

## ANNUAL REPORT HEARING BRIEF

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

### Achievements

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

### Project governance

- To achieve the successful separation of the organisations from 1 October 2018, a Steering Committee, the Transition Advisory Committee, and six Working Groups were established to oversee and progress required work against the project schedule.

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- The Transition Advisory Committee was comprised of the Director-General, three Deputy-Director Generals, Executive Director People and Culture, Chief Finance Officer, Chief Information Officer and Director Transition Office.
- The Transition Advisory Committee met fortnightly and monitored project risk, timeframes and activities of working groups established to deliver on project elements.
- Working Groups comprised staff working in key functional areas of Finance, HR, IT, Corporate Services, and Shared Services. Their participation was in addition to their regular duties.

### Financial

- There was no allocated budget for the ACT Health Transition Project. Staffing was sourced through reallocation of existing staff and through engagement of corporate support functions. Costs were contained through use of internal resources and supports where available.
- Spring Green Consulting were engaged to support the project and provided continuity from the Form and Function review.

### Recruitment

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

### Next Steps

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

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# ANNUAL REPORT HEARING BRIEF

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**Portfolio/s:** Health and Wellbeing

**ISSUE: STAFFING PROFILE – MEDICAL, NURSING AND MIDWIFERY,  
 STAFF SPECIALISTS AND ADMINISTRATIVE**

	2016-17	2017-18	2018-19 FYTD
Administrative Officers Headcount	1,008	1,067	1,065
Administrative Officers FTE	922.6	977.6	970.6
Medical Officers Headcount (includes Staff Specialists)	914	932	941
Medical Officers FTE (includes Staff Specialists)	819.8	838.2	842
Nursing and Midwifery Headcount	3,108	3,159	3,270
Nursing and Midwifery FTE	2627.7	2675.4	2795.1

	2016-17	2017-18	2018-19 FYTD
Visiting Medical Officers (VMO) Cost	31,991,322.76	35,875,383.46	8,461,122.77

**Note:** Data for the 2018-19 FY to date is provided as of 26 October 2018, excluding VMO costs which are as at 30 September 2018.

## Talking Points

- Visiting Medical Officers (VMOs) are not included in staffing profiles for the annual report as they are not staff they are contractors therefore only the expenditure is reported.
- Workforce data is provided in headcount and Full Time Equivalent (FTE) on this brief. A comparison of employees by FTE accurately reflects employee costs for the ACT Health Directorate.

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- Administrative Officers had a 55 FTE increase between the 2016-17 Financial Year (FY) and the 2017-18 FY. In the 2018-19 FY to date Administrative Officers are reporting a 7 FTE decrease.
- Medical Officers had a 18.4 FTE increase between the 2016-17 FY and the 2017-18 FY. In the 2018-19 FY to date Medical Officers are reporting an additional 3.8 FTE increase.
- Nursing and Midwifery Officers had a 47.7 FTE increase between the 2016-17 FY and the 2017-18 FY. In the 2018-19 FY to date Nursing and Midwifery Officers are reporting an additional 119.7 FTE increase.
- The increase in nursing numbers for the 2018-19 FYTD, can be attributed to increased services within Canberra Health Services, including the opening of the new walk in centre and the University of Canberra Hospital.
- This is in response to the undertaking in the 2017-2018 budget for the delivery of the ACT Government's 10 year health plan for better health care in our community.

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**Portfolio/s:** Health and Wellbeing**ISSUE: RADIOLOGY ACCREDITATION****Talking Points**

- The training program in the Radiology Department at Canberra Health Services (CHS) is accredited by the Royal Australian and New Zealand College of Radiologists (RANZCR). Following a RANZCR site visit on 19 March 2018, the CHS radiology training program received a level D accreditation, meaning that significant issues of serious impact to the quality of training required immediate action.
- Since that time, CHS has been working to address all of the College's concerns. Arrangements are now in place to meet all sixteen recommendations with the final aim of achieving Level A RANZCR accreditation. RANZCR and CHS are confident that with a collaborative approach, all the recommendations will be met over a 12 month timeline.
- A progress report addressing substantial progress on all the recommendations was provided to RANZCR on 22 October 2018. Recent feedback from radiology registrars and other staff indicates that they are very positive about the changes made so far, and reporting greater confidence in the training program.
- Patients are not at risk. RANZCR accreditation relates specifically to teaching and training. Fundamentally, RANZCR found that a breakdown in communication between two previous Directors of Training had unfortunately affected the management of trainees.

**Key Information**

- A new Interim Clinical Director of Radiology has been appointed and commenced on 4 October 2018.
- The Directors of Training in radiology have worked collaboratively with the unit leadership to implement improvements in line with all of RANZCR's recommendations, including:
  - Integrating a formal teaching program which aligns with the curriculum.

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- Working with the College's 'Trainee in difficulty pathway and remediation plans' for trainees who need additional assistance with their training.
  - A protected registrar training schedule.
  - Recruitment of three additional consultants and additional national and local advertising for more radiologists.
  - A comprehensive and user friendly departmental orientation program.
  - Contracts for junior doctors aligning with their training schedule.
  - Rural radiology registrar rotation to Orange Base Hospital.
- At the time of the RANZCR site visit, the Clinical Director was required to oversee all rostering. The newly appointed Clinical Director is overseeing the rostering and the Directors of Training oversee the rostering of trainees, to ensure training requirements are being met.
  - RANZCR incorrectly noted some issues with the department's equipment. CHS has confirmed that all medical imaging equipment is compliant with national standards, meets Medicare requirements and has full and appropriate National Association of Testing Authorities (NATA) accreditation to June 2020.
  - Suggestions that patient deaths can be linked to poor performance of the Medical Imaging Department at CHS are unfounded. Isolated cases of patient mortality at Canberra Hospital have been appropriately investigated by the Canberra Hospital Clinical Review committee, a Quality Assurance Committee under the *ACT Health Act 1993*.

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**Portfolio/s:** Health and Wellbeing**ISSUE: ACT HEALTH ACCREDITATION****Talking points:**

- The Australian Commission on Safety and Quality in Health Care (The Commission) introduced the National Safety and Quality Health Service Standards (National Standards) framework as part of the Australian Health Service Safety and Quality Accreditation Scheme in 2013.
- The National Standards are designed to assist health service organisations to deliver safe and high quality care. They aim to:
  - reduce patient harm
  - provide a nationally consistent set of quality and safety measures, and
  - ensure a minimum standard of patient care delivered by health services across Australia.
- The Australian Council on Healthcare Standards (ACHS) conducted an organisation wide re-accreditation survey (OWS) of ACT Health against the ten National Standards on 19-23 March 2018.
- ACT Health received the formal Not Met Core Action Report from ACHS on 4 April 2018. This report identified that whilst 176 of the 209 core actions within the National Standards were assessed as 'Met', 33 core actions were assessed as 'Not Met'.
- The 33 Not Met Core Actions were identified within the following National Standards:
  - Standard 1, Governance for Safety and Quality in Health Services in relation to organisational governance.
  - Standard 3, Health Care Associated Infection Prevention and Management.
  - Standard 4, Medication Safety. Areas identified relate to the storage and management of certain high risk medications, and medication monitoring systems.

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- Standard 5, Patient Identification.
- Standard 6, Clinical Handover
- ACHS provided ACT Health a remediation period of 90 days to address the Not Met Core Actions with reassessment to occur 3 -5 July 2018.
- Led by the Interim Director General, ACT Health formed a Leadership Committee to provide governance to oversee the activity ACT Health was required to implement to address the Not Met Core Actions.
- Two surveyors from ACHS attended ACT Health to conduct the reassessment survey on 3-5 July of activity ACT Health had undertaken to address the 33 Not Met Core Actions.
- At completion of the re-assessment survey, surveyors advised ACT Health that the intent of the 33 Not Met Core Actions had been addressed and confirmed ACT Health had met National Standards accreditation requirements.
- Surveyors observed ACT Health was implementing sustainable systems and processes providing direction and strong governance from both a corporate and clinical governance perspective.
- Surveyors acknowledged the demonstrated commitment and focus of staff and Executive to drive sustainable positive change in the culture of the organisation. They observed ACT Health as an organisation of cohesion, teamwork, focused on what's best for the patient, achieving great outcomes for Canberran's.
- The final report of the ACHS National Standards Survey for ACT Health was received on 1 August 2018.
- ACT Health has been awarded three years accreditation by ACHS until July 2021. Accreditation against the National Standards applies to all ACT Health facilities including Canberra Hospital Campus, Mental Health Facilities, UCH, Community Health Centres and Walk in Clinics.
- ACT Health is committed to continuous improvements in the delivery of safe quality care to the Canberra Community.
- The Commission have released the Second Edition of the National Standards with implementation from January 2019.

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- ACT Health is not required to be formally assessed to the second edition of the National Standards until 2021, which is when the organisations current accreditation status ends.
- ACT Health is currently transitioning to the Second Edition of the National Standards. This includes refreshing and aligning committee structures with the new standards, identifying and implementing activity to ensure the new content within the Standards are implemented across ACT Health over 2019.

