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Campaign	(a) What advertising collateral was produced	(b) What media and other communication channels were used	(c) What were the target campaign outcomes	(d) What reach and frequency figures were achieved	(e) Were the actual campaign outcomes achieved
After Hours and Emergency Department Diversion* (over \$25,000 in 2018/19)	Social media, including animated videos and digital formatting across a range of devices	Posters, brochures and promotional merchandise, ACT Government channels including Our Canberra, digital signage ACT Health website, third party websites, social media	<ul style="list-style-type: none"> Increase awareness of after hours primary health care services improve patient health literacy about the appropriate health services for non-urgent conditions. Educate the public about the role of emergency departments. Encourage choosing the most appropriate public health service for their health care needs. 	<ul style="list-style-type: none"> The campaign is still in progress. Indicative results are showing the campaign is performing well 	The campaign is still underway.
Healthier Choices Canberra* (over \$25,000 in 2018/19)	Digital display, online video ads, social media, Google ads and remarketing, television and radio	In-store and in-venue, digital screens, Ministerial announcements and media engagement including media releases, targeted media pitches and events	<ul style="list-style-type: none"> Create awareness of the Healthier Choices Canberra program. Drive demand for healthier choices in participating businesses and supporting canteens. 	<p>The campaign is still underway. The following interim reach figures have been recorded as of January 2019:</p> <ul style="list-style-type: none"> Social media: 291,776 people reached Digital display: 150,891 impressions Online video ads: 89,262 impressions 	The campaign is still underway.

<p>University of Canberra Hospital (over \$25,000 in 2018)</p>	<p>Video, print, digital, radio and press advertisements, social media, print</p>	<p>Posters, brochures, promotional merchandise, ACT Government channels including Our Canberra, digital signage, ACT Health website, third party websites, social media, events, ministerial announcements, media engagement</p>	<ul style="list-style-type: none"> • Raise public awareness of the purpose and role of the hospital 	<ul style="list-style-type: none"> • Google ads and remarketing: 72,519 • Media coverage for the Healthier Choices Product Design Competition event in May 2018 included news items across local TV, radio, magazines, print and online and an audience reach of over 217,000. 	<p>Yes, communication reached the target audience and the University of Canberra Hospital reports good consumer and visitor understanding about the purpose of the hospital.</p>
			<ul style="list-style-type: none"> • Reach and frequency figures across June – August 2018: <ul style="list-style-type: none"> • Audience reach for media coverage was approximately 263,000 with news items across tv, radio, print and online. • Online banner and display advertising (targeted towards people in the ACT over 18 years of age, with a skew towards north Canberra) delivered 501,438 impressions and 317 click throughs. • A total of 210 advertising spots aired across FM radio stations. • Approximately 187,000 people over 18 years (52.54% of the audience group) heard our radio ad one or more times. • Approximately 121,000 people over 18 years (33.9% of the audience group) heard 		

Walk-in Centres – Gungahlin (over \$25,000 in 2018)	Social media, digital signage and display banner advertisements, print, online and radio.	Ministerial announcement, media engagement including media releases and events, promotional merchandise, ACT Government channels	<ul style="list-style-type: none"> Promote the opening of the Gungahlin Walk-in Centre prior to, and in preparation of its opening on 4 September. Engage external stakeholders throughout the construction, ‘coming soon’ and opening phases of the Gungahlin Walk-in Centre. Encourage audiences to choose the most appropriate health service for their health care needs. 	<ul style="list-style-type: none"> our radio ad three or more times. The circulation figure for all press advertising was a combined 373,000. The Gungahlin campaign comprised eight press advertisements, divided into two sets (‘coming soon’ and ‘now open’), targeted towards either young adults or parents. These advertisements received 450,000 impressions and 60,000 unique users at a CPM of \$6.68. The radio advertisements record reaching 41.27% of the 18-24 year old audience and 32.52% of the parent/caregiver audience. Each listener heard the advertisement an average of 5.22 times, ideal for message retention. The HerCanberra homepage advertisement ran from 23 August to 18 September. This delivered 26,284 impressions and reached 7,400 unique users – they each saw the advertisement an average of 3.55 times. The CTR was an industry average of 0.05 per cent. 		<ul style="list-style-type: none"> The Walk-in Centre webpages had a total of 32,386 pageviews and 22,370 unique visitors between July and December 2018. The average number of people visiting one of Canberra’s Walk-in Centres jumped from 128 per day in the six weeks prior to the Gungahlin Walk-in Centre opening, to 167 people per day in the six weeks after. 86% of Canberrans are satisfied with the service they received at one of Canberra’s Walk-in Centres.
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<p>Kilojoules on the menu (over \$25,000 in 2018)</p>	<p>Shopping centre ads, digital ads, social media and a dedicated webpage</p>	<p>Media announcement</p>	<ul style="list-style-type: none"> • Encourage consumers to notice, read, understand and use kilojoule displays to guide healthier food and drink choices at standard food outlets. 	<ul style="list-style-type: none"> • Digital advertising also ran on the My Gungahlin website and Facebook account. This social media post reached nearly 12,000 people with an engagement rate of 9% (and a 4.38% click through rate). • Our Canberra published a total of ten articles between August and December, with a strong focus on the Gungahlin Walk-in Centre. • Media coverage for the opening of the Walk-in Centre included a reach of 14,000 with news items across local TV, radio, online and print and magazines. 	<ul style="list-style-type: none"> • Social media: 123,984 reach • Shopping centre ads: in 5 shopping centres for 4 weeks • Media included news items across print and online news with an audience reach of over 34,000. 	
				<ul style="list-style-type: none"> • Results of a consumer survey undertaken in ACT food courts found: <ul style="list-style-type: none"> • people are continuing to eat at standard food outlets on a regular basis • effective use of the available kilojoule display information is limited by gaps in consumer knowledge and understanding • up to one third of adult consumers notice kilojoule displays when they purchase food and drinks <p>This campaign was successful in helping us identify future health promotion needs around guiding</p>		

Smoking in Pregnancy (If you smoke your future's not pretty and Quit for You, Quit for Two (over \$25,000 in 2016 and 2017)	Digital, cinema, shopping centre, digital advertising and social media	Ministerial announcement and media release, stakeholder engagement, print product	<ul style="list-style-type: none"> Increase awareness and knowledge of the health impacts of smoking, especially while pregnant. Increase awareness and knowledge of available quit strategies, support services and resources. 	<p>If you smoke your future's not pretty:</p> <ul style="list-style-type: none"> Digital and social media: 387,658 impressions, 1,256 engagements and 1,670 completed views. <p>Quit for You, Quit for Two:</p> <ul style="list-style-type: none"> Digital advertising: 483,333 impressions Shopping centre: 42 screens over 4 weeks Cinema: screened 125 times over 5 weeks 	consumers to make healthier food choices. Awareness amongst the target audience was achieved through the high reach and impressions of campaign material.
ACT Cervical Screening Program (over \$25,000 in 2014, 2016 and 2017)	Online video, print, digital and social media	Community education, posters and brochures, website	<ul style="list-style-type: none"> Maintain cervical screening program participation rates in the ACT before the national register is launched. 	<p>In 2016 the following reach figures were recorded:</p> <ul style="list-style-type: none"> Online video: 165,593 impressions were delivered with 115,592 views Social media: 97,000 views Digital media: best performing online article achieved 25,670 views Website: 2,271 page views 	Yes, an increased percentage of women are participating in the screening program against a background of falling rates in other Australian states.
Sugar Swap Challenge (over \$25,000 in 2016)	Television, print, digital and social media	Posters, brochures, Ministerial launch and media release	<ul style="list-style-type: none"> Encourage families with children aged 8 years and under to swap sugary snacks, cereals and drinks for 	<ul style="list-style-type: none"> TV: 68% of the target audience saw the TV ad 3+ times Editorial: reached 124,025 people 	The campaign was successful in engaging families in the sugar swap challenge.

<p>Back to school (over \$25,000 in 2016)</p>	<p>Digital advertising and social media</p>	<p>Nil</p>	<p>healthier alternatives in a 4-week challenge.</p>	<ul style="list-style-type: none"> • Social media: 772,896 people were reached with 97,050 video views 	<p>1,277 people registered for the Sugar Swap Challenge</p> <p>Over half (52%) of respondents overall recognised the Sugar Swap Challenge</p> <p>16% of parents who recognised the Sugar Swap Challenge advertisement stated that they 'changed their behaviour or acted' as a result of seeing the ad.</p> <p>Respondents to the survey reported taking the following actions in the three months following the campaign:</p> <ul style="list-style-type: none"> • swapping out sugary drinks (53% parent, 54% child) • swapping out sugary cereals and snacks (56% parent, 58% child).
			<ul style="list-style-type: none"> • Increase engagement of parents with children aged 8 years and under in healthy lifestyle behaviours. 	<ul style="list-style-type: none"> • Social media: 572,717 unique people reached with 12,702 unique visits to editorial and social posts • Webpage: 10,651 views 	<p>Yes, respondents reported relatively high levels of taking steps three months following the campaign to increase healthy behaviours for both themselves and their children:</p> <p>This included:</p> <ul style="list-style-type: none"> • increasing the amount of vegetables for both themselves (59%) and their children (72%) • parents (61%) taking steps to increase the amount of fruit in their child's diet.

<p>Good Habits for Life (over \$25,000 in 2014)</p>	<p>Television, cinema, radio, online</p>	<p>Community education, Ministerial launch</p>	<ul style="list-style-type: none"> • Increase engagement of parents with children aged 8 years and under in healthy lifestyle behaviours. 	<ul style="list-style-type: none"> • TV: 70% of the target audience saw the TV ad 3+ times • Cinema: adverts screened 90 times over 4 weeks • Radio: adverts were played 200 times over 4 weeks • Webpage: a total of 38,773 views were recorded 	<p>Yes, parents reported relatively high levels of taking recent actions to increase healthy behaviours in both the pre and post surveys for themselves and their children.</p>
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(5)

(a) Advertising campaign strategy and expenditure is approved by the responsible Executive Group Manager, Deputy Director General and Director General before approval is sought from the responsible Minister.

(b) Advertising campaigns are approved by the responsible Executive Director and the CEO before approval is sought from the responsible Minister.

(6) Both ACT Health and Canberra Health Services employ professional communication staff.

Communication staff have training, qualifications and/or significant experience in professional communication. They are responsible for ensuring the communication strategies deliver value for money to the ACT Government.

Advertising campaigns are designed with evaluation mechanisms built in. At the conclusion of a campaign the activity is evaluated to determine the reach and impact of messaging, which informs value for money, and improves strategies in future campaigns

Evaluations are used to inform future campaign design to ensure ongoing value and success. All campaigns go through the Independent Reviewer process and are carried out by members of our creative services panel (if contracted out).

Approved for circulation to the Member and incorporation into Hansard.



Meegan Fitzharris MLA

Minister Health and Wellbeing

Date: 2/4/2019

This response required 2530 minutes to complete at an approximate cost of \$3416.85

**MINISTER FOR HEALTH AND WELLBEING
LEGISLATIVE ASSEMBLY QUESTION**

Notice Paper 32 – 17 April 2019

Question No. 2506

Mrs Dunne - Asked the Minister for Health and Wellbeing:

- (1) How many positions did (a) ACT Health and (b) Canberra Health Services, have at each Executive Level classification on (i) 31 December 2018 and (ii) 1 May 2019.
- (2) What are the reasons for any changes in the numbers given in the answer to part (1) for (a) ACT Health and (b) Canberra Health Services.
- (3) How many and at what levels were statutory office holders employed in (a) ACT Health and (b) Canberra Health Services as at 1 May 2019.

Ms Fitzharris - The answer to the Member's question is as follows:

(1)

(a) ACT Health Directorate:

Classification	31 Dec 18	1 May 19
Director General	1	1
Contract Executive Level 3	3	3
Contract Executive Level 2	10	10
Contract Executive Level 1	18	17
Total	32	31

(b) Canberra Health Services

Classification	31 Dec 18	1 May 19
Chief Executive Officer	1	1
Contract Executive Level 3	1	1
Contract Executive Level 2	12	13
Contract Executive Level 1	3	2
Total	17	17

(2)

(a) The change in numbers of executive positions in the ACT Health Directorate between 31 December 2018 and 1 May 2019 is reflective of the operational needs and requirements of the Directorate.

(b) There have been no increases in executive positions in Canberra Health Services since December 2018.

(3)

(a) The ACT Health Directorate has no Statutory Office Holders.

(b) Canberra Health Services has no statutory office holders.

