham	Timothy	VMO	14-Feb-11	13-Feb-14	\$78,544.09
Dr	Malecky	George	VMO	01-Nov-07	31-Oct-14	\$484,853.65
Dr	Malhotra	Ram	VMO	01-Apr-11	31-Mar-14	\$81,576.37
Dr	Marshall	Natalie	VMO	01-Aug-07	31-Jul-14	\$406,600.49
Dr	May	Stewart	VMO	01-Aug-07	01-Aug-14	\$82,407.81
Dr	McCarten	Greg (Gregory M Carten Pty Ltd)	VMO	23-Jun-11	23-Dec-11	\$319,159.94
Dr	McCredie	Simon	VMO	01-Jul-10	01-Jul-13	\$53,041.34
Dr	McDonald	Tim	VMO	01-Aug-07	01-Aug-14	\$149,806.79
Dr	McInerney	Carmel	VMO	01-Jun-08	01-May-15	\$189,684.69
Dr	Meares	Nicola	VMO	24-Aug-10	30-May-13	\$38,642.90
Dr	Mehanna	Patrick	VMO	30-Mar-12	29-Mar-13	\$29,049.74
Dr	Melhuish	Nicholas	VMO	01-Oct-07	01-Oct-14	\$278,063.18
Dr	Miller	Andrew	VMO	30-Nov-10	29-Nov-13	\$50,199.03
Dr	Morris	Philip	VMO	27-Jan-11	26-Jan-12	\$41,345.91
Dr	Morrissey	Phillip (Dr P. Morrissey Pty Ltd)	VMO	01-Nov-10	01-Nov-13	\$144,725.66
Dr	Mosse	Charles	VMO	05-Apr-11	30-Nov-13	\$106,509.84
Dr	Mulcahy	Maurice	VMO	01-May-10	01-May-13	\$237,447.89
Dr	O'Connor	Simon	VMO	01-Oct-07	30-Sep-14	\$318,496.34
Dr	OKera	Salim	VMO	12-Apr-10	12-Apr-17	\$68,204.85
Dr	Ow-Yang	Michael (ACT Neurospine Clinic Pty Ltd)	VMO	17-Jan-12	06-Oct-12	\$79,126.05
Dr	Palnitkar	Girish (Brindabella Anaesthesia Pty Ltd)	VMO	01-Dec-10	14-Nov-13	\$54,205.94
Dr	Peady	Clifford	VMO	24-Aug-10	01-Aug-14	\$251,384.02
Dr	Peake	Ross	VMO	22-Jul-10	22-Jul-13	\$202,410.64
Dr	Pham	Tuan	VMO	01-Jun-08	01-Jun-13	\$257,906.78
Dr	Ponniah	Senthan	VMO	24-Jan-11	23-Jan-14	\$75,481.75
Dr	Powell	Suzanna	VMO	01-Jun-08	31-May-15	\$83,018.24

Title	Surname	First Name	Description of contract	Date Contract Commences	Date Contract Expires	Total Amount Paid (exc. GST)
Dr	Quah	Yeow Leng (Valerie)	VMO	17-Jan-11	16-Jan-14	\$72,508.72
Dr	Rajapakse	Yasantha Ranjeeva	VMO	12-Sep-11	11-Sep-12	\$65,446.74
Dr	Rangiah	David	VMO	31-Oct-11	01-Feb-15	\$171,669.14
Dr	Reiner	David	VMO	01-Sep-11	31-Aug-14	\$221,513.85
Dr	Riddell	James (J. Riddell Pty Ltd)	VMO	10-Dec-09	30-Nov-14	\$26,095.45
Dr	Roberts	Chris	VMO	01-Nov-07	01-Nov-14	\$33,412.56
Dr	Robertson	Tanya	VMO	01-Jun-08	01-Jun-15	\$124,608.83
Dr	Robson	Stephen	VMO	01-Aug-11	31-Jul-14	\$78,941.70
Dr	Rosier	Michael	VMO	01-Aug-07	01-Aug-14	\$87,590.84
Dr	Scott	Peter	VMO	10-Feb-12	09-Feb-13	\$68,159.52
Dr	Simpson	Erroll	VMO	01-Nov-07	31-Oct-14	\$406,358.21
Dr	Singh	Taranpreet	VMO	02-Jan-12	01-Jan-13	\$25,690.17
Dr	Smith	Damian	VMO	01-Jul-08	01-Jul-15	\$305,093.55
Dr	Smith	Joseph	VMO	12-Mar-12	11-Mar-13	\$50,162.08
Dr	Smith	Paul	VMO	02-Feb-11	01-Feb-14	\$353,162.54
Dr	Speldewinde	Geoffrey	VMO	01-Nov-07	01-Nov-14	\$36,089.14
Dr	Storey	Desmond	VMO	30-Nov-10	29-Nov-13	\$30,929.40
Dr	Stubbs	Geoffrey	VMO	24-Jan-11	23-Jan-14	\$45,012.68
Dr	Subramaniam	Peter	VMO	01-Jul-11	02-Sep-13	\$187,654.05
Dr	Tharion	John	VMO	01-Aug-07	01-Aug-12	\$399,140.38
Dr	Thomson	Andrew	VMO	01-Oct-07	01-Oct-14	\$442,386.75
Dr	Thomson	Graeme	VMO	01-Mar-10	13-Jan-17	\$173,090.26
Dr	Tin	Stephen	VMO	01-Sep-07	01-Sep-14	\$52,423.87
Dr	Tymms	Kathleen	VMO	01-Sep-07	01-Sep-14	\$109,994.94
Dr	Upton	Zain (CZ Anaesthesia Pty Ltd)	VMO	10-Feb-11	09-Feb-14	\$148,581.34
Dr	Vrancic	Sindy	VMO	01-Sep-09	01-Sep-16	\$262,524.65
<b>Mental Health, Justice Health and Alcohol &amp; Drug Services (Output 1.2)</b>						
Dr	Adesanya	Adesina	VMO	14-Oct-11	13-Oct-12	\$189,456.93
Dr	Behrens	Raymond	VMO	02-Jul-11	01-Jul-12	\$25,223.48
Dr	Bromley	Jennifer	VMO	06-Feb-10	06-Feb-14	\$52,529.47
Dr	Fernando	Noel	VMO	05-Nov-10	04-Nov-11	\$34,466.69
Dr	Fitzgerald	Paul	VMO	01-Aug-07	01-Aug-14	\$175,278.92

Title	Surname	First Name	Description of contract	Date Contract Commences	Date Contract Expires	Total Amount Paid (exc. GST)
Dr	George	Graham	VMO	01-Dec-07	01-Dec-12	\$285,462.36
Dr	Henderson	A Scott (AS Henderson Pty Ltd)	VMO	01-Nov-07	31-Oct-14	\$227,342.74
Dr	Kasinathan	John	VMO	01-Jul-08	01-Jul-15	\$288,317.75
Dr	Manoharan	Jayaseelan A.	VMO	30-May-11	01-Jul-12	\$246,921.27
Dr	Narayanan	Manoj	VMO	22-Aug-11	01-May-12	\$85,347.72
Dr	Owen	Cathy	VMO	01-Nov-07	01-Nov-14	\$52,906.50
Dr	Raymond	Judy	VMO	01-Oct-07	01-Oct-14	\$278,700.93
Dr	Smith	David	VMO	20-Jul-11	19-Jul-12	\$97,720.31
Dr	Westcombe	David	VMO	30-Nov-10	30-Nov-13	\$175,572.74
Dr	Wurth	Peter	VMO	01-Feb-08	31-Jan-15	\$76,364.40
Dr	Yuille	Rosemary	VMO	23-Aug-10	30-Sep-14	\$31,681.25
<b>Public Health Services (Output 1.3)</b>						
Dr	Eldridge	James Neil	VMO	01-Feb-10	01-Feb-17	\$155,299.67
Dr	Griffin	Robert	VMO	01-Feb-12	31-Jan-13	\$323,147.73
<b>Cancer Services (Output 1.4)</b>						
Drs	Applied Imaging Pty Ltd	Elizabeth Lim & Nigel Hunter	VMO	01-Sep-08	01-Sep-15	\$102,924.68
Dr	Bell	Susanne	VMO	11-Nov-11	10-Nov-14	\$146,144.14
Dr	Chen	Suet Wan	VMO	01-Nov-11	31-Oct-14	\$132,943.50
Dr	Cranney	Brendan	VMO	02-Jul-11	01-Jul-14	\$28,211.71
Dr	Hazan	Georges	VMO	01-Sep-08	01-Sep-15	\$341,057.72
Dr	Price	Jeremy	VMO	01-Jan-08	01-Jan-11	\$327,784.84
Dr	Reben	Renwar	VMO	30-Apr-12	29-Jul-12	\$111,363.64

## C.16 Community grants, assistance and sponsorship

In 2011–12, the Health Directorate provided grants, assistance and sponsorship to various organisations as set out in the following tables.

### 2011–12 Community Funding Round

The Community Funding Round (CFR) funds activities related to the promotion of health across the ACT population, including the reinforcement of healthy lifestyle messages. The CFR also aims to enhance the capacity of individuals and community groups to positively control factors that determine health outcomes. Organisations funded through the CFR are expected to adopt the principles and practices of health promotion in the delivery of their projects.

Organisation/recipient	Project description/process/period of time engaged	Amount
ACT Council of Social Service	Healthy Calendar of Reconciliation	\$6,600
ACT Transcultural Mental Health Network	Breaking Down the Barriers	\$8,995
Advocacy for Inclusion	Where's my 2 and 5? (Phase 2)	\$91,314
Alcohol and Drug Foundation ACT—Karralika Programs	Meditation in Motion	\$31,859
Australian Red Cross	Eat Smart Shop Smart	\$42,518
Autism Aspergers ACT Inc.	Development of Multi-Strand Strategy	\$24,132
Burrnju Aboriginal Corporation	Carer Support	\$53,328
Community Radio 2XX Inc.	ACT Community Health Support and Resource Campaign	\$20,135
Companion House	Nurturing Wellbeing	\$32,650
Companion House	Women's Health: Community Strength	\$44,250
Council on the Ageing	Positive Outcomes	\$47,600
Indigenous Social Inclusion Company	Indigenous Youth Developing Confidence and Healthy Life Skills	\$100,000
Mental Illness Education ACT	Mind Insight	\$40,338
Migrant and Refugee Settlement Services (MARSS) of the ACT Inc.	MARSS Learn to Ride Program	\$28,546
Migrant and Refugee Settlement Services (MARSS) of the ACT Inc.	MARSS Men's Swimming Program	\$21,480
Mt Rogers Primary School	Bike Shed	\$6,250
Queanbeyan Multilingual Centre—Multicultural Youth Services ACT	ACT Communities Cane Ball Project	\$15,430
National Brain Injury Foundation	Building Healthy Families Through Physical Activities	\$90,361
OzHelp Foundation	Tradies Tune Up	\$98,000
Pedal Power ACT Inc	Ride2School	\$38,564
RecLink Australia Inc.	Neighbourhood Garden Project	\$95,204
RSI & Overuse Injury Association of the ACT	Dealing with Stress and Depression for People with RSI	\$8,802

Organisation/recipient	Project description/process/period of time engaged	Amount
The Abbeyfield Society disAbility (ACT) Inc.	Nutrition and Health Improvements for Disabled Adults Living Independently	\$21,400
The Health Care Consumers' Association of the ACT Inc.	Building a Community of Support for Marginalised and Disadvantaged Consumers	\$62,187
The Pharmacy Guild of Australia ACT	Healthy Hearts Through Community Pharmacy	\$61,297
Toora Women Inc.	Health and Happiness	\$4,758
University of Canberra	Mapping Community Gardens in the ACT	\$14,500
West Belconnen Health Cooperative Ltd	Lifestyle Modification Program	\$41,596
Woden Community Service Inc.	Global Kitchen	\$9,471
Women's Centre for Health Matters (WCHM) Inc.	Addressing the Accessibility Needs of Women with Disabilities Experiencing Violence	\$34,471
YMCA of Canberra	Green Thumb Kids	\$7,923
YMCA of Canberra	Fit For The Future	\$17,730
32 projects		\$1,221,689

## 2011–12 Stay On Your Feet® Funding Round

This round provides funding for the development, implementation and evaluation of falls prevention programs. It assists community-based groups, not-for-profit organisations, residential aged care facilities and relevant government agencies to reduce the incidence and severity of falls and fall-related injuries among older people in the ACT. Falls in older people are a major cause of morbidity and require significant resources from the health sector.

Organisation/recipient	Project description/process/period of time engaged	Amount
Arthritis ACT	Keeping the Community on its Feet	\$25,027
Anglicare Canberra	Gait Monitor Demonstration Model	\$90,411
Morshead Home for Veterans and Other Aged Persons Inc.	Culture Change Education Module	\$45,000
Support Asian Women's Friendship Association Inc.	Stay Firm and Be Active	\$15,394
Tandem Respite Inc.	Tandem Moves	\$13,080
YMCA of Canberra	Strong and Stable	\$11,088
6 projects		\$200,000

## 2012 Healthy Schools, Healthy Children Funding Round

The Healthy Schools, Healthy Children Funding Round is delivered in collaboration with the ACT Education and Training Directorate. The aim of this funding round in 2012 is to create sustainable opportunities for healthy, active lifestyles through improved physical activity and healthy eating. Target groups are early childhood centres and schools. The funding round also aims to facilitate communication, collaboration and partnerships between schools and their communities.

Organisation/recipient	Project description/process/period of time engaged	Amount
AFL NSW/ACT	Introduction to AFL 9s	\$6,000
Arawang Primary School	Arawang Primary School Kitchen Garden	\$10,930
Campbell High School	Student Wellbeing Breakfast Club	\$438
Canberra Environment & Sustainability Resource Centre	Grow Together	\$32,138
Canberra High School	Canberra High School Cycling Group	\$9,770
Caroline Chisholm School	Outdoor Education Equipment	\$9,525
Charnwood-Dunlop Preschool	Charnwood-Dunlop preschool's 'Healthy Lifestyles' project	\$1,539
Evatt Primary School	Yoga and relaxation at Evatt Primary School	\$1,565
Gilmore Primary School	Healthy Kids Healthy Families	\$15,000
Harrison School	Ready Steady Learn	\$4,060
Hughes Primary School P&C	Environment Centre Kitchen	\$10,000
Jervis Bay School	Jervis Bay School Kitchen Garden Project	\$16,800
Koori Preschool	Healthy Habits	\$1,200
Lanyon High School	Lanyon FIT	\$10,000
Macgregor Primary School P&C	Tucka Box	\$7,705
Macquarie Primary School	School Vegetable Garden	\$4,929
Malkara School	Bike Riding for All	\$2,614
Mawson Primary School	Mobile climbing equipment	\$3,239
Melrose High School	Horticultural Garden	\$2,400
Merici College	Building Futures through Wellbeing	\$3,516
Migrant and Refugee Settlement Services (MARSS) of the ACT Inc.	Dig in Program (DIP)	\$5,302
Miles Franklin School	Miles Franklin Garden2Kitchen program	\$9,661
Monash School	From Dirt to Dishes	\$10,000
Narrabundah College	Dragonhawk Dragon Boat team	\$4,500
North Ainslie Primary School P&C	North Ainslie Primary School (NAPS) Healthy Eating Hub, Sensory Garden and No-Waste Chook Pen	\$31,578
Orana Steiner School	Orana Steiner School Canteen	\$10,000
Pedal Power	TravelSmart to School: ACT	\$29,610
Pegasus Riding for the Disabled of the ACT Inc.	Sensory garden learning project	\$9,982
Reid Early Childhood Centre	Development and Maintenance of Kitchen Garden	\$3,100



Organisation/recipient	Project description/process/period of time engaged	Amount
Snow Gum Early Childhood Learning Centre	Active Play—Healthy habits	\$1,540
Southern Cross Early Childhood School	Strong bodies build strong minds	\$8,602
St Matthew's Primary School	Healthy Kids are Happy Kids at St Matthew's!	\$5,775
Wanniassa School	Wanniassa Cycling Group	\$1,200
Wanniassa School (Senior Campus)	Wanniassa Cycling Group	\$7,224
Yarralumla Montessori Preschool P&C	Purchase and establish age appropriate playground equipment with a permanent shade structure	\$10,000
YMCA of Canberra	Wiggle and Rhyme Program	\$33,688
YWCA of Canberra	Playground Equipment: Campbell Cottage Childcare Centre	\$10,000
YWCA of Canberra	Permanent Fixed Outdoor Playground Equipment	\$10,000
38 projects		\$355,130

## 2011–12 Health Promotion Sponsorship Funding Round

One of the ways the ACT Health Promotion Grants Program contributes to improved health and wellbeing in our community is through the provision of sponsorship to sports, recreation, and arts and cultural organisations. Health promotion sponsorships provide an opportunity to reinforce health promotion messages in a range of important community settings. Sponsorship arrangements allow for health promotion messages to be aligned with health context of the populations that these community-based organisations work with. Health messages and campaigns can also align to the ACT Government's current health promotion priorities.