### **Mental Health commissioning an independent review into the safety of patients in inpatient units (including Advisory Body)**

- Based on assessment findings during OWS and in accordance with Advisory no. 13/01, ACHS and the Commission contacted ACT Health on 26 March 2018 to report an identified significant patient safety risk.
- Surveyors identified concern with the response to a number of suicides that had occurred in inpatient facilities, with delays and inadequate processes in the identification of patients at increased risk of harm and implementation of early action to reduce the risk of harm.
- The Chief Health Officer (CHO) as ACT Health's delegated Regulator received notification of this risk and monitored ACT Health's response to address the risk.
- To address the risk, ACT Health developed a comprehensive Action Plan including action to:
  - remove ligature points and develop a prototype replacement to ensure adequate and safe personal privacy in the Adult Mental Health Inpatient Unit (AHMU) at Canberra Hospital
  - conduct an independent external review of 'Mental Health Inpatient Services within ACT Health
  - establish a Mental Health Advisory Body.
- Following an inspection of AHMU and review of evidence, on 14 June 2018, the CHO confirmed the significant patient safety risks identified by the surveyors had been appropriately mitigated.

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

- As a result of the System-Wide Data Review, ACT Health is making more information about our health system available to patients, consumers and the ACT Community in a more timely way.
- One of ACT Health's top priorities is to identify and report relevant health information to improve access to data online and help Canberrans be more in control of their own health care.
- To ensure that we continue to improve the availability and usefulness of information about our health system, ACT Health is undertaking work to refresh the publication of data for consumers.
- This was identified as one of the key activities in the System-Wide Data Review Implementation Plan that I tabled in the Legislative Assembly on 21 August 2018.
- The initial focus is on access to useful and up-to-date information through user friendly web portals, such as emergency department waiting times, the number of patients actually waiting, and the number of patients receiving treatment.
- Further, as part of this commitment to improve data reporting, the rollout of quarterly performance reports has re-commenced. The first quarterly performance report has been finalised and will be available by 30 November this year. Moving forward, the next quarterly performance report will be published two months after the end of the quarter.
- To enhance the information about ACT's health services provided in the quarterly report, collaboration has been underway with the Health Care Consumers Association (HCCA) and clinicians to develop a new General External Reporting Framework to better inform the community about the health portfolio.

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- As a result, key reporting objectives, principles and a draft General Framework of best practice indicators have been developed. These indicators do not replace the mandatory set that are regularly reported, but aim to be easier for the public and other audiences to understand.
- Next steps will include further consultation with consumer groups, including HCCA members and broader community consultation to ensure that a full range of views are obtained to inform ACT Health's ongoing public reporting.

### Key Information

#### System-Wide Data Review

- On 14 February 2017, you announced a System-Wide Data Review (the Review), after ACT Health was unable to provide data on emergency department performance, elective surgery waiting times and mental health data for the *2017 Report on Government Services*.
- The Review has been completed, and on 21 August 2018 you tabled in the Legislative Assembly the Outcomes Report and the first phase of a three-year Implementation Plan.
- As part of this Review, ACT Health was required to:
  - Provide advice on the publication of data for consumers;
  - Ensure consumers can easily understand the information published by ACT Health; and
  - Develop options for real-time provision of information, for example live Emergency Department waiting times.
- The Review identified that ACT Health provides data for over 130 performance indicators that are publicly reported. This includes in the *Report on Government Services* and on the *MyHospitals* and *MyHealthyCommunities* websites.
  - ACT Health has provided access to all of these publicly reported metrics through its website, where users can access the most up-to-date information at any time.
- Throughout the Review process, the publication of quarterly performance reports was put on hold. This was done to allow ACT Health time to review and develop new reporting processes to ensure that all data released has undergone a robust quality assurance process.

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**Portfolio/s:** Health and Wellbeing**ISSUE: UPDATE ON QUARTERLY REPORTING****Talking points:**

- With the System-Wide Data Review (SWDR) now complete, ACT Health is undertaking work to refresh and improve the timeliness and availability of information about our health system.
- As part of this commitment to improve data reporting, the rollout of quarterly performance reports will re-commence from 1 July 2018. The report for the first quarter - July to September 2018 – will be available by the end of November this year. Moving forward, quarterly performance reports will be published two months after the end of the quarter.
- It was previously indicated that the first quarterly performance report would be released by the end of October 2018. However, to ensure the quality of the report, and establish a robust process for its development in accordance with the recommendations of the SWDR, a longer release time has been determined as more appropriate. In particular while the new data repository is being established and data progressively transferred to this warehouse. This also allows sufficient time for data maturity as all admitted patients data requires clinical coding which is a complex and timely process.
- ACT Health is in the process of redeveloping these reports to ensure they contain information that is high-quality and user-friendly.
- Additionally, as the recommendations of the System-Wide Data Review are implemented, the quarterly performance reports will be expanded to ensure we continue to improve access to information about our health system and help Canberrans be more in control of their own health care.

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## Key Information

### System-Wide Data Review

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

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

- ACT Health undertook a System-Wide Data Review in 2017-2018 to address underlying issues around data and reporting, after it was unable to provide data on emergency department performance, elective surgery waiting times and mental health data for the *2017 Report on Government Services*.
- The ACT Health System-Wide Data Review is now complete, with my tabling of the Outcomes Report in the Legislative Assembly on 21 August 2018.
- The Outcomes Report made nine key recommendations, and set out a three-year program of activities that was developed in accordance with best practice data management and performance reporting principles.
- Implementing this program of activities is now a top priority in order to ensure that the outcomes of the Review result in meaningful change for patients, the broader community and the ACT Health workforce.
- To ensure this, on 21 August 2018 I also tabled an Implementation Plan that covers the first six months of the three-year program of activities (to December 2018).
- The Implementation Plan will be updated by ACT Health every six months to include updates on projects underway and projects planned to start over the next six months.
- As part of the Implementation Plan, immediate high-priority work is to identify and report relevant health information to improve access to data online and help Canberrans be more in control of their own health care.
- This will include:
  - quarterly performance updates from 2018-19;
  - developing new public reporting for patients, consumers and the broader ACT community;

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- developing and enhancing dedicated mental health performance metrics;
  - building a new data repository to deliver high quality and timely information; and
  - real time performance metrics, such as emergency department average wait times, patients currently waiting, and patients receiving treatment.
- Overall, these new ways of collecting, reporting and managing health data will inform strategic decision-making and support ACT Health to drive reform and innovation.

## Key Information

### The nine key Review recommendations

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

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### Notable outcomes achieved through the Review process

- Meeting external reporting obligations such as the *2018 Report on Government Services* and the *ACT Health Annual Report 2016-17*;
- Ensuring security and access policies are in place, so that personal information is kept confidential and is stored and released with the appropriate privacy safeguards;
- Embedding strong governance models to ensure decisions regarding our data is made by those with appropriate skill and delegation;
- Building enduring relationships with external data reporting agencies, such as the Australian Institute of Health and Welfare (AIHW);
- Embedding a number of key quality assurance processes to ensure the data is accurate and correct at the time of release;
- Developing an annual audit program across our data collection and reporting systems to ensure that each year a sample of patient journeys will be followed from the initial collection point, to when the record is reported in a dataset. This process demonstrates confidence and transparency across the data and reporting systems;
- Reaching an agreement with the AIHW to accredit ACT Health to use the national health metadata registry 'MeTEOR' as a data repository for all definitions and standards. Although this work is in the initial stages, it is a major improvement and will ensure our existing and new standards and definitions are robust and consistent with national requirements;
- Investing in our staff, and embedding a culture of respect and innovation to ensure we attract and retain a skilled workforce;
- Developing end to end documentation for all national data collections, from collection point right through to reporting, which demonstrates transparency of data management processes and mitigating gaps in collection;
- Identification of over 130 performance indicators that are currently published. The System-Wide Data Review assessed and restructured this information so that it is informative, can easily be found and navigated through ACT Health websites and other media platforms. This will encompass the Quarterly Reporting arrangements and recommendations on format, structure and metric frequency for system performance reporting to consumers; and
- Rolling out a new data repository that is innovative and a first for the ACT Government that has the potential to be expanded and adapt to changing community health needs.

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**Portfolio/s:** Health and Wellbeing**ISSUE: BED NUMBERS AND BED OCCUPANCY****Talking Points**

- Bed occupancy is an measure of the efficient use of resources available for hospital services. It is calculated on the availability of beds at Canberra's public hospitals to receive admissions, in total minutes per day.
- Bed occupancy figures fluctuate hourly, daily and monthly, and also vary substantially with the level of demand experienced across each hospital campus.
- ACT public hospitals achieved a bed occupancy rate of 86 per cent for the 2017-18 financial year. This is comparable to previous years.
- During 2017-18, the aim was to maintain bed occupancy levels at 90 per cent, which is considered the best level to achieve maximum efficiency.
- The National Average Length of Stay in hospital for overnight patients during 2016-17 was 5.3 days. The average length of stay of overnight patients in Canberra Hospital was 5.6 days, and Calvary Hospital, 5.1 days.
- During 2017-18 there were 55,364 overnight separations. This is an increase compared to 54,431 during 2016-17, and 51,685 during 2015-16.

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**Portfolio/s:** Health and Wellbeing**ISSUE: HOSPITAL PERFORMANCE AND DATA – EMERGENCY  
DEPARTMENT DEMAND****Talking points:**

- ACT Health has a focus on delivering emergency services within clinically recommended timeframes.
- Overall, there have been challenges in managing the demand for emergency services in the last 12 months, with an increase in Emergency Department presentations from 85,093 in 2016-17 to 88,661 in 2017-18, representing a 4.1 percent increase in the total number of presentations to the Emergency Department year on year.
- ACT Emergency Departments achieved the ‘seen on time’ target for category one and five patients during 2017-18.
- The key target area for improvement in the ED over the past 12 months was reducing the time to be seen for emergency triage categories two to four. This target was not achieved due to the increase in demand for emergency department services, the unprecedented winter season demand, the higher number of more clinically urgent and complex patient presentations, and workforce issues. Improvements in these areas will continue to be a focus going forward.