Approved for circulation to the Member and incorporation into Hansard.	
Meegan Fitzharris MLA Minister Health and Wellbeing	Date:.....
This response required 205 minutes to complete at an approximate cost of \$493.65	

6 HEALTH

INTRODUCTION

- 6.1 The ACT 2018-19 *Budget Statement C* states that the Health Directorate partners with the community and consumers for better health outcomes by:
- delivering patient and family centred care;
 - strengthening partnerships;
 - promoting good health and well-being;
 - improving access to appropriate healthcare; and
 - having robust safety and quality systems.⁸⁰¹
- 6.2 The Health Directorate provides health services under Output Class 1: Health and Community Care, at a budgeted total cost for the 2018-19 financial year of \$1.444 billion, of which ACT Government payment outputs make up \$311 million.⁸⁰²
- 6.3 The Health Directorate provides services through the following output classes:
- Output Class 1: Health and Community Care;
 - Output 1.1: Acute Services;
 - Output 1.2: Mental Health, Justice Health and Alcohol and Drug Services;
 - Output 1.3: Population Health;
 - Output 1.4: Cancer Services;
 - Output 1.5: Rehabilitation, Aged and Community Care; and
 - ACT Local Hospital Network.⁸⁰³
- 6.4 The Health portfolio includes the ACT Local Hospital Network (LHN), which was established under the *Health Act 1953* and is administered by the Director-General of the Health Directorate and supported by staff from the Health Directorate.⁸⁰⁴
- 6.5 Ministerial responsibility for the work of the Health Directorate is divided across two Ministers. On Thursday, 21 June 2018, the Committee met with the Minister for Corrections and the Minister for Mental Health. The Committee also met with the Minister for Health and Wellbeing.

⁸⁰¹ ACT Budget 2018-19, *Budget Statement C, Health*, p. 1.

⁸⁰² ACT Budget 2018-19, *Budget Statement C, Health*, p. 11.

⁸⁰³ ACT Budget 2018-19, *Budget Statement C, Health*, pp. 11-37.

⁸⁰⁴ ACT Budget 2018-19, *Budget Statement C, Health*, p. 37.

ACUTE SERVICES

6.6 Output 1.1 refers to a comprehensive range of acute care, including:

- tertiary inpatient, outpatient and ambulatory services to the Australian Capital Territory (ACT) and surrounding New South Wales (NSW);
- emergency department, intensive care unit and retrieval services;
- a range of medical speciality services including cardiology, respiratory, gastroenterology, neurology, endocrinology, rheumatology and renal services;
- elective and emergency surgery services in general surgery; and
- services for women, youth and children in obstetrics, gynaecology, gynaecology surgery, paediatrics and paediatric surgery.⁸⁰⁵

MATTERS CONSIDERED

6.7 Under Output 1.1: Acute Services and ACT Local Hospital Network (LHN), the Committee considered the following matters:

- Calvary Public Hospital – Ms Katy Gallagher’s employment;⁸⁰⁶
- Canberra Hospital – infrastructure and planning;⁸⁰⁷
- expansion of north-side hospital services;⁸⁰⁸
- University of Canberra Public Hospital;⁸⁰⁹
- Calvary Public Hospital – maternity ward upgrade;⁸¹⁰
- Centenary Hospital for Women and Children;⁸¹¹
- Canberra Hospital – electrical switchboard;⁸¹²
- elective surgery;⁸¹³
- response to emergency pressures;⁸¹⁴
- capital expenditure;⁸¹⁵
- contract panels;⁸¹⁶

⁸⁰⁵ ACT Budget 2018-19, *Budget Statement C, Health*, p. 11.

⁸⁰⁶ *Proof Transcript of Evidence*, 21 June 2018, pp. 437-438.

⁸⁰⁷ *Proof Transcript of Evidence*, 21 June 2018, pp. 439-443.

⁸⁰⁸ *Proof Transcript of Evidence*, 21 June 2018, pp. 441-443; See Question Taken on Notice no. 84.

⁸⁰⁹ *Proof Transcript of Evidence*, 21 June 2018, pp. 446-448.

⁸¹⁰ *Proof Transcript of Evidence*, 21 June 2018, pp. 447-448.

⁸¹¹ *Proof Transcript of Evidence*, 21 June 2018, pp. 448-454; See Question Taken on Notice Nos. 85 and 86.

⁸¹² *Proof Transcript of Evidence*, 21 June 2018, pp. 462-468; See Question Taken on Notice no. 88.

⁸¹³ *Proof Transcript of Evidence*, 21 June 2018, pp. 468-472.

⁸¹⁴ *Proof Transcript of Evidence*, 21 June 2018, pp. 469-473.

⁸¹⁵ *Proof Transcript of Evidence*, 21 June 2018, pp. 477-478; See Question Taken on Notice no. 89.

⁸¹⁶ *Proof Transcript of Evidence*, 21 June 2018, pp.481-482

- ICT funding;⁸¹⁷
- Health Care Consumers' Associations funding;⁸¹⁸
- walk in centres;⁸¹⁹
- staff culture;⁸²⁰
- restructure of the Health Directorate;⁸²¹ and
- system-wide data review.⁸²²

KEY ISSUES

CENTENARY HOSPITAL FOR WOMEN AND CHILDREN

- 6.8 The Committee asked ACT Health about the merging of the birth centre and birth suite management at Centenary Hospital for Women and Children (Centenary Hospital). Directorate officials advised that the process of merging the birth centre the birth suite is currently under consultation and the merging process will reflect what comes out of consultation.⁸²³
- 6.9 When asked if any concerns had come out of the consultation it was noted the Friends of the Birth Centres were concerned about the continuity of the care program being maintained.⁸²⁴
- 6.10 With regards to the continuity of care program, the Committee enquired into the wait times for admission to the birthing centre. The Committee was informed that it takes approximately 15 or 16 weeks for a woman to find out whether or not she has been accepted into the birth centre.⁸²⁵
- 6.11 Clarification was also sought around the continuity of care program for women giving birth at the Centenary Hospital. The Executive Director of Women, Youth and Children stated that:

We have two continuity of care programs. One is the low-risk program, which is known as the Canberra midwifery program. That is a low-risk program for women with quite strict criteria who are looking for very much a drug-free birth and a natural birth. That is one model of care we have for continuity. The other continuity of care model we have is called the catch program, which is a high and mixed model of care.

⁸¹⁷ *Proof Transcript of Evidence*, 21 June 2018, pp. 483-487.

⁸¹⁸ *Proof Transcript of Evidence*, 21 June 2018, pp. 488-489.

⁸¹⁹ *Proof Transcript of Evidence*, 21 June 2018, pp. 490-493.

⁸²⁰ *Proof Transcript of Evidence*, 21 June 2018, pp. 495-497; See Question Taken on Notice no. 93.

⁸²¹ *Proof Transcript of Evidence*, 21 June 2018, pp. 498-502.

⁸²² *Proof Transcript of Evidence*, 21 June 2018, pp. 511-513; See Question Taken on Notice no. 94. See Question Taken on Notice no. 95. See Question Taken on Notice no. 96.

⁸²³ Ms Chatham, *Proof Transcript of Evidence*, 21 June 2018, p. 448.

⁸²⁴ Ms Chatham, *Proof Transcript of Evidence*, 21 June 2018, p. 449.

⁸²⁵ Ms Chatham, *Proof Transcript of Evidence*, 21 June 2018, p. 451.

So women can have any sort of birth that they want. They might be having an elected caesarean section or they may have a very complicated twin delivery, but they are also allocated to their own midwife, who follows them through the antenatal period, birthing and postnatal. They are both incredibly popular models of care.⁸²⁶

6.12 In continuing discussions, the Committee enquired into capacity concerns with the program and wait times. The Executive Director of Women, Youth and Children advised the Committee that three to four women per month do not receive a place in the low-risk model of care at the Centenary Hospital. However, it was noted that there is capacity in the Calvary low-risk model of care.⁸²⁷

6.13 The Executive Director of Women, Youth and Children further noted that the capacity issues were due to staff resources, not bed or the birthing centre resources. Stating that:

It is about staff resources, but it is not that we do not have enough staff. We have staff allocated to that service. We often do not have it fully staffed, because attracting midwives into that program is quite difficult. The program requires a certain type of midwife, who has to be available 24/7. We would like them to work more than 0.6 so that they are available to provide that continuity of care. It is not very family friendly, and often our midwives have children or have families.⁸²⁸

6.14 The Committee asked about other midwifery services provided through the Centenary Hospital, including home births. The Committee heard that a home birth pilot project is currently underway at the Centenary Hospital for women who are within 20 minutes from the Canberra Hospital.⁸²⁹

6.15 The Committee were also informed that the expansion of the home birth program to the Calvary Hospital will be considered once the Centenary Hospital pilot program has been completed and evaluated.⁸³⁰

6.16 Outside of the continuity of care program, the Committee asked about processes in places to address the maternity demand in its entirety.⁸³¹

6.17 The Minister advised that:

One of the concepts currently on the table is to create a single point of entry. That will enable a woman starting their pregnancy and registering with ACT Health to contact the central point and then go to a hospital close to them so they can have a

⁸²⁶ Ms Chatham, *Proof Transcript of Evidence*, 21 June 2018, pp. 452-453.

⁸²⁷ Ms Chatham, *Proof Transcript of Evidence*, 21 June 2018, p. 453.

⁸²⁸ Ms Chatham, *Proof Transcript of Evidence*, 21 June 2018, p. 454.

⁸²⁹ *Proof Transcript of Evidence*, 21 June 2018, p. 450.

⁸³⁰ *Proof Transcript of Evidence*, 21 June 2018, p. 450.

⁸³¹ *Proof Transcript of Evidence*, 21 June 2018, p. 447.

conversation with a midwife about the model of care they wish to choose. The models of care are consistent across Calvary and TCH, and models of care are available in the greater regional as well.⁸³²

COMMITTEE COMMENT

- 6.18 The Committee notes the high demand for participation in the continuity of care program in the ACT. The Committee further notes the difficulty in attracting midwives into this program due to its demanding nature. In light of the merging of services between the birthing suite and birth centre, the Committee believes further clarification and consultation with staff and clients would be of benefit.

Recommendation 54

- 6.19 The Committee recommends that the ACT Government ensure staff and clients at the Centenary Hospital for Women and Children are adequately consulted before any changes are made to current governance arrangements for nursing and midwifery structures, and that consideration is given to the separate and distinct purposes of the birth centre and the birthing suite as part of this process.

Recommendation 55

- 6.20 The Committee recommends that the ACT Government examine the risks associated with expanding the home birth program to the northside catchment (through Calvary Hospital).

Recommendation 56

- 6.21 The Committee Recommends that the Minister for Health and Wellbeing report to the Assembly on the implementation of the 'single point of entry' for maternity services.

CAPITAL EXPENDITURE

- 6.22 The Committee asked about the \$3.5 million that was originally planned for the expansion works of the Centenary Hospital being rolled over to the 2019-20 budget.⁸³³

⁸³² Mr Bone, *Proof Transcript of Evidence*, 21 June 2018, p. 448.

⁸³³ *Proof Transcript of Evidence*, 21 June 2018, p. 448.

6.23 The Acting Deputy-Director General of Corporate advised the Committee that:

It is not a delay. As we work through these complex projects we refine the profiling of the capital requirements over time and we look to reflect that in each subsequent budget. It is really just a reprofiling of moneys.⁸³⁴

6.24 The Minister took questions on notice regarding the schedule for completion of works on the Centenary Hospital project, including the child and adolescent mental health facility. In response, the Acting Minister for Health and Wellbeing, advised the Committee that:

The timeframe for the completion of the works to the Custodial Birth Suite is by the end of the calendar year 2018.

6.25 He further advised on notice:

Planning and design for the CHWC project, including the Adolescent Mental Health Unit, is progressing and the 2018-19 Budget provides \$2.5 million in capital injection and a further 54 million in capital provision.⁸³⁵

Through the progression of the development of design, a detailed delivery and procurement program will be determined. Overall, the project is forecasted to be completed by FY 2021-2022.⁸³⁶

6.26 With regards to capital works, the Committee enquired into the Surgical Procedure Interventional Radiation and Emergency building. The Committee sought advice on the project cost and timeframe in which the project will be completed.⁸³⁷

6.27 The Committee was advised that the expected completion time for the project is 2023-24.⁸³⁸ The Committee was further advised that in last year's budget \$3 million was allocated towards the early planning design work.⁸³⁹

6.28 The Committee noted that the election promise was for \$500 million on the project and the projections provided in this year's budget is only for \$400 million. The Committee was advised that the project completion date is 2023-24 which is beyond the budget projections.⁸⁴⁰

6.29 Following this, the Committee asked whether the \$100 million not identified in this year's budget and forward projection will cover the final two financial years of the projects timeline, which are not identified in the Budget.⁸⁴¹

⁸³⁴ Ms Doran, *Proof Transcript of Evidence*, 21 June 2018, p. 448.