The priority campaigns for 2011–12 were:

- Go for 2&5® (encouraging optimal fruit and vegetable consumption)
- Find thirty every day® (encouraging physical activity)
- Tap into water every day (promoting water as the drink of choice)
- Smoke-Free ACT (aimed at reducing tobacco-related harms).

Sponsorship arrangements can also be used to facilitate improved health promotion policies, practices and cultures within community organisations to help them work towards becoming health-promoting organisations.

Organisation/recipient	Amount
ACT Veterans' Athletic Club Inc.	\$10,000
Ausdance (ACT)	\$20,000
Barnardos	\$30,000
Canberra Dragon Boat Association (CDBA)	\$10,000
Canberra Raiders Pty Ltd	\$30,000
Capital Football	\$20,000
Community Radio 2XX Inc.	\$10,000
Cricket ACT	\$10,000
Females in Training (FIT)	\$20,000

Organisation/recipient	Amount
Kulture Break	\$20,000
Mental Health Foundation	\$20,000
Pedal Power	\$10,000
QL2 Centre for Youth Dance	\$20,000
ReLink Australia Inc.	\$20,000
Resonate Pty Ltd	\$20,000
YMCA of Canberra	\$20,000
Winnunga Nimmityjah Aboriginal Corporation	\$10,000
17 sponsorships	\$300,000

## 2011–12 Communication and learning and development

The ACT Health Promotion Grants Program supports its funded organisations through a learning and development program to build ongoing capacity in the sector for health promotion delivery. Examples of activities in the 2011–12 program include the provision of:

- grant-writing workshops to enhance grant-writing skills
- a Health Coaching Course to provide health practitioners with a structured system of evidence-based behaviour change protocols in the context of chronic condition self-management
- a Health Promotion Short Course for health professionals to increase participants' confidence to integrate health promotion into their practice.

**The program also provided sponsorship for health professionals to attend the Population Health Congress 2012.**

Project description/process/period of time engaged	Amount
Health Coaching Course	\$20,516
Health Promotion Short Course	\$20,189
Grants Application Writing Training	\$2,450
6 x sponsorship to attend Population Health Congress 2012	\$10,500
Project Planning Workshop	\$2,567
	\$56,222

## 2011–12 Research and evaluation

In 2011–12, funding was administered to the Centre for Research and Action in Public Health (CeRAPH) to evaluate health promotion projects and health research programs and establish new linkages with provider groups.

Organisation/recipient	Amount
CeRAPH	\$181,818.20
1 project	\$181,818.20

## C.17 Territory records

### **Records Management Program**

The Health Directorate's Records Management Program, approved by the Chief Executive of ACT Health in June 2009 and lodged with the Director of the Territory Records Office, continues to be the instrument that the Health Directorate works under.

### **Records management procedures**

The Records Management Program comprises the Health Directorate's policy statement, detailed procedures, thesaurus and a set of disposal schedules.

The Health Directorate Records Management Policy is under review to incorporate clinical records to ensure compliance with the new requirements of the *Territory Records Act 2002*.

During 2011–12, a review of the Health Directorate's Administrative Records Management Procedures Manual 2005 commenced in consultation with the Territory Records Office. The revised Records Management Procedures and Guidelines will be available to all staff via the intranet during 2012–13. The Records Management intranet site is currently under review and will include links to the Territory Records Office's Standards and Guidelines.

### **Training**

Throughout 2011–12, the policy and procedures were promoted to staff through formal and in-the-workplace training and education sessions.

A Records Management module is included in the Managers Orientation Program, conducted monthly and coordinated by the Staff Development Unit.

Records Management staff provide in-classroom and on-the-job training to clients. An e-Learning package and other Records Management training material is in an advanced stage of development and is being evaluated prior to finalisation.

A new Total Records Information Management (TRIM) user manual and fact sheets will soon be available to all staff and will be promoted by internet, induction training and e-Learning.

Customised client-specific TRIM tutorials have been developed. Additionally, TRIM classroom-style training material and a syllabus have been finalised and training will commence in the near future.

## Records disposal schedules

A list of approved records disposal schedules is outlined below:

Records disposal schedule name	Effective	Year and number
Community Relations	8 March 2012	NI2011–84
Compensation	11 March 2012	NI2012–183
Equipment and Stores	13 April 2012	NI2912–186
Establishment	11 September 2009	NI2009–437
Financial Management	2 September 2011	NI2011–482
Fleet Management	13 April 2012	NI2012–187
Government Relations	8 March 2011	NI2011–88
Industrial Relations	8 March 2011	NI2011–90
Information Management	8 March 2011	NI2011–92
Legal Services	11 September 2009	NI2009–443
Occupational Health and Safety	11 September 2009	NI2009–444
Personnel	8 March 2011	NI2011–97
Property Management	11 December 2009	NI2009–625
Publication	11 September 2009	NI2009–450
Strategic Management	11 September 2009	NI2009–453
Technology and Telecommunications	11 September 2009	NI2009–454
Patient Services Administration	8 May 2009	NI2009–210
Population Health Care Management and Control	8 May 2009	NI2009–209

## Preservation of Aboriginal and Torres Strait Islander information

Administrative records managed through the agency's Records Management area and involving Aboriginal and Torres Strait Islander people mainly belong to the general record series about Health Community Programs, Health and Welfare Issues, and Policy rather than to a discrete group of Indigenous people.

All Records Management staff are aware of the sensitivities relating to records about Aboriginal and Torres Strait Islander people and of the need for these records to be preserved for possible future reference.

## Public access to Territory records

In 2011–12, Health Records Management staff continued to liaise closely with the Territory's Records Office's Reference Archivist in response to public access requests under section 28 of the *Territory Records Act 2002*. There were four requests for access.

## C.18 Commissioner for the Environment

The recommendations made by the Commissioner for the Environment in the *State of the Environment Report 2008* relating to health matters are:

- The community is kept informed and engaged in processing the implementation of key government community strategies including (*inter alia*):
  - (a) *A New Way—Aboriginal and Torres Strait Islander Health and Family Wellbeing Plan 2006–11*
- Community wellbeing and safety is strengthened by (*inter alia*):
  - (b) Encouraging community health programs, particularly those aimed at exercise, healthy eating, mental wellbeing, and minimising excessive alcohol consumption.

The ACT Aboriginal and Torres Strait Islander Health Forum includes representation from the Department of Health and Ageing, ACT Medicare Local, the Aboriginal and Torres Strait Islander Elected Body, Winnunga Nimmityjah Aboriginal Health Service and the Health Directorate.

Recently the forum reviewed the actions contained in *A New Way—Aboriginal and Torres Strait Islander Health and Family Wellbeing Plan 2006–11*. Actions that have been implemented and actions yet to be completed have been identified and will be carried forward into a new plan.

The Commonwealth is leading the development of a new National Aboriginal and Torres Strait Islander Health Plan that will inform the future development of an ACT Aboriginal and Torres Strait Islander Health Plan.

The Health Directorate is in the process of establishing a culturally appropriate ACT Aboriginal and Torres Strait Islander Residential Rehabilitation Service for people aged 18 years and over requiring rehabilitation as well as prevention, education, and outreach programs. A master plan, preliminary and final sketch plans for the service have been prepared and a period of consultation allowing the community to comment on the designs commenced on 25 May 2012 and closed on 6 July 2012. A development application for the service was submitted to the Planning and Land Authority and the public notification period for the application commenced on 25 June 2012 and closed on 13 July 2012.

An Aboriginal and Torres Strait Islander Tobacco Control Strategy has been developed. Focus testing of local strategies to support the national social marketing campaign has been undertaken and development of campaign resources for *Beyond Tomorrow* is under way.

The Health Directorate has initiated a number of measures to improve community health in line with the Commissioner's second recommendation relating to health promotion and care services. These include:

- localised support for the Australian Government's Measure Up—'Swap it, Don't stop it' social marketing campaign, which encourages people to make sustainable, incremental changes in their lifestyle choices
- Go for 2 & 5<sup>®</sup> social marketing campaign, which promotes the importance of fruit and vegetable intake in a healthy diet
- Find 30 Every Day<sup>®</sup> social marketing campaign to increase awareness of the need for regular exercise
- Kids at Play Active Play and Eating Well Early Childhood Project, which provides organisations responsible for early childhood services with support to promote the five key messages for early childhood healthy habits: breastfeeding; switching to active play; reducing screen-based recreation time (i.e. TV and computer games); drinking tap water (and limiting sweet drinks); and consuming fruit and vegetables
- SmartStart for Kids Program, funded to screen children for health risk factors and provide a school-based program for higher-risk children

- Healthy Food at Schools project, including support for schools to implement the National Schools Canteen Guidelines in partnership with Nutrition Australia
- Healthy Food at Children's Sports project in partnership with Sport and Recreation and local sporting organisations
- Active Travel to Schools project to support the development and implementation of local school-based solutions
- participation in national initiatives such as the 'Protect your child from swine flu' campaign
- Better General Health program for people with mental illness, which provides clients who have chronic mental health issues with a range of general health interventions such as immunisations, health screening and prevention messages
- Tap into Water social marketing campaign, which promotes water as the drink of choice; this was supported by the design and construction of portable water-dispensing units during 2011–12, which are now available for loan at community events
- funding of the Heart Foundation's Active Living agenda—Heart Foundation Walking, Heartmoves, a gentle exercise program for adults with risk factors for chronic disease, and also advocacy of the inclusion of Active Living urban planning design principles into local planning processes to promote active transport and active recreation
- provision of a free information and telephone-based health coaching service, the Get Healthy Information and Coaching Service® to assist adults to identify and reach their health goals
- implementation of Phase 1 of the Australian Government's Healthy Communities Initiative (HCI), which focuses on reducing the prevalence of overweight and obesity in at-risk adults who experience relatively high levels of socioeconomic disadvantage (e.g. unemployment) by increasing access to and involvement in registered healthy lifestyle programs and initiatives; activities to date include but are not limited to the delivery of a number of nutrition education events in collaboration with Community Health dietitians, Nutrition Australia and the Red Cross Foodcents program, lifestyle modification programs to the ACT and engagement in BEAT It, which targets diabetes, and HEAL
- implementation of a variety of workplace health promotion activities, including implementation of the Health Directorate's Smoke-Free Workplace policy, development and piloting of a number of resources to support workplace health and wellbeing programs
- My Health—the Health Directorate's new staff health and wellbeing program, which provides its employees with increased access to information and programs that support healthy lifestyle change in areas such as physical activity, nutrition, smoking and emotional health and wellbeing
- obesity and injury prevention management: the Health Directorate is taking the lead to facilitate a whole-of-government response to two specific health problems: obesity and physical injury
- Dry July initiative, which benefits the ACT by raising funds for oncology services at the Canberra Hospital from people who give up alcohol for the month of July; the program also provides details of the benefits of stopping, or at least minimising, alcohol consumption
- under the Australian Government National Binge Drinking Strategy, the rolling out of the Early Intervention Pilot Project (EIPP) across all jurisdictions as an initiative coordinated by the Australian Federal Police (AFP) and state and territory health services to divert young people under 18 years caught intoxicated or in possession of alcohol into health services
- implementation of the Youth Drug and Alcohol Program (YDAP), which provides a service to young people with complex alcohol and other drug issues; the program provides a high-level service to young people with complex needs requiring long-term support and psychotherapy, both within the justice system and to those who self-refer
- a chlamydia awareness campaign to target young people at risk of developing chlamydia and related sexually transmitted infections through a range of social marketing and peer education strategies

- funding of a range of community organisations to provide mental health wellbeing programs, community education in relation to mental illness, crisis management and suicide prevention education, mental health education for schools, support for mental health advocacy services and mental health psychosocial rehabilitation services.

These campaigns are supported through information on the Health Directorate website and through a range of media, including television, radio and print advertising.

The Health Directorate also produces a regular report on the health of our community through the Chief Health Officer's Report. This biennial report provides an indication of the effectiveness of community health campaigns by providing data against a range of indicators, such as life expectancy, exercise levels and immunisation rates.

## **Commissioner's State of the Environment Report 2011**

Health Directorate staff responded to the commissioner's request for input into the State of the Environment Report 2011 and participated in peer review meetings to comment on the draft report's recommendations against four indicator clusters.

The initial response from the Health Directorate relates to the recommendations concerning air quality, climate change adaptation planning and disaster risk management.

### **C.19 Ecologically sustainable development**

The Health Directorate actively supports whole-of-government sustainability initiatives and in 2010–11 provided input into the Carbon Neutral ACT Government Framework and the Review of the *Environment Protection Act 1997* papers. The Health Directorate has also developed a Sustainability Strategy to assist with its planning processes.

The Sustainability Strategy provides a roadmap for a collaborative sustainable future, encapsulating a picture of where the Health Directorate wants to be in 30 years time and taking into account all elements contributing to a sustainable and dynamic future. The strategy contains seven focus groups (Models of Care, Buildings and Infrastructure, the Digital Health Environment, Transport, Regulatory Environment, Workforce, and Partnerships and External Service Delivery).

The Health Directorate continues to demonstrate its commitment to the principles of ecologically sustainable development by closely monitoring its use of resources, integrating economic, social and environmental considerations into decision making, and implementing measures to minimise the impact of agency activities on the environment.

The Agency Resource Use Data Table and category for office space apply to Bowes Place, Holder offices and 1 and 11 Moore Street only. The Health Directorate occupies office space at other facilities; however, these are shared facilities and the lack of sub-metering does not allow office space data to be separated.

In this reporting period, 'office spaces that cannot be separated' is reported in the total energy use category, which includes space used for the provision of patient services. Furthermore, calculations of office use data in the 2009–10 reporting period included energy and water used outside office spaces. Figures have been adjusted this reporting period and the previous one to better report energy use in office spaces.

## Energy use

Total energy use in 2011–12 increased by 22,275,434 megajoules (approximately 10.5 per cent) compared with 2010–11 because of the growth and energy use associated with increased space and the Health Infrastructure Program (HIP) across the Directorate. There has also been an increase in clinical demand at the Canberra Hospital. New space consists of the construction of the Adult Mental Health Unit, completed in April 2012, the Centenary Women's and Children's Hospital and the Capital Region Cancer Centre; and additional beds at the Canberra Hospital (TCH) are currently being constructed.

During the reporting period, the Health Directorate's use of renewable energy was 25.2 per cent.

In 2011–12, the following initiatives to improve energy management were implemented and/or continued across the directorate:

- second stage replacement of calorifiers in Building 1 at the Canberra Hospital
- installation of energy-efficient lighting and occupancy-sensor or time-controlled lighting for non-critical building lighting and air-conditioning systems
- further review, monitoring and tracking of large plant (e.g. chillers and boilers that are high-energy users), with programming adjustments made, where possible, by the building management system to maintain peak efficiency
- installation of variable speed drives to air-conditioning units
- complete switchboard audit of the TCH campus
- replacement of older larger electrical equipment around the non-acute sites with more energy efficient units
- a feasibility study of future energy options for the TCH campus and HIP program.