**Key Information**

- The 2018-19 budget has provided funding for a number of full time equivalent frontline staff, including additional nursing staff, allied health professionals and medical officers.
- Several strategies to assist in managing the increase in demand have been implemented, including dedicated winter plans which incorporate additional beds and staffing, daily operational strategies to improve patient flow and discharge, and public education to inform the community about appropriate use of the Emergency Department and the alternative services available to the community.

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- This will assist ACT Health to improve access to emergency services and care, reduce the waiting times experienced by patients, and assist to optimise the seamless transfer of patients to the most appropriate clinical environment. This will result in better health outcomes and experiences for patients in the ACT and surrounding NSW region.

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**Portfolio/s:** Health and Wellbeing

**ISSUE: MATERNITY SERVICES AT CENTENARY HOSPITAL AT CAPACITY**

**Talking Points**

- The demand on Maternity Services at Centenary Hospital for Women and Children (CHWC) has increased since CHWC opened in August 2012.
- There were 3,594 babies born in 2017-18 at CHWC, compared to 2,743 in 2010-11. This is an annual growth rate of 3.3 per cent.
- CHWC has devised strategies to address the escalating demands for maternity services at the Centenary Hospital including:
  - Development of a Maternity Escalation Policy to manage demand including utilisation of Birth Centre for overflow and bypass for the referral of women to other hospitals;
  - Extension of the hours of the Maternity Assessment Unit (MAU), an assessment service for pregnant women with concerns or requiring assessment of early labour;
  - Additional medical and midwifery staff rostered and the introduction of Assistants in Midwifery to maternity services;
  - Active encouragement by Calvary Public Hospital Bruce (CPHB) and CHWC for the community and General Practitioners to use services on offer at CPHB and Queanbeyan Hospital where appropriate; and
  - A midwifery attraction and retention strategy.
- In addition, CHWC and CPHB are working together to develop and implement strategies to better manage demand and ensure maternity services across the region are utilised effectively and efficiently the ACT Public Maternity Access Strategy.
- The newly refurbished CPHB Maternity Service will support the implementation of the ACT Maternity Access Strategy.

Cleared as complete and accurate: 26/10/2018  
Cleared by: Executive Director Ext: 47389  
Information Officer name: Elizabeth Chatham  
Contact Officer name: Ext:  
Lead Directorate: Health



## ANNUAL REPORT HEARING BRIEF

### Key Information

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

Cleared as complete and accurate: 26/10/2018  
Cleared by: Executive Director Ext: 47389  
Information Officer name: Elizabeth Chatham  
Contact Officer name: Ext:  
Lead Directorate: Health

TRIM Ref: GRC18/688

GBC18/688 - 56

**Portfolio/s:** Health and Wellbeing**ISSUE: CLINICAL CULTURE COMMITTEE****Talking points:**

- The Clinical Culture Committee (CCC) was established by the previous Minister for Health, Mr Simon Corbell, as a Governance body in response to the findings of the 2015 KPMG Review (the Review) of the Clinical Training Culture at Canberra Hospital and Health Services and the findings of the Royal Australasian College of Surgeons (RACS) report on discrimination, bullying and sexual harassment.
- The CCC met regularly from 27 October 2015. The Committee was chaired by Ms Nicole Feely, previous Director-General, ACT Health. Membership included senior executives, senior medical staff and two junior medical staff (13 members in total).
- The Review of the Clinical Training Culture made seven key recommendations which were addressed through the Medical Culture Action Plan, endorsed in May 2016 by the CCC.
- The initiatives progressed and completed from the Medical Culture Action Plan are as follows:
  - Development and delivery of Respect at Work courses to 135 Executive and Senior Medical Staff.
  - The Senior Doctor Leadership Program for Clinical and Unit Directors commenced delivery in August 2016 and concluded in June 2017.
  - Establishing a collaborative partnership with RACS.
  - Extensive review of our current complaints management processes and related policies.
  - Establishing a database to improve tracking and reporting of complaints and trends.
  - ACT Health's Respect at Work policy was updated to reflect this review.
  - Development of a new Respect at Work e-learning program and face-to-face training program.

Cleared as complete and accurate: 26/10/2018  
Cleared by: Executive Director Ext: 51086  
Information Officer name: Janine Hammat  
Contact Officer name: Flavia D'Ambrosio Ext: 74835  
Lead Directorate: Health

## ANNUAL REPORT HEARING BRIEF

- Development and delivery of the Addressing Workplace Issues training program for all staff in a managerial position. The program educates our managers on how to conduct a preliminary assessment to effectively resolve workplace issues (such as bullying).

### Key Information

- The CCC has not met in its current form since May 2017. The Interim Chief Executive Officer will hold a meeting over the coming weeks to:
  - acknowledge the achievements of the committee;
  - inform members about key elements of the refocused culture development work; and
  - to discuss the governance required for Canberra Health Services, over workplace/clinical culture.
- The Interim Chief Executive Officer is implementing a number of initiatives to address culture in Canberra Health Services. These initiatives are currently being considered and an overall approach is being developed.

Cleared as complete and accurate:	26/10/2018	
Cleared by:	Executive Director	Ext: 51086
Information Officer name:	Janine Hammat	
Contact Officer name:	Flavia D'Ambrosio	Ext: 74835
Lead Directorate:	Health	

# ANNUAL REPORT HEARING BRIEF

GBC18/688 - 57

**Portfolio/s:** Health and Wellbeing

**ISSUE: INFRASTRUCTURE (INCLUDING SPIRE)**

**Talking points:**

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

Timelines for the Expansion of the CHWC

- The project is forecasted for completion by end of financial year 2021-22, with elements of the project due for staged completion over this period.
- Construction of the expansion will start in the 2018-19 financial year, with completion of the security enhancement works to support a Custodial Birth Suite completed in October 2018.
- The next phase of this project is to commence design work, in conjunction with ongoing Territory-wide health services planning work.

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

Cleared as complete and accurate: 30/10/2018  
 Cleared by: Deputy Director-General Ext: 52248  
 Information Officer name: Karen Doran  
 Contact Officer name: Brad Burch Ext: 72385  
 Lead Directorate: Health



## ANNUAL REPORT HEARING BRIEF

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

### Timelines for the SPIRE

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

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

- ACT Health is progressing due diligence for the SPIRE project, including health planning requirements, feasibility studies and early design work. This has included the development of preliminary demand modelling forecasts; scope options analysis and high level engineering studies.

Cleared as complete and accurate: 30/10/2018  
 Cleared by: Deputy Director-General Ext: 52248  
 Information Officer name: Karen Doran  
 Contact Officer name: Brad Burch Ext: 72385  
 Lead Directorate: Health

## ANNUAL REPORT HEARING BRIEF

- ACT Health is currently considering the optimal location for SPIRE on the Canberra Hospital campus, service design options, and opportunities for suitable integration with the existing hospital infrastructure and services.
- Planning and Design for SPIRE needs to be considered carefully, as the hospital campus is an operational site where existing health services will continue to be delivered while construction is underway.
- ACT Health and Canberra Health Services continues to engage with clinical staff on the SPIRE planning work currently underway; Territory-wide health services planning and clinical input are a vital part of planning for the construction of SPIRE. A Building Health Services Planning Clinical Information Session is being held on 22 November 2018. Leading the information session will be key senior executives from the AHD, CHS and CPHB. The event will include attendance by other executives of the Directorate and key clinical stakeholders of CHS and CPHB.
- We are working closely with our other Directorate partners, such as Environment Planning and Sustainable Development Directorate and Transport Canberra and City Services, to explore broader planning implications for the health precinct at Garran with the Woden Town Master Plan and other landmark proposals in the area.

### Key Information

#### Funding for the SPIRE

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

#### **2018-19 Budget**

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

Cleared as complete and accurate: 30/10/2018  
 Cleared by: Deputy Director-General Ext: 52248  
 Information Officer name: Karen Doran  
 Contact Officer name: Brad Burch Ext: 72385  
 Lead Directorate: Health

## ANNUAL REPORT HEARING BRIEF

### Funding for the Expansion of the CHWC

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

### **2018-19 Budget**

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

Cleared as complete and accurate: 30/10/2018  
 Cleared by: Deputy Director-General Ext: 52248  
 Information Officer name: Karen Doran  
 Contact Officer name: Brad Burch Ext: 72385  
 Lead Directorate: Health

GBC18/688 - 58

**Portfolio/s:** Health and Wellbeing**ISSUE: HYDROTHERAPY POOL****Talking Points**

- The University of Canberra Hospital (UCH) in Bruce features a new, state-of-the-art hydrotherapy pool that will provide enhanced services and convenience for people. The pool opened on 23 July 2018.
- The UCH hydrotherapy pool has had 748 patient occasions of service between 23 July 2018 and 13 November 2018.
- Canberra Health Services' Hydrotherapy Service has been transferred from Canberra Hospital to UCH.
- It has always been the ACT Government's intention to fully transition all rehabilitation services to the new facility in Bruce.
- Bringing all of ACT Health's rehabilitation staff and facilities together in one place will result in better outcomes for patients and the community.
- The Canberra Hospital pool will continue to be available for use through to 30 June 2019, for existing users and the Arthritis Foundation. During this period, I have asked ACT Health to work with Arthritis ACT to look at alternative options to support hydrotherapy in the South of Canberra.
- The Stromlo Leisure Centre, scheduled for completion in early 2020, will have a multi-purpose program pool. This pool is heated to over 31°C and be 20 metres x 10 metres in size. The facility will cater for some types of aquatic based hydrotherapy.
- On 22 October 2018 I wrote to the Speaker to clarify the record regarding evidence to the Select Committee on Estimates on the description of the pool at the Stromlo Leisure Centre being a 'Hydrotherapy Pool'. This letter was subsequently tabled in the Assembly on 23 October 2018 by the Speaker.