⁸³⁵ See Question Taken on Notice no. 86.

⁸³⁶ See Questions Taken on Notice no. 85 and 86.

⁸³⁷ *Proof Transcript of Evidence*, 21 June 2018, pp. 504-505.

⁸³⁸ *Proof Transcript of Evidence*, 21 June 2018, p. 505.

⁸³⁹ *Proof Transcript of Evidence*, 21 June 2018, p. 505.

⁸⁴⁰ *Proof Transcript of Evidence*, 21 June 2018, p. 505.

⁸⁴¹ *Proof Transcript of Evidence*, 21 June 2018, p. 508.

6.30 The Minister advised that:

At this stage I could not say. We would not anticipate that at the moment, but we need to go through this work. In next year's budget we will have more to say about that. Noting questions about rollovers between years, it may be that some of this money is subsequently rolled forward in order to meet the final end date. It will be difficult, with a project of this scale and size, to determine that now for financial years that are three or four years in the future. You could expect to see further investment in this in next year's budget, to account for the 2022-23 financial year.⁸⁴²

Recommendation 57

6.31 The Committee recommends that the ACT Government provide details of scheduled works, costs and timelines for the:

- Surgical Procedure Interventional Radiation and Emergency project ; and
- upgrades to the Centenary Women's and Children's Hospital.

Recommendation 58

6.32 The Committee recommends that the ACT Government consider bringing forward the completion of the upgrades to the Centenary Hospital for Women and Children, and construction of the Adolescent Mental Health Unit.

CANBERRA HOSPITAL – ELECTRICAL SWITCHBOARD

6.33 The Committee asked for an update on the Upgrade and Maintain ACT Health Assets (UMAHA) program.⁸⁴³

6.34 The Committee was advised that:

One of the elements of the original UMAHA program was a strategic asset management plan for all ACT Health assets. That body of work commenced with a set-in framework. From that, detailed strategic asset management plans have been developed. They were essentially endorsed in February of this year, after quite an extensive process of pulling together the most up-to-date snapshot of all of our buildings.

What we have done with that strategic asset management plan is categorise buildings, going from critical to surplus. And we have linked our strategic asset management plan to our risk registers so that we have a much more refined level of granularity in terms

⁸⁴² Minister Fitzharris MLA, *Proof Transcript of Evidence*, 21 June 2018, p. 508.

⁸⁴³ *Proof Transcript of Evidence*, 21 June 2018, p. 465.

of priority of what our risks are. That is by consequence, likelihood, and then what is our asset priority index.

After the strategic asset management plan which we have for the Canberra Hospital and all of the community health buildings, we also have what are known as asset management plans for individual buildings. We have started them on our priority ones—being, as you would expect, building 1 and building 12, which is the tower block, the emergency department and the operating theatres. That is a living document that constantly evolves as things happen in facilities.⁸⁴⁴

6.35 The Committee asked if there was sufficient money in the UMAHA budget to address the needs that arise out of the strategic asset management plan.⁸⁴⁵

6.36 The Committee was advised that:

There is regular money for the maintenance of assets in the budget. As we are building new infrastructure, we are ensuring that we put in that allowance, going forward, for regular maintenance.

There is the building infrastructure fund, as the minister mentioned, which is a regular allocation in the budget as well. UMAHA has come as a piece—you might almost say exceptional, on top of that—responding to some particular risks that have been identified in the suite of assets.

What our planning now allows us to do is to move over the next four or five years to what I would see as a steady state where we have a planned maintenance program that not so much responds to risks but keeps our risks under control and has a sustainable and understood level of funding to support the ongoing maintenance of our buildings.⁸⁴⁶

6.37 In a Question on Notice the Committee asked a number of questions regarding the consideration of a stage two of the UMAHA project. The Committee also asked if such consideration had been presented to Cabinet and if information regarding stage two of the UMAHA project had been made public. Finally, the Committee sought advice on whether any assessments or recommendations had been made regarding future UMAHA project.⁸⁴⁷

6.38 In response, the Acting Minister advised the Committee that:

A business case for potential UMAHA stage 2 works was developed for the 2018/2019 Budget. A targeted package of ACT Health critical assets upgrades was approved in the 2018/2019 Appropriation to complement existing UMAHA works underway.

⁸⁴⁴ *Proof Transcript of Evidence*, 21 June 2018, pp. 465-466.

⁸⁴⁵ *Proof Transcript of Evidence*, 21 June 2018, p. 466.

⁸⁴⁶ Ms Doran, *Proof Transcript of Evidence*, 21 June 2018, p. 467.

⁸⁴⁷ See Question on Notice 380.

Reports on future or stage 2 works are not publically available as works are still in planning as part of specification development aligned to ACT Health SAMP, Territory-wide Services Framework outputs and essential master planning for ACT Health activities.

Future UMAHA projects will be a continuation of current UMAHA program focus in the following infrastructure areas:

- Fire Systems;
- Electrical Systems;
- Heating Ventilation and Air Conditioning (HVAC) systems;
- ICT infrastructure;
- Hydraulic Systems; and
- Minor building works e.g. flooring and wall vinyl upgrades.⁸⁴⁸

Recommendation 59

6.39 The Committee recommends that the ACT Government table a detailed report of the Upgrade and Maintain ACT Health Assets (UMAHA) Program including the following:

- the individual projects that comprised the program when it began, including the contractor, scope, estimated cost, and timeline for each project;
- subsequent changes made to any elements in the details provided in part (a);
- the details of any projects added to the program after it began, including the contractor, scope, estimated cost and timeline for each project; and
- whether and to what extent the UMAHA budget was increased to allow for any changes or additions outlined in parts (b) and (c).

Recommendation 60

6.40 The Committee recommends that the Minister for Health and Wellbeing table the business case for Upgrade and Maintain ACT Health Assets (UMAHA) stage 2 and the Strategic Asset Management Plan.

⁸⁴⁸ See Question on Notice 380.

RESPONSE TO EMERGENCY PRESSURES

6.41 The Committee asked about specific budget initiatives the Government has put in place to respond to Emergency Department (ED) demand.⁸⁴⁹

6.42 The Committee was advised that:

The funding allocated in this budget is to help us deal with the systemic issues related to attendances in the ED, and the moving of patients both through the ED to discharge back into the community and the admission of patients through into the hospital as part of the ongoing care.

[T]he investments in this year's budget are best described as whole-of-hospital investment, even though they are broken up into specific projects. It is to make sure that, in terms of what we might see as pressures on the emergency department, they are actually around how the hospital as a whole is able to operate, and making sure that we sustainably fund the operations of the hospital as a whole.

We note also that emergency surgery has received funding in this budget. We note that emergency surgery is rising, at over six per cent per year. Elective surgery is rising at around two to 2½ per cent per year. The budget initiatives this year are focused on the emergency department and then on a wider bed strategy in the hospital, noting the winter strategy that we have in planning at the moment and which will be implemented in July, and also the surgery initiatives, both emergency and elective surgery.⁸⁵⁰

COMMITTEE COMMENT

6.43 The Committee believes that the ACT Government should consider adopting a policy similar to Victoria's in which the health minister is advised whenever a patient remains in a hospital emergency department more than 24 hours.

CONTRACT PANELS

6.44 The Committee asked about the increase of elective surgery at Calvary Public Hospital and The Canberra Hospital (TCH) and the potential to move elective surgery to the private sector.⁸⁵¹

6.45 The Committee heard that:

Of the 14,000 elective surgeries projected for next year, a proportion will be allocated to TCH and there is an increased proportion to Calvary. There is a proposal that a

⁸⁴⁹ *Proof Transcript of Evidence*, 21 June 2018, p. 469.

⁸⁵⁰ *Proof Transcript of Evidence*, 21 June 2018, pp. 469-470.

⁸⁵¹ *Proof Transcript of Evidence*, 21 June 2018, p. 481.

number yet to be determined will go into the private sector, through the private panel that we went out to tender for 12 months ago.⁸⁵²

- 6.46 The Committee was advised that there is a possibility that the proportion of surgery that is allocated to the Calvary Public Hospital could be sublet to the Calvary Private Hospital.⁸⁵³
- 6.47 The Committee further enquired into the process in which Calvary Public Hospital could sublet to Calvary Private Hospital. Specifically, the Committee asked whether the subletting of elective surgeries would be transparent and competitive process.⁸⁵⁴
- 6.48 In response, the Committee was advised that:

If we were to allow them to subcontract directly, it would be in a transparent process that ensures the competitive tensions are maintained and that it would be effectively the same as working through the panel on a competitive process.⁸⁵⁵

COMMITTEE COMMENT

- 6.49 The Committee notes that currently Calvary John James Hospital, Barton Private Hospital, Calvary Private Hospital, Capital Coast Surgery, and Canberra Microsurgery are the providers on the panel. The Committee further notes that ACT Health intend to go out to market as a number of providers did not respond in the last round.
- 6.50 The Committee also acknowledges that ACT Health is currently in negotiations with Calvary under their performance agreement and subcontracting arrangements are part of the negotiations.

Recommendation 61

- 6.51 The Committee recommends that the ACT Government implement a process that ensures transparency in contractual negotiations and dealings with contract panel members.**

STAFF CULTURE

- 6.52 The Committee noted two current Public Interest Disclosures (PIDs) relating to the staff culture within ACT Health. In light of the two PIDs, the Committee enquired into approaches the Directorate has taken to support staff.⁸⁵⁶

⁸⁵² Mr Bone, *Proof Transcript of Evidence*, 21 June 2018, p. 481.

⁸⁵³ *Proof Transcript of Evidence*, 21 June 2018, p. 481.

⁸⁵⁴ *Proof Transcript of Evidence*, 21 June 2018, pp. 481-482.

⁸⁵⁵ Ms Doran, *Proof Transcript of Evidence*, 21 June 2018, p. 482.

⁸⁵⁶ *Proof Transcript of Evidence*, 21 June 2018, p. 497.

6.53 The Committee enquired into issues raised about Calvary Public Hospital and an agreement that there should be an investigation into bullying behaviour.⁸⁵⁷

6.54 In response, the Minister advised the Committee that she had written to the CEO of Calvary Health Care in terms of the bullying claims raised at Calvary Public Hospital in Bruce and asked that those claims be thoroughly investigated. The Minister further advised that the CEO of Calvary Health Care had written back to the Minister advising that they claims had been thoroughly investigated.⁸⁵⁸

6.55 The Committee heard that regular meetings, department walk arounds, as well as informal meetings have been used to support staff.⁸⁵⁹ Additionally, the Executive Director of Women, Youth and Children advised the Committee that:

In December, we had a week of three psychologists there to support staff. We brought them into the department to support staff to manage the stress of demand on the service, not just in maternity but also in NICU and the special care nursery.⁸⁶⁰

6.56 The Committee heard that action taken by the ACT Health in managing these types of issues is to set a very clear tone from the top, to set very clear expectations throughout the executive ranks for expected behaviour, and to make very clear to staff the opportunities and avenues to raise any of their concerns.⁸⁶¹

6.57 In response to a Question Taken on Notice the Committee was informed that ACT Health is currently dealing with one PID matter:⁸⁶²

The delegate for ACT Health is considering the request to ensure that all the requirements set out in section 26(1)(c) of the PID Act are met. ACT Health assesses all submissions made as Public Interest Disclosures in accordance with the Public Interest Disclosure Guidelines.⁸⁶³

6.58 The same response indicated there had been an additional two PID requests dealt with by ACT Health in the 2017-18 financial year, of which:

One request was withdrawn by the applicant with no recommendations. One request was declined by the Head of Service as it did not meet the requirement under section 26(1)(c) of the PID Act.⁸⁶⁴

⁸⁵⁷ *Proof Transcript of Evidence*, 21 June 2018, pp. 494-495.

⁸⁵⁸ Minister Fitzharris MLA, *Proof Transcript of Evidence*, 21 June 2018, pp. 494-495.

⁸⁵⁹ Ms Chatham, *Proof Transcript of Evidence*, 21 June 2018, p. 497.

⁸⁶⁰ Ms Chatham, *Proof Transcript of Evidence*, 21 June 2018, p. 497.

⁸⁶¹ Mr De'Ath, *Proof Transcript of Evidence*, 21 June 2018, p. 497.

⁸⁶² See Question Taken on Notice no. 93.