## Water consumption

The Health Directorate's main use of water is for the provision of clinical treatment and associated services for patients and clients. The most significant consumption was attributable to:

- renal dialysis treatments
- sterilisation of surgical instruments, including the use of autoclave units
- provision of chilled and hot water services for air-conditioning systems for wards, operating rooms and treatment areas
- operation of kitchens and preparation of patient meals
- provision for patient bathroom and domestic requirements
- increased usage in building-related activities under the Health Infrastructure Program.

The Health Directorate's total water consumption increased from 152,278 kilolitres in 2010–11 to 186,552 kilolitres in 2011–12, an increase of 34,274 kilolitres or 22.5 per cent.

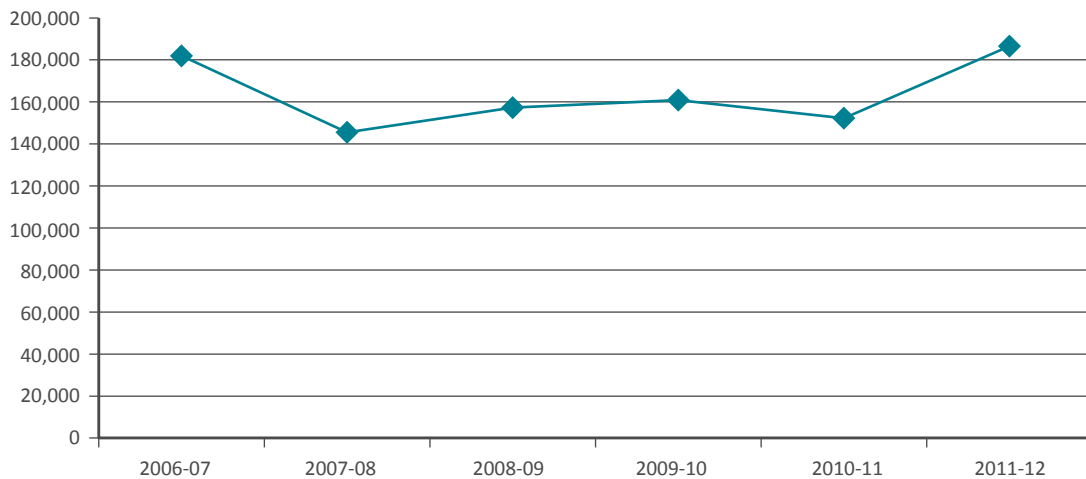
This increase is attributable to:

- the construction of the Adult Mental Health Unit, the Centenary Women's and Children's Hospital and the Capital Region Cancer Centre
- additional beds at the Canberra Hospital (TCH)
- increased service delivery across the Directorate.

The figure opposite summarises total water consumption data for the Health Directorate, represented as total kilolitres.



### ACT Health Annual Water Consumption



The implementation of a range of water efficiency initiatives has continued through 2011–12, including:

- installation of flow restrictors on a range of plumbing fixtures (e.g. showers, hand basins and toilets for all new works and refurbishments)
- installation of six-star energy rating fixtures as replacements, where practical
- continuation of restrictions on the use of potable water for outside watering at all Health facilities and deactivation of all garden sprinklers and decommissioning of fountains
- monitoring of water meters for cooling towers usage, and
- use of tank water for outdoor garden watering, external washing of facilities, buildings and pavements.

## Greenhouse emissions

The Health Directorate supports and participates in the Australian Government Department of Climate Change benchmarking through the Online System for Comprehensive Activity Reporting (OSCAR) database. OSCAR standardises the calculation of greenhouse gas emissions to produce comparable data sets on environmental performance.

Improvements in data gathering implemented during 2010–11 and 2011–12 will allow the Health Directorate to monitor trends in future years.

## Transport

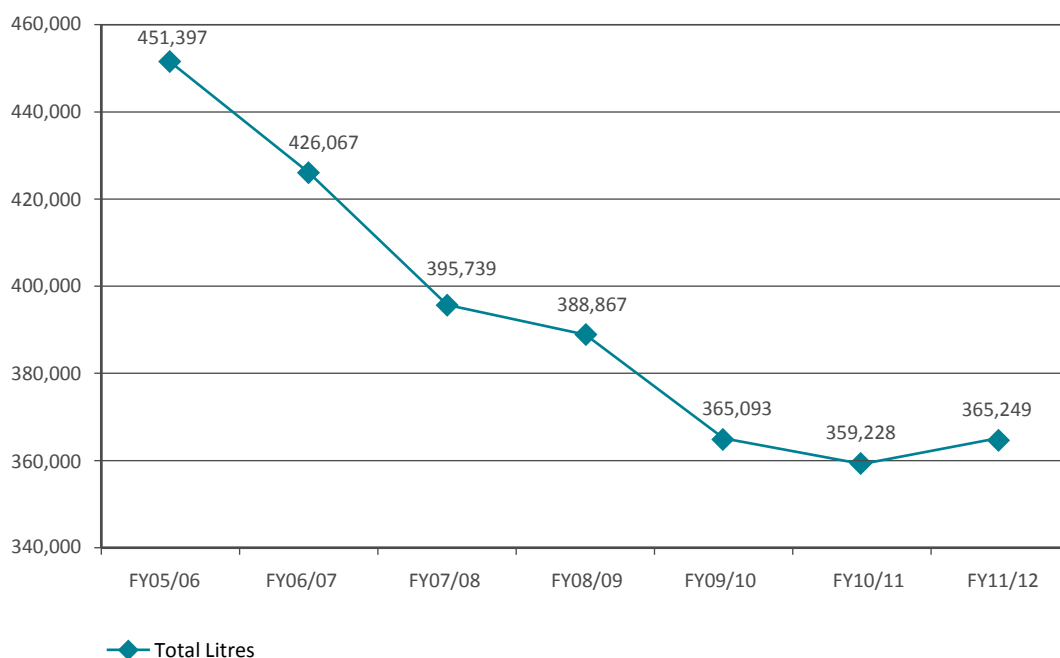
In 2011–12, the number of Health Directorate fleet vehicles remained comparatively static, increasing by one since last financial year. This additional vehicle was introduced to support the new Adult Mental Health Unit.

During 2011–12, the following transport data was observed:

- fuel usage increased from 359,228 litres (petrol and diesel combined) to 365,249 litres (1.67 per cent)—refer to the figure overleaf
- vehicle utilisation remained marginally unchanged, decreasing from 12,744 km per vehicle to 12,636 kilometres per vehicle (0.084 per cent)
- average fleet fuel consumption increased slightly, from 8.81 litres per 100 kilometres to 9.00 litres per 100 kilometres (2.15 per cent)

- total transport greenhouse gas emissions (all scopes) increased from 968 tonnes CO<sub>2</sub>-e to 987 tonnes (1.96 per cent)
- transport greenhouse gas intensity marginally decreased from 0.16 tonnes CO<sub>2</sub>-e per head count to 0.15 tonnes per head count (3.2 per cent)

#### Fuel Utilisation Per Financial Year



To encourage the use of sustainable methods of transport and reduce reliance on carbon-emitting methods of transport, in 2011–12 the Health Directorate upgraded end-of-trip bicycle facilities for staff and the public at the Canberra Hospital. Upgrades included the installation of mini-lockers, lighting, way-finding signage and security enhancements.

In 2011–12, the Health Directorate continued to contract Carpool-It.com (Australia) Pty Ltd (also known as *MyCarpools*) for the development and hosting of a car pooling system for Health Directorate staff. At June 2012, 214 staff were registered on *MyCarpools*—an increase of 49 users since June 2011—and there were 30 active car pools.

Data from *MyCarpools* shows that in June 2012 staff car poolers avoided using 449 litres of fuel, worth approximately \$675, and avoided the emission of 1.083 tonnes of CO<sub>2</sub>-e.

## Waste Minimisation (NoWaste)

ISS Health Services (ISS) provides a waste management solution for the Health Directorate under the terms of the Health Domestic and Environmental Services Contract. Services are provided at 16 sites, including the Canberra Hospital.

ISS, in conjunction with the Health Directorate, has developed a Health Waste Management Plan. The Health Waste Management Committee, which commenced in July 2011, supported and endorsed the implementation of the waste plan. Final endorsement of the plan is anticipated for August 2012.

In anticipation of such endorsement, the Health Directorate began implementing the waste plan in the latter part of 2011. The management of all waste services by one provider and in accordance with the waste plan facilitates the delivery of a uniform approach to waste management activities. This uniform approach strengthens the waste systems and recycling capacity already put in place and reviewed during the successful Health Directorate accreditation process under the Australian Council on Healthcare Standards (ACHS) in February 2011.

- The Health Directorate is a signatory to the ACT Government ACTSmart program, which aligns with and supports the initiatives of the plan, particularly increasing recycling outputs. The Health Directorate is working closely with ACTSmart representatives in relation to increasing recycling outputs.

The Health Waste Management Plan:

- follows the principles of the ACT Sustainable Waste Strategy 2010–2025
- provides for monitoring and measuring all services through external benchmarking activities and target setting
- includes initiatives to introduce and improve systems to recycle, reduce and reuse as many resources as possible from waste streams.

Improvements to the existing waste management system under the plan include:

- colour-coded bin systems to facilitate waste streaming
- waste streaming signage
- waste streaming education, including corporate orientation
- waste audits on waste streams
- internal benchmarking activities
- the streaming and recycling of paper, cardboard, glass, plastic, cans, fluorescent tubes, metal, batteries and toner cartridges
- waste data reporting through the Online System for Comprehensive Activity Reporting (OSCAR) database
- waste data collection.

## Agency resource data

Indicator as at 30 June		Unit	2010–11		2011–12	
Line	General		Office	Total	Office	Total
L1	Occupancy – staff full-time equivalent	Numeric (FTE)	391	5,953	413 <sup>1</sup>	6,270 <sup>2</sup>
L2 <sup>3</sup>	Area office space – net lettable area	Square metres (m <sup>2</sup> )	6,356	214,270	5,990	249,877 <sup>4</sup>
<b>Stationary Energy</b>			<b>Office</b>	<b>Total</b>	<b>Office</b>	<b>Total</b>
L3	Electricity use	Kilowatt hours	2,238,958	32,119,755	2,514,171	35,382,895 <sup>5</sup>
L4	Renewable energy use (GreenPower + EDL land fill gases)	Kilowatt hours	858,349	12,070,491	1,122,211	8,908,951 <sup>6</sup>
L5	Percentage of renewable energy used (L4 / L3 x 100)	Percentage	38.3	37.6	44.63	25.2
L6	Natural Gas use	Megajoules	2,414,358	92,536,870	2,183,387	103,065,000 <sup>7</sup>
L7	Total energy use	Megajoules	10,474,606	208,167,988	11,234,403	230,443,422
<b>Intensities</b>						
L8	Energy intensity per FTE (L7/L1) <sup>8</sup>	Megajoules/FTE	26,789	34,968	23,820	36,753 <sup>9</sup>
L9	Energy intensity per square metre (L7/L2)	Megajoules/m <sup>2</sup>	1,647	971	1,642	922
<b>Transport</b>			<b>Office</b>	<b>Total</b>	<b>Office</b>	<b>Total</b>
L10	Total number of vehicles	Numeric	N/a	320	N/a	321
L11	Total vehicle kilometres travelled	Kilometres (km)	N/a	4,078,088	N/a	4,056,252
L12	Transport fuel (Petrol)	Kilolitres	N/a	218	N/a	212
L13	Transport fuel (Diesel)	Kilolitres	N/a	140	N/a	152 <sup>10</sup>
L14	Transport fuel (LPG)	Kilolitres	–	–	–	–
L15	Transport fuel (CNG)	Kilolitres	–	–	–	–
L16	Total transport energy use	Gigajoules	N/a	12,903	N/a	13,162
<b>Water</b>			<b>Office</b>	<b>Total</b>	<b>Office</b>	<b>Total</b>
L17	Water use	Kilolitres	N/a	152,278	N/a	186,552 <sup>11</sup>
<b>Intensities</b>						
L18	Water use per FTE (L17/L1) <sup>8</sup>	Kilolitres/FTE	N/a	25.58	N/a <sup>12</sup>	29.75
L19	Water use per square metre (L17/L2)	Kilolitres/m <sup>2</sup>	N/a	0.7	N/a	0.7
<b>Resource Efficiency and Waste</b>			<b>Office</b>	<b>Total</b>	<b>Office</b>	<b>Total</b>
L20	Reams of paper purchased	Reams	N/a	46,160	N/a	44,603 <sup>13</sup>
L21	Recycled content of paper purchased	Percentage	N/a	2.88	N/a	7.41 <sup>14</sup>
L22	Estimate of general waste (based on bins collected)	Litres	N/a	16,490,562	N/a	25,904,736 <sup>15</sup>

Indicator as at 30 June		Unit	2010–11		2011–12	
Line	General		Office	Total	Office	Total
L23	Estimate of comingled material recycled (based on bins collected)	Litres	N/a	851,125	N/a	1,796,850 <sup>16</sup>
L24	Estimate of paper recycled (based on bins collected)	Litres	N/a	1,312,855	N/a	1,477,222 <sup>17</sup>
L25	Estimate of organic material recycled (based on bins collected)	Litres	–	0%	–	0%
Greenhouse Gas Emissions			Office	Total	Office	Total
L26	Total stationary energy greenhouse gas emissions (All Scopes)	Tonnes CO <sub>2</sub> -e	2,507	34,088	1,644	43,862 <sup>18</sup>
L27	Total transport greenhouse gas emissions (All Scopes)	Tonnes CO <sub>2</sub> -e	N/a	968	N/a	987
Intensities						
L28	Greenhouse gas emissions per person (L26/L1)	Tonnes CO <sub>2</sub> -e/FTE	4.20	5.7	3.90	7.0
L29	Greenhouse gas emissions per square metre (L26/L2)	Tonnes CO <sub>2</sub> -e/m <sup>2</sup>	0.25	0.15	0.27	0.18
L30	Transport greenhouse gas emissions per person (L27/L1)	Tonnes CO <sub>2</sub> -e/FTE	N/a	0.16	N/a	0.15

#### Footnotes

- 1 Variation to 2010-11 is the inclusion of Health Protection Services Holder and the removal of 1 Moore Street Level 5.
- 2 Headcount not FTE.
- 3 Indicator criteria is for office net lettable area, yet column totals are assumed at total square metres for all occupied space.
- 4 Additional to 2010-11 is TCH Building 25 Adult Acute Mental Health.
- 5 Increased due to construction and new buildings.
- 6 Reduction in green energy reflective of changed billing arrangements across Government.
- 7 Increase energy intensity due to new buildings.
- 8 Head count used.
- 9 Increased energy intensity due to new buildings.
- 10 Slight increase possibly due to more fuel consumption on shorter trips.
- 11 Increased due to construction and clinical activity.
- 12 Shared tenancy not metered.
- 13 Reflects a reduction in the number of paper reams purchased by specified Health sites and TCH; could be due to an increase of double-sided copying.
- 14 Reflects an increase in percentage of recycled content of paper purchased, attributed to promoting the use of reams that include recycled paper.
- 15 Reflects an increase in the volume of waste to landfill for TCH only (excluding other specified Health facilities).
- 16 Reflects an increase in the volume of plastics, cans and glass for TCH only (excluding other specified Health facilities) when compared to 2010–11. Increased volume due to growth. Also reflects an increase in the percentage of comingled waste diverted from landfill (6.5%) when compared to 2010–11 (4.9%). Total waste includes landfill and comingled waste.
- 17 Reflects volume of office paper (secure/non-secure) and cardboard recycled from specified Health sites and TCH and a slight increase in the volume of secure waste disposed of/recorded when compared to 2010-11.
- 18 Due to increased building and clinical activity.

## C.20 Climate change and greenhouse gas reduction policies and programs

The Health Directorate Sustainability Strategy (2010) outlines the current environmental challenges presented by increasing demands on health care in the ACT and provides the Health Directorate with a vision for achieving a sustainable future.

The Sustainability Strategy was developed in response to the ACT Government's *Climate Change Strategy 2007–2025: Weathering the Change* (2007), the *Canberra Plan* (2008) and the *Climate Change and Greenhouse Gas Reduction Act 2010*. These documents and legislation outline the government's commitment to sustainability and detail the greenhouse gas emissions reduction target of zero net emissions (carbon neutrality) by 2060.