Cleared as complete and accurate:	30/10/2018	
Cleared by:	Deputy Director-General	Ext: 52248
Information Officer name:	Karen Doran	
Contact Officer name:	Brad Burch	Ext: 72385
Lead Directorate:	Health	

## ANNUAL REPORT HEARING BRIEF

### Key Information

- The new hydrotherapy pool at UCH has enhanced features compared to the facility at Canberra Hospital. It has a smoother entry, a flat surrounding surface and hoist, more accurate and stable temperature controls, and will require less maintenance downtime. Parking at UCH is also better than at Canberra Hospital.
- Arthritis ACT and the Cerebral Palsy Association are current users of the Canberra Hospital hydrotherapy pool, Arthritis ACT offering their members 11 sessions per week and the Cerebral Palsy Association offering their members two sessions per week.
- ACT Health has agreed to continue to give Arthritis ACT access to the hydrotherapy pool at Canberra Hospital until 30 June 2019. Discussions are ongoing regarding alternative options to support hydrotherapy in the South of Canberra.
- ACT Health is committed to working closely with Arthritis ACT to ensure a transition of services to UCH and alternative options in the South of Canberra, is smooth and as seamless as possible.
- Arthritis ACT have also been offered and have accepted sessions at the UCH hydrotherapy pool from 23 July 2018. A separate Access Agreement has been signed to support this.
- A stand alone Hydrothreapy is heated to 33°C.

### Background Information

- Furthermore the hydrotherapy pool and associated space at Canberra Hospital is nearing end-of-life, and ideally is not sustainable to keep it open beyond 30 June 2019.
- ACT Health has a Service Funding Agreement with AACT for the period 2016 – 2019, to provide educational programs and information sessions on self-management, as well as supervised hydrotherapy sessions.

Cleared as complete and accurate:	30/10/2018	
Cleared by:	Deputy Director-General	Ext: 52248
Information Officer name:	Karen Doran	
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Lead Directorate:	Health	

## ANNUAL REPORT HEARING BRIEF

- There are a number of private hydrotherapy pools on the south side, but they are costly and/or their pool temperatures are lower than the temperature of the pool at Canberra Hospital. The optimal temperature for hydrotherapy is 33 degrees Celsius or greater. See list below.

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

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

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

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

Cleared as complete and accurate: 30/10/2018  
 Cleared by: Deputy Director-General Ext: 52248  
 Information Officer name: Karen Doran  
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 Lead Directorate: Health

GBC18/688 - 59

**Portfolio/s:** Health and Wellbeing**ISSUE: Canberra Hospital Continuity of Services  
Essential Infrastructure****Talking points:**

- Continuity of Services – Essential Infrastructure (COS-EI) includes the significant upgrade to services which are near capacity and end of life and will provide future proofing for future developments at Canberra Hospital.
- Water, storm water, sewer and high voltage power upgrade works along Hospital Road were completed in mid 2016.
- Communications upgrades include the installation of fibre and conduits in the western precinct and installation of conduits to allow ring main security and future expansion along Hospital Road. Upgrades to communications are underway on Bateson Road to the west of the main hospital.
- COS-EI works include extending the covered walkway along Hospital Road connecting to the new Building 15 through to the multi-storey car park. The majority of this work was completed in late 2016 with the final car park linkage contract awarded in October 2018.

**Key Information**

Funding for the works of \$16,517 million was provided in the 2013-14 Budget.

**Works completed to date include:**

- Fire and water works were completed in June 2014. These works included new fire hydrant booster sets, and the replacement of the 40 year old 100mm pipe ring main with a 150mm pipe. The work was required by ACT Fire and Rescue to meet compliance requirements.
- ICT ring main works to the western precinct around the Emergency Department and west of the Centenary Hospital for Women and Children.
- Service upgrades along Hospital Road (South) including gas, water, fire services, ICT, electrical conduit installation and replacement of street lights with low maintenance energy efficient LED lighting.

Cleared as complete and accurate: 30/10/2018  
Cleared by: Chief Executive Officer Ext: 79186  
Information Officer name:  
Contact Officer name: Colm Mooney Ext: 79186  
Lead Directorate: Health

TRIM Ref:

## ANNUAL REPORT HEARING BRIEF

- The pneumatic tube works were required to decrease congestion on the existing system and providing a connection from the Adult Mental Health Unit through the Canberra Region Cancer Centre to Pathology, bypassing Building 3. Work on the new 160mm tube connection was completed and the 160 mm system became operational in late 2016. Works on the new 110mm system were completed in February 2017.
- Internal and external signage and wayfinding includes a significant upgrade to campus signage and wayfinding. The external signage works with the exception of Hospital Road was completed in April 2015. The Hospital Road signage was installed in 2016 after all of the Hospital Road works were completed.
- Internal signage works have been completed in the Centenary Hospital for Women and Children, Buildings 1, 3, 10 and 12 and the Southern Car Park.
- External Carparking and pedestrian path and handrail improvements were completed in February 2018.
- Pedestrian arrival point in the main southern carpark was awarded in October 2018

Cleared as complete and accurate: 30/10/2018  
Cleared by: Chief Executive Officer Ext: 79186  
Information Officer name:  
Contact Officer name: Colm Mooney Ext: 79186  
Lead Directorate: Health



# ANNUAL REPORT HEARING BRIEF

GBC18/688 - 60

**Portfolio/s:** Health and Wellbeing

**ISSUE: CANBERRA HOSPITAL – ESSENTIAL WORKS – INFRASTRUCTURE AND ENGINEERING**

**Talking Points:**

- The original scope for the project commenced in September 2014 and was completed by June 2017.
- Arup was engaged in October 2014 to provide the performance specifications for the project. This informed the tender process for the Head Contractor. Shaw Building Group was appointed as the Head Contractor for this project in July 2015.
- Works completed include:
  - Fan coil replacement works in Building 1 Level 1, 2, 8, 9 and 10.
  - Replacement of fire detection system in Building 10.
  - Upgrade of fire detection system in Building 1
  - Modernisation of the public lifts in Building 1 (Lift no. 4, 5 and 6).
  - Lift replacement in Building 5 (Lift no. 13A).
  - Lift upgrades to address compliance issues in Building 7 (Lift no.17) and Building 5 (Lift no.12)
- In March 2018, surplus funds of \$1.644 million remaining from this project were repurposed for further lift upgrade works through a project variation authority approved by ACT Treasury.
- The additional lift upgrade works form part of a prioritised work package to commence in 2019.

**Key Information**

- A capital appropriation was provided in 2014-15 for Canberra Hospital Essential Works – Infrastructure and Engineering project. This provided for identified projects to replace or prepare essential engineering infrastructure to support future health infrastructure works, and allowed for the replacement of Major Plant and Equipment at Canberra Hospital that had reached the end of its reliable life span.

Cleared as complete and accurate:	30/10/2018	
Cleared by:	Chief Executive Officer	Ext:
Information Officer name:	Bernadette McDonald	
Contact Officer name:	Colm Mooney	Ext:
Lead Directorate:	Health	

## ANNUAL REPORT HEARING BRIEF

- The works addressed compliance issues, replaced unreliable plant and equipment which was passed their reliable life period in buildings that will be refurbished for future use (such as the Tower Block, Building 1) or continue to operate with minor capital upgrades (such as Alcohol and Drug Services from Building 7).
- The works included the replacement or upgrade of a number of patient and staff lifts, and the upgrade of fire and mechanical services in several buildings on Canberra Hospital campus.

Cleared as complete and accurate: 30/10/2018  
Cleared by: Chief Executive Officer Ext:  
Information Officer name: Bernadette McDonald  
Contact Officer name: Colm Mooney Ext:  
Lead Directorate: Health

GBC18/688 - 61.

**Portfolio/s:** Health and Wellbeing

**ISSUE: STAGING AND DECANTING BUNDLE PACKAGE AT  
CANBERRA HOSPITAL**

**Talking points:**

- \$19.43 million was provided in the 2011-12 Budget for Staging and Decanting – Continuity of Services and \$22.30 million was provided in the 2012-13 Budget for Staging and Decanting – Moving to our Future.
- In 2016-17, the following projects were completed under Staging and Decanting:
  - Building 15 - replacement of the old Psychiatric Service Unit (Building 15) with a new demountable building for outpatient services – completed October 2015.
  - Building 1, Level 4 refurbishment – completed January 2016.
  - 100 per cent Preliminary Sketch Plan for Building 1 Level 8 refurbishment – completed May 2016.
  - Fit out of Building 23 Level 2, Building 20 office pod and Building 6 Level 2 – completed October 2015.

**Key Information**

- The continuity of services is a core requirement of Health Infrastructure Services (HIS). To ensure this occurs, a Staging and Decanting Strategy has been implemented. Objectives of this strategy include:
  - Minimising the impact of decanting on the continuity of patient services.
  - Maintenance and, wherever possible, enhancement of the operational efficiency of facilities during the decanting process.
  - Minimising any reduction in the performance of clinical systems that are critical to patient care, for example, medical gases, information technology and communications.

Cleared as complete and accurate: 30/10/2018  
Cleared by: Chief Executive Officer Ext:  
Information Officer name:  
Contact Officer name: Colm Mooney Ext:  
Lead Directorate: Health

## ANNUAL REPORT HEARING BRIEF

- Implementing strategies to ensure health service operations are not adversely affected during the demolition, rebuilding and refurbishment work on facilities.
- The funding for staging and decanting is inclusive of lease costs, project design, refurbishment, fit-out works and relocations to accommodate staging and decanting.
- The schedule and activity of Staging and Decanting is contingent on and linked to the bed demand projections over the coming years. The Staging and Decanting strategy is updated to ensure alignment with major decisions regarding major infrastructure on and off Canberra Hospital campus and decisions regarding operational bed allocation within the hospital.