⁸⁶³ See Question Taken on Notice no. 93.

⁸⁶⁴ See Question Taken on Notice no. 93.

COMMITTEE COMMENT

- 6.59 The Committee acknowledges the work undertaken so far to address staff culture issues in the workplace, however, the Committee is concerned that the expectations being set at the executive level are not filtering down to all levels of the Directorate.

RESTRUCTURE OF THE HEALTH DIRECTORATE

- 6.60 The Committee asked about when the details regarding the restructure of the ACT Health would be presented to the Assembly and to the Community.⁸⁶⁵

- 6.61 The Committee heard that:

We are undertaking a very significant body of work at the moment in preparation for separation on 1 October. We are just concluding, through the Head of Service, a piece of work that more clearly defines the roles and accountabilities of the two organisations. That provides a very good signpost for us at the moment on how to comprehensively plan now for the requirements of each of those two organisations. The next step in the transition planning, while there are parallel things happening, is for some consultation with various stakeholders, internal and external, about the higher level roles and accountabilities work. We will work through, very comprehensively now, the various components and elements of work that are required to head to 1 October.

That will engage quite a number of people. I have appointed a director to the transition office, who reports directly to me. At this point in time, while we have some staff appointed to support that work, we are setting up some more structured mechanisms to engage throughout the organisation in the planning process.⁸⁶⁶

- 6.62 The Committee noted that the restructure was not taken to cabinet prior to the announcement. The Minister informed the Committee that the decision ultimately fell with the Chief Minister and the Chief Minister had made the decision not to go through cabinet based on the Minister's recommendation. The Minister further noted that she had had conversations with cabinet colleagues, in particular the Minister for Mental Health.⁸⁶⁷

- 6.63 The Minister further noted that:

Minister Rattenbury and I work very closely together and have since we were both appointed to our respective roles in the health portfolio. We have many meetings to discuss areas of intersection between our various portfolios, but most often that work intersects in the health portfolio. We have very regular formal meetings about that. We

⁸⁶⁵ *Proof Transcript of Evidence*, 21 June 2018, pp. 498-499.

⁸⁶⁶ Mr De'Ath, *Proof Transcript of Evidence*, 21 June 2018, p. 499.

⁸⁶⁷ *Proof Transcript of Evidence*, 21 June 2018, p. 499.

are obviously cabinet colleagues and discuss a range of different health matters in the cabinet context as well. We have had discussions since we were both appointed to these roles in late 2016 about the overall direction of the organisation and the government's priorities for health care, whether that is health care that I am responsible for or mental health care that Minister Rattenbury is responsible for.⁸⁶⁸

- 6.64 The Committee noted that the governance model for ACT Health contract was due to begin on 18 May and be completed on 15 June 2018. The Committee enquired into whether the project had been completed.
- 6.65 The Committee noted that in the Minister's diary there was a scheduled meeting with the former Director-General of ACT Health on 16 March 2018. The Committee asked if the Minister had discussed the Health Directorate's restructure, which had been decided the previous day, during her meeting with the former Director-General.⁸⁶⁹
- 6.66 In response, the Minister advised the Committee that during the meeting the future organisation was discussed and the former Director-General 'subsequently left the organisation'.⁸⁷⁰
- 6.67 The Committee subsequently asked if the loss of the former Director-General had contributed to the high churn rate of senior executives highlighted in the accreditation report, which was published a week after the former Director-General had left ACT Health.⁸⁷¹
- 6.68 The Minister responded, 'no'.⁸⁷²

COMMITTEE COMMENT

- 6.69 The Committee notes that the information published under the *Freedom of Information Act* only shows two diary meetings in the Minister for Mental Health with the Minister for Health and Wellbeing. The Committee acknowledges that the Minister had advised them that she and the Minister for Mental Health have informal conversations and conversations in the cabinet room that would not be recorded in either Ministers' diary.

COMMITTEE COMMENT

- 6.70 The Committee feels that Ministers need to ensure they take appropriate notes at meetings involving significant policy decisions, in accordance with the *Territory Records Act 2002*.

⁸⁶⁸ Minister Fitzharris MLA, *Proof Transcript of Evidence*, 21 June 2018, pp. 499-500.

⁸⁶⁹ *Proof Transcript of Evidence*, 21 June 2018, pp. 500-501.

⁸⁷⁰ Minister Fitzharris MLA, *Proof Transcript of Evidence*, 21 June 2018, p. 501.

⁸⁷¹ *Proof Transcript of Evidence*, 21 June 2018, p. 501.

⁸⁷² Minister Fitzharris MLA, *Proof Transcript of Evidence*, 21 June 2018, p. 501.

SYSTEM-WIDE DATA REVIEW

- 6.71 The Committee enquired into when the Minister for Health and Wellbeing expects to table the system-wide data review in the Legislative Assembly for the ACT (Assembly). The Minister advised the Committee that the report will be tabled in the August sittings. It was further noted that the report was made available to the Minister in early April and is currently undergoing consultation with a wider range of staff in ACT Health.⁸⁷³
- 6.72 When asked if the consultation process will alter the original report's recommendations the Acting Deputy Director-General of Corporate informed the Committee that:
- Yes. In the broadest sense, the recommendations will not change. They may be refined, but I think the consultation will add to the detail of the implementation plan and the prioritisation within that plan in order to reflect, as Mr De'Ath said, the needs of the clinicians.⁸⁷⁴
- 6.73 The Committee asked whether the original report would be provided to the Assembly if the report is altered as a result of the consultation process.⁸⁷⁵
- 6.74 In its response to two Questions Taken on Notice the Directorate also indicated that all recommendations from the ACT Health system-wide data review will be disclosed in the final report, as well as the Government response.⁸⁷⁶

COMMITTEE COMMENT

- 6.75 The Committee notes the response from the Minister to the Committee's questions and seeks further assurance that the Assembly and the public have access to the original report on the system-wide data review, as well as the amended report.
- 6.76 The Committee believes that a high level of transparency in regards to this review, including in the access to all related reports, ensures community access to information that correctly reflects health services delivered in the ACT.

Recommendation 62

- 6.77 The Committee recommends that the Minister for Health and Wellbeing table the report on the system-wide data review, which was provided to the ACT Government prior to consultation with the Health Directorate. The Committee further recommends that the**

⁸⁷³ *Proof Transcript of Evidence*, 21 June 2018, p. 511.

⁸⁷⁴ Ms Doran, *Proof Transcript of Evidence*, 21 June 2018, p. 512.

⁸⁷⁵ *Proof Transcript of Evidence*, 21 June 2018, pp. 512-513.

⁸⁷⁶ See Question Taken on Notice no. 94; See Question Taken on Notice no. 95.

report on the system-wide data review, post consultation be tabled, noting any amendments between the two versions.

CANBERRA HOSPITAL CYSTIC FIBROSIS CLINIC

- 6.78 The Committee discussed the Cystic Fibrosis Clinic with Cystic Fibrosis ACT on Friday 15 June 2018. See Chapter 2 for the associated discussion.

COMMITTEE COMMENT

- 6.79 The Committee notes the limited resources available to people with cystic fibrosis and concerns with the current offsite cystic fibrosis clinic.

Recommendation 63

- 6.80 The Committee recommends the ACT Government undertake work to consider the viability of moving cystic fibrosis clinic to Canberra Hospital to ensure Canberrans with cystic fibrosis are able to access the full suite of tests and allied health professionals they require.

Recommendation 64

- 6.81 The Committee recommends the ACT Government continue to work with Cystic Fibrosis ACT to improve support for people in the ACT living with cystic fibrosis.

MENTAL HEALTH, JUSTICE HEALTH AND ALCOHOL AND DRUG SERVICES

- 6.82 The Health Directorate provides a range of Mental Health, Justice Health and Alcohol and Drug Services through the public and community sectors hospitals, community health centres and other community settings, adult and youth corrections facilities and people's homes across the Territory. These services work to provide integrated and responsive care to a range services including hospital based specialist services and other community based services.⁸⁷⁷

MATTERS CONSIDERED

- 6.83 Under Output 1.2: Mental Health, Justice Health and Alcohol and Drug Services, the Committee considered the following matters:

⁸⁷⁷ ACT Budget 2018-19, *Budget Statement C, Health*, p. 12.

- Winnunga Nimmityjah Aboriginal Health Services;⁸⁷⁸
- medical assessments of detainees at the Alexander McConachie Centre (AMC);⁸⁷⁹
- mental health care for older Canberrans;⁸⁸⁰
- mental health for adolescents;⁸⁸¹
- Office for Mental Health;⁸⁸²
- accommodation services;⁸⁸³ and
- Head Space funding.⁸⁸⁴

KEY ISSUES

WINNUNGA NIMMITYJAH ABORIGINAL HEALTH SERVICES

- 6.84 The Committee asked about coordination of services between the justice health services provided by ACT Health and Winnunga Nimmityjah Aboriginal Health Services (Winnunga) at the Alexander Maconochie Centre (AMC). The Minister for Corrections, Mr Shane Rattenbury MLA, informed the Committee that although details are still being finalised, Winnunga services will be available to all detainees and if indigenous detainees prefer to remain being treated by ACT Health staff they will have that freedom as well.⁸⁸⁵
- 6.85 The Committee queried the partnership and information sharing between Winnunga and ACT Health. The Minister advised the Committee that:
- One of the important elements of this partnership will be information sharing. Winnunga have their own systems, and they will bring that to their treatment of care. But if they are operating a service, for example, from 9 am to 5 pm, there will need to be handover because AMC will have responsibility for other times. They are the important details that are being worked on at the moment.⁸⁸⁶
- 6.86 The Committee then asked further about the services that will be provided by Winnunga. Directorate officials advised the Committee that Winnunga will be providing methadone services and that there is potential for detainees to go between both ACT Health and Winnunga health services.⁸⁸⁷

⁸⁷⁸ *Proof Transcript of Evidence*, 21 June 2018, pp. 417-419.

⁸⁷⁹ *Proof Transcript of Evidence*, 21 June 2018, pp. 420-421.

⁸⁸⁰ *Proof Transcript of Evidence*, 21 June 2018, pp. 421-423.

⁸⁸¹ *Proof Transcript of Evidence*, 21 June 2018, pp. 423-428.

⁸⁸² *Proof Transcript of Evidence*, 21 June 2018, pp. 424-430; See Question Taken on Notice no. 83.

⁸⁸³ *Proof Transcript of Evidence*, 21 June 2018, pp. 430-432.

⁸⁸⁴ *Proof Transcript of Evidence*, 21 June 2018, p. 434.

⁸⁸⁵ Minister Rattenbury MLA, *Proof Transcript of Evidence*, p. 417.

⁸⁸⁶ Minister Rattenbury MLA, *Proof Transcript of Evidence*, p. 418.

⁸⁸⁷ *Proof Transcript of Evidence*, 21 June 2018, p. 419.

6.87 In response to this information the Committee queried the potential risk of a detainee accessing methadone through both Winnunga and ACT Health. The Executive Director of Mental Health, Justice Health and Alcohol and Drug Services informed the Committee that:

For any health care, including methadone, the two clinical teams will have to be absolutely certain who the treating team is. Both Winnunga and justice health have given a commitment to each other not to take on care if the detainee is being treated by the other team. That includes for methadone.⁸⁸⁸

COMMITTEE COMMENT

6.88 The Committee notes that Winnunga and ACT Health use separate information systems. The Committee is concerned that this separation, in conjunction with the fact that detainees have the potential to transfer between Winnunga and ACT Health for methadone services, may increase the risk of detainees accessing methadone simultaneously through both Winnunga and ACT Health.

Recommendation 65

6.89 The Committee recommends that the ACT Government develop a framework, including for maintaining prisoner health records, to ensure coordinated treatment between Winnunga Nimmityjah Aboriginal Health Services and ACT Health.

MENTAL HEALTH FOR ADOLESCENTS

6.90 The Committee asked about adolescent targeted mental health initiatives. The Committee was informed that initiatives related to younger Canberrans is targeted through an assertive outreach program through the Child and Adolescent Mental Health Services (CAMHS). 5.6 Full Time Equivalent (FTE) staff are dedicated to the assertive treatment, which is aimed at providing a service for adolescents from 12 to 18 years old with a mental illness. This initiative is aimed at reducing hospital admission by providing support networks to families of adolescents with mental illnesses.⁸⁸⁹

6.91 When asked what the services and the hours the 5.6 FTE staff will provide, the Executive Director of Mental Health, Justice Health and Alcohol and Drug Services informed the Committee that:

CAMHS is all dedicated to children and adolescents, other than the perinatal service, which focuses on women as well. The hours that that outreach service will be looking to provide care is seven days a week, possibly into the early evening. We need to

⁸⁸⁸ Ms Bracher, *Proof Transcript of Evidence*, 21 June 2018, p. 419.

