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Dear [REDACTED]

DECISION ON YOUR ACCESS APPLICATION

I refer to your application under section 30 of the *Freedom of Information Act 2016* (FOI Act), received by the ACT Health Directorate (ACTHD) on **Wednesday 22 March 2023**.

This application requested access to:

'The following briefs (excluding attachments) from ACTHDFOI22-23.24:

- GBC22/566
- GBC22/592
- GBC22/630
- GBC22/639
- GBC22/661
- GBC22/667
- GBC22/671
- GBC22/686
- MIN22/1080
- MIN22/1102
- MIN22/1325
- MIN22/1395
- MIN22/1452
- MIN22/1470
- MIN22/1489
- MIN22/1492
- MIN22/1540'

I am an Information Officer appointed by the Director-General of ACTHD under section 18 of the FOI Act to deal with access applications made under Part 5 of the Act. ACTHD was required to provide a decision on your access application by **Friday 21 April 2023**.

I have identified 17 documents holding the information within scope of your access application. These are outlined in the schedule of documents included at [Attachment A](#) to this decision letter.

Decisions

I have decided to:

- grant full access to four documents;
- refuse access to one document; and
- grant partial access to 12 documents.

My access decisions are detailed further in the following statement of reasons and the documents released to you are provided as Attachment B to this letter.

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

- The FOI Act;
- The contents of the documents that fall within the scope of your request;
- The views of relevant third parties; and
- The *Human Rights Act 2004*.

The following factors were considered in my decisions:

Public Interest Factors Favouring Disclosure

The following factors were considered relevant in favour of the disclosure of the documents:

- Schedule 2, 2.1(a)(i) promote open discussion of public affairs and enhance the government's accountability; and
- Schedule 2, 2.1(a)(ii) contribute to positive and informed debate on important issues or matters of public interest.

Public Interest Factors Favouring Non-Disclosure

The following factors were considered relevant in favour of the non-disclosure of the documents:

- Schedule 2, Schedule 2.2 (a)(ii) prejudice the protection of an individual's right to privacy or any other right under the *Human Rights Act 2004*;
- Schedule 2, Schedule 2.2 (a)(xi) prejudice trade secrets, business affairs or research of an agency or person; and
- Schedule 2, Schedule 2.2 (a)(xiii) prejudice the competitive commercial activities of an agency.

Full Access

I have decided to grant full access to four documents at references 10-11, 15 and 17.

Refuse Access

I have decided to refuse access to document at reference 6.

The document is comprised of information that may prejudice the competitive commercial activities of the ACT Government. On balance, the factors favouring disclosure did not outweigh the factor favouring non-disclosure as the information would not provide any government information pertinent to your request, and is contrary to the public interest and would not advantage the public in disclosing this information.

Partial Access

I have decided to grant partial access to 12 documents at reference 1-5, 7-9, 12-14 and 16.

Redactions have been made to documents at references 2, 4-5 and 16 where information that would reveal deliberations of Cabinet and is therefore taken to be contrary to the public interest to release, under Schedule 1.6 (1) Cabinet Information (d) the disclosure of which would reveal any deliberation of Cabinet.

Documents at references 12 and 13, are partially comprised of an ACT-Government employee's mobile number and non-ACT Government employees, has not been disclosed as this could reasonably be expected to prejudice the protection of the individual's right to privacy.

Documents at references 1, 4, 9 and 14 are comprised of information that would or could prejudice the business affairs of ACT Government.

Documents at references 1, 3 and 5-9 are comprised of information that would or could prejudice the competitive commercial activities of the agency.

On balance, the factors favouring disclosure did not outweigh the factor favouring non-disclosure as the information would not provide any government information pertinent to your request. Therefore, I have determined the information identified is contrary to the public interest and would not advantage the public in disclosing this information.

Charges

Processing charges are not applicable to this request.

Disclosure Log

Under section 28 of the FOI Act, ACTHD maintains an online record of access applications called a disclosure log. The scope of your access application, my decision and documents released to you will be published in the disclosure log not less than three days but not more than 10 days after the date of this decision. Your personal contact details will not be published.

<https://www.health.act.gov.au/about-our-health-system/freedom-information/disclosure-log>.