Due to the nature and scale of its operations, the Health Directorate is a significant consumer of energy and water, and generates a significant amount of waste.

In line with the government's legislative requirements to reduce carbon emissions, the Health Directorate has undertaken a feasibility study to determine the Canberra Hospital's energy options, given the redevelopment of the hospital campus and increased infrastructure. Consideration is being given to securing and improving energy efficiency through design and power generation on site.

The Health Directorate has been engaging with the community and key stakeholders about energy options for the Canberra Hospital campus, one of which is the installation of a central energy plant (CEP) on the hospital campus. The CEP would serve multiple co-located buildings and provide energy that is more efficient and secure, while supporting the increasing energy demand of new infrastructure and reducing maintenance costs.

Sustainability in healthcare facilities need not compromise functionality, nor significantly increase the cost of operating buildings. In fact, healthcare facilities stand to gain more than other building types by focusing on sustainable design. Well-designed sustainability initiatives can provide the following benefits:

1. significant reduction in operating costs, especially in light of the inevitable rising costs of water and electricity, and the impact of the new carbon tax
2. improved internal environment quality for staff and visitors
3. future proofing of buildings so that they are able to adapt to future requirements
4. informed choices during design, based on whole-of-life considerations
5. reduction in carbon emissions.

In line with one of the pillars of the Sustainability Strategy, the Health Directorate is developing *Sustainability—Environmental Principles and Guidelines for Building and Infrastructure Projects* in recognition of the importance of sustainable design and operations associated with the Health Infrastructure Program and other future healthcare facilities in the ACT.

The guidelines (currently in draft) provide direction to Health Infrastructure Program (HIP) planners, design teams, project managers and clinicians on sustainable and efficient objectives while achieving a reduction of carbon emissions.

## **C.21 Aboriginal and Torres Strait Islander reporting**

### **Early childhood development and growth**

The Health Directorate continued to fund Winnunga Nimmitjiah Aboriginal Health Service (Winnunga) to deliver the Aboriginal Midwifery Access Program (AMAP) to the ACT Aboriginal and Torres Strait Islander communities. The program is funded as part of Element Three of the Council of Australian Governments National Partnership Agreement for Aboriginal and Torres Strait Islander Early Childhood Development.

Comprehensive antenatal, postnatal, maternal and child health support are provided to women and their families by a team made up of general practitioners, midwives and maternal and child health nurses, supported by the general health and wellness team at the organisation. Women attending Winnunga for pregnancy services are able to access a range of supportive primary care and health promotion interventions, such as smoking cessation, nutrition advice and allied health services, including physiotherapy and podiatry.

Between July and December 2011, 52 women received antenatal care and 27 received postnatal care through AMAP. Between January and June 2012, 42 women received antenatal care and 27 received postnatal care. The proportion of women smoking during pregnancy for the period between July and December 2011 was 64 per cent. For the same period, 56 per cent of women used alcohol and 22 per cent used other drugs during pregnancy. Between January and June 2012, 52 per cent of women smoked, 18 per cent used alcohol and 14 per cent used other drugs during pregnancy. These percentages reflect some women using multiple substances during pregnancy.

The Health Directorate is also working with key stakeholders in the Aboriginal and Torres Strait Islander community on a social marketing campaign for tobacco control that will highlight the effects of smoking during pregnancy and within families. The campaign is scheduled to be launched in late 2012.

### **Early school engagement and performance**

The Health Directorate continued to fund Winnunga Nimmitjiah Aboriginal Health Service to deliver a hearing program to infants and children. The program provides for a comprehensive school-based screening service, including the development and provision of appropriate education and treatment and referral for surgical interventions. In 2011–12 the service's general practitioners saw 88 children (age 0–14) for otitis media and 44 schools (including preschools) were visited, with 113 school students being screened and 30 children were referred onto other services (Australian Hearing, Bette McDonald Hearing Support, Brindabella Hearing and other hearing specialists).

### **Positive childhood and transition to adulthood**

The Health Directorate provides funding to Gugan Gulwan Youth Aboriginal Corporation to deliver: a youth outreach network (Street Beat); a Mental Health and Social and Emotional Wellbeing Program; alcohol and other drugs treatment support services; and a Healthy Futures Preventative Health Program.

In 2011–12 Street Beat conducted 75 patrol nights, with 1,525 people accessing the service and receiving information and advice on accessing additional services. The Street Beat outreach network supports early diagnosis and treatment and provides advice to young people on a range of health problems relating to at-risk behaviour. The alcohol and other drug treatment and support service targets young people who are at risk of or are experiencing problematic alcohol, tobacco and/or other drug use. The service provides information and education, support and case management.

The Health Directorate is responsible for Element Two of the Early Childhood Development National Partnership Agreement. The Access to Antenatal Care, Pre-pregnancy and Teenage Sexual and Reproductive Health project is progressing in line with agreed outcomes.

A steering committee meets quarterly to provide overall governance and project direction. The Project Working Group meets as needed to provide input to strategies and resource development.

The key strategies guiding the project are:

1. Supporting a workforce training initiative for teenage sexual and reproductive health through Sexual Health and Family Planning ACT. Training is being delivered to workers from the Winnunga Nimmityjah Aboriginal Health Service and Gugan Gulwan Aboriginal Youth Centre.
2. Implementing a broad 'Core of Life' Training program with a focus on Aboriginal and Torres Strait Islander youth. A Core of Life (COL) midwife/project officer was appointed in November 2011. The first COL Facilitators Training Workshop was conducted on 17 and 18 November 2011.
3. Acquiring or developing resources to support strategies 1 and 2. A HitNet Kiosk was installed at the Gugan Gulwan Aboriginal Youth Corporation in December 2011. Work is progressing on developing a DVD on breastfeeding for young mothers, including Aboriginal and Torres Strait Islander mothers.

A revised Implementation Plan for Element Two 2012 – 2014 was submitted to the Commonwealth Department of Health and Ageing in January 2012 and was approved by the Commonwealth Minister for Health, the Hon Minister Tanya Plibersek MP on 18 July 2012.

## ***Substance use and misuse***

The Health Directorate continued to fund Winnunga Nimmityjah Aboriginal Health Service to deliver a range of alcohol and drug-related programs, including: Dual Diagnosis, Youth Detoxification Support Service, Opiate Program, Tackle Smoking and Mental Health Liaison. Funding is also provided for a dedicated tobacco control worker to work from Winnunga to address priority areas of the ACT Aboriginal and Torres Strait Islander Tobacco Control Strategy.

An Aboriginal and Torres Strait Islander Drug and Alcohol Liaison Officer is employed in the Health Directorate and works directly with people with alcohol and other drug use or related offences. A weekly clinic is also run at the Alexander Maconochie Centre.

Three weekly clinics a month are run by Justice Health in conjunction with Winnunga Nimmityjah Aboriginal Health Services at the Alexander Maconochie Centre. One clinic a month is run at Bimberi Youth Justice Centre. These clinics include services provided by a mental health liaison officer, Aboriginal health worker and a visiting medical officer. Aboriginal and Torres Strait Islander people in custody also access the mainstream primary and secondary level clinical services available through registered nurses and sessional visiting medical officers.

The Health Directorate has progressed with the development of the Ngunnawal Bush Healing Farm, a proposed residential rehabilitation service for Aboriginal and Torres Strait Islander people living in the ACT that seeks to address the complex issues relating to drug and alcohol abuse. This has included a master planning process for a 16-bed facility and a detailed design-and-build plan for an 8-bed facility. A principal consultant has been engaged to design the buildings and provide a master plan, preliminary sketch plan and final sketch plan. Consultations with the community on the design for the service, including two community consultation forums, were held in June 2012. A second stage model of care for the service is has been developed for further consultation.



The Aboriginal and Torres Strait Islander Advisory Board, whose membership includes representatives of the ACT Aboriginal and Torres Strait Islander Elected Body, United Ngunnawal Elders Council, community controlled organisations and the ACT Government Directorates, was established to provide advice and guide the development of the residential rehabilitation service.

Through the ACT Natural Resource Management Council, an Aboriginal Land Management Team, Yurung Dhaura, is undertaking work at Miowera, the property purchased for the establishment of the Ngunnawal Bush Healing Farm, as part of the Australian Government's Caring for our Country program. Participants undertake training for Conservation and Land Management Certificates II and III at the Canberra Institute of Technology. Environmental restoration work being undertaken includes stream bank and gully revegetation and erosion control, strategic weed and rabbit control, water and frog watch and the establishment of photo monitoring and grazing trial sites.

## ***Functional and resilient families and communities***

The Health Directorate continued to implement strategies of the policy document, 'A New Way': The ACT Aboriginal and Torres Strait Islander Health and Wellbeing Plan 2006–2011. The plan provides a direct response to the requirements of the National Strategic Framework for Aboriginal and Torres Strait Islander Health against the following objectives:

1. Address the identified health and family wellbeing priority areas
2. Provide an effective and responsive health and family wellbeing system for Aboriginal and Torres Strait Islander people in the ACT
3. Influence the health and family wellbeing impacts of the health-related sector
4. Improve resourcing and accountability.

The plan's strategies influenced process changes in the Health Directorate, particularly in relation to developing new policies, plans and strategies. The introduction of the Aboriginal and Torres Strait Islander Health Impact Statement led to the Health Directorate considering the impact of new proposals on the Aboriginal and Torres Strait Islander communities. The need to consult and engage with the local communities is now a requirement of the process and set out in the Policy Management Policy.

The Aboriginal and Torres Strait Islander Health Forum of the ACT is currently reviewing and updating 'A New Way': The ACT Aboriginal and Torres Strait Islander Health and Wellbeing Plan 2006–2011. The forum includes members from the ACT Health Directorate, ACT/NSW Office of Aboriginal and Torres Strait Islander Health, the Australian Government Department of Health and Ageing, Winnunga Nimmityjah Aboriginal Health Service, the ACT Aboriginal and Torres Strait Islander Elected Body and the Close the Gap Team of the ACT Medicare Local.

- In July 2011, the Health Directorate launched its Reconciliation Action Plan 2011–2012. The plan has a range of actions to help bring about change by creating a health environment that is culturally sensitive and aware that reconciliation between Aboriginal and Torres Strait Islander peoples and other Australians is an important element of our organisation's commitment to close the life expectancy gap.
- The 2011–2012 plan has been implemented and the development of a three-year Plan—2012–2015—has commenced, with support being provided to the Reconciliation Action Plan Working Group by the Aboriginal and Torres Strait Islander Health Coordination Group. Consultation on the draft plan will be undertaken internally as well as externally with Aboriginal and Torres Strait Islander key stakeholders. The 2012–2015 plan is scheduled to be launched in July 2012.

## ***Effective environmental health systems***

The health infrastructure, which includes sanitation, water, fresh food and housing, is of a consistently high standard in the ACT compared with that of rural and remote environments.

## ***Economic participation and development***

The Health Directorate is developing an Aboriginal and Torres Strait Islander Health Workforce Action Plan that responds directly to the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2011–2015, the ACT Public Service Employment Strategy for Aboriginal and Torres Strait Islander People 2010 and the Health Directorate’s Reconciliation Action Plan 2011–2012. The plan’s key outcomes are to:

1. meet the COAG target of 2.6 per cent of the health workforce being Aboriginal and Torres Strait Islander by 2015
2. retain Aboriginal and Torres Strait Islander health workforce employees through the implementation of targeted programs that will make the Health Directorate an employer of choice for Aboriginal and Torres Strait Islander people and its staff
3. provide Aboriginal and Torres Strait Islander employees with professional development opportunities, support networks, mentors, education and training, and clear career pathways
4. undertake further Health Directorate activity on the growth and development of the Aboriginal and Torres Strait Islander health workforce, based on the collection of appropriate data on the numbers of Aboriginal and Torres Strait Islander staff recruited, undertaking professional development, allocated a mentor, undertaking further study or on scholarship, and on the number and content of exit interviews with Aboriginal and Torres Strait Islander employees.

## **C.22 ACT Multicultural Strategy 2010–2013**

### **Focus Area — Languages**

#### **Progress**

Health Directorate continued to promote service accessibility to people from multicultural backgrounds through the provision of interpreter services. The Migrant Health Unit provided interpreting services in Mandarin, Cantonese and Vietnamese. For languages not available through the Migrant Health Unit, Health Directorate staff were encouraged to access interpreters through the national Translating and Interpreting Service.

**Key Performance Indicator (KPI)—100 per cent of ACT Government publications include accessibility block information, that is information in alternative formats such as other languages.**

100 per cent of Health Directorate publications (but not all posters, because of space limitations) include 'accessibility block' information. Translated documents, including alternative formats such as large print or audio, can be requested by the client. The Office of Multicultural Affairs is informed accordingly.

### **Focus Area — Children and young people**

#### **Progress**

The health Directorate supported the health, wellbeing and social participation of children and young people with multicultural backgrounds through the following activities:

- Health Promotion Grants to support Multicultural Youth Services ACT to involve young people from newly arrived communities in active physical exercise while providing information on healthy lifestyles
- a project by Migrant and Refugee Settlement Services of the ACT to provide young people from culturally and linguistically diverse backgrounds with the 'Dig in Program', which reinforces the importance of participants' traditional cultures while empowering them to make healthy lifestyle choices in the food they consume.

### **Focus Area — Adults, older people and aged care**

#### **Progress**

The Health Directorate continued to provide a range of mechanisms and strategies to support older people from multicultural backgrounds to participate in recreational activities and achieve a positive sense of mental health and wellbeing. Examples include:

- multicultural representation and consultation about services for older people—for example, the Carers ACT Seniors CALD carers group
- provision of translated information about services for older people
- the provision of advocacy opportunities (e.g. the Canberra Multicultural Community Forum and Council on the Ageing Senior Citizens Expo) through seniors networks
- embedding of the consultation and liaison role of the ACT Transcultural Mental Health Liaison Officer in the mental health sector, and providing advice on the Transforming Perceptions anti-stigma program
- educating the aged CALD community on how to manage their foot health with confidence. The HACC-funded Footsure Podiatry Health Promotion Program, delivered by a podiatrist from the Division of Rehabilitation, Aged and Community Care, provides educational resources, including a DVD with subtitles in Italian and Mandarin languages. In 2011–12, the program was reviewed to ensure that it operated in accordance with best practice and met the needs of the CALD community. In 2011–12 the program was delivered to Chinese, Greek and Hungarian communities.

The Health Directorate's Division of Rehabilitation, Aged and Community Care has two dedicated positions targeting the CALD population and issues: the Community Partners Program (CPP) officer and the Partners in Culturally Appropriate Care (PICAC) officer.

These officers undertook the following key activities:

- responded to requests for advice, and made referrals to services and resources relevant to CALD aged people
- provided information sessions to CALD groups on residential services, community aged care services, respite, and accommodation options in partnership with the Aged Care Assessment Team. This was achieved through workshops with relevant CALD groups
- provided assistance to aged care facilities to enhance culturally appropriate care for residents, building on previous activities associated with celebrating significant cultural festivals
- further developed links with community organisations that support CALD-focused aged care services, and provided assistance to services to enhance delivery of culturally appropriate care—for example, an Advance Care Planning and Palliative Care seminar for CALD workers
- developed and maintained links with aged care service providers and committees
- provided training to staff from residential aged care facilities, respite facilities and aged care package providers, with a focus on areas such as cultural competency and supporting older people from CALD backgrounds who have experienced trauma
- delivered CALD-specific training resources on continence, dementia and palliative care.

Other initiatives for this population were:

- Health Promotion Grants to support ACT Transcultural Mental Health to promote good mental health and wellbeing among culturally diverse communities by overcoming the factors inhibiting access to appropriate mental health services and information through a website with translated information targeting 20 cultural groups
- a project by Migrant and Refugee Settlement Services of the ACT offering men from culturally and linguistically diverse communities the opportunity to learn how to swim and improve their confidence in the water—the men will also be provided with opportunities to complete a first aid course and become AUSTSWIM-qualified teachers.
- a project by Woden Community Services targeting participants from a broad range of cultural backgrounds to share their cooking, nutrition and food skills relevant to their health and cultural backgrounds.