⁸⁸⁹ Ms Bracher, *Proof Transcript of Evidence*, 21 June 2018, p. 423.

finalise that model of care, but into the early evening. Crisis care after hours will be through our crisis team and the usual emergency services that the mental health service use.⁸⁹⁰

- 6.92 Directorate Officials further highlighted the focus on a step model of care to ensure adolescents receive proper treatment with the view to making sure they can live within the wider community.⁸⁹¹
- 6.93 The Committee enquired about potential need for an adolescent dedicated step up, step down program in the south of the ACT. Directorate Officials informed the Committee that there is a step up, step down for younger people based in Kambah. However, it was noted that the Non-Government Organisation (NGO) that runs the adolescent step up, step down has flagged the need for a more centralised facility or program.⁸⁹²
- 6.94 With the introduction of the Office for Mental Health, the Committee sought advice on the role that the Office for Mental Health will have in looking at the needs of younger children. The Committee was advised that a key priority in the Office for Mental Health's work plan is to provide and oversight across the service system:

So it is looking for a true early intervention approach. We need to look beyond just people needing health treatment for all illness. We need to look at how we pull together a cross-government approach to improve a range of different services and a range of different supports to meet a range of different needs. The office of mental health will be having that as a key priority in the work plan that it develops.⁸⁹³

- 6.95 The Minister for Mental Health further added that services provided to persons under 12 tend to be operated through Education. However, it was highlighted the ACT Health recently rolled out a new program with Menslink that is targeted to younger males around 10 and 11 years old.⁸⁹⁴

COMMITTEE COMMENT

- 6.96 The Committee acknowledges the number of initiatives provided to assist adolescents with mental health issues in the ACT. However, the Committee is concerned that there is no centralisation of step up, step down program services addressing adolescent mental health issues and that this has been an ongoing concern for non-government organisations that run these programs.

⁸⁹⁰ Ms Bracher, *Proof Transcript of Evidence*, 21 June 2018, p. 427.

⁸⁹¹ *Proof Transcript of Evidence*, 21 June 2018, p. 423

⁸⁹² *Proof Transcript of Evidence*, 21 June 2018, pp. 425-426.

⁸⁹³ Ms Shuhyta, *Proof Transcript of Evidence*, 21 June 2018, p. 427.

⁸⁹⁴ Minister Rattenbury MLA, *Proof Transcript of Evidence*, 21 June 2018, pp. 427-428.

Recommendation 66

- 6.97 The Committee recommends that the ACT Government address the need for a centralised facility or adolescent step up, step down program.**

OFFICE FOR MENTAL HEALTH

- 6.98 The Committee asked about the delay in establishing the Office for Mental Health. The Minister informed the Committee that there're were a number of factors that had contributed to the delay including an extensive community consultation process by ACT Health and the full cabinet process required for a whole-of-government sign-off on a remit for the Coordinator-General and the Office for Mental Health.⁸⁹⁵

- 6.99 The Committee asked what short-term goals for the Office of Mental Health would be considering. In response, the Minister advised that the current staff on board are working to raise awareness and build linkages with other agencies and are focused on the recruitment of the Coordinator-General.⁸⁹⁶

- 6.100 The Committee queried the decision behind not adopting Synergia's recommendation that the Office for Mental Health be independent of ACT Health. The Minister advised the Committee that:

I did reflect on this quite a bit. We canvassed a number of possible models. We could have gone for a full legislative model. We thought about whether it perhaps should sit in the central agency—so over at Chief Ministers—or whether sitting with ACT Health was the best.

I really did reflect on this quite a bit. I ultimately formed a view that Health is obviously the primary contact point for much of the mental health work. But I go back to my early comments about needing that whole-of-government perspective. I think having a sponsoring agency is actually very helpful.⁸⁹⁷

- 6.101 In reference to an article in the *Canberra Times* on 3 June 2018, which indicated that the Office of Mental Health would not be part of ACT Health, the Committee also sought clarification to the reporting lines for the Office for Mental Health. In response the Directorate informed the Committee that the Office for Mental Health will sit outside the ACT Health policy unit and will have a direct line to the Director-General.⁸⁹⁸

⁸⁹⁵ Ms Shuhyta, *Proof Transcript of Evidence*, 21 June 2018, p. 424.

⁸⁹⁶ Minister Rattenbury MLA, *Proof Transcript of Evidence*, 21 June 2018, p. 425.

⁸⁹⁷ Minister Rattenbury MLA, *Proof Transcript of Evidence*, 21 June 2018, p. 429.

⁸⁹⁸ *Proof Transcript of Evidence*, 21 June 2018, pp. 429-430.

POPULATION HEALTH

6.102 Output 1.3 seeks to improve the health status of the ACT population through applying primary preventative measures. This involves the promotion of healthy behaviours and environments, as well as interventions to reduce hazards to health and recognising that many social determinants of health such as income disparity access to education, employment opportunities and quality housing are outside of the sphere of influence of the health sector.⁸⁹⁹

MATTERS CONSIDERED

6.103 Under Output 1.3: Population Health, the Committee considered the following matters:

- dental health programs;⁹⁰⁰
- My Health Record;⁹⁰¹
- abortion services;⁹⁰²
- pill testing;⁹⁰³
- immunisations;⁹⁰⁴
- sexual health matters;⁹⁰⁵ and
- palliative care.⁹⁰⁶

KEY ISSUES

PILL TESTING

6.104 In response to questions from the Committee in relation to the recent pill testing trial at the Groovin the Moo festival the Minister for Health and Wellbeing advised that:

Yesterday we received a report from the STA-SAFE consortium that conducted the pill testing trial at the Groovin the Moo festival recently. The recommendations from the report noted its success and encouraged the government—and me as minister—to

⁸⁹⁹ ACT Budget 2018-19, *Budget Statement C, Health*, p. 13.

⁹⁰⁰ *Proof Transcript of Evidence*, 21 June 2018, p. 478; See Question Taken on Notice no. 90.

⁹⁰¹ *Proof Transcript of Evidence*, 21 June 2018, pp. 485-488.

⁹⁰² *Proof Transcript of Evidence*, 21 June 2018, p. 502.

⁹⁰³ *Proof Transcript of Evidence*, 21 June 2018, pp. 502-504.

⁹⁰⁴ *Proof Transcript of Evidence*, 21 June 2018, pp. 508-510.

⁹⁰⁵ *Proof Transcript of Evidence*, 21 June 2018, pp. 514-519; See Question Taken on Notice no. 97; See Question Taken on Notice no. 89.

⁹⁰⁶ *Proof Transcript of Evidence*, 21 June 2018, p. 521.

consider how we might talk about this in a national sense and with a more national approach.⁹⁰⁷

6.105 The Chief Health Officer echoed the positive response to the trial in the STA-SAFE report and, in highlighting that there were a number of recommendations put forward, advised the Committee that pill testing fitted into the harm minimisation framework of the National Alcohol and Drug Strategy, which aims to decrease supply, decrease demand and reduce risk.⁹⁰⁸

6.106 The Committee asked whether the Minister would be advocating the continued use of pill testing at festivals. In her response, the Minister advised that there is a lot of evidence about the dangers of drug use but that there was not as much about pill testing. With the STA-SAFE consortium's report on pill testing at the Groovin the Moo Festival, she believes there is more evidence now available than there was previously.⁹⁰⁹

6.107 With this continued increase in evidence the Minister advised the Committee that:

We would be very open to and welcome a proposal from the same consortium to conduct pill testing at Spilt Milk.⁹¹⁰

COMMITTEE COMMENT

6.108 The Committee notes that pill testing trial at the Groovin the Moo festival was the first trial of its kind undertaken in Australia and that the evidence gathered as part of this trial is important in identifying the role pill testing plays in decreasing supply, decreasing demand and reducing risk.

Recommendation 67

6.109 The Committee recommends that the ACT Government continue to support pill testing and consider future opportunities to run pill testing at events and locations across the ACT.⁹¹¹

Recommendation 68

6.110 The Committee recommends that the ACT Government sponsor an independent review of the pill testing trial, including legal, health and effectiveness issues and present this review to the Assembly.

⁹⁰⁷ Minister Fitzharris MLA, *Proof Transcript of Evidence*, 21 June 2018, pp. 502-503.

⁹⁰⁸ Dr Kelly, *Proof Transcript of Evidence*, 21 June 2018, p. 503.

⁹⁰⁹ Minister Fitzharris MLA, *Proof Transcript of Evidence*, 21 June 2018, p. 504.

⁹¹⁰ Minister Fitzharris MLA, *Proof Transcript of Evidence*, 21 June 2018, p. 504.

⁹¹¹ Mr Wall MLA and Ms Lee MLA did not support this recommendation.

SEXUAL HEALTH MATTERS

6.111 The Committee heard evidence that the rate of Sexually Transmitted Infections (STIs), such as HIV, gonorrhoea, syphilis, and chlamydia have been increasing at varying rates both nationally and in the ACT.⁹¹²

6.112 In response to this evidence, the Committee enquired about funding for sexual health awareness campaigns in the ACT. The Chief Health Officer noted that:

It is certainly there, in the budget; it is just not a new initiative. I will certainly take on board that we need to look at that. It is very much part of the work that the non-government organisations particularly lead. All of the ones that we fund also have very strong social marketing campaigns and so forth.

I think that there are some general messages there which may be a bit old and are not being noted as they were previously, around safe sex in particular. There are some quite specific ones that need to be targeted to higher risk groups around these matters.⁹¹³

6.113 In addition to sexual health awareness campaigns, the Committee sought advice regarding the access to free safe sex options, such as condoms. The Minister advised the Committee that free safe sex options are available through Sexual Health and Family Planning ACT and noted the work being done by the Ministerial Advisory Council on Sexual Health in this space.⁹¹⁴

COMMITTEE COMMENT

6.114 The Committee notes the growth in the reported incidences of STIs and the prevalence of chlamydia in the community. The Committee encourages the expansion of free safe sex options and targeted sexual health awareness campaigns as a proactive response to these concerning trends.

Recommendation 69

6.115 The Committee recommends that the ACT Government dedicate funding to determining why sexually transmitted infections are generally trending up.

⁹¹² Dr Kelly, *Proof Transcript of Evidence*, 21 June 2018, pp. 515-516.

⁹¹³ Dr Kelly, *Proof Transcript of Evidence*, 21 June 2018, pp. 517-518

⁹¹⁴ Minister Fitzharris MLA, *Proof Transcript of Evidence*, 21 June 2018, p. 518.

Recommendation 70

6.116 The Committee recommends that the ACT Government work with partner agencies like Sexual Health and Family Planning ACT, Aids Action Council, youth organisations and advisory committees to develop more targeted sexual health awareness campaigns to address the increase in STIs.

Recommendation 71

6.117 The Committee recommends that the ACT Government investigate making free condoms available at more Government health centres and publish information on its websites about where free condoms are available.

Recommendation 72

6.118 The Committee recommends that the ACT Government consider reporting on sexual health including outcomes in public sexual health as part of the Budget Papers and include further statistical information as part of Annual Reporting.

CANCER SERVICES

6.119 Output 1.4 relates to the Canberra Hospital and Health Services providing a comprehensive range of screening, assessment, diagnostic, treatment and palliative care services. Services provided in inpatient, outpatient and community settings.

6.120 The Committee did not consider any specific matters under Output 1.4: Cancer Services at the hearing, however a number of Questions on Notice did request further information on chemotherapy co-payments.⁹¹⁵

REHABILITATION, AGED AND COMMUNITY CARE

6.121 The key priorities for Rehabilitation, Aged and Community Care, Output 1.5, are:

- Opening of University of Canberra Hospital, transfer of appropriate services from Canberra Hospital and ensuring high quality care at University of Canberra Hospital;

⁹¹⁵ Question on Notice no. 382; Question on Notice no. 394; Question on Notice no. 395; Question on Notice no. 396; Question on Notice no. 397; Question on Notice no. 398; Question on Notice no. 399; Question on Notice no. 400; and Question on Notice no. 401.