Cleared as complete and accurate: 30/10/2018  
Cleared by: Chief Executive Officer Ext:  
Information Officer name:  
Contact Officer name: Colm Mooney Ext:  
Lead Directorate: Health

TRIM Ref:

## ANNUAL REPORT HEARING BRIEF

GBC18/688 - 62

**Portfolio/s:** Health and Wellbeing**ISSUE: CLADDING – CENTENARY HOSPITAL FOR WOMEN AND CHILDREN****Talking points:**

- Following a desktop audit and the subsequent assessment by independent fire safety consultants, Defire in July 2017, it was recommended to replace a portion of Aluminium Composite Panels (ACP) on the Centenary Hospital for Women and Children (CHWC) with an alternative suitable material.
- On 15 September 2017 a façade consultant, was appointed to prepare a scoping document/Statement of Requirements (SOR) for the replacement of ACP attached to specified areas of the CHWC building with Manteena appointed on 12 December 2017 to undertake the works.
- The Arcadis SOR was developed in consultation with key members of the Whole of Government (WHoG) ACP Review Group. Key members involved were:
  - ACT Fire and Rescue;
  - Environmental Planning and Sustainable Development Directorate;
  - Infrastructure Finance and Capital Works; and
  - ACT Health Directorate.
- Physical ACP panel replacement works commenced in late February 2018 following final material selection in early February 2018.
- On 8 March 2018 an issue was raised by fire consultant Defire about possible future updates of the National Construction Code (NCC) - Building Code of Australia (BCA). A meeting with key project stakeholders was convened on 15 March 2018, following which, confirmation of the acceptability of the chosen replacement material, Vitracore G2, was received from:
  - The Building Certifier, CBS;
  - ACT Fire and Rescue; and
  - Defire, (Manteena's fire consultant).

Cleared as complete and accurate: 18/01/2018  
Cleared by: Chief Executive Officer Ext:  
Information Officer name:  
Contact Officer name: Colm Mooney Ext:  
Lead Directorate: Health

## ANNUAL REPORT HEARING BRIEF

- Works to replace the identified panels were completed on 11 July 2018 with Certificate of Occupancy and Use issued on 18 July 2018.
- The current value of all committed works and consultancies for the project is \$1,261,415 (GST Excl).
- ACT Health is working with the WHoG ACP Review Group to prepare for a detailed risk assessment of other ACT Health buildings identified to contain ACP façade materials.
- ACT Health and IFCW representatives attended a meeting of the Cladding Review Group on 7 June 2018 to discuss the latest status of the ACT detailed building assessment process.
- The Review Group has previously undertaken an audit of government buildings and identified a number of buildings that would benefit from further assessment. The Victorian Government has shared (in confidence and is not available for ACT to share) a draft risk assessment tool that the Review Group has been working with in order to develop a process and eventual tool that could be used for the ACT. The Victorian tool requires a range of inputs and decisions that influence the risk outcome. The Review Group has used this tool to develop a risk and building assessment process and consider it may be appropriate to trial this with one or two buildings that were identified in the initial audit.
- ACT Health has provided information to EPSDD to commence assessment of two health buildings: Building 12 at Canberra Hospital and Belconnen Community Health Centre.
- A timetable for completion of the Health buildings will be considered based on the findings of the initial assessment trial and a better understanding of the process (inputs, outputs, resourcing).

Cleared as complete and accurate:	18/01/2018	
Cleared by:	Chief Executive Officer	Ext:
Information Officer name:		
Contact Officer name:	Colm Mooney	Ext:
Lead Directorate:	Health	

GBC18/688 - 63

**Portfolio/s:** Health and Wellbeing**ISSUE: WATER LEAKS IN CENTENARY HOSPITAL FOR WOMEN AND CHILDREN****Talking points:**

- Water leaks have been identified in three areas of the Centenary Hospital for Women and Children (CHWC) – Birthing Suites, Post Natal and Paediatric Wards.

*Birthing Suites*

- In February 2016, water leaks were identified in the Birthing Suites.
- Remediation activities commenced in October 2017. To date the remediation of five ensuite has been completed, with works in two ensuite underway and due for completion in late December 2018. The remaining nine ensuite will be completed in a staged strategy over the next 18 months.

*Post Natal Ward*

- In May 2018, water leaks were identified in the Post Natal Ward affecting two ensuite.
- Remediation works commenced in May 2018 and were completed in August 2018.

*Paediatric Medical Ward*

- In August 2018, water leaks were identified in the Paediatric Medical Ward (Block B, Level 1) affecting two rooms (three beds).
- The Paediatric Medical Ward was relocated to the Paediatric Surge Ward to avoid any disruption to clinical services. This meant that the surge capacity reduced from 12 beds to nine beds.

Cleared as complete and accurate: 30/10/2018  
Cleared by: Chief Executive Officer Ext:  
Information Officer name:  
Contact Officer name: Colm Mooney Ext:  
Lead Directorate: Health

## ANNUAL REPORT HEARING BRIEF

- A remediation plan was implemented in consultation with the impacted clinical areas using existing contractor resources to expedite the required remediation works.
- The source of the leak was identified to be a pinhole in the hydraulic pipe work, and is not linked to other hydraulic fitting failures within CHWC. Remediation in the Paediatric Medical Ward is ongoing and expected to be completed by late December 2018.

### Key Information

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

Cleared as complete and accurate: 30/10/2018  
Cleared by: Chief Executive Officer Ext:  
Information Officer name:  
Contact Officer name: Colm Mooney Ext:  
Lead Directorate: Health



**ANNUAL REPORT HEARING BRIEF**

GBC18/688 - 64

**Portfolio/s:** Health and Wellbeing**ISSUE: THEATRE 14 HIGH EFFICIENCY PARTICULATE AIR AIR FILTER****Talking points:**

- As part of planned annual maintenance checks on 13 June 2018 involving High Efficiency Particulate Air (HEPA) filters in Building 12 at Canberra Hospital a mould like substance was detected on a filter servicing Theatre 14 (Neuro Suite Operating Theatre).
- As a precaution Facilities Management (FM), in conjunction with Clinical Operations, closed Theatre 14 on 14 June 2018 to facilitate room testing and to allow room cleaning, air handling unit cleaning and HEPA filter replacement.
- No patient treatments were postponed or interrupted during required remediation works as planned procedures were able to be relocated.
- To prevent reoccurrence of the mould generating conditions Infrastructure Management and Maintenance (IMM) are developing a revised Heating Ventilation Air Conditioning (HVAC) design for Theatre 14 with a view to implementing a new HVAC solution in 2019.
- In the interim, FM are working closely with Clinical Areas to ensure that Theatre 14 is available for appropriate clinical use as required.

Cleared as complete and accurate: 30/10/2018  
Cleared by: Chief Executive Officer Ext:  
Information Officer name:  
Contact Officer name: Colm Mooney Ext:  
Lead Directorate: Health

TRIM Ref:

## ANNUAL REPORT HEARING BRIEF

GBC18/688 - 65

**Portfolio/s:** Health and Wellbeing**ISSUE: WALK-IN CENTRE****(Gungahlin WiC Opening and plans for Weston Creek WiC)****Talking points:**Gungahlin

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

Weston Creek

- The ACT Government will invest around \$4.945 million to refurbish the Weston Creek Health Centre by adding a new Walk-in Centre at 24 Parkinson Street in Weston Creek. Refurbishment is planned to commence in early 2019.
- The Weston Creek Walk-in Centre will be the fourth centre to be developed across Canberra which is due to for completion in late 2019.

**Key Information**

- The existing Weston Creek building currently accommodates:
  - the Independent Living Centre which has been superseded by an extensive on-line program;
  - a 'self-service' renal dialysis facility which will remain as is;

Cleared as complete and accurate: 30/10/2018  
Cleared by: Chief Executive Officer Ext:  
Information Officer name:  
Contact Officer name: Colm Mooney Ext:  
Lead Directorate: Choose directorate:

## ANNUAL REPORT HEARING BRIEF

- a Maternal and Child Health facility;
  - A Digital Hub servicing various other Territory facilities around the ACT which will remain as is; and
  - A private dental clinic that is leasing space – ACT Health is currently reviewing lease arrangements.
- \$0.5 million funding is currently appropriated in 2018-19 to progress the Weston Creek Walk-in Centre project, with a \$2.0 million provision. It is anticipated that the project cost will be in the order of \$4.945 million to be fully funded in the 2019/20 Budget process.
  - The Walk-in Centre offers the community another option to access quality health care services.
  - The Walk-in Centres offer fast, free and efficient access to treatment for one-off, episodic care for minor injury and illnesses as well as health advice and information. Services are free and provided on a walk-in, no appointments basis.
  - The Weston Creek Walk-in Centre will be designed as an integrated centre to allow for better utilisation of staffing and treatment rooms for the provision of both a Walk-in Centre and any future Community Health Services.