## **Focus Area — Women**

### **Progress**

The Health Directorate has continued to address the specific needs of women from multicultural backgrounds by providing women's health services across the ACT to enhance their access to these services. Priority for nursing, medical and counselling services is given to women who experience significant barriers to accessing health services, including language and cultural barriers.

#### **KPI—Proportion of clients attending Well Women's Checks at the Women's Health Service from multicultural backgrounds.**

In 2011–12, 358 CALD women (40 per cent of all clients) accessed this service.

#### **KPI—Percentage of women with multicultural backgrounds in the BreastScreen ACT Program**

In 2011–2012, 656 CALD women (3.3 per cent of all clients) accessed the ACT BreastScreen Service.

Other initiatives for women were:

- offering a screening mammography service that is free to all women over 40 years old. BreastScreen ACT recommends regular screening of the target group—women aged 50 to 69 years—and has been effective in reducing deaths from breast cancer through early detection. Women are directed as necessary to the Cancer Australia website, which has information in Arabic, Chinese, Greek, Italian and Vietnamese. Staff at BreastScreen ACT were trained by the Canberra Multicultural Forum on the needs of the CALD community
- Health Promotion Grants to support Companion House to increase awareness and knowledge about women’s health among refugee women and to assist them to be more proactive in looking after their and their family’s health
- a project by Support Asian Women’s Friendship Association Inc to provide Chinese seniors and their carers with informative and constructive weekly tai chi classes (a trilingual worker is provided to assist participants).

## **Focus Area — Refugees, asylum seekers and humanitarian entrants**

### **Progress**

The Health Directorate continued to meet the needs of refugees, asylum seekers and humanitarian entrants by providing access to health and wellbeing services so that this target group can maintain their dignity and physical and mental health. It did so by:

- continuing to provide Medicare-ineligible asylum seekers with the same access as Health Care Card holders to public dental and community health services
- collaborating with the Commonwealth Department of Immigration and Citizenship in accommodating the housing and health care needs of an additional 50 immigration detainees in the ACT community. This Expansion of Resident Determination Program is fully funded by the Commonwealth.

Other initiatives for these groups were:

- the ACT Services Access Card, introduced for refugees in October 2011, which is designed to provide access to services without the need to retell their refugee story or describe their trauma
- Health Promotion Grants for Companion House to support men, women and young people from four refugee communities in the ACT to identify mental health and wellbeing issues and develop ways to maintain mental health and wellbeing in their new cultural environment
- a project by Migrant and Refugee Settlement Services of the ACT to provide migrants and refugees a safe and welcoming environment where they can come and learn how to ride a bicycle.

## C.23 ACT Strategic Plan for Positive Ageing 2010–2014

### Focus Area — Information and communication

#### Progress

The Health Directorate actively promoted the Get Healthy Information and Coaching Service®, which is a free confidential telephone-based service that helps people make healthy lifestyle changes. Evaluation results have shown that 32.2 per cent of total calls made to the Get Healthy service were from the 50 to 69 age group.

The Health Promotion Branch continues to promote healthier lifestyles through the ‘Swap it, don’t stop it’ campaign. Partially funded by the Australian Government, this campaign promotes the message of swapping unhealthy behaviours for healthy behaviours. This campaign has been promoted on TV, in print and through local events that the Health Directorate has been involved in.

Breaking Down the Wall: Barriers to Social Inclusion Amongst Older Australians was a 12-month research project conducted by Northside Community Services and funded by the Health Directorate. It explored the key factors preventing social and community participation by older people living in the Inner North of Canberra. The result of this work focused on social outings through ‘out and about’ activities. The frequency of outings has increased by 50 per cent and the popularity of the groups has increased as a result. A beginners’ six-week computer course for seniors was also provided to assist seniors to become more computer literate.

Several new technologies and solutions were, or are being, implemented to support the Health Directorate’s e-health strategy, including:

- wireless connectivity to support point-of-care systems in the wards (implemented in the majority of wards at TCH)
- upgrades to and improvement of the reliability of the network through the Medical Grade Network project (being implemented)
- Community-Based Services clinical information system (being implemented)
- mobile devices for community nursing (being tested)
- Cancer Information Management System (implemented in Medical Oncology, Haematology and Immunology; to be implemented in Radiation Oncology)
- renal clinical information system (being implemented)
- Food Services/Nutrition system (Phase 1 implemented)
- establishment of a one-stop shop website for GPs to improve collaboration with Health Directorate services (being implemented)
- electronic medication management (procuring)
- consumer portal My E-Health (being implemented with a pilot group of consumers)
- Health Service Directory ‘Find a Health Service’ (implemented).

## Focus Area — Health and wellbeing

### Progress

The Falls Injury Prevention Service, within the division of Rehabilitation, Aged and Community Care, is a multidisciplinary team which assesses people aged 65 and over, or 55 and over for Aboriginal and Torres Strait Islander people, for a range of fall risk factors, including: balance, nutrition, vision, footwear, medications and blood pressure.

There is provision for follow-up by occupational therapy and physiotherapy home visits as part of the multidisciplinary falls clinic assessments. Where appropriate, clients are assisted to improve their home environment to make it safer and reduce the risk of falls, as well as taught appropriate exercises to improve balance and strength.

The Falls Injury Prevention Service also ran a seven-week evidence-based program, *Stepping On*, aimed at people aged 70 years and over living independently in the community. Topics covered include balance and strengthening exercises, environmental hazards, vision and eye care, medication management, nutrition and bone health, foot care and footwear.

In addition to the falls clinics and *Stepping On* program run by the Falls Prevention Service, there is a health promotion focus, including: providing in-services to community groups; participating in public awareness opportunities, such as expos; and developing a monthly newsletter.

The Health Directorate conducts an annual Stay On Your Feet® Falls Prevention Funding Round (FPFR) with a total annual funding pool of \$200,000. The aim of the FPFR is to reduce the incidence and severity of falls and fall-related injury among older people in the ACT. Organisations are funded to promote the development and implementation of multifaceted, evidence-based falls prevention programs in the ACT.

The Health Directorate's funding supports the ACT Heart Foundation's Walking Programs and Heartmoves, which is a low- to moderate-intensity exercise program specifically designed to cater for people with lifestyle risk factors or with stable, long-term health conditions such as heart disease, diabetes and bone or joint problems.

A Falls Forum was coordinated in February 2012 to showcase research and raise awareness of projects being undertaken by the community sector and across government to address the issue of falls. This forum was also designed to improve the number and quality of applications to the 2012–13 FPFR. This was an extremely well-attended forum, with approximately 70 people attending from a diverse range of organisations working in falls prevention in the ACT.

A Falls Prevention and Management Committee has also been established with Canberra Hospital and Health Services. A number of resources for staff and patients have been developed to raise awareness of falls risk factors and strategies to mitigate them, from recommending a balanced diet, including recommended intake of calcium and vitamin D, to clinical best practice measures in assessment and management.

The GP Aged Day Service (GPADS) provides an in-hours locum to support people who are homebound or in residential aged care facilities (RACFs) when their regular GP is unable to make a house call. The service aims to support ACT GPs and potentially reduce the load on hospitals by providing care to patients who need prompt attention and might otherwise end up in hospital. Medicare Local holds a service funding agreement with the Health Directorate to develop and manage the service until 2013. The GPADS Practice Manager continues to work closely with ACT general practices and RACFs to promote the service and increase uptake. Over the reporting period, GPADS responded to 790 referrals.

## **Focus Area — Respect, valuing and safety**

### **Progress**

The Community Partners Program (CPP) and Partners in Culturally Appropriate Care (PICAC) program have assisted older people from culturally and linguistically diverse (CALD) communities to have increased access to culturally appropriate aged care support services.

Over the reporting period the CPP Program provided six information sessions for the following CALD communities: South East-Asian, Horn of Africa, Middle Eastern, Italian and mixed CALD seniors at Carers ACT and MARSS (Migrant and Refugees Settlement Services).

The CPP and PICAC program participated in the Canberra Multicultural Community Forum subcommittee for the implementation of a community education program which will benefit members of the CALD community who are disadvantaged in literacy.

The CPP and PICAC program provided information and assistance on culturally specific festivals to residential aged care facilities, during meetings with key personnel to encourage the RACFs to independently conduct activities to celebrate cultural festivals.

The CPP and PICAC program delivered information sessions on RACFs and aged care packages to CALD communities in relation to bilingual workers, advance care planning and palliative care.

Other strategies and initiatives undertaken over the reporting period include:

- aged care service providers and CALD communities receiving a six-monthly newsletter
- convening of a Multicultural Aged Care Bilingual Workshop/seminar, which was held in November 2011
- participating in the Food and Culture forum on 8 September 2011
- participating in the Future of Interpreting Services in the ACT and Region forum on 10 November 2011.

## **Focus Area — Housing and accommodation**

### **Progress**

With the Commonwealth, the Health Directorate has jointly funded numerous home modifications and home maintenance programs. The aim of these programs is to assist people, including people over 65, to remain at home in the community. When appropriate, these programs can provide major and minor structural repairs to the home and garden. Over 2010–11 the Health Directorate funded \$795,089 for home modifications and 18,334 hours for home maintenance; figures for 2011–12 will be available at the end of August 2012.

## **Focus Area — Support services**

### **Progress**

Within the division of Rehabilitation, Aged and Community Care, the Residential Aged Care Liaison Nurse (RACLN) has continued to support timely discharge from the Canberra Hospital and Health Services for public and private patients requiring residential care placement. The RACLN role continues to provide one-on-one support to patients to reduce stress, confusion and delays when considering the option of permanent residential care.

From 1 July 2011 to 30 April 2012, the RACLN assisted 266 patients to obtain a residential aged care facility placement. This is 79 patients more than the previous year for the same period of time. This represents a 42 per cent increase in patients assisted by RACLN.



Within the division of Rehabilitation, Aged and Community Care, the Rapid Assessment of the Deteriorating Aged at Risk (RADAR) program has continued to provide a short-term assessment and management service to elderly clients living in the community or in a residential aged care facility. Referrals are received from general practitioners who have a deteriorating elderly client in the community who can potentially be managed at home or in a residential aged care facility. From 1 July 2011 to 30 April 2012, 213 elderly clients were referred to RADAR for assistance.

The Health Directorate funds Carers ACT to provide a Mature Carers Support Group, offering carers the chance to share experiences with each other over a cup of tea in a friendly and relaxed setting. Carers ACT also provides courses for carers' education as well as a series of outings for carers.

With the Commonwealth, the Health Directorate jointly provides funding for the Aged Day Care Programs, which provide activities and respite for ACT residents who are frail, elderly and/or living with dementia. Over 2011–12 the Health Directorate funded programs across Canberra, including the Tuggeranong and Belconnen Day Centres centre-based activity program and a Still Ticking Men's Group outing-based program for active men diagnosed with dementia.

The Health Directorate continued to promote advance care planning through the Respecting Patient Choices (RPC) Program to empower people to discuss and record their choices and wishes around future health care. Over the reporting period, a total of 166 patients were assisted by the program to put in place either an advance care plan or an enduring power of attorney. During the reporting period, the RPC Program also focused on the following activities:

- RPC facilitator training continued with the provision of a number of workshops during 2011–12, as well as the development of a RPC facilitator peer education group.
- ACT Health Directorate-wide RPC in-services were completed, including Canberra Hospital and community health facilities.
- An RPC training course for all Health Directorate staff has been under development.
- There was additional promotion of the program through newsletters, articles and community events. RPC has updated and created local posters and banners promoting RPC and advance care planning.
- The RPC Program is actively continuing to work in partnership with Canberra public hospitals, Chronic Care Program, Medicare Local, home-based palliative care, residential aged care facilities and community/seniors groups as well as professional groups to raise community awareness and exposure of the RPC program, advance care planning and the uptake and completion of advance care plans.

## ***Focus Area — Transport and mobility***

### ***Progress***

With the Commonwealth the Health Directorate has jointly funded assistance with transport either directly (e.g. a ride in a vehicle provided or driven by a funded agency worker) or indirectly (e.g. taxi vouchers or subsidies). The aim of this funding is to assist people, including people over 65, to remain at home in the community. Figures for trips for 2011–12 will be available at the end of August 2012.

The Driver Assessment and Rehabilitation Service (DARS) provides advice, assessment, rehabilitation and training for people wishing to drive after an injury or illness. Over the reporting period the Driver Assessment and Rehabilitation Service (DARS) completed 152 driver assessments with people aged over 75.

## **Focus Area — Work and retirement**

### **Progress**

Not applicable.

## **C.24 ACT Women's Plan**

This section reports on the Health Directorate's contribution to the achievement of the key priorities of the ACT Women's Plan.

### **Economic priority**

#### **Strategic outcome**

Women and girls equally and fully participate in and benefit from the ACT economy.

#### **Priority areas**

- Responsive education, training and lifelong learning
- Flexible workplaces
- Economic independence and opportunities
- Leadership and decision making.

#### **Indicators of progress**

Evidence of:

- education and training pathways for women and girls
- increased opportunities for the advancement of women in the workforce
- increased economic leadership and decision-making opportunities for women and girls
- improved financial equity.

Study assistance is available to Health Directorate staff to meet their training and development needs. The program assists employees to undertake external study leading to a qualification related to their employment by providing discretionary access to paid study leave and/or financial assistance.

The Health Directorate provides access to flexible working arrangements to support a healthy work-life balance. These arrangements include generous maternity leave provisions and access to part-time work after maternity leave. Breastfeeding mothers are supported through paid lactation breaks.

The Leadership Network is a collaborative initiative to capitalise on the talent and experience of Health Directorate employees. Summit workshops are held three times a year in addition to project group work across divisions, leading to significant networking and development opportunities.

The Health Directorate offers the following scholarships for staff:

- Allied Health Postgraduate Scholarships
- Allied Health Undergraduate Scholarships
- Nursing and Midwifery Aboriginal and Torres Strait Islander Enrolled Nursing Scholarships
- Nursing and Midwifery Post-Registration Scholarships
- Nursing and Midwifery Postgraduate Diploma in Mental Health Scholarships
- Nursing and Midwifery Positive Professional Development Pathway Scheme
- Nursing and Midwifery Jennifer James Honours Degree Memorial Scholarships
- Nursing and Midwifery Joanna Briggs Clinical Fellowship Scholarships
- Nursing and Midwifery Student Clinical Placements
- Personal Classification Level 2—Career Advancement.

Health promotion community grants specifically for women this financial year included projects in quitting smoking and increasing physical activity. The Health Directorate manages Service Funding Agreements with non-government organisations (QEI Family Centre, Australian Breastfeeding Association, Pregnancy Support Service, and Women’s Centre for Health Matters), addressing the physical and/or mental health needs, interests and gaps for women and their children.

## ***Social priority***

### ***Strategic outcome***

Women and girls equally and fully participate in sustaining their families and communities and enjoy community inclusion and wellbeing.

### ***Priority areas***

- Safe and respectful relationships
- Good health and wellbeing
- Safe and accessible housing.

## ***Indicators of progress***

Evidence of:

- recognition of women and girls’ contributions to the community
- increased community leadership and decision-making opportunities for women and girls
- affordable and accessible gender and culturally sensitive services
- pathways for women experiencing disadvantage, social exclusion and isolation
- addressing violence against women and their children and protection and support for victims.

## ACT Women's Health Services

The Migrant Health Unit provides interpreting services to assist women of multicultural backgrounds and their families to access services and understand information.

The Health Directorate is implementing Element 2 of the Council of Australian Governments' National Partnership Agreement on Indigenous Early Childhood Development project in antenatal care, pre-pregnancy and teenage sexual and reproductive health. This includes implementing the Core of Life reality-based education program for young people around pregnancy and parenting and supporting sexual health information and education activities for Aboriginal and Torres Strait Islander young people.

The Health Directorate continues to fund Winnunga Nimmityjah Aboriginal Health Service to provide culturally appropriate and comprehensive community-based primary healthcare services for Aboriginal and Torres Strait Islander people in the ACT. The holistic healthcare model includes programs such as: Aboriginal Midwifery Access, Hearing Health, Dental Health, Mental Health Liaison, Dual Diagnosis, Youth Detoxification Support, the Opiate Program and Tackle Smoking. Services to provide antenatal and postnatal support to Aboriginal and Torres Strait Islander mothers are provided through: outreach clinical and non-clinical assessments at home; referral to, and support in accessing, mainstream and specialist services; and the provision of information on mainstream services through the Aboriginal Midwifery Access Program.