- Ensuring effective planning for discharge from public hospitals, including comprehensive aged care assessments where necessary, in order to provide appropriate support for independent living and minimise unplanned readmission; and
- Ensuring that access is consistent with clinical need and timely for community based nursing and allied health services.⁹¹⁶

MATTERS CONSIDERED

6.122 Under Output 1.5: Rehabilitation, Aged and Community Care, the Committee considered the following matters:

- University of Canberra Hospital (UCH) – rehabilitation services;⁹¹⁷
- hydrotherapy services;⁹¹⁸ and
- Hospital in the Home.⁹¹⁹

KEY ISSUES

HYDROTHERAPY SERVICES

6.123 Community concern was raised in regards to the closure of the hydrotherapy pool at Canberra Hospital. The Committee enquired into the reasoning behind the pool's closure and how members of the community could now access hydrotherapy pool facilities within a reasonable distance and at a reasonable price.⁹²⁰

6.124 The Committee was informed by the Directorate that:

I think it is important to note that the hydrotherapy service is moving to the University of Canberra Hospital, as are all rehabilitation services. Arthritis ACT will continue to have the same level of access at UCH as they currently have, but whether or not there is an opportunity for the government to further support access to a hydrotherapy pool at other locations, including potentially the pool at Canberra Hospital, is something we will explore with Arthritis ACT in particular.⁹²¹

6.125 Although the Committee acknowledged that rehabilitation services will be directed to the UCH, concern was raised about access to hydrotherapy services in the south of the ACT. The

⁹¹⁶ ACT Budget 2018-19, *Budget Statement C, Health*, p. 14.

⁹¹⁷ *Proof Transcript of Evidence*, 21 June 2018, pp. 444-446.

⁹¹⁸ *Proof Transcript of Evidence*, 21 June 2018, pp. 458-461.

⁹¹⁹ *Proof Transcript of Evidence*, 21 June 2018, pp. 488-493; See Question Taken on Notice no. 92.

⁹²⁰ *Proof Transcript of Evidence*, 21 June 2018, p. 458.

⁹²¹ Minister Fitzharris, *Proof Transcript of Evidence*, 21 June 2018, p. 459.

Minister assured the Committee that a hydrotherapy pool will be available at the Stromlo pool, which is expected to be completed in early 2020.⁹²²

6.126 Although the Stromlo pool will include a hydrotherapy pool, the Committee did note that the UCH and the Stromlo pool are not directly available to residents in the south of Canberra via a rapid bus route, with the black rapid only servicing resident in the north.⁹²³

6.127 Whist acknowledging that discussions were being held with Arthritis ACT in relation to accessing hydrotherapy facilities the Committee enquired into access of the hydrotherapy pool at the UCH for rheumatology and haemophilia groups who currently do not have access. Directorate officials advised the Committee that they had not received any direct feedback from other community groups to suggest there are people with other needs who would benefit from using the pool although they would be happy to engage on this front.⁹²⁴

COMMITTEE COMMENT

6.128 The Committee acknowledges the hydrotherapy services provided at the UCH, as well as the future services proposed for the Stromlo pool. However, the Committee is concerned that the closure of the hydrotherapy pool at Canberra Hospital will make it difficult for individuals and community groups, particularly those in the south, to access hydrotherapy services.

Recommendation 73

6.129 The Committee recommends that the ACT Government work with Arthritis ACT and other interested parties on an arrangement for maintaining appropriate and affordable access to hydrotherapy pools on the southside of Canberra.

Recommendation 74

6.130 The Committee recommends that the ACT Government provide details of the hydrotherapy pool at the Mt Stromlo aquatic centre, including specifications, associated equipment, costs, timelines, details of the hydrotherapy services to be provided, who will provide those services, and whether the pool will be available exclusively for hydrotherapy service.

⁹²² Minister Fitzharris, *Proof Transcript of Evidence*, 21 June 2018, p. 459.

⁹²³ *Proof Transcript of Evidence*, 21 June 2018, pp. 459-460.

⁹²⁴ *Proof Transcript of Evidence*, 21 June 2018, p. 461.

ACT LOCAL HOSPITAL NETWORK

6.131 The ACT Local Hospital Network (LHN) receives Activity Based Funding (ABF) from both the Commonwealth and the ACT Government, and block funding for teaching, training and research. It purchases public hospital services from five ACT public hospital providers:

- Canberra Hospital;
- University of Canberra Hospital;
- Calvary Public Hospital;
- Clare Holland House; and
- Queen Elizabeth II Family Centre.⁹²⁵

MATTERS CONSIDERED

6.132 Under the ACT LHN, the Committee considered the following matters:

- Calvary Public Hospital – Calvary Network Agreement;⁹²⁶
- Commonwealth payments;⁹²⁷ and
- training accreditation.⁹²⁸

KEY ISSUES

CALVARY PUBLIC HOSPITAL – CALVARY NETWORK AGREEMENT

6.133 The Committee asked about the Calvary Network Agreement and whether the Little Company of Mary was a part of the services wide agreement.⁹²⁹

6.134 The Committee was advised that:

No, they are not. They are our partners in delivering public health care both at Calvary and Clare Holland House. Within that agreement there is recognition that we can work better together and do more together. It is an essential part of the ACT government progressing a territory-wide health services approach. It has been a very constructive time working with Calvary.

Our arrangement with Calvary operates under the Calvary network agreement and is formalised on a yearly basis in the performance plan. In 2017-18 the quantum of

⁹²⁵ ACT Budget 2018-19, *Budget Statement C, Health*, p. 37.

⁹²⁶ *Proof Transcript of Evidence*, 21 June 2018, pp. 437-439.

⁹²⁷ *Proof Transcript of Evidence*, 21 June 2018, pp. 473-476.

⁹²⁸ *Proof Transcript of Evidence*, 21 June 2018, pp. 522-525.

⁹²⁹ *Proof Transcript of Evidence*, 21 June 2018, pp. 436-437.



**Government Response to the Report of the
Select Committee on Estimates 2018-19
on the
*Inquiry into Appropriation Bill 2018-2019 and
the Appropriation (Office of the Legislative
Assembly) Bill 2018-2019***

**Andrew Barr MLA
Treasurer
August 2018**

INTRODUCTION

The 2018-19 Budget is growing services for our growing city.

We are delivering on our commitment to return the ACT Budget to balance, while stepping up our delivery of services and infrastructure across the Territory.

We are building new schools and delivering more places for local students at our existing ones. We are investing in more elective and emergency surgeries, more staff and resources for our Emergency Departments, and more hospital beds so Canberrans can access the high quality healthcare they need more quickly. We are also working to deliver better public places across our city and suburbs, with new investment in road and pedestrian infrastructure, parks, waterways and local ovals.

We are investing in the services and infrastructure that will keep Canberra moving and protect our liveability as the city grows.

The ACT Government is positioned to step up this investment now because we have returned the Budget to balance and the Territory's economy has been growing at the fastest rate of any Australian jurisdiction.

The Government's efforts to buffer Canberra's economy from economic and fiscal shocks and diversify our economic base have supported local businesses and industry to thrive. Strong economic growth has continued to attract skilled workers to the secure, well-paying jobs on offer in our city, and this is giving rise to sustained growth in our services exports, construction and household consumption sectors.

This year's fiscal update confirms the Budget is back in balance and will remain there across the forward estimates. At the same time, it reinforces the Government's commitment to job creation, the delivery of high-quality services, and long-term infrastructure investment that will meet our city's needs in the years to come.

The Select Committee on Estimates (the Committee) presented its *Report on the inquiry into the Appropriation Bill 2018-2019 and the Appropriation (Office of the Legislative Assembly) Bill 2018-2019* on 31 July 2018.

The Government values the role played by the Committee in scrutinising the Budget, and we have endeavoured to respond fully to the many questions asked during the Estimates process.

We note that the Committee engaged the services of Pegasus Economics in undertaking an independent and detailed study of the Territory's Budget. The Pegasus Report addressed a wide range of issues relating to technical components of the Budget. The ACT Government has already provided a response to the Chair of the Select Committee on Estimates 2018-19 regarding the matters raised in that report on 5 July 2018. For ease of reference, the Government's response to the Pegasus Report is presented at [Attachment A](#).

The Government thanks the Committee for its Report, which has made 226 recommendations on a wide range of issues across all Government portfolios. In our response, the Government has:

- agreed to 113 recommendations;

- agreed in principle to 44 recommendations;
- agreed in part to eight recommendations;
- noted 55 recommendations; and
- not agreed to six recommendations.

The Government's response to each of the individual recommendations of the Committee is detailed in the following pages.

RESPONSE TO RECOMMENDATIONS

RECOMMENDATION 1

The Committee recommends that the ACT Electoral Commission look into issues around how to track donations from companies, and their subsidiary companies, and seek advice from interstate Commissions who have found solutions for such issues.

Government response

Noted.

This is a matter for the ACT Electoral Commissioner to consider.

RECOMMENDATION 2

The Committee recommends that the ACT Electoral Commission advise as to when electoral returns from third-party campaigners would be best due, in order to inform an improved process.

Government response

Noted.

This is a matter for the ACT Electoral Commissioner to consider.

RECOMMENDATION 3

The Committee recommends that the ACT Electoral Commission urgently investigate the issue of external campaigners and undue influence in the social media landscape to identify:

- the risks of influence from parties outside the ACT
- how those risks could be mitigated

and report to the Assembly as soon as practicable.

Government response

Noted.

These are matters for the ACT Electoral Commissioner to consider

RECOMMENDATION 4

The Committee recommends that the ACT Electoral Commission pursue discussions with the Electoral Council of Australia and New Zealand (ECANZ) and the Australian Cyber Security Centre to ensure relationships with big social media operators can facilitate swift action against third-party campaigners if they are found to be operating maliciously via social media platforms.

Government response

Noted.

This is a matter for the ACT Electoral Commissioner to consider.

RECOMMENDATION 5

The Committee recommends that the Office of the Legislative Assembly make the after-hours door at the public entrance to the Legislative Assembly building an entry door during the day.

Government response

Noted.

The Government considers that matters which potentially impact on the security and operations of the Legislative Assembly building are a matter for the Clerk or Speaker of the Assembly.

RECOMMENDATION 6

The Committee recommends that the ACT Government establish an integrity commission.

Government response

Agreed.

The ACT Government tabled an Exposure Bill in the ACT Legislative Assembly on 31 July 2018 for referral to the Select Committee on Independent Integrity Commission 2018. The ACT Government has provided funding in the 2018-19 Budget for the Integrity Commission's operations.

RECOMMENDATION 7

The Committee recommends that the ACT Government report on the structure and specific goals of the Policy Innovation Team by the end of November 2018.

Government response

Agreed.

The Minister for Regulatory Services will provide this information to the Assembly.

RECOMMENDATION 8

The Committee recommends that the ACT Government report to the Assembly on specific procedures taken to safeguard the privacy of personal information when it is transferred between any of: the ACT Government and its agencies; the Federal Government and its agencies; and businesses.

Government response

Agreed.

The ACT Government will report to the Assembly on the procedures taken to safeguard the privacy of personal information when it is transferred between the ACT Government and its agencies, the Federal Government and its agencies, and businesses within the current calendar year.

RECOMMENDATION 9

The Committee recommends that the ACT Government publish clear guidelines for the participation of ACT Government employees in public consultation run by the ACT Government which recognise their human right to participate in public life.

Government response

Agreed in principle.

There is already an existing document called the *Guidelines for Officials – Participation in Legislative Assembly and Other Inquiries* which outlines some of these requirements. The Government will look to strengthen these Guidelines to cover submissions by ACT Government employees into Legislative Assembly and other inquiries and promote these Guidelines to ACT Government employees.

RECOMMENDATION 10

The Committee recommends that the ACT Government report on the number and nature of entry level and apprenticeship positions in each directorate.

Government response

Agreed in principle.

This data is currently reported at a whole of government level in the *State of the Service* report. Consideration will be given to including a breakdown of data by Directorate in the 2018-19 *State of the Service* report.

RECOMMENDATION 11

The Committee recommends that the ACT Government report on all voluntary redundancies accepted by ACT public servants in 2017-18, including the level of employment, and the reasons for each redundancy, and the reasons why each employee could not be redeployed elsewhere in the public service.

Government response

Agreed.

Some of the data sought on redundancies is not centrally collated. The data has been sought from Directorates and will be reported when practicable, and in a manner consistent with privacy considerations.

RECOMMENDATION 12

The Committee recommends that the ACT Government clearly publishes the processes involved in suspension of driver licences for medical reasons, including avenues of appeal.

Government response

Agreed.

The Government will update publicly-accessible materials, including relevant websites.

RECOMMENDATION 13

The Committee recommends that Access Canberra provide clearer public advice about what Fix My Street is for, to assist in directing requests for capital works to the appropriate location.

Government response

Agreed.

The Government will update publicly-accessible materials, including relevant websites and written guides.