Ombudsman review

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

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

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

ACT Civil and Administrative Tribunal (ACAT) review

Under section 84 of the Act, if a decision is made under section 82(1) on an Ombudsman review, you may apply to the ACAT for review of the Ombudsman decision. Further information may be obtained from the ACAT at:

ACT Civil and Administrative Tribunal
Level 4, 1 Moore St
GPO Box 370
Canberra City ACT 2601
Telephone: (02) 6207 1740
<http://www.acat.act.gov.au/>

Further assistance

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

Yours sincerely,

A handwritten signature in black ink, appearing to read 'CEllis', written in a cursive style.

Catherine Ellis
A/g Senior Director
Ministerial and Government Services
ACT Health Directorate

21 April 2023




FREEDOM OF INFORMATION SCHEDULE OF DOCUMENTS

Please be aware that under the *Freedom of Information Act 2016*, some of the information provided to you will be released to the public through the ACT Government’s Open Access Scheme. The Open Access release status column of the table below indicates what documents are intended for release online through open access.

Personal information or business affairs information will not be made available under this policy. If you think the content of your request would contain such information, please inform the contact officer immediately.

Information about what is published on open access is available online at: <http://www.health.act.gov.au/public-information/consumers/freedom-information>

APPLICANT NAME	WHAT ARE THE PARAMETERS OF THE REQUEST	FILE NUMBER
	<p><i>Briefs (excluding attachments) from ACTHDFOI22-23.24:</i></p> <ul style="list-style-type: none">- GBC22/566- GBC22/592- GBC22/630- GBC22/639- GBC22/661- GBC22/667- GBC22/671- GBC22/686- MIN22/1080- MIN22/1102- MIN22/1325- MIN22/1395- MIN22/1452- MIN22/1470- MIN22/1489- MIN22/1492- MIN22/1540'	<p>ACTHDFOI22-23.43</p>

Ref Number	Page Number	Description	Date	Status Decision	Factor	Open Access release status
1.	1 – 4	GBC22/566 Ministerial Brief - Minister for Health – Minister’s Weekly Brief	16 September 2022	Partial Release	Schedule 2, 2.2(a)(xiii) Commercial Schedule 2, 2.2(a)(xi) Business Affairs	YES
2.	5 – 8	GBC22/592 Ministerial Brief - Minister for Health – Minister’s Weekly Brief	30 September 2022	Partial Release	Schedule 1.6 Cabinet	YES
3.	9 – 11	GBC22/630 Ministerial Brief - Minister for Health – Minister’s Weekly Brief	14 October 2022	Partial Release	Schedule 2, 2.2(a)(xiii) Commercial	YES
4.	12 – 18	GBC22/639 Ministerial Brief - Minister for Health – Minister’s Weekly Brief	21 October 2022	Partial Release	Schedule 1.6 Cabinet Schedule 2, 2.2(a)(xi) Business Affairs	YES
5.	19 – 24	GBC22/661 Ministerial Brief - Minister for Health – Minister’s Weekly Brief	28 October 2022	Partial Release	Schedule 1.6 Cabinet Schedule 2, 2.2(a)(xiii) Commercial	YES
6.	25 – 27	GBC22/667 Ministerial Brief - Minister for Health – 2023-34 Budget- Proposed Business Cases	4 November 2022	Refuse Release	Schedule 2, 2.2(a)(xiii) Commercial	YES
7.	28 – 30	GBC22/671 Ministerial Brief - Minister for Health – Minister’s Weekly Brief	4 November 2022	Partial Release	Schedule 2, 2.2(a)(xiii) Commercial	YES