The Integrated Service Delivery for Aboriginal and Torres Strait Islander Families Program provides targeted, intensive family support services to at-risk Aboriginal and Torres Strait Islander families through an integrated service delivery model jointly developed by the ACT Health Directorate, Education and Training Directorate and Community Services Directorate. This service diverts at-risk children away from the statutory care and protection system to reduce care and protection reports and re-reports, and improve access to services.

Karralika Programs Inc. offers access to subsidised child care for parents undertaking their programs from Communities@work. The arrangement with Communities@work was established a number of years ago when Karralika Programs Inc. ceased to provide child care internally. The Health Directorate will be considering opportunities to improve access to subsidised child care for parents undertaking other types of drug treatment programs in the ACT.

The Women's Health Service gives priority to women who experience significant barriers to health service access.

Of the complaints made by women, 99 per cent were acknowledged within five days and 72 per cent were resolved within 35 days, noting the benchmark for resolved complaints is 80 per cent.

The ACT Government Health Directorate is making consistent progress against the agreed milestones of the National Perinatal Depression Initiative (NPDI). Progress and improvements against all outputs in the implementation plan are tracking with 'green light' status, with no significant risks or issues emerging.

ACT NPDI activities continue to support maternity services, the community-based Maternal and Child Health Service and Mental Health Services, and provide local support through non-government services. Activities centre on:

- screening and identification of women at risk of, or experiencing, perinatal depression (PND)
- pathways to care for women experiencing PND/ anxiety or adjusting to parenting
- support of mental health services to treat and care for mothers at risk of, or experiencing, PND
- education and training in perinatal mental health for multidisciplinary professionals
- ensuring that the community is aware of the risk factors related to and the manifestations of PND, and the care and supports that are available
- improving data collection methods.

The Health Directorate also funds the Pre- and Ante-Natal Depression Support and Information Service (PANDSI) to provide psychosocial support and information for women at risk of perinatal depression. The Perinatal Mental Health Service is a consultation and referral service for women with moderate to severe mental health presentations during the perinatal period. The Health Directorate continues to provide treatment and care for women with PND through the Perinatal Mental Health Consultation Service (PMHCS), a branch of Mental Health ACT. The PMHCS is a tertiary service that provides specialist opinion and treatment planning for expectant and postnatal women for up to 12 months postpartum. The service aims to improve perinatal mental health by working in collaboration with existing antenatal and postnatal services and other community health agencies. Weekly/bi-weekly psychiatry clinics, staffed by a multidisciplinary health professional team, also provide structured therapies for women likely to benefit from a time-limited psychological approach.

There were 130 new referrals to PMHCS from 1 January to 15 June 2012. There has been an identifiable increase in the number of referrals to PMHS over the last year.

PMHCS has recently implemented a fortnightly Outreach Assessment Clinic linked to the Antenatal Clinic at the Canberra Hospital. A PMHCS staff member works with and supports midwives to enhance their capacity to better respond to the perinatal mental health needs of women using the Antenatal Clinic. The PMHCS Outreach Clinic serves to increase the numbers of women whose perinatal mental health is assessed, as many women referred to PMHCS by the Antenatal Clinic do not phone for an initial assessment by PMHCS.

Trauma-informed care seminars for health professionals: the Women's Health Service is funded to provide interprofessional and holistic medical, nursing and counselling services for women affected by violence.

## ***Environmental priority***

### ***Strategic outcome***

Women and girls equally and fully participate in planning and sharing a safe, accessible and sustainable city.

### ***Priority areas***

- Safe and responsive transport and urban planning
- Sustainable environment

### ***Indicators of progress***

Evidence of:

- available opportunities for women and girls in decisions about urban planning, transport and the environment
- consideration towards women and girls' safety, security and accessibility when designing, building or retrofitting public facilities.

## ***Improving Women's Access to Health Care Services and Information: a Strategic Framework 2010–15***

Improving Women's Access to Health Care Services and Information: a Strategic Framework informs the directions for the delivery of health services to women of the ACT up to 2015. Improving women's access to healthcare services and information benefits not only women but also the whole community through the diverse roles that women play in the community. For disadvantaged and vulnerable women, improving access to health services is a significant contributor to improved health outcomes.

The vision of the framework for 2015 is that 'women's access to and satisfaction with healthcare services and information allows them to maintain their health and wellbeing'.

The primary purpose of the framework is to improve the health outcomes of women in the ACT by presenting a plan that health service planners and providers can utilise to improve and facilitate women's access to healthcare services and information. Therefore, a number of high-level objectives have been identified.

### ***Objective 1: Incorporating gender mainstreaming across service delivery areas where appropriate supported by workforce development initiatives, evidence-based research and the use of emerging technology***

#### ***2011–12 achievements***

- A draft Health Directorate policy on gender mainstreaming was developed with the aim of improving women's access to all ACT health services.
- A pilot gender impact project was undertaken in late 2010 to inform development of policy and health services.
- The design of health facilities has been sensitive to the needs of women, including conduct of women's safety audits.

### ***Objective 2: Ensuring that policies, guidelines, models of care and strategies are implemented to improve the delivery of health services to women***

#### ***2011–12 achievements***

- There have been models of care development reviews and refining of service delivery models in women-specific services across the continuum of care, with the aim of enhancing access to services, strengthening collaboration, streamlining transfers to appropriate follow-on services and increasing efficiencies in internal operational systems.
- A project group was established to develop a Health Directorate family violence policy, screening tool and staff training program.
- The Having a Baby in the ACT website project is expected to be finalised in late 2012. This website will assist women, their partners and their families during their pre-conception, pregnancy, birth and going home journey.

### ***Objective 3: Forming effective and collaborative partnerships between ACT Health and women, other government agencies, non-government organisations, general practitioners and private health service providers to flag and address gaps in service delivery to women***

#### ***2011–12 achievements***

- The Women's Health Advisory Network was established in 2012 to monitor implementation of the framework. The network includes key community partners. The purpose of this network is to monitor the implementation of the framework.
- The ACT Maternity Services Network was established to guide implementation of actions in the National Maternity Services Plan.
- A restructure of the Health Directorate, which commenced on 1 July 2011, more closely aligns women's health services across the acute and community services continuum. The establishment of the ACT Local Hospital Network further enhances cross-sectoral governance arrangements for efficient and seamless models of care and service delivery for women (e.g. maternity services at the Canberra Hospital, Calvary Hospital and Greater Southern Area Health Service).

### ***Objective 4: Facilitating timely access to the care required by women across the continuum of care, from hospital to community-based settings***

#### ***2011–12 achievements***

- Construction of the new hospital began in July 2010. The new hospital will be officially named the Centenary Hospital for Women and Children. The new hospital will see the co-location of services, including paediatrics, maternity services, the neonatal intensive care unit, gynaecology, foetal medicine, the birth centre and specialised outpatient services, in a purpose-built three-storey building.
- Antenatal care, pre-pregnancy and teenage sexual and reproductive health (APTSRH) project: the Core of Life realities-based life education program for Aboriginal and Torres Strait Islander youth is well established across the ACT. Negotiations are under way to offer sexual health information, education and clinical services to young people over the coming year.
- National Perinatal Depression Initiative (NPDI): Health Directorate services continue to offer routine and universal screening using the Edinburgh Postnatal Depression Scale (EPDS) for PND at antenatal and postnatal visits. The Perinatal Mental Health Consultation Service has implemented an outreach assessment clinic to the Antenatal Clinic. This clinic is held fortnightly and has a 95 per cent attendance rate.
- A new model of continuity of care commenced in September 2011 at the Canberra Hospital. The program is titled CatCH (Continuity at the Canberra Hospital) Midwives Program. The women who access this program are those who wish to receive continuity throughout pregnancy and have a birth stay only, with early discharge after six hours if mother and baby are well. It is open to women of all risk levels and enhances the Community Midwifery Program.

## ***Objective 5: Improving and integrating the coordination and rollout of health promotion, illness prevention, early intervention and health maintenance initiatives to women using a social determinants of health framework***

### ***2011–12 achievements***

- Implementation of the ACT Breastfeeding Strategic Framework 2010–2015 continues, with a focus on priority groups and consistency with the National Breastfeeding Strategic Framework. Key initiatives include the development of resources for priority and mainstream groups, health professional education, a whole-of-government approach to the Breastfeeding Friendly Workplace and enhanced breastfeeding data collection. A dedicated project officer has been tasked with implementation until June 2013.

## **C.25 Model Litigant Guidelines**

The Health Directorate is committed to upholding the principles of the Model Litigant Guidelines by acting honestly, fairly and with propriety in the conduct of all civil claims and litigation, arbitration and other alternative dispute resolution processes.

The Health Directorate understands its role as a model litigant and places significant emphasis on maintaining effective communication with healthcare consumers who have complaints about, or have suffered adverse outcomes as a result of, treatment in the public health service. Open communication may also minimise the need for consumers to seek resolution of complaints or claims through formal legal avenues.

The Health Directorate is committed to responding to complaints about public sector health services in a timely and systematic manner. Complaints are a valuable part of the quality improvement system, which aims to optimise patient care and safety, promote positive system changes and ensure resolution of the complaint to the satisfaction of the consumer, where possible.

Consumers are invited to provide feedback about the care they received at the point of service, or by telephone, letter, email or through the Health Directorate internet site. The Health Directorate has an independent Consumer Feedback and Engagement Team (CFET) and ensures that all consumer feedback is responded to and resolved, where possible, in a timely manner. The CFET acknowledges consumer complaints within five working days, coordinates investigations and aims to inform the consumer of the outcome within 35 calendar days. If the consumer is not satisfied with the response to their complaint, the consumer is advised of assistance available through the ACT Human Rights Commission (HRC).

The HRC provides an independent means for dealing with complaints about health services through the Health Services Commissioner.

In some instances, an alternative method of dispute resolution such as conciliation is considered. This involves the HRC acting as an impartial third party to help the consumer and health staff clarify issues and resolve matters raised in a complaint. Sometimes, in resolving a complaint, a financial settlement may be considered and agreed to in a formally binding agreement, reducing the risk of complaints developing into legal claims and thereby reducing claim costs for both parties.



The Health Directorate acknowledges that early resolution of a claim can not only have benefits for the plaintiff's health and wellbeing, but also reduces the costs associated with litigation. The Health Directorate is committed to working with the ACT Government Solicitor (ACTGS) to ensure that our conduct in matters that progress to litigation is timely, efficient, effective and in accordance with the Model Litigant Guidelines.

It is important to note that, while the obligation to comply with the Model Litigant Guidelines is conferred on the agency, the ACTGS acts on behalf of the Health Directorate in all litigation and provides advice in accordance with the obligations applying under the *Law Officers Act 2011*. The ACTGS has advised that it is not aware of any breaches of the Model Litigant Guidelines in Health Directorate matters during 2011–12.

## **C.26 Notices of non-compliance**

In 2011–2012 the Health Directorate did not receive any notices of non-compliance in relation to the *Dangerous Substances Act 2004*.



# Annexed Reports



# Medical Radiation Scientists Board Annual Report 2011–12

## Requirement for report

This report is provided in accordance with the *Annual Reports (Government Agencies) Act 2004* and the *Annual Reports (Government Agencies) Notice 2009 (No 1)*.

## President's report

The Medical Radiation Scientist Board (the Board) is in its fourth but final year of operation with the new Medical Radiation Practitioner Board of Australia (the Board) due to commence on 1 July 2012. During the year it has set the fees and considered all applications for registration that had been received throughout the year. The Board approved the applications subject to payment of fees, with effect from the date of receipt.

The Board has a set of Standard Statements approved and published as a Notifiable Instrument on 3 September 2009. These statements provide information on how health professionals in the field of medical radiation science should practise and all medical radiation scientists must comply with these standards.

The National Registration and Accreditation Scheme (NRAS) is nearing completion of the transition process for the Medical Radiation Scientists profession, which is due to enter the National scheme on 1 July 2012. This process will also see the Aboriginal Health; Chinese Medicine and Occupation Health workers join the scheme. The NRAS team are currently working on the IT data transfer, financial agreements, staffing strategies, registration categories and seeking out new registrants that are not currently registered in the States and Territories. The appointment of the new Medical Radiation Practice Board of Australia was announced by the Australian Health Workforce Ministerial Council (the Council) on 18 July 2011, with their first meeting held on 26 July 2011. The Board agreed on 23 August 2011 that the accreditation functions in relation to medical radiation profession will be carried out by the Australian Radiation Sciences Accreditation Council with the next phase developing accreditation standards for endorsements by the Board in relation to:

- Development of standards.
- Assessment of programs of study and education providers.
- Assessment of overseas authorities.
- Assessment of overseas qualified practitioners.
- Making of recommendations and giving advice to the National Board.

The ACT Medical Radiation Scientists Board has engaged local registrants and employers by presenting the new national scheme and its implications on the medical radiation practitioners at a number of workplace forums in Canberra. This has included consultation on the National Board's professional standards, namely English language, professional indemnity insurance, continuing professional development, recency of practice and criminal history. These standards were approved by the Ministerial Council on 13 January 2012. This program of engagement will continue until transition in July 2012.

## **The Board**

The ACT Medical Radiation Scientists Board was established by the *Health Professionals Act 2004* (the Act). The Board is a statutory body with perpetual succession and common seal, which has the powers and responsibilities prescribed by the Act.

## **Functions of the Board**

The principal aim of the Board is to protect the public. The Board is responsible for ensuring that only persons who are eligible and hold appropriate qualifications are registered in the ACT as diagnostic radiographers, radiation therapists or nuclear medicine scientists. Once registered, those persons practise medical radiation science within the requirements of the *Health Professionals Act 2004* (the Act) and the Health Professionals Regulation 2004 (the Regulation) and according to prescribed standards of practice.

The Board is jointly responsible, with the Health Services Commissioner, for the consideration of complaints against registered health professionals and for general monitoring of the conduct of the profession in the ACT. Part 2 of the Act empowers the Board to take disciplinary action against health professionals who may be in breach of certain provisions of the Act. The Board is committed to the improvement and development of customer service, and aims to continue to provide relevant, accurate, and timely advice and assistance to the public and health professionals on matters relevant to the profession. The Board aims to raise the profile of the Board for the benefit of the profession and the public through the provision of regular newsletters and information nights and by the maintenance of a web site.

## **Membership of the Board**

Members are appointed to the Board for a term of up to four years in accordance with the provisions of the Act. The composition of the Board during 2011–12 was as follows:

### **President**

Mr Christopher Hicks      Appointed

### **Deputy President**

Ms Wendy Amos            Appointed

### **Members**

Mr Christopher McLaren	Appointed member
Ms Janelle Hawkins	Appointed member
Mr James Percival	Appointed member
Ms Elizabeth Croft	Appointed member
Ms Jean Shannon	Appointed member (community representative)

## **Meetings of the Board**

The Board met bi-monthly on six occasions during the year.

## **Registrations**

The total number of registered medical radiation scientists in the ACT at 30 June 2012 was 272, of which the Board registered 191 diagnostic radiographers, 19 nuclear medicine scientists and 62 radiation therapists.

## **Standards Statements**

The Medical Radiation Scientists Board approved the statements and they are now a Notifiable Instrument and have been published as the current standards statements. These statements are part of the legislative framework for the profession and provide the detail regarding CPD, recency and scope of practice and other requirements regarding registration and professional standards.

### **Medical Radiation Scientists Standards Statements cover the following topics:**

1. Standards of Practice for ACT Allied Health Professionals
2. Competency Standards for Medical Radiation Scientists
3. Professional Practice Standards
4. Continuing Professional Development
5. Fair Handling of Information
6. Maintenance of Records
7. Professional Development Year
8. Professional Indemnity Insurance
9. Inappropriate Behaviour
10. English Proficiency
11. Impaired Practitioners

## **Committees**

The Board has a Complaints Officer and a Professional Standards Committee, comprising the Deputy President, the Complaints Officer and one other Board member. This committee is responsible for assessing complaints and considering appropriate action in conjunction with the Health Services Commissioner at a Joint Consideration Committee meeting. The Board is pleased that there were no complaints lodged for 2011/12.