RECOMMENDATION 14

The Committee recommends that, while the Asset Management System is being established, Access Canberra and Transport Canberra and City Services work on interim measures to improve communication with a customer when a call or job is closed or completed.

Government response

Agreed.

The Government will explore the most suitable interim measures to improve customer communication in this context.

RECOMMENDATION 15

The Committee recommends that the ACT Government update the data on mobile speed cameras on www.data.act.gov.au.

Government response

Agreed.

The relevant data will be updated as soon as practicable.

RECOMMENDATION 16

The Committee recommends that licence plate recognition data be made available on www.data.act.gov.au in a similar way to data for mobile speed camera visits.

Government response

Agreed.

The relevant data will be made available when practicable.

RECOMMENDATION 17

The Committee recommends that Access Canberra introduce a service standard for providing regular, brief updates to complainants on building and planning compliance matters.

Government response

Agreed in principle.

Internal procedures will be updated to provide for Access Canberra customers to be updated on complaint progress for building and planning compliance matters every four weeks.

RECOMMENDATION 18

The Committee recommends that Access Canberra introduce an accountability indicator once a service standard has been introduced.

Government response

Agreed in principle.

Access Canberra is reviewing its accountability indicators in light of the recent Auditor-General's report, *ACT Government Strategic and Accountability Indicators Report No 2/2018*. This recommendation will be considered as part of that review.

RECOMMENDATION 19

The Committee recommends that the Minister for Economic Development table in the Assembly the guidelines for the Priority Investment Program, when they are complete.

Government response

Agreed.

The Minister will table these guidelines when practicable.

RECOMMENDATION 20

The Committee recommends that the ACT Government undertake a review into the research partnerships identified in the Business Development Strategy, *Confident and Business Ready: Building on our Strengths*, to determine the effectiveness of the current approach and any changes in the priority sectors for the Priority Investment Program.

Government response

Agreed in principle.

The partnership approach articulated in the Business Development Strategy identified a small number of sectors where industry development would be focused, but where there existed a critical mass, unique capability and commitment and leadership from the sectors to work in partnership with Government. Given the strategy was released in 2016 and that research partnerships take time to develop and deliver outcomes, the Government will undertake reviews in future years. Experience to date and any new sectoral opportunities will also be taken into account in developing the guidelines for the new Priority Investment Program.

RECOMMENDATION 21

The Committee recommends that the ACT Government review whether, in light of increased tourism demand from China, there is more that could be done to make the city friendly for Chinese tourism, for example improved signage and translated government material.

Government response

Agreed in principle.

Many activities already occur that support growing the Chinese experience in Canberra with available budget committed to increasing demand and growing industry capability. The ACT Government, through VisitCanberra, works closely with Tourism Australia to deliver translated content through their platforms to reach this important inbound tourism market.

VisitCanberra supports Chinese visitors through a number of initiatives including:

- translated destination content on Australia.cn (Tourism Australia's Chinese website);
- translated brochures for visitors;

- translated brochures and resources for the travel trade in China;
- partnering with organisations on a number of education and information sessions on the China market for Canberra-based tourism businesses, including the China Now workshop with CIT, China digital workshop by ChinaConnex and ChinaMax workshop with Australia Tourism Export Council (ATEC);
- partnering with Tourism Australia to deliver the Aussie Specialist Program, a training program for retail travel agents in China;
- (along with Canberra tourism operators) participating in various business-to-business trade engagement events including the Australia Tourism Exchange, Greater China Travel Mission, and the ATEC Meeting Place;
- cooperative marketing campaigns in China with Singapore Airlines; and
- hosting familiarisation visits for media and travel trade from China, and employing interpreters to assist on these visits.

In addition, VisitCanberra is currently working with Tourism Australia to provide an online visitor map featuring some of Canberra's export-ready products and services. This will be translated into 10 languages, including Chinese, and will be available to consumers globally via Australia.com and Australia.cn. The map will also be accessible for visitors when they are in Canberra.

The ACT Government, through VisitCanberra, will continue to evaluate existing programs and new ways to reach and engage with the Chinese market.

Over the next 12 months opportunities will be explored to:

- develop a China strategy as part of an overall international market plan;
- leverage the strong education links with the Chinese market through tertiary education sector;
- build business education and capability;
- work in partnership with Canberra's national attractions; and
- invest cooperatively in visitor servicing products with other state and territories as well as local industry.

RECOMMENDATION 22

The Committee recommends that the ACT Government better harness cycling tourism opportunities related to mountain biking.

Government response

Agreed in principle.

The Cycle Tourism Strategy and Action Plan, released in June 2018, adopts a whole-of-government approach to ensure that key decisions relating to marketing, events, venues, infrastructure, transport, parks and forests and strategic land-use planning are all working collaboratively to strengthen the cycling opportunities.

Implementation of the strategy adopts a long-term perspective, with clear actions that are staged over time from 2018-2030. The initiatives included in the action plan have several benefits to the ACT economy, including:

- repositioning Canberra as a cycling destination of choice, generating positive economic outcomes for the ACT through increased visitation, duration of stay and spend;
- enhancing infrastructure that supports and increases participation in cycling by ACT residents (preventive health, social and environmental benefits);
- encouraging greater private sector investment in supporting services and products; and
- enhancing the sustainable transport brand of Canberra.

Planning and designing mountain bike trail networks will be a key component of future work.

In addition, VisitCanberra is investing in a content partnership with CycleLifeHQ to develop a dedicated CBR Cycle Guide to promote Canberra as a cycling destination of choice, domestically and internationally. The ACT Government anticipates that the mountain bike community will benefit from this investment.

RECOMMENDATION 23

The Committee recommends that, once the consultants have finalised the Floriade 2017 accounts, the Minister for Tourism and Major Events inform the Assembly what the final overspend was, how it will be funded and whether any probity or integrity issues were uncovered.

Government response

Agreed.

Protiviti conducted a financial review of the Floriade 2017 budget which commenced on 15 May 2018. The final report was presented on Friday 13 July 2018. Protiviti's final estimate of the overspend for Floriade 2017 is \$1,254,971.

Additional revenue achieved from Floriade 2017 and Enlighten 2018 has partially offset the overspend on Floriade 2017. The balance was funded internally within CMTEDD's total appropriation.

While this review was not a forensic investigation designed to identify potential fraud, Protiviti has noted that, during the review, it did not find any indication of fraudulent activity.

RECOMMENDATION 24

The Committee recommends that the ACT Government publish the forensic accounting report regarding the finances of Floriade.

Government response

Agreed in principle.

The Government is currently assessing whether the report can be posted on the open access website, in line with relevant legislation.

RECOMMENDATION 25

The Committee recommends that the ACT Government publish the number and value of invoices relating to Floriade 2017 that were paid in (a) less than 30 days, (b) between 30 days and 90 days, (c) between 90 days and 180 days and (d) greater than 180 days.

Government response

Not agreed.

Collating this information would require an unreasonable diversion of resources.

RECOMMENDATION 26

The Committee recommends that the ACT Government keep key stakeholders and the Assembly updated on what is happening at Kingston Arts Precinct.

Government response

Agreed.

Updates will be provided regarding the Kingston Arts Precinct where possible, noting the need to observe the probity requirements of the sales process.

RECOMMENDATION 27

The Committee recommends the ACT Government work with Kulture Break to determine the best funding sources for their programs.

Government response

Agreed.

The Government has an ongoing relationship with Kulture Break in the context of administering funding provided to the organisation in prior budgets.

RECOMMENDATION 28

The Committee recommends the ACT Government recognise that many community organisations deliver results that are multi-disciplinary and government funding models should be able to cater for that approach.

Government response

Agreed.

The Government is committed to stimulating and fostering a range of positive economic, social and community outcomes for the Canberra region and the Territory's population through the broad range of assistance it offers, and acknowledges the significant efforts of local individuals and organisations that help in achieving these goals.

The Government regularly seeks opportunities to engage community organisations and service providers in the co-design of programs and services and associated funding arrangements. An example of this is the extensive work undertaken with providers on refreshing the Territory's Emergency Relief and Financial Support program.

Organisations seeking assistance are invited to review the programs that are available through the ACT Government grants websites (such as <https://www.grants.act.gov.au/>) to identify a program that could potentially address their particular needs or circumstances.

The Government is also keen to engage with local peak-body entities to gain an understanding of their views regarding funding allocations or grant assistance within the context of the efficient allocation of the Government's resources. The Government always seeks to obtain the best value for money in the benefits and returns for the community for the dollars that we invest.

RECOMMENDATION 29

The Committee recommends that the ACT Government, in consultation with the arts sector, review arts funding and the adequacy of CPI as a funding growth factor for key arts organisations.

Government response

Agreed.

CMTEDD is currently reviewing arts funding through the development of a new ACT Arts Funding Plan, in consultation with the arts sector.

RECOMMENDATION 30

The Committee recommends that the ACT Government ensure that the former Woden CIT site is used for either community facilities or employment generating facilities.

Government response

Agreed.

The Government is working on both a short-term facilities management plan for the former Woden CIT site and a longer-term strategy for the site. The longer-term strategy will consider the planning context of the Woden district, and will assess what type of community and employment generating facilities would be best suited to the site.

RECOMMENDATION 31

The Committee recommends that the ACT Government continue a focus on balancing the budget.

Government response

Agreed.

Achieving a balanced budget position is one of the key objectives of the Government's fiscal strategy, as stated in 2018-19 Budget Paper No. 3, page 45. The Budget is now in balance and is projected to remain in a positive position across the forward estimates.

RECOMMENDATION 32

The Committee recommends that the ACT Government continue a focus on diversifying the economy.

Government response

Agreed.

The Government's economic strategy continues to focus on growing and diversifying the ACT's economy. Increased diversity will support economic growth, improve our productivity and create more employment opportunities for Canberrans.

The Government seeks to diversify the Territory's economy through an investment strategy that is focused on creating the right environment for business to both invest and grow, providing a simple regulatory environment with frameworks that promote innovation and entrepreneurship. The Government also considers that international engagement – in terms of exports, higher education students, skilled migration and inbound foreign investment – are critical factors in the sustained development of our local economy.

RECOMMENDATION 33

The Committee recommends that the ACT Government increase economic activity in the ACT not reliant on the Commonwealth.

Government response

Agreed.

The 2018-19 Budget committed an additional \$19.9 million over four years to support innovation, diversification and the continued growth and development of our private sector economy. The Government fosters a collaborative business environment for our higher education and research institutions across key sectors including space, spatial and satellites, cyber security, sports technology, health innovation, information and communication technology, e-government and agri-tech, and environmental sciences.

A key driver of recent economic growth was the *Professional, Scientific and Technical Services* sector, which expanded by over a third in 2016-17 and is forecast to continue to underpin growth going forward.

Service exports grew by 6.5 per cent in 2016-17, bringing their contribution to our economy to almost \$2 billion. Of this, the tertiary education sector was the strongest performer, growing by 24.4 per cent and contributing over \$750 million.

Sectors within our visitor economy are also being strengthened through our vibrant events program, with the ACT Government continuing to work towards our goal of growing the ACT's overnight visitor expenditure to \$2.5 billion by 2020 – this will support our local tourism industry which employs over 16,000 Canberrans.

RECOMMENDATION 34

The Committee recommends that the ACT Budget papers publish the percentage of the capital works budget expended in the budget year.

Government response

Noted.

This information is not available at the time of publication of the Budget papers, as reporting for the prior financial year is not finalised at that point in time.

Detailed breakdowns of the Territory's capital works expenditure are provided through the quarterly updates to the *Capital Works Program* within the relevant financial year. These updates are routinely published on the Treasury publications page (<https://apps.treasury.act.gov.au/publications>).

RECOMMENDATION 35

The Committee recommends that the ACT Government ensure that the ACT Budget papers clearly publish the total value of large scale generation certificates.

Government response

Noted.

The 2018-19 Budget presents a breakdown of revenue and expense movements since the 2017-18 Budget Review associated with the Large-scale Generation Certificates (refer to Table 2.2.3 on page 41 of Budget Paper 3).

A detailed discussion of the Government's treatment of the Certificates is also provided on pages 43 and 44 of Budget Paper 3.

The Government notes that we do not individually itemise the total value of each ACT asset in the Budget Papers. These documents are intended to provide a summary and analysis of the Territory's fiscal position, not an itemised breakdown of the Territory's holdings.

RECOMMENDATION 36

The Committee recommends that the ACT Government finalises and implements updated accountancy standards for trees.

Government response

Noted.

The ACT Government already has a policy on accounting for trees which is in accordance with current accounting standards.