8.	31 – 33	GBC22/686 Ministerial Brief - Minister for Health – Minister’s Weekly Brief	11 November 2022	Partial Release	Schedule 2, 2.2(a)(xiii) Commercial	YES
9.	34 – 39	MIN22/1080 Ministerial Brief - Minister for Health – Meeting with Mr Ross Hawkins, Regional Chief Executive Officer, Calvary Health Care ACT Ltd	4 October 2022	Partial Release	Schedule 2, 2.2(a)(xi) Business Affairs Schedule 2, 2.2(a)(xiii) Commercial	YES
10.	40 – 42	MIN22/1102 Ministerial Brief – Minister for Health – Culture Reform Oversight Group – Approval of Minutes, Actions and Communique from 18 July 2022	19 September 2022	Full Release		YES
11.	43 – 46	MIN22/1325 Ministerial Brief – Minister for Health – Nurses and Midwife recruitment campaign referral to Independent Reviewer	16 September 2022	Full Release		YES
12.	47 – 50	MIN22/1395 Ministerial Brief – Minister for Health – Nurses and Midwives: Towards a Safer Culture – The First Step – Project Closure and next stapes	20 October 2022	Partial Release	Schedule 2, 2.2(a)(ii) Privacy Schedule 2	YES
13.	51 – 53	MIN22/1452 Ministerial Brief – Minister for Health – Establishing the Child and Adolescent Clinical Services Expert Panel	11 October 2022	Partial Release	Schedule 2, 2.2(a)(ii) Privacy	YES
14.	54 – 56	MIN22/1470 Caveat Brief – Minister for Health – Calvary Public Hospital Bruce – Major Theatre Disruption	7 October 2022	Partial Release	Schedule 2, 2.2(a)(xi) Business Affairs	YES
15.	57 – 59	MIN22/1489 Ministerial Brief – Minister for Health – Culture Reform Oversight Group – Approval of Minutes, Actions and Communique from 26 September 2022	21 October 2022	Full Release		YES
16.	60 – 64	MIN22/1492 Ministerial Brief – Minister for Health – ACT Health and Wellbeing Partnership Board	28 October 2022	Partial Release	Schedule 1.6 Cabinet	YES

17.	65 – 70	MIN22/1540 Ministerial Brief – Minister for Health – ACT Primary Care Pilot	25 October 2022	Full Release		YES
Total Number of Documents						
17						



MINISTERIAL BRIEF

ACT Health Directorate

Tracking No.: GBC22/566

To: Minister for Health

CC: Rebecca Cross, Director-General

From: Deb Anton, Deputy Director-General

Subject: Minister’s Weekly Brief

Critical Date: Friday, 16 September 2022

Critical Reason: To ensure you are briefed on current issues and events.

Recommendations

That you note the:

- Information in the Minister’s Weekly Brief for 5 – 9 September 2022;
- Media and Communication forecast at ([Attachment A](#));
- Freedom of Information requests update ([Attachment B](#)); and
- Ministerial & Government Services Report ([Attachment C](#)).

Noted / Please Discuss

Rachel Stephen-Smith MLA/...../.....

Minister’s Office Feedback

KEY TOPICS/EMERGING ISSUES

Better Futures Forum

1. On 6 September, David Jones, Executive Branch Manager, Strategic Infrastructure attended the Better Futures Forum Australia 2022 (BFF) on your behalf and participated in a virtual workshop titled 'Tackling climate change and health – advancing the nation climate and health strategy'. It was originally planned for Liz Lopa, Executive Group Manager, Infrastructure, Communication and Engagement to represent you as agreed with your office, however this was not possible due to a conflict with Cabinet.
2. The workshop aimed to introduce the campaign for a national climate, health and wellbeing strategy to groups and sectors beyond the health sector, provide an update on progress, and showcase advocacy and action on healthcare decarbonisation. Attendees included representatives from academia, the New South Wales (NSW) Parliamentary Secretary for Health, the Independent MP for Mackellar, and the Executive Director of the Climate and Health Alliance (CAHA).
3. Mr Jones spoke about ACT Health sector actions being taken in addressing climate change in the ACT. The main point made was that to really effect change in tackling this national issue is to focus on improving collaboration across Australia, sharing knowledge between jurisdictions and industry, and working on projects as a collective. There was broad agreement by speakers on this more collaborative approach, and the current Australian Government's renewed focus on climate change.