## **Freedom of information**

The Board received no request for release of information under the Freedom of Information Act during the year.

## **Registration fees**

The application fee for initial registration was \$310 and the fee for renewal of registration was \$280 in 2011–12.

## Finances

Brought forward	\$48,685
Revenue	\$75,420
Interest	\$
Expenditure	\$78,415
Carried forward	\$45,690

## Staff

The Medical Radiation Scientists Board is now run out of the AHPRA office. The Registrar is Ms Susan Knight and the Principal Registration Officer is Ms Shara Kelly.

## Access

The Medical Radiation Scientists Board may be contacted through the Health Professions Registration Boards Secretariat by telephone, mail, email or facsimile during business hours. The secretariat is located at:

RSM Bird Cameron Building	Telephone:	(02) 6195 2681
Level 3, 103-105 Northbourne Avenue	Facsimile:	(02) 6195 2602
TURNER ACT 2612	Email:	mrsboard@act.gov.au

Web site: [www.health.act.gov.au/healthregboards](http://www.health.act.gov.au/healthregboards)

All correspondence should be addressed to:

The Registrar  
ACT Medical Radiation Scientists Board  
GPO Box 9958  
Canberra ACT 2601



**Christopher Hicks**  
President

# Veterinary Surgeons Board Annual Report 2011–12

## Requirement for the report

This report is provided in accordance with the *Annual Reports (Government Agencies) Act 2004* and the *Annual Reports (Government Agencies) Notice 2012 (No. 1)*.

## Functions, aim and goals of the Board

The ACT Veterinary Surgeons Board administers Schedule 12, Veterinary Surgeons, to the Health Professionals Regulation 2004. The *Health Professionals Act 2004* charges the Board with responsibility for the registration of appropriately qualified persons as veterinary surgeons and veterinary specialists, enabling them to practise veterinary surgery in the Australian Capital Territory. The Board:

- ensures that the interests of the public and the welfare of animals in the ACT are protected
- ensures that only properly qualified persons are registered as veterinary surgeons in the ACT
- provides advice to government agencies and interest groups
- conducts inquiries, as required, to ensure professional standards of practice are met.

## Membership of the Board

### President

Dr Kevin Doyle

### Deputy President

Dr John Aspley Davis

### Members

Dr Kathy Gibson (term expired 10 December 2011)

Dr Simon Morris

Dr Roger Meischke

Dr Sarah Webb

### Community Representative

Ms Eileen Jerga AM

### Secretariat

Health Protection Service

All members serve the Board in a personal and honorary capacity.

## Meetings of the Board

From 1 July 2011 to 30 June 2012 the Board met on eight occasions. Meetings are generally held monthly at Howard Florey Centenary House, 25 Mulley Street, Holder.



## President's report

I am pleased to present the Annual Report of the Veterinary Surgeons Board for the year ended 30 June 2012.

The Board previously reported its relocation from the Health Professions Registration Boards to Howard Florey Centenary House in Holder as part of the Health Protection Service (HPS) of the ACT Government Health Directorate. The relocation resulted in a new database being developed to allow a better service for registered veterinary surgeons and the Board. The testing of the database was delayed but was completed in 2012.

The relocation created difficulties for the Board in that some records and corporate memory were lost. In addition, while managed as one of nine health profession boards served by a professional secretariat, the Board had access to resources beyond its part-time registrar/executive officer. This has not been possible within the HPS. While extra resources have been made available, this has been additional to ongoing tasks. It has become clear that a part-time registrar/executive officer is not adequate. Efforts are being made to ensure that in the next move of agency (see below) the necessary resources will be identified and made available.

It is also clear that changes must be made to the legislation to update it, bring it into line with contemporary legislation and harmonise it with the legislation of the other jurisdictions.

The Board has continued a busy schedule. The Board sets high standards for professional competence in order to ensure public protection, which includes supporting and enforcing the now mandatory professional indemnity insurance (PII).

The Board has been active in the affairs of the Australasian Veterinary Boards Council (AVBC), on which it is represented by Dr John Aspley Davis. This year the AVBC conference was held in Canberra, which allowed other members of the Board to attend. The Board supports the AVBC efforts to promote cooperation in strategic planning for the future of registered veterinary surgeons and help improve veterinary services provided to the community.

The processes for implementing national recognition of veterinary registration (NRVR) in the ACT are still to be completed. The Board supports NRVR and will continue to work on its implementation. Amendment to the legislation will be necessary.

My appreciation is extended to all members of the Board for their considerable efforts during the year and over the term of their appointments. The Board farewelled Dr Kathy Gibson in December 2011, as she had completed her term on the Board. The appointment of a new member was progressed, but not completed, in 2012 following the retirement of Dr Gibson.

As a result of the review into the ACT Government, *Governing the City State: One Government—One ACT Public Service*, the Board's secretariat will be transferred to the Territory and Municipal Services Directorate in 2012. The Board thanks the Health Protection Service for its support to the Board.

## Registration

At 30 June 2012, 245 veterinary surgeons had current registrations in the ACT. The Board continued to process applications for initial registrations and registrations under the provisions of the *Mutual Recognition Act 1992*.

## **Number of registrants**

Year	2004	2005	2006	2007	2008	2009	2010	2011	2012
Total	238	249	246	253	260	236	272	256	245

## **Activities**

The Board addressed issues related to the following topics during the year:

- professional standards matters
- recency of practice
- continuing professional development
- national recognition of veterinary registration
- policy review
- database.

## **Complaints and disciplinary action**

The Board recognises that many complaints emerge from poor communication between parties about the service to be provided or the service that is provided. This can result in intransigence from both parties in resolving complaints.

During the year, the Board reviewed its complaint process in consultation with the Human Rights Commission (HRC) and advice from the Government Solicitor's office. The Board is working to clarify the pathway so as to coordinate appropriately with the HRC where joint investigations are required.

The Board thanks its former Complaints Officer, Dr Lorna Citer, for her assistance in examining complaints and working with the Human Rights Commission in managing complaints against veterinary surgeons in the ACT.

The Board investigated a number of complaints or professional standards issues throughout the year.

## **Matters of significance**

### **National recognition of veterinary registration**

The Board supports the process being put in place by the Primary Industries Standing Committee to move towards national recognition of veterinary registration. Each jurisdiction will retain its own board and legislation but will recognise registration in other jurisdictions as a right to practise in every jurisdiction without further registration. This will achieve mobility of veterinary surgeons between jurisdictions and assist in the aim of achieving consistency of standards. The Board hopes to introduce processes in the next financial year to recognise national recognition of veterinary registration in the ACT.

### **Continuing veterinary professional development**

Continuing professional development (CPD) is compulsory in all the ACT health professions. The ACT is among a number of Australian jurisdictions to have compulsory CPD for veterinary surgeons. It is important that all registered veterinary surgeons demonstrate a commitment to continuing professional development if they wish to renew their registration.

## **Australasian Veterinary Boards Council (AVBC)**

This year the annual general meeting was held in Canberra in May 2012. Dr John Aspley Davis, the Board's representative on the council, invited all Board members to attend the general meeting. There was attendance by representatives and their registrars from the New Zealand Veterinary Council and all state and territory boards. Reports were submitted and discussed on issues concerning registration, uniformity of legislation, the National Veterinary Examination (NVE), national registration and accreditation of courses.

## **Finances**

The Board is not a territory authority for the purposes of the *Financial Management Act 1996* (see the Financial Management (Territory Authorities) Declaration 2005 (No. 1)). The Board is self-funding, with account management undertaken by the Health Protection Service as part of its secretariat function. A summary of the Board's finances is provided for information.

Carryover	\$54,385*
Revenue	\$129,541
Expenditure	\$46,833
Carried forward	\$137,093

\* This figure is larger than that indicated in the previous year's annual report because of the interest earned on the earlier amount.

## **Liaison with Australian Veterinary Association (AVA)**

The Board maintains liaison with the AVA to ensure a free exchange of views and information. The AVA provides continuing education, mentoring and other forms of assistance to veterinarians in ACT. This is particularly important for new graduates.

The Board takes this opportunity to acknowledge the cooperation of the AVA.

## **Contact details**

ACT Veterinary Surgeons Board  
C/o Health Protection Service  
25 Mulley Street HOLDER ACT 2611  
Telephone (02) 6205 1700  
Facsimile (02) 6205 1705  
Email [vetboard@act.gov.au](mailto:vetboard@act.gov.au)  
Website [www.health.act.gov.au/healthregboards](http://www.health.act.gov.au/healthregboards)



**Dr Kevin Doyle**  
President

## Chief Psychiatrist Annual Report 2011–12

The *Mental Health (Treatment and Care) Act 1994* was implemented in the Australian Capital Territory on 6 February 1995.

### Section 120

A report prepared by the Chief Psychiatrist under the *Annual Reports (Government Agencies) Act 2004* for a financial year must include:

- (a) statistics in relation to people who have a mental illness during the year
- (b) details of any arrangements with New South Wales during the year in relation to people who have a mental illness.

### Emergency apprehension

The following table shows the number of emergency apprehensions in 2011–12, with a breakdown of who initiated them.

	Emergency action	Police officer	Mental health officer	Medical practitioner
Total	942	677	175	90

### Emergency detention

The following table shows the number of emergency detention notifications issued in 2011–12 in comparison to previous years. Applications for extension of emergency detention (for a further period of up to seven days) and applications for mental health orders and variations of mental health orders are made to the ACT Civil and Administrative Tribunal.

Emergency detentions	July 08–June 09	July 09–June 10	July 10–June 11	July 11–June 12
Total	499	506	596	614

### Outcome of those detained

	July 08–June 09	July 09–June 10	July 10–June 11	July 11–June 12
Revocation of 72 hr detention and/or 72 hr detention being allowed to lapse	282	302	322	389
Applications for extension of involuntary detention	217	204	274	225

## Psychiatric treatment orders

Under the *Mental Health (Treatment and Care) Act 1994*, the Chief Psychiatrist is responsible for the treatment and care of a person to whom a psychiatric treatment order (PTO) applies. The maximum duration of a PTO is six months.

	July 08–June 09	July 09–June 10	July 10–June 11	July 11–June 12
PTOs granted by the tribunal	714	790	884	864
PTOs revoked	76	69	119	148
Breach of PTO	34	68	59	76
Restriction orders	2	3	3	5

## Other matters

The *Mental Health (Treatment and Care) Act 1994* provides for the authorisation of involuntary electro-convulsive therapy (ECT), including emergency ECT. It also has provisions for the interstate application of mental health laws, including for the transfer of people to and from the ACT.

The *Crimes Act 1900* provides for the court to order removal of an individual to the Canberra Hospital for the purposes of an emergency assessment to determine whether immediate treatment and care are required.

	July 08–June 09	July 09–June 10	July 10–June 11	July 11–June 12
Application for ECT authorised	22	19	17	16
Application for emergency ECT authorised	7	0	2	0
Transfers to/from NSW	6	12	4	10
Court ordered removal for assessment—s309 of the Crimes Act 1900	41	25	26	54

## Key points arising

The following trends in key areas of activity related to the Office of the Chief Psychiatrist are noteworthy.

In 2011–12, 942 people were apprehended and brought to the Canberra Hospital for assessment. This is an increase of 4 per cent from the previous year. Of the 942 apprehended, 614 were detained for further assessment for up to three days. Figures relating to emergency detention have increased by 3 per cent in comparison to the same reporting period last year. There was a decrease of 17 per cent in applications for extension of further involuntary detention (of up to seven days). The ACT Civil and Administrative Tribunal (ACAT) granted 864 psychiatric treatment orders (PTO). This is a decrease of 2 per cent from 2011–12. Upon application by a consultant psychiatrist, or of its own motion, ACAT revoked 148 orders, compared to 119 in the previous reporting period. Community psychiatry is proactive in management without orders where possible.

There were 16 electro-convulsive therapy applications authorised, a negligible decrease from the previous year. There were no applications for emergency ECT made to the tribunal and therefore none authorised by the tribunal under the legislative provisions in Part 7 of the Act, introduced in 2005.

Ten cross-border agreements were made between the ACT and NSW. The ACT accepted four transfers from New South Wales and six transfers were made to New South Wales facilities. One cross-border agreement was made between the ACT and a Victorian facility and two transfers were accepted from a Queensland facility.

Breach of PTOs increased from 59 to 76; this amounts to an increase of 28 per cent from 2010–11, with four people requiring immediate admission to hospital. Community teams make every effort to anticipate and manage crises early. Often, if this is successful, a breach is not required.

The ACT Magistrates Court made 54 referrals for assessment pursuant to section 309 of the *Crimes Act 1900*, a significant increase of 107 per cent from the previous year. Thirty-eight people required admission to the Adult Mental Health Unit for assessment purposes, with 16 being returned to court on the same day.

The review of the current *Mental Health (Treatment and Care) Act 1994* continues, with the hope of producing a draft of a new Act in 2012, which will then go out for consultation.



**Dr Peter Norrie**  
Chief Psychiatrist

## Human Research Ethics Committee Annual Report 2011–12

The ACT Health Human Research Ethics Committee (HREC) continues its work of reviewing human research projects to ensure they meet the ethical standards set out in the *National Statement on Ethical Conduct in Human Research* (2007), prepared by the National Health and Medical Research Council (NHMRC), the Australian Research Council and the Australian Vice-Chancellors' Committee.

The HREC and its subcommittees strive to provide ethical approval within the shortest possible time, conscious of the pressures on researchers and their teams. Approval may be provided to full applications within 30 days and to low-risk applications—ones in which the only foreseeable risk is of discomfort—within five days. There were 77 full and 183 low-risk applications in 2011–12.

HREC is preparing for the advent of national programs of single ethical approval of multisite research and awaits their introduction with interest. Both the chairman, Professor John Biggs, and the secretary, Ms August Marchesi, are members of NHMRC committees preparing the program. The Ethics Committee is introducing a new Social Research Subcommittee as part of its preparation for this development.

HREC membership includes a lawyer, female and male laypersons, a minister of religion, a psychologist, a member providing Indigenous knowledge and expertise, and senior clinicians from Canberra Hospital. The chairman is a former specialist in obstetrics and gynaecology, a former dean and postgraduate dean and an adjunct professor of medical education. New members appointed in the past year have been a midwife, a senior nurse and two clinicians from the Intensive Care Unit, who will, in a new arrangement, share the position. The work of the members of the main committee and of the various subcommittees is greatly valued.

### Membership of the committee

Professor John Biggs	Chairman
A/Professor Peter Hickman	Deputy Chair
A/Professor Paul Pavli	member
A/Professor Abdel-Latif Mohamed	member (resigned 1 April 2012)
A/Professor Walter Abhayaratna	member
Dr Dipti Talaulikar	member
Dr Ren Tan	member (resigned 1 January 2012)
Dr Jason Mazanov	member
Dr Louise Morauta	member
Dr Marian Currie	member
Rev Doug Hutchinson	member
Mr Ray Lovett	member
Mr Ray Comer	member
Ms Christine Murray	member
Ms Julie Kussy	member

## Terms of reference

1. To receive and consider ethical implications of all proposed research projects that involve clients/patients or staff of the ACT Government Health Directorate and to determine whether they are acceptable on ethical grounds.
2. To delegate the review and approval of low-risk research projects to the Chairperson and/or Deputy Chairperson of the ACT Government Health Directorate HREC as permitted by the *National Statement on Ethical Conduct in Human Research*, section 5.1.22 (a) and (b).
3. To consider and advise the ACT Government Health Directorate, specifically the ACT Government Health Directorate Research Office, on all ethical matters arising from research activity which require determination. The committee will have particular regard to the importance of obtaining informed consent of patients and volunteers and to the maintenance of the best interests of research participants.
4. To maintain a register of proposed and approved research proposals so that the following information is readily available:
  - name of the responsible institution
  - notification of indemnity
  - project identification number
  - principal investigator(s)
  - short title of the project
  - ethical approval or non-approval with date
  - dates designated for review.(Protocols of research projects shall be preserved in the form in which they were approved).
5. To comply with the NHMRC *National Statement on Ethical Conduct in Human Research* (2007) and to provide an ACT Government Health Directorate HREC Annual Report to the NHMRC Australian Health Ethics Committee.
6. To abide by the principles laid down in the *National Statement on Ethical Conduct in Human Research* in regard to research involving people of Aboriginal and Torres Strait Islander background and to seek additional assessment of the research from:
  - people who have networks with Aboriginal and Torres Strait Islander peoples and/or knowledge of research with Aboriginal and Torres Strait Islander peoples
  - people familiar with the culture and practice of Aboriginal and Torres Strait Islander peoples, with whom participation in the research will be discussed.
7. To provide surveillance and monitoring of the ethical conduct of research projects until their completion, including the submission of an annual report to the Director-General of the ACT Government Health Directorate via the ACT Government Health Directorate Research Office.
8. To ensure that the list of membership of the ACT Government Health Directorate HREC is made public on the Research Internet site and within annual reports.
9. To ensure that there is a process whereby researchers can request an interview with the ACT Government Health Directorate HREC for discussion of their proposed research project.