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 Cleared by: Chief Executive Officer Ext:  
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 Lead Directorate: Choose directorate:

# ANNUAL REPORT HEARING BRIEF

GBC18/688 - 66

**Portfolio/s:** Health and Wellbeing**ISSUE: BETTER INFRASTRUCTURE FUND****Talking points:**

- Capital works upgrades are undertaken to support the effective delivery of health services, changing service needs and to ensure existing and new standards are met through extending the effective 'life' of a facility.
- To assist the effective management of all Canberra Health Services (CHS) properties building condition assessments, hazardous materials audits and other infrastructure service reports are undertaken. These assessments and audits, along with infrastructure request submissions from ACT Health Executives, are used to inform the CHS ongoing capital works program.
- The capital works program is funded annually from the Better Infrastructure Fund appropriation, with prioritisation of work being determined by CHS Executives through the relevant Health Infrastructure governance committees.
- Works completed across ACT Health sites utilising the 17-18 Financial Year (FY) budget appropriation include:
  - Installation of a new cool room to store pharmaceutical drugs in the Canberra Region Cancer Centre at Canberra Hospital
  - Upgrade of the waste treatment system for pathology services at Canberra Hospital
  - Installation of a dedicated medication room in the Coronary Care Unit at the Canberra Hospital
  - Upgrades to the kitchen and linen facilities at Canberra Hospital
  - Installation of secure medication cabinets for pharmaceutical drugs in the Theatre area at Canberra Hospital
  - Fire Door Upgrades at Canberra Hospital
  - Security upgrades at Canberra Hospital
  - Essential power upgrades in the Canberra Region Cancer Centre at Canberra Hospital
  - Emergency lighting upgrades at Canberra Hospital
  - Upgrade of essential power and data requirements for clinical nurse stations at Canberra Hospital
  - Security and electrical upgrades at Clare Holland House
  - Roofing and electrical upgrades at Phillip Health Centre
  - Upgrade of the Heating, Ventilation and Air Conditioning (HVAC) system at the Independent Living Centre in Weston Creek
  - Security upgrades at the Health Protection Service in Holder
  - Design of a new HVAC system for the Health Protection Service in Holder

Cleared as complete and accurate: 18/01/2018  
Cleared by: Chief Executive Officer Ext:  
Information Officer name:  
Contact Officer name: Colm Mooney Ext:  
Lead Directorate: Health



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- Upgrade of the reverse osmosis filtration system for the Renal Unit at Canberra Hospital
- Storm water upgrades at the Karralika Isabella Plains facility
- HVAC upgrades in the Centenary Hospital for Women and Children

Cleared as complete and accurate: 18/01/2018  
Cleared by: Chief Executive Officer Ext:  
Information Officer name:  
Contact Officer name: Colm Mooney Ext:  
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# ANNUAL REPORT HEARING BRIEF

GBC18/688 - 67

**Portfolio/s:** Health and Wellbeing**ISSUE: UPGRADING AND MAINTAINING****Talking Points:**

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

Cleared as complete and accurate:	25/10/2018	
Cleared by:	Chief Executive Officer	Ext:
Information Officer name:	Bernadette McDonald	
Contact Officer name:	Colm Mooney	Ext: 79186
Lead Directorate:	Health	

## ANNUAL REPORT HEARING BRIEF

- Projects associated with the UMAHA program are being undertaken using a number of delivery models, including Project Management Agreement, Construct only, and Design and Construct contract arrangements.
- The UMAHA program of works covers prioritised risk items across all ACT Health sites including Canberra Hospital and Calvary Public Hospital. This includes replacement of ageing electrical main switchboards, building lifts and chiller units

### Key Information

- The AECOM Report identified 583 issues associated with ACT Health infrastructure with risk ratings assigned to each issue in accordance with ACT Government risk rating guidelines.
- All extreme and high risks were included for action within the scope of the UMAHA appropriation.
- The extreme risk issues identified in the AECOM report are:
  - Electrical Main Switch Board (EMSB) replacements in Building 2 and Building 12;
  - Building 12 gas meter relocation;
  - Helipad structural upgrades; and
  - Building 1 windows.
- Of the four extreme risks, two were funded outside or partly outside of the UMAHA appropriation – Helipad (ACT Health Clinical Services Development) and Gas Meter (Continuity of Health Services Plan – Essential Infrastructure).
- UMAHA program of works scope includes the development of a strategic asset framework and strategic asset management plans for built assets, ICT assets, medical and non medical equipment assets.
- UMAHA program of works is a vehicle to consolidate all infrastructure activities under one organisation i.e. Health Infrastructure Services (HIS) to ensure alignment of planned/reactive maintenance, capital project delivery and strategic asset management.
- The scope of the UMAHA Business Case and expenditure of remaining funds except for the EMSB, B10 Electrical, Chiller upgrades works and Lift package is on track for delivery by June 2019.
- Critical elements of the Lift package to replace lifts in Building 3 and the Phillip Community Health Centre, and install a new lift in Building 3 have commenced, and are due for completion in February 2019. Replacement of a number of additional lifts have been prioritised with works to commence in 2019.

Cleared as complete and accurate:	25/10/2018	
Cleared by:	Chief Executive Officer	Ext:
Information Officer name:	Bernadette McDonald	
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Lead Directorate:	Health	



## ANNUAL REPORT HEARING BRIEF

- Current EMSB works are due to be completed in mid 2019 (Building 2) and late 2019 (Building 12) subject to clinical demand and further shutdown planning which is underway.
- A two stage approach is being adopted to complete the EMSB project. All Building 2 scope and partial Building 12 scope will be delivered as Stage 1 works within the current allocated budget of \$42.4 million.
- Budget provisioning and timing for Stage 2 works (Building 12 scope) is being reviewed in the context of the Canberra Hospital Strategic Asset Management Plan, Infrastructure Risk Register and campus master planning implications and their associated operation constraints.

Cleared as complete and accurate: 25/10/2018  
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## ANNUAL REPORT HEARING BRIEF

GBC18/688 - 68

**Portfolio/s:** Health and Wellbeing

**ISSUE: UNIVERSITY OF CANBERRA HOSPITAL: SPECIALIST CENTRE FOR REHABILITATION, RECOVERY AND RESEARCH**

### Talking Points

- The University of Canberra Hospital: Specialist Centre for Rehabilitation, Recovery and Research (UCH) officially opened in July 2018 taking its first patients on 10 July 2018.
- Between 10 July 2018 and 13 November 2018 there have been 312 same day admitted patient episodes of care completed and 328 multi-day admitted patient episodes of care completed at UCH.
- On an adjacent site to UCH a multi-storey car park was constructed with 400 parking spaces dedicated to UCH. Construction of the car park was completed and handed over to ACT Health on 6 July 2018. Additionally, there is underground and on-grade parking.
- During this reporting year ACT Health was in contract with Multiplex for the design and construction of UCH and with Brookfield Global Integrated Solutions for the Facilities Management of UCH.
- The UCH construction works were completed in two stages:
  - Milestone 1 was completed in November 2017; and
  - Milestone 2 (final) completion occurred on 14 February 2018.
- The facility was formally handed over from Multiplex to ACT Health at an event on 14 February 2018.
- Operational commissioning activities commenced 15 February 2018.

Cleared as complete and accurate: 30/10/2018  
Cleared by: Executive Director Ext: 79186  
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Lead Directorate: Health



## ANNUAL REPORT HEARING BRIEF

### Key Information

- In 2011-2012 a budget appropriation of \$4 million was allocated to Northside Hospital Specification and Documentation. In the 2013-2014 budget, a total of \$8.252 million was appropriated for design, bringing the total appropriation to date to \$12.252 million.
- A further \$200 million has been provided for total project funding. This has been re-purposed through Cabinet to \$192.270 million. Two Section 14A adjustments and a Project Variation Authority subsequently reduced this appropriation.

Cleared as complete and accurate: 30/10/2018  
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TRIM Ref:



## ANNUAL REPORT HEARING BRIEF

GBC18/688 - 69

**Portfolio/s:** Health and Wellbeing

### ISSUE: ABORTION

#### Talking points:

- In March 2018 the ACT Government made a commitment to review the barriers women may face when wanting to access abortion services in Canberra.
- On 19 September 2018 the ACT Legislative Assembly passed the *Health (Improving Abortion Access) Amendment Act 2018* (the Act). The new provisions in the Act will come into effect on or before 18 September 2019 and will improve access to medical abortion services for ACT residents, whilst continuing to prioritise health and safety.
- Specifically the new provisions removed the requirement for a medical abortion to be carried out in an approved facility and allows appropriately trained doctors to prescribe and pharmacists to dispense medications used in medical abortions.
- The delayed date of effect will enable appropriate support mechanisms to be in place prior to commencement.
- The ACT Government is committed to supporting and enabling women to make informed decisions about whether or not to end a pregnancy. Ensuring access to services that assist women before, during and after making their decision about abortion is vital.

#### Key Information

- In considering the new provisions, ACT Health consulted with stakeholders about access and availability of abortion services.
- The new provisions include:
  - Separate definitions for medical and surgical abortions which removes the requirement for a medical abortion to be carried out in an approved facility;
  - Updated conscientious objection provisions which reflects the codes of conduct for medical practitioners and pharmacists; and
  - New opt-in exclusion zone provisions for medical practices and pharmacies.

Cleared as complete and accurate:	24/10/2018	
Cleared by:	Executive Director	Ext: 79143
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Lead Directorate:	Health	



## ANNUAL REPORT HEARING BRIEF

- The ACT Health Directorate will work with relevant stakeholders on implementation of the new provisions for access to medical abortions. For example, additional training will be required for some medical practitioners who wish to prescribe MS-2 Step (mifepristone and misoprostol).
- For women in the ACT, pregnancy termination services are available through the Marie Stopes Clinic located in Civic and Gynaecology Centres Australia (GCA) in Queanbeyan.
- Online services available through the Tabbot Foundation are currently accessed by ACT residents through a pharmacy in Queanbeyan.
- On 15 August 2018, a Notice of Motion by Ms Cody was passed, with amendment. That amended Motion gives this Government a mandate to seek to ensure that people, especially women, can have confidence in seeking the reproductive health services they need. ACT Health are preparing advice to Government on this issue.