RECOMMENDATION 37

The Committee recommends the ACT Government continue to focus on delivering the services for a growing city.

Government response

Agreed.

The 2018-19 Budget reflects the many and varied services that the ACT Government provides to the Territory's population. Our economy is rapidly growing, and our rate of population growth is amongst the highest in Australia. We are attracting highly skilled professionals who recognise the many benefits that Canberra has to offer: well-paid jobs; world-leading study and research opportunities; a supportive community that welcomes new people, new ideas and new ways of doing things; and a diverse economy that supports innovation and new businesses.

In response to this growth, we are continuing to invest in the core services we need now and will need into the future: great local schools, accessible and effective healthcare, and transport infrastructure and networks that get us where we need to be, without fuss. Looking ahead, projects such as light rail will cater for the transport needs of our future population so we can avoid daily gridlock, and enjoy a city with better air quality with less impact on our environment.

We understand that ACT Government services and infrastructure will have to keep pace with Canberra's growth if we are to retain our status as one of the world's most liveable cities.

RECOMMENDATION 38

The Committee recommends that the ACT Government undertake broader analysis of the effects of recent changes to the rates and land tax regime in the Territory, and publish the results of that analysis, before the end of the 2018-19 financial year.

Government response

Agreed in principle.

The Public Accounts Committee is currently conducting an inquiry into general rates and land tax for strata residences. The Government will consider the analysis and recommendations presented by the Committee when it reports later this year. The Government's response to the Committee's report – which will be tabled before the end of the 2018-19 financial year – will include further analysis as necessary.

Stage two of the tax reform process is due to be completed in 2021-22. As part of preparations for stage three, which will commence in 2022-23, the Government will analyse the impacts of the stage two reforms. This analysis is expected to be published no later than the 2020-21 Budget.

RECOMMENDATION 39

The Committee recommends that the ACT Government release an updated Supplementary Budget Paper "Socio Economic Analysis on Taxation and Concessions Policy" every year, using consistent household types from year to year, and incorporate commentary on this information into the 'Cost of Living' statement as a spreadsheet.

Government response

Noted.

The Government will continue to monitor the adequacy and effectiveness of concessions policy and the impact of tax reform (and other tax changes) on Canberra households through the Cost of Living Statement which is included in the Budget papers. Under Section 11(1)(f) of the *Financial Management Act 1996* the Territory provides a statement on the effect of Territory taxes and fees on households and the concessions that offset these taxes and fees.

RECOMMENDATION 40

The Committee recommends that the ACT Government release the 2018-19 Supplementary Budget Paper "Socio Economic Analysis on Taxation and Concessions Policy" in spreadsheet format.

Government response

Agreed.

This spreadsheet has been made available on the Budget website and also provided to members of the Committee.

RECOMMENDATION 41

The Committee recommends that the adjustment of a property's unimproved value should occur automatically following a variation to the lease without requiring any action from the lessee.

Government response

Not agreed.

The Environment, Planning and Sustainable Development Directorate and the Land Titles Office advise the ACT Revenue Office of changes to leases that could affect the unimproved value of a property for rating purposes. This does not remove obligations on taxpayers to disclose matters to the Revenue Office that are relevant to their tax affairs. Nor does it remove the right of the Revenue Office to apply tax assessments retrospectively where new information is presented.

RECOMMENDATION 42

The Committee recommends that the ACT Government consider potential long-term risk arising from non-payment of availability payments on late public private partnership projects and take effective measures to manage such risk.

Government response

Agreed.

Management of all projects risks is a shared responsibility between Government and providers under the ACT's public private partnership arrangements. The project partners take proactive steps to manage financial and payment risks including:

- the Project Board or Executive Steering Committee already reviews this risk as part of its regular review of project risks;
- the Government has taken active measures to manage the consequences to the Territory of late commencement of services for both its Public Private Partnership (PPP) projects resulting from delays by the construction contractor;
- the costs of these measures are offset by availability payments not commencing until after the commencement of services, with no subsequent make-up of the availability payments not made during the period of delay;
- the risk of late project delivery rests primarily with the construction contractor, in that its subcontract with the PPP project company contains provisions for the payment of liquidated damages for delay, such that the delay has no significant financial impact on the PPP project company or its financiers and hence does not have any significant effect on the financial sustainability of the project; and
- the Government is monitoring actively the financial health of the construction contractors for both PPP projects and is confident that they are capable of paying these liquidated damages.

RECOMMENDATION 43

The Committee recommends that the ACT Government introduce Accountability Indicators covering breaches of environmental regulations for all Output Classes that procure and supervise construction work.

Government response

Noted.

Directors-General of directorates, and Chief Executive Officers of prescribed territory authorities (chief executives), and ultimately the Government, are responsible for delivering outcomes and for the provision of outputs on behalf of the Territory. On this basis, chief executives are responsible for the development of appropriate, meaningful and useful performance indicators to enable the effective reporting of their activities (ie those of their respective organisations) against the accountability requirements of the Government and the community.

In light of the Committee's recommendation, each chief executive may wish to consider the development and/or inclusion of Accountability Indicators to address the Committee's concerns, as appropriate, noting that not all ACT Government entities will have responsibility for construction-related activities.

RECOMMENDATION 44

The Committee recommends that the ACT Government extend the workplace health and safety Accountability Indicators to all Output Classes that procure and supervise construction work.

Government response

Noted.

Please refer the response provided for Recommendation 43.

RECOMMENDATION 45

The Committee recommends the ACT Government undertake, and make public, a thorough analysis of the regulatory impact to infrastructure projects as a result of proposed changes to the Work Safety legislation and government procurement policy.

Government response

Noted.

The Government notes that there are already mechanisms in place to monitor the effectiveness/impact of the reforms in question. Specifically, the enabling legislation for procurement requires that a detailed formal review be commenced within two years of the Bill's start date, and completed within six months of commencement. For the Work Health and Safety reforms, it is noted that the tripartite Work Safety Council and its construction industry dedicated sub-committee are tasked with advising on the operation of the legislation.

RECOMMENDATION 46

The Committee recommends the ACT Government develop an indicative plan of major long-term infrastructure priorities to ensure confidence in the construction industry.

Government response

Agreed.

The Government is currently in the process of updating its *ACT Government Infrastructure Plan 2011-2021* to cover the period to 2028.

The Government also provides an annual update to the *ACT Government Infrastructure Plan 2011-2021* for each financial year (the most recent being the 2017-18 update). These publications jointly serve to provide the ACT community, the construction industry, and other sectors with an overview of the potential pipeline of projects that the Government has either initiated or is considering.

RECOMMENDATION 47

The Committee recommends the ACT Government continues to invest in vocational training and trades in the building industry.

Government response

Agreed.

The ACT Government will continue our investment in vocational education and training, through the Canberra Institute of Technology and the Australian Apprenticeships and Skilled Capital initiatives. The identification of skills needs in the ACT allows support through these programs to be targeted in the areas of highest need, and trade qualifications are routinely prioritised.

The ACT has a strong record of increasing Australian Apprenticeship commencements in recent years against a national decline, and signing up to the new Skilling Australians Fund demonstrates a strong focus on continuing to build commencements. Projects have also commenced through the Women in Trades Grants Program to fund activities that support more women getting into trades. These activities will continue to be complemented by the funding provided by the ACT Building and Construction Industry Training Fund Authority, which provides funding for the training of eligible workers and for the development of skills identified as being in short supply in the building and construction industry.

RECOMMENDATION 48

The Committee recommends that the ACT Government develop a policy for when peppercorn rents will be offered to community groups leasing ACT Government property.

Government response

Agreed.

ACT Property Group supports the implementation of Recommendations 48 and 49. The policy, guidelines, and systems in relation to the current and future peppercorn arrangements – including the development of a public register – will be developed in consultation with the Community Services Directorate and the community sector. It is expected that this work will be completed by 30 June 2019, with progress reported in the next Budget Estimates process.

RECOMMENDATION 49

The Committee recommends that the ACT Government develop and publish new guidelines, systems and policies in relation to peppercorn rental agreements, and create a public register of those organisations who benefit from peppercorn rental arrangements during each financial year.

Government response

Agreed.

See response to Recommendation 48.

RECOMMENDATION 50

The Committee recommends that Icon Water publishes a complete version of its services contract with ActewAGL on its website by the last day of September 2018.

Government response

Noted.

Icon Water is an unlisted public company owned by the ACT Government. As a Territory-owned Corporation, Icon Water has commercial interests and is separate from the direct functions of government. An independent Board of Directors is responsible for the governance of Icon Water and its controlled entities.

As stated in Icon Water's responses to previous Assembly questions and recommendations, the service contracts contain information that is confidential between the contracting parties for legal and commercial reasons.

As a shareholder in Icon Water, the Government has previously requested Icon Water to make available as much information as can be practically released about the service contracts.

In response to the Government's request, Icon Water has made available significant details via its website, including in relation to the history of related arrangements dating back to 2000.

The Treasurer tabled copies of the information released by Icon Water relating to the two contracts on 20 February 2018.

Information about the contracts that is not confidential and redacted copies of the service contracts are available on Icon Water's website at www.iconwater.com.au.

RECOMMENDATION 51

The Committee recommends that the ACT Government and Icon Water publish the results of the audit into the Shared Services Agreements between ActewAGL and Icon Water.

Government response

Agreed.

A report is being prepared on the findings of Icon Water's management audit of the services contracts with ActewAGL. Icon Water forecasts that the audit will be completed by the end of August 2018 and will then be presented to Icon Water's Risk and Assurance Committee. Once the report has been finalised, Icon Water will publish the results of the audit on its website.

RECOMMENDATION 52

The Committee recommends that Icon Water should undertake an independent market appraisal of the value of the services provided in the Service Agreements with ActewAGL.

Government response

Agreed in principle.

Icon Water has commenced consideration of options for ongoing service requirements, in preparation for the 2023 expiry of the service contracts.

Analysis of future service requirements and a sourcing strategy will be developed to determine whether to insource, outsource or apply a hybrid model for each of the services to best meet its business requirements.

RECOMMENDATION 53

The Committee recommends that Icon Water publish the cost of terminating the Service Agreements with ActewAGL.

Government response

Noted.

As set out in the response to Recommendation 50, the information is confidential and cannot be publicly released.

RECOMMENDATION 54

The Committee recommends that the ACT Government ensure staff and clients at the Centenary Hospital for Women and Children are adequately consulted before any changes are made to current governance arrangements for nursing and midwifery structures, and that consideration is given to the separate and distinct purposes of the birth centre and the birthing suite as part of this process.

Government response

Agreed.

The ACT Health Division of Women, Youth and Children engaged in widespread stakeholder consultation regarding the governance arrangements for nursing and midwifery structures at the Centenary Hospital for Women and Children.

A review of the Models of Care for continuity of midwifery care is currently being undertaken. Stakeholder consultation will also occur, with consideration given to the distinct purposes of the birth centre and the birthing suite. This is expected to be finalised by the end of 2018.

RECOMMENDATION 55

The Committee recommends that the ACT Government examine the risks associated with expanding the home birth program to the northside catchment (through Calvary Hospital).

Government response

Agreed.

This work will be done through the planning stages.

RECOMMENDATION 56

The Committee recommends that the Minister for Health and Wellbeing report to the Assembly on the implementation of the 'single point of entry' for maternity services.

Government response

Agreed.

Information will be provided to the Assembly when practicable.

RECOMMENDATION 57

The Committee recommends that the ACT Government provide details of scheduled works, costs and timelines for the:

- Surgical Procedure Interventional Radiation and Emergency project; and
- upgrades to the Centenary Women's and Children's Hospital.

Government response

Agreed.

The Government will provide updates on these projects as planning and tendering arrangements progress.

RECOMMENDATION 58

The Committee recommends that the ACT Government consider bringing forward the completion of the upgrades to the Centenary Hospital for Women and Children, and construction of the Adolescent Mental Health Unit.

Government response

Noted.

The Government will consider this within the planning and operational constraints of these projects.

RECOMMENDATION 59

The Committee recommends that the ACT Government table a detailed report of the Upgrade and Maintain ACT Health Assets (UMAHA) Program including the following:

- the individual projects that comprised the program when it began, including the contractor, scope, estimated cost, and timeline for each project;
- subsequent changes made to any elements in the details provided in part (a);
- the details of any projects added to the program after it began, including the contractor, scope, estimated cost and timeline for each project; and
- whether and to what extent the UMAHA budget was increased to allow for any changes or additions outlined in parts (b) and (c).

Government response

Noted.

A progress update can be provided on the overall UMAHA program however, some specific project cost details may be subject to Commercial-in-Confidence requirements.