To avoid duplication of the ethical review of research projects by a researcher affiliated with another institution, the committee will forward the application to the Director, ACT Government Health Directorate Research Office, for consideration.



## ***Number of research projects***

During 2011–12, HREC reviewed 77 proposals; 63 were approved. Of the remaining 14 proposals, one was withdrawn by the applicant, one was referred to the Low Risk Subcommittee (and approved), one was not approved (did not satisfy research merit and integrity (NS1.1)), one was stopped by the study sponsor prior to approval being given and 10 remain in consultation progressing towards approval.

## ***Meetings of the Ethics Committee***

The committee met 11 times from 1 July 2011 to 30 June 2012. Meetings are held monthly.

## ***Clinical Trials Subcommittee***

**The Clinical Trials Subcommittee** (CTSC) reviewed 48 proposals, in each instance making recommendations to the main committee.

**The Low Risk Subcommittee** (LRSC) reviewed 183 proposals and approved 159. Of the remaining 24, one was referred for consideration by the main committee and 23 are in consultation.

**The Survey Resource and Approval Subcommittee** (SRASC) reviewed 44 proposals providing endorsement of survey tools and/or recommendations to the main committee and Low Risk Subcommittee.

## ***Key points arising***

The last 12 months have seen a number of achievements in research in the Health Directorate. The Human Research Ethics Committee has introduced significant reforms in its processes and is now achieving a turnaround time for major applications of 45 days or less. This is better than many of our interstate benchmark organisations. The chair, Professor John Biggs, the committee members and the secretariat, August Marchesi and Sarah Flood, are providing a great service, both for the research community and for the people of the ACT.



**Professor John Biggs MA MD**  
FRCOG, FRANZCOG, DHMSA

# Mental Health ACT Official Visitors Annual Report 2011–12

## Introduction

Mental Health Official Visitors are appointed by the Minister for Health to visit and inspect psychiatric inpatient facilities and make inquiries as to the care and treatment of patients, as set out in the *Mental Health (Treatment and Care) Act 1994*. Matters covered include:

- the adequacy of services for the assessment and treatment of persons with mental dysfunction or a mental illness
- the appropriateness of recreation, occupation, education, training and rehabilitation services
- whether services are provided in the least restrictive environment possible and in the least intrusive manner possible
- any contraventions of the Mental Health (Treatment and Care) Act
- any complaint received from a person receiving treatment and care for mental illness or dysfunction.

Currently, Mental Health Official Visitors' roles cover the mental health services provided at the Brian Hennessy Rehabilitation Centre (BHRC), Ward 2N, the Older Persons Mental Health Inpatient Unit (OPMHU) and Hyson Green at Calvary Public Hospital, as well as the Adult Mental Health Unit (AMHU), formerly the Psychiatric Services Unit (PSU), at Canberra Hospital.

The Official Visitors enjoyed attending the New South Wales Official Visitors Conference in Sydney as guests of the New South Wales service in August. This served as an important liaison activity, and Official Visitors benefited from the educative function of the conference as well as from the informal discussions about the Official Visitor role. The Principal Official Visitor also attended a national meeting of Australia-wide principal official visitors.

## Visits

Since December 2002, the Official Visitors have operated a monthly pre-determined schedule of formal visits to each of the facilities. Prior notice of the visit is given to the facility to reinforce a cooperative as opposed to an inspectorial approach with unit staff. In 2011–12, Official Visitors made 60 scheduled formal visits to the five mental health facilities.

Formal visits by the Official Visitors were supplemented by follow-up visits as required. Other visits were made on request by patients of the facilities following contact either by telephone or through messages left in the Official Visitors' suggestion boxes, which are located in the facilities visited by Official Visitors.

A duty telephone service is provided to the public. This requires a mobile telephone to be staffed on a roster basis by the Official Visitors. A log of the calls is maintained by each rostered Official Visitor and usually deals with providing a referral service to provide appropriate contact details for mental health services such as the Mental Health Crisis Team. Some crisis management has been required.

Staff at the facilities have been extremely cooperative and open with the Official Visitors. In many instances, staff went out of their way to assist the Official Visitors in carrying out their duties. Detailed reports are provided to the team leaders and to senior mental health staff after each visit. The reports summarise all matters raised during the visits by patients and staff and discussed with the team leader. Half-yearly reports are provided to the Minister for Health.

## ***Adequacy of assessment and treatment services***

ACT Mental Health and its staff are committed to improving the quality of care at all facilities. The staff at the facilities endeavour to improve the experiences of their patients and to develop practices and procedures aimed at the long-term benefit of patients. It was particularly rewarding to visit the new AMHU at Canberra Hospital, which was opened in April this year, and to note that the new layout seems to lend itself well to a calm and pleasant atmosphere. Calvary 2N usefully provides a range of activities for their patients, including discussion groups.

The Official Visitors continue to be impressed by Hyson Green and the OPMHIU, which present as very well equipped and well staffed. Both are modern, light and spacious and designed for comfort and safety. The OPMHIU and BHRC facilitate their staff accompanying patients into the community after discharge and assisting in their follow-up.

Positive comments are consistently received from consumers at the Calvary Hospital 2N Unit. Staff are favourably mentioned and generally the patients comment that they experience a calm and pleasant stay.

## ***Appropriateness of recreation, occupation, education, training and rehabilitation services***

Each facility operates a range of these types of programs and has made changes in 2011–12 to improve the relevance and effectiveness of these activities. The general direction is to enhance the services provided.

The new amenities at AHMU, including new treatment rooms, should greatly enhance the programs offered by the unit.

BHRC's rehabilitation and recreation focus is on patient participation in community programs outside the facility—for example, activities at the Belconnen Community Centre. Patients are encouraged to commence external courses. Within the facility, programs tailored to individual patient needs are offered, such as healthy cooking lessons, media studies, relaxation techniques and gardening. Computer access is also available.

Ward 2N has daily activities on weekdays for all patients. Group programs run by Ward 2N and Hyson Green are very popular with inpatients and outpatients. The OPMHIU encourages patients to be as active and independent as possible.

## ***Whether services are provided in the least restrictive environment possible***

Inpatients in psychiatric facilities are admitted on a voluntary or involuntary basis. Enforcing involuntary detention involves a reduction of an individual's freedom while treating their mental illness. Patient safety is a paramount concern, as is the safety of the staff involved. While all facilities must primarily assist patients to improve their mental health, they focus on enhancing the skills patients need to reintegrate into the community, aim to discourage dependency on inpatient facilities and to reduce the duration of their admission time.

The PSU offers three levels of accommodation depending on the acuity of a patient's symptoms. Although the entire facility is locked, there is a low-dependency unit, a high-dependency unit and a seclusion area. It is encouraging that the unit is placing significant emphasis on reducing both the frequency and length of time any patient is confined in the seclusion or high-dependency areas. During visits this year it was very evident that the rate of seclusion in the facility had been reduced.

Commendably, BHRC has made many efforts to ensure its consumers are integrated where possible into community-based programs to facilitate their transition from the facility into the community.

## ***Any contraventions of the Mental Health (Treatment and Care) Act***

No contraventions have come to the attention of the Official Visitors.

## ***Complaints received from persons receiving treatment and care for mental illness or dysfunction***

In general, patients and their carers provide positive feedback about their experiences in the facilities. Issues taken up with and acted on by the units include:

- treatment issues
- maintenance and cleanliness issues
- discharge plans
- lack of stimulation
- gym access
- physical facilities
- access to staff or perceived inadequacies in treatment and interpersonal relationships
- adequacy or otherwise of food provided for patients
- any developing trends—e.g. in Absent Without Leave (AWOL), Electro Convulsive Therapy (ECT) treatment numbers, seclusions.

## ***Reports to the Minister for Health***

The Principal Official Visitor provided the following written reports to the Minister for Health:

- two half-yearly reports for the reporting year.

## ***Mental Health Official Visitors***

People working as Mental Health Official Visitors during the period were:

- Sue Connor, Principal Official Visitor
- Pamela Burton, Official Visitor
- Gerard Sandi, Official Visitor
- Kay Barralet, Official Visitor
- Shannon Pickles, Official Visitor.

### *Average length of service by gender*

Average length of service (years)	Female	Male	Total
0-2	1	1	2
2-4	0	1	1
4-6	1		1
6-8			
8-12	1		1

### *Total average length of service by gender*

Gender	Average length of service
Female	6 years, 3 months
Male	3 years
<b>Total</b>	<b>5 years</b>



Sue Connor  
Principal Official Visitor  
24 July 2012

# Radiation Council Annual Report 2011–12

## Chair's review

It is my pleasure to present the Annual Report of the Radiation Council for 2011–12.

The Radiation Council has had a productive year and has continued to address issues concerning licensing, registration and radiation safety requirements to provide adequate radiation protection to the community. The council continues to address issues and amend procedures to maintain compliance with the *Radiation Protection Act 2006*.

The council enacted a delegation to the Director of the Health Protection Service (HPS) regarding:

- the power to issue licences under section 17 of the *Radiation Protection Act 2006*
- the power to register a radiation source under section 26 of the *Radiation Protection Act 2006*.

This delegation has resulted in fewer delays for applicants who re-apply for a radiation licence or to register a radiation source. In conjunction with the HPS, the council further streamlined application processes for licensees and radiation source owners via the introduction of new application and re-application forms.

The council undertook a review of conditions associated with veterinary radiation licences. Licences are progressively being updated to require compliance with the Australian Radiation Protection and Nuclear Safety Agency (ARPANSA) Code of Practice for Radiation Protection in Veterinary Medicine (RPS17). Specific conditions now apply to the responsible person, the veterinary surgeon and the operator, as outlined in RPS17.

The council continues to monitor the development of codes of practice, standards and regulations from the ARPANSA regarding radiation safety. Information received from ARPANSA is considered in decisions made by the council.

I wish to express my appreciation to the members of the council for their expert contribution and to the staff of the HPS for their ongoing support.

## Council functions

The *Radiation Protection Act 2006* (<http://www.legislation.act.gov.au>) controls the safe use, storage, transportation and disposal of radioactive material and irradiating apparatus. The Radiation Council is established under Part 5 of the *Radiation Protection Act 2006* and has the following functions:

- issuing licences
- registering regulated radiation sources
- advising the Minister on radiation protection issues
- exercising any other function given to it under the *Radiation Protection Act 2006* or another Territory law.

## **Council membership**

The composition of the Radiation Council is specified in the *Radiation Protection Act 2006* and must include:

- one member who is a doctor registered under the Health Practitioner Regulation National Law (ACT) in the specialist area of radiology
- one member with expert knowledge of the physical properties or biological effects of radiation
- a person who, in the Minister's opinion, has qualifications or experience relevant to assisting the council to carry out its functions
- a member of the public.

A council member must not be appointed for longer than three years.

### **Chair**

Mr A Agostino

### **Deputy Chair**

Prof L K Fifield

### **Members**

Dr M Despois

Ms E Croft

Dr S Geoghegan

### **Community Representative**

Mrs J I Bennett

### **Secretariat**

Health Protection Service of ACT Health Directorate

## **Council meetings 2011–12**

The council meets approximately every six weeks and met nine times during the year. Meetings were held in July, August, October, November and December of 2011 and in February, March, May and June of 2012.

## **Regulatory standards**

A number of standards, codes of practice, safety guides and recommendations are used by the council as a reference when considering matters relating to radiation protection policies, practices, conditions to be attached to licences, registrations and exemptions from the application of the *Radiation Protection Act 2006*. This includes the Australian Radiation Protection and Nuclear Safety Agency (ARPANSA) publications, such as the Radiation Protection Series (RPS), which are available free of charge from [www.arpansa.gov.au](http://www.arpansa.gov.au).

## **National Directory for Radiation Protection**

The National Directory for Radiation Protection provides the basis for achieving uniformity of radiation protection practices and legislation across all Australian jurisdictions for both ionising and non-ionising radiation. The directory is a constantly evolving document that reflects the best radiation protection practice of the time. The directory is updated following a prescribed process, designed to meet the COAG Principles and Guidelines for National Standard Setting and Regulatory Action by Ministerial Councils and Standard-Setting Bodies (November 1997), and after amendments are endorsed by the Australian Health Ministers' Conference.

The directory was republished in July 2011 to include Amendment No. 5. This amendment added two codes of practice to Schedule 11: the Code of Practice for Radiation Protection in Veterinary Medicine (RPS17) and the Code of Practice for Radiation Protection in the Application of Ionizing Radiation by Chiropractors (RPS19).

The council is regularly briefed on developments with regard to the work of the National Radiation Health Committee (RHC) of ARPANSA. The ACT has a jurisdictional representative from the Health Directorate appointed to the RHC.

## **Council activities**

### **Approvals and decisions**

#### **Licences**

In 2011–12 the council issued 269 new licences to deal with a radiation source. Together with licences reissued during the year, there are a total of 1001 radiation licence holders in the ACT.

#### **Registrations**

In 2011–12 the council registered 59 new radiation sources. Together with sources reregistered during the year, the total number of registered radiation sources in the ACT is 536.

#### **Decisions**

The council enacted a delegation to the Director of the Health Protection Service regarding the power to issue licences and to register radiation sources under sections 17 and 26 respectively of the *Radiation Protection Act 2006*. The delegation only applies to licences and registrations where the applicant held a current licence or registration in the previous period which has not expired by more than 14 days, and where there have been no changes to the licence or registration since the previous period.

### **Radiation incidents**

The following radiation incidents were reported to the council during the year:

20 July—Misadministration of a radiopharmaceutical to a patient in a nuclear medicine practice. The incident was caused when a staff member selected the incorrect radiopharmaceutical vial. The practice has implemented more vigilant procedures to prevent a similar incident occurring in the future.



- 31 August—An incorrect shipment of therapeutic iodine-131 was supplied to a local hospital. Staff at the hospital realised the error before the dose was administered to the patient, and no excess radiation dose was received. The incident was caused by a 'pick and pack' error at the supplier.
- 13 June—Malfunction of a cone beam computed tomography (CBCT) unit resulted in one patient receiving a radiation dose that resulted in no diagnostic information. The CBCT unit was removed from clinical use until the issue was resolved. Investigations between the manufacturer and the practice involved discovered a computer software and hardware clash that was causing the CBCT to malfunction.

Following investigation, all three of these radiation incidents were referred to ARPANSA for inclusion on the Australian Radiation Incident Register.

## ***Enforcement and remedial actions by the council***

No investigations or legal proceedings were commenced in 2011–12.

## ***Contact details***

All correspondence should be addressed to:

Secretariat  
Radiation Council  
C/o Health Protection Service  
Locked Bag 5005  
WESTON CREEK ACT 2611

Phone: (02) 6205 1700  
Email: [hps@act.gov.au](mailto:hps@act.gov.au)  
Website: [www.health.act.gov.au/radiationsafety](http://www.health.act.gov.au/radiationsafety)



**Tony Agostino**  
Chair  
July 2012



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