### Exclusion zones in the ACT

- Women who have made the decision to end a pregnancy have the right to access the medical services they need without enduring the judgement of others.
- To minimise barriers to access, the government introduced a patient privacy zone around approved facilities, which at the time applied only to the health facility at 1 Moore Street in Civic in 2016. That location is then publicly listed as an exclusion zone location.
- The requirement to have a business's name and address publicly listed could be a barrier to general practitioner's providing medical abortion services. In order to increase access to medical abortions and provide continuity of care, there will no need to have a facility approved and listed publicly in order to prescribe or dispense MS-2 Step.
- Medical practices and pharmacies may request that an exclusion zone be implemented around their premises. Should they do so, the business name and address will be publicly listed as a provider of medical abortion services.
- The exclusion zone at the Marie Stopes clinic in Civic remains unchanged.

Cleared as complete and accurate:	24/10/2018	
Cleared by:	Executive Director	Ext: 79143
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## ANNUAL REPORT HEARING BRIEF

GBC18/688 - 70

**Portfolio/s:** Health and Wellbeing

**ISSUE: END OF LIFE**

### Talking points:

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

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## ANNUAL REPORT HEARING BRIEF

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

### Key Information

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

Cleared as complete and accurate:	24/10/2018	
Cleared by:	Executive Director	Ext: 79143
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## ANNUAL REPORT HEARING BRIEF

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

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

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

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

Cleared as complete and accurate:	24/10/2018	
Cleared by:	Executive Director	Ext: 79143
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## ANNUAL REPORT HEARING BRIEF

GBC18/688 - 71

**Portfolio/s:** Health and Wellbeing

**ISSUE: EPILEPSY**

### Talking points:

- ACT Health Directorate acknowledges the valuable work Epilepsy ACT provides the community and people who have been diagnosed with epilepsy.
- ACT Health Directorate has agreed to provide a grant of \$100,000 to Epilepsy ACT (EACT).
- This grant will allow EACT to work with ACT Health Directorate to develop a model to address the needs of people living with epilepsy and any gaps in the ongoing provision of support and information. The model will also be used to capture data on the needs and uses of services for people living with epilepsy.
- Ongoing funding for this model will be subject to future budget considerations.
- ACT Health Directorate already provides services for people with epilepsy in the form of diagnostic services, such as clinical assessment and investigations, using computed tomography (CT) scan, magnetic resonance imaging (MRI) and electroencephalography (EEG), and advice on treatment.
- Treatment includes medical and, if appropriate, referral to centres in Sydney for specialist surgical treatments. The emergency department and intensive care unit, in conjunction with the neurology department, also manage uncontrolled epileptic seizures and status epilepticus.
- On average, the majority of people who have epilepsy will control it well, and a sizeable proportion will have associated abnormalities such as learning difficulties, autism or behavioural disorders, all of which need managing.

### Key Information

- EACT is a not-for-profit, self-help community service organisation formed in 1982 to provide services for people with epilepsy, their families and the community.

Cleared as complete and accurate:	24/10/2018	
Cleared by:	Executive Director	Ext: 79143
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Lead Directorate:	Health	





## ANNUAL REPORT HEARING BRIEF

- EACT provides support, reassurance, advocacy, referral and information to people with epilepsy. They promote an understanding of epilepsy, through education and increased community awareness.
- EACT currently provides a range of services including:
  - Personalised case management;
  - Personalised advocacy-seeking work and education adjustments;
  - Information provision;
  - Individual care planning;
  - Community building;
  - Community advocacy; and
  - Training.
- EACT charges a fee for its training program and provide 25 training sessions per year.
- EACT has not previously advised the ACT Government of their financial difficulties.
- EACT were previously funded \$83,497.
- EACT received \$142,000 transitional funding from the NDIA from July 2016 up until February 2018 from the Information, Linkages and Capacity (ILC) funding program of the NDIA.
- EACT received \$44,000 Business Package from the ACT Government in 2017 following them being unsuccessful in the first grant round of ILC in 2017.

Cleared as complete and accurate:	24/10/2018	
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## ANNUAL REPORT HEARING BRIEF

GBC18/688 - 72

Portfolio/s Health & Wellbeing

### ISSUE: CANNABIS LEGALISATION

#### Talking points:

- Issues relating to cannabis diversion are the subject of considerable ongoing debate.
- Any amendments to legislation regarding cannabis possession and cultivation, must be carefully considered, and take into account the best available evidence around implications related to adverse health effects
- Consistent with the National Drug Strategy 2017-2026, the ACT Government is developing the ACT Drug Strategy Action Plan 2018-2021. Both the National Drug Strategy and the Drug Strategy Action Plan are underpinned by the three pillars of harm minimisation: demand reduction, supply reduction and harm reduction.
- The Drug Strategy Action Plan is due to be finalised by the end of 2018.

#### Key Issues:

##### Harms of cannabis

- Cannabis use has been associated with substantial adverse health effects, some of which have been determined with a high level of confidence.
- Most studies report adverse effects from:
  - Short-term cannabis use, for example, impaired short-term memory and motor coordination, altered judgment and, in high doses, paranoia and psychosis.
  - Long-term or heavy cannabis use, for example, addiction, altered brain development, symptoms of chronic bronchitis and increased risk of chronic psychosis disorders, including schizophrenia, in persons with a predisposition to such disorders.
- Cannabis, like other drugs of abuse, can result in addiction. During intoxication, cannabis can interfere with cognitive function (e.g. memory and perception of time) and motor function (e.g. coordination), and these effects can have detrimental consequences (e.g. motor-vehicle accidents).

Cleared as complete and accurate:	17/10/2018	
Cleared by:	Deputy Director-General	Ext: 52439
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TRIM Ref: GBC18/688



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- Repeated cannabis use during adolescence may result in long-lasting changes in brain function that can jeopardise educational, professional, and social achievements.

### Medicinal use

- Since 1 November 2016 some cannabis products have been able to be prescribed by doctors for medicinal use in Australia, including the ACT.
- In order to prescribe cannabis as a controlled medicine, doctors should obtain authority from the ACT Chief Health Officer under the same process which currently applies for other controlled medicines such as opiates and amphetamines.
- Only registered medical practitioners can apply for an authority to prescribe a controlled medicine for one of their patients.

Cleared as complete and accurate: 17/10/2018  
Cleared by: Deputy Director-General Ext: 52439  
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Lead Directorate: Health

TRIM Ref: GBC18/688



## ANNUAL REPORT HEARING BRIEF

GBC18/688 -73

**Portfolio/s:** Health and Wellbeing

### **ISSUE: GAY CONVERSION THERAPY**

#### **Talking points:**

- 'Gay conversion therapy' or 'conversion therapy' are umbrella terms for a range of practices intended to change or suppress a person's sexual orientation or gender identity.
- The practice of conversion therapy is inconsistent with the inclusive values of Canberrans.
- The ACT Health Directorate is not aware of these practices currently being undertaken in the ACT, and will work to ensure they cannot be offered in the future.
- The ACT Health Directorate is investigating legislative amendments to ban conversion therapy.

#### **Key Information**

- ACT Health Directorate is working with Justice and Community Safety (JACS) to consider legislative options for effecting a ban on conversion therapy in the ACT.
- The Victorian Health Complaints Commissioner is undertaking an inquiry into the practice of conversion therapy in Victoria.
- The Queensland Health Minister has also asked her Department for advice on banning conversion therapy.

#### **Background Information**

- Following the Minister's announcement to ban conversion therapy earlier in the year, ACT Health Directorate developed an issues paper including a brief jurisdictional review and examination of options for the prohibition of the practice in the ACT.
- The Minister has requested that the ACT Health Directorate work with JACS to ban conversion therapy in the ACT through legislative means.
- Most gay conversion therapy is offered under the umbrella of spiritual guidance or counselling through religious organisations. This is usually offered within the church and is generally not advertised as gay conversion therapy. It is therefore difficult to prohibit a practice which is not advertised, nor which may or may not be intended to "convert" an individual away from same-sex attraction.

Cleared as complete and accurate:	24/10/2018	
Cleared by:	Executive Director	Ext: 79143
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## ANNUAL REPORT HEARING BRIEF

- There are human rights implications for banning gay conversion therapy which may become apparent through community consultation. For example, someone experiencing confusion about their sexuality, unwanted same-sex attraction, or internalised homophobia, should be able to seek appropriate supportive counselling and support, which may or may not involve seeking to convert away from those feelings.
- There may also be implications for free speech and the rights of individuals to pursue their own goals within a confidential therapeutic environment.
- Care must be taken to ensure religious organisations in Canberra understand they are not under attack, rather, it must be communicated to them that conversion therapy practices are unacceptable and there is extensive evidence that they cause significant psychological harm.
- Protections for practitioners who are providing legitimate support to individuals may also be required in the event of a complaint made against them without sufficient evidence of conversion being attempted.
- Several states in the USA have recently banned gay conversion therapy being offered by licenced mental health practitioners to minors. However, conversion therapy could still take place amongst unregistered practitioners or within religious institutions.
- The Republic of Ireland has recently passed 'stand alone' legislation which bans conversion therapies.
- A legislative response should be considered in the context that conversion therapy should not pathologise individuals and should not be considered an issue of medical malpractice.