Methoxyflurane authorisation for Floriade first aid provider

4. First aid provider *Get First Aid* applied for a medicines authorisation to be able to administer methoxyflurane at Floriade for immediate, short-term pain relief in the pre-hospital setting. Methoxyflurane (Penthrox®) is a Schedule 4 analgesic medicine, often referred to as the green whistle; used by doctors, and health practitioners including paramedics. In some jurisdictions, including NSW, first aid officers and lifesavers with pain management training are also authorised to administer methoxyflurane.
5. On 11 September 2022, the Chief Health Officer agreed to the issue of an amended medicines licence for Get First Aid under section 78(3) of the *Medicines, Poisons and Therapeutic Act 2008* to obtain, possess, supply and administer methoxyflurane.
6. As the provision of methoxyflurane by first aid providers, outside of a clinical setting, has not been authorised previously, the authorisation is time limited for the duration of Floriade and subject to several conditions including detailed reporting requirements and medical supervision of the service.
7. Events ACT supported Get First Aid's application. The ACT Ambulance Service was consulted during its consideration and supports the approach to the authorisation.
8. Future Methoxyflurane authorisations for first aid providers will be considered in the context of other expanded medicines authorisations for allied and other health practitioners.

[REDACTED]

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[REDACTED]

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UPDATES ON KEY PROJECTS/PIECES OF WORK

Opioid Maintenance Treatment (OMT) Delivery program

11. In April 2020 contracts were commenced with Directions Health Services (Directions) and Capital Security and Cleaning (CSAC) to provide independent, secure delivery of medicines to OMT clients under COVID-19 quarantine or isolation. This arrangement is supported by the Contingency Planning Guidelines: For individuals using OMT during the COVID-19 Response, developed by the ACTHD.
12. Variations to adjust and extend these contracts have been made throughout the COVID-19 pandemic with adjustments made to best suit the demands of the delivery service. The current contracts are funded to provide delivery services up to five hours per day, seven days a week and expire on 2 October 2022 through the ACT Government COVID-19 funding, which expires 30 September 2022.
13. To ensure sufficient time for transitional arrangements a two to three month extension of the current service has been proposed.
14. The ACTHD met with Directions on Friday 9 September 2022 to notify them of the intention for a small extension to the service to allow for transitional arrangements to occur prior to the service ceasing, noting the current funding implications. CSAC have been notified of the same.
15. ACTHD will provide support to Directions to ensure a smooth transition for clients and ensure the continued safe delivery of OMT for ACT clients.

Culture Review Implementation

16. Interviews with key stakeholders and members of the Culture Reform Oversight Group for the Third Annual Review have nearly concluded with one more interview to take

SENSITIVE - CABINET

place. Staff focus groups and external stakeholder focus groups with the Professional Colleges Advisory Committee, Health Care Consumer's Association, Australian Salaried Medical Officers' Federation, Australian Nursing & Midwifery Federation (ANMF), and the Community and Public Sector Union (CPSU) timelines have been pushed back and are now due to occur between 26 September and 7 October. Ms Beauchamp will present preliminary review findings to the Culture Reform Oversight Group on 26 September 2022.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

MINISTER'S OFFICE REQUESTS FOR INFORMATION

20. Nil.

KEY STAKEHOLDER MEETINGS/COMMUNITY ENGAGEMENTS

21. Nil.

Action Officer: Catherine Ellis, A/g Senior Director, Ministerial and Government Services

Attachments

Attachment	Title
Attachment A	Media and Communications Forecast
Attachment B	Freedom of Information Requests Update
Attachment C	Ministerial & Government Services Report



MINISTERIAL BRIEF

ACT Health Directorate

Tracking No.: GBC22/592

To: Minister for Health

CC: Rebecca Cross, Director-General

From: Deb Anton, Deputy Director-General

Subject: Minister’s Weekly Brief

Critical Date: Friday, 30 September 2022

Critical Reason: To ensure you are briefed on current issues and events.

Recommendations

That you note the:

- Information in the Minister’s Weekly Brief for 19-23 September 2022;
- Media and Communication forecast at ([Attachment A](#));
- Freedom of Information requests update ([Attachment B](#)); and
- Ministerial & Government Services Report ([Attachment C](#)).

Noted / Please Discuss

Rachel Stephen-Smith MLA/...../.....

Minister’s Office Feedback

KEY TOPICS/EMERGING ISSUES

1. Nil

UPDATES ON KEY PROJECTS/PIECES OF WORK**2022 ACT General Health Survey (ACTGHS)**

2. The annual ACT General Health Survey (ACTGHS) is one of the main surveys used by the ACT Health Directorate (ACTHD) to monitor the health and wellbeing of the