Cleared as complete and accurate:	24/10/2018	
Cleared by:	Executive Director	Ext: 79143
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## ANNUAL REPORT HEARING BRIEF

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**Portfolio/s:** Health and Wellbeing  
Higher Education

### ISSUE: HEALTHY AND ACTIVE LIVING BUDGET

#### Talking points:

- The ACT Government is providing \$4 million from 2017-18 for four years to develop a comprehensive cross-sector approach to support healthy and active living and prioritise prevention.
- This builds on the foundations created under the Healthy Weight Initiative, with continued centralised coordination based in Chief Minister, Treasury and Economic Development directorate.

#### Key Information

- The Workforce, Governance and Capability division in Chief Minister, Treasury and Economic Development Directorate provided central coordination to support the *Healthy Weight Initiative*, which commenced in 2013.
- The Economic Development division in CMTEDD is the central coordination point for development of the *Healthy and Active Living Strategy*. There is a significant amount of work across government that already contributes to promoting and protecting health and wellbeing. Some examples include: health promotion and prevention in ACT Health; health promotion in Education; planning and sustainability in EPSDD; active travel in TCCS; and early intervention work in CSD. The approach for the Healthy and Active Living Strategy is to align with, and enhance, these activities to maximise impact. Additional activities will not duplicate existing work and programs.
- In addition to providing a coordination role, the Economic Development division has a number of business units whose functions can also contribute to a more comprehensive approach to preventive health.
- The Sport and Recreation and artsACT teams are relevant to individuals and communities embedding healthy and active living as their way of life. The Tertiary Education, Training and Research and Innovation teams align with a greater focus on economic opportunities for Canberra arising from a more comprehensive approach to preventive health. Visit Canberra, Events ACT and Study Canberra provide linkages to promoting Canberra as a destination of choice for the healthy and active lifestyle available here.
- ACT Health and the Chief Health Officer continue to have primary responsibility for preventive health policy and understanding the challenges for the ACT.

Cleared as complete and accurate:	06/11/2018	
Cleared by:	Deputy Director-General	Ext: x75564
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Lead Directorate:	Chief Minister, Treasury and Economic Development	

TRIM Ref:



## ANNUAL REPORT HEARING BRIEF

- The Healthy and Active Living team in Economic Development, CMTEDD has two FTE funded from the \$1 million annual allocation, one SOG A and one SOG C. ACT Health fund a seconded officer supporting this work, who is based three days a week in CMTEDD and two days a week in ACT Health.

### Background Information

- Healthy and Active Living funding from 2017-18 in the amount of \$274,000 had not been allocated as the transition from the Healthy Weight Initiative is still being finalised. This funding was re-profiled to 2018-19 and will be available to support priorities under the *Healthy and Active Living Strategy* being developed.
- *Healthy Weight Initiative* funding from 2017-18 in the amount of \$280,000 that had not been allocated was re-profiled to 2018-19. This is supporting continued delivery of existing programs such as *It's Your Move*, *Fresh Tastes* and *Ride or Walk to School* that promote healthy eating and physical activity for our school children.

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## ANNUAL REPORT HEARING BRIEF

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**Portfolio/s:** Health & Wellbeing

### **ISSUE: DRUG STRATEGY ACTION PLAN**

#### **Talking points:**

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

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## ANNUAL REPORT HEARING BRIEF

GBC18/688 - 76

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

- The opt-out period has officially been extended by the Australian Government to end on 15 November 2018, instead of the previously planned 15 October 2018.
- Members of the public are able to cancel their My Health Record after this date if they wish.
- It is reported that 1.1 million people have opted out during the current opt out period and 6.2 million people have opted into a My Health Record nationally.
- Amendments have been made to the *My Health Record Act 2012* to strengthen privacy provisions, ensuring that health information cannot be disclosed to law enforcement agencies and other government bodies without a court order or the consumer's express consent.
- The Senate Community Affairs References Committee released their report on the My Health Record on 19 October 2018 with 13 recommendations.
- Commonwealth Minister for Health Greg Hunt announced on 7 November 2018 that in addition to the amendments made in July 2018, the Government will act on multiple recommendations from the Senate enquiry including increasing the criminal penalty for unauthorised access from two to five years in jail and the maximum fine from \$126,000 to \$315,000; strengthened provisions to safeguard those who suffer domestic abuse; and restrictions from employers getting access to data.
- Minister Hunt also announced a review into whether it is appropriate that parents have default access to the records of their 14 to 17 year old children. Currently, the parents of 14 to 17 year olds do have automated

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## ANNUAL REPORT HEARING BRIEF

access to their child's My Health Record, however that access can be removed or privacy controls can be put in place by the child to ensure that their parents can't access their record or see particular documents in their record. Parents with children under 14 have automatic access to their child's My Health Record. Once a child turns 18, their parents automatically lose access.

- A national television campaign launched on 14 October 2018, airing on metro and regional channels and will run over four weeks.
- 28 per cent of the ACT population have opted in to having a My Health Record, up 1 per cent since July 2018.
- The ACT continues to have the second highest percentage of population that have a My Health Record in Australia as outlined in the statistics below from 21 October 2018.

State	QLD	ACT	NSW	NT	TAS	SA	WA	VIC
% of population	32%	<b>28%</b>	26%	25%	25%	23%	22%	20%

### Key Information

- For all the public hospitals in the ACT the following documents have been uploaded and viewed:
  - 38,858 pathology reports have been uploaded; and
  - 3509 diagnostic imaging reports have been uploaded.
- For all the community sector health facilities within the ACT such as General Practitioners and Pharmacies the following documents have been viewed:
  - 33 Pathology Reports have been viewed; and
  - One Diagnostic Imaging Report has been viewed.
- In the ACT 27,844 out of the 117,990 consumers who have opted in to have a My Health Record have logged in and accessed their My Health Record.
- The ACT Government supported the one month extension of the opt-out period and the strengthening of the *My Health Records Act 2012*.
- The August 2018 COAG Health Council in Alice Springs reached a consensus to extend the opt-out period for the additional month.
- There are 116,889 consumers and 160 healthcare providers registered to the My Health Record system in the ACT as of 23 September 2018.

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- Close to 21,000 clinical documents have been uploaded to the My Health Record in the ACT in August 2018 and a cumulative total of over 7,000 documents have been uploaded by consumers.

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## ANNUAL REPORT HEARING BRIEF

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**Portfolio/s:** Health and Wellbeing

### **ISSUE: NATIONAL PARTNERSHIP AGREEMENTS**

#### **Talking points:**

##### Heads of Agreement

- The Heads of Agreement between the Commonwealth and the States and Territories on public hospital funding and health reform (Heads of Agreement) outlines the strategic priorities for health reform to be included in a new five year National Health Agreement (NHA).
- The ACT Chief Minister signed the Heads of Agreement between the Commonwealth and the States and Territories on public hospital funding and health reform on 27 April 2018.
- By signing the Heads of Agreement the ACT now has funding certainty for its public hospitals for 2020-2025.
- The ACT will receive approximately \$2.5 billion in funding from the Commonwealth for its public hospitals over five years. This amount of funding is subject to change depending the hospital activity level.

##### National Health Reform Agreement

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

##### National Partnership Agreements

- National Partnership Agreements and Project Agreements with the Commonwealth are made under the Intergovernmental Agreement on Federal Financial Relations.
- Funding streams to the States and Territories are facilitated by the following types of agreements:

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## ANNUAL REPORT HEARING BRIEF

- National Partnership Agreements which provide time limited funding for specific projects and service delivery reforms;
  - Implementation Plans which are required if there are jurisdictional differences in context or approach under the National Partnership Agreements; and
  - Project Agreements which are a simpler form of National Partnership Agreements, for low value and/or low risk projects.
- The ACT has agreements with the Commonwealth for activities including breast screening, dental services for adults, vaccines, encouraging clinical trials and surveillance of foodborne disease and vaccine preventable diseases.
  - Finalisation of the National Partnership Agreements or Project Agreements can take time as funding levels and achievable outcomes are negotiated, however the ACT has continued to provide the required services and has met agreed targets.
  - Currently, the ACT and Commonwealth are at the stage of negotiating two new agreements: the National Partnership Agreement on Electronic Recording and Reporting of Controlled Drugs and the Project Agreement for Comprehensive Palliative Care in Aged Care.
  - The complexities of the range of differing funding mechanisms for public health services underscores the commitment of ACT Health to advocate for longer term national health reform.

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## ANNUAL REPORT HEARING BRIEF

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**Portfolio/s:** Health and Wellbeing

**ISSUE:** NGUNNAWAL BUSH HEALING FARM

### Talking points:

- The Ngunnawal Bush Healing Farm (NBHF) has recently completed its first year of operation.
- The second 14 week day program for the Ngunnawal Bush Healing Farm (NBHF) was completed on 6 September 2018.
- The third program of the NBHF commenced on 25 September 2018 with five clients. It is scheduled to be completed on 14 December 2018. Clients were referred from a range of government and non-government programs within the ACT.
- NBHF staff have provided a number of opportunities to continue to strengthen links and partnerships with organisations and with members of the Aboriginal and Torres Strait Islander community.
- As part of the ongoing development of the NBHF Program, the ACT Health Directorate is conducting a review following the initial 12 months of operations.
- Mr Russell Taylor AM has been contracted to undertake a 12 month review of various aspects of the NBHF.
- Mr Taylor AM is an Aboriginal Australian (Kamilaroi) and former long term Senior Executive Service member of the Australian Public Service. In 2016, he stepped down as CEO of the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) in Canberra. Mr Taylor is also a former CEO of the NSW Aboriginal Housing Office (AHO), the Chair of the Burbangana Group and the 2018 NAIDOC Male Elder of the Year
- Mr Taylor will examine and report on:
  - The existing and future governance arrangements for the NBHF;
  - The strengths of current programs and potential future additions or improvements;
  - Operational and service delivery models of the NBHF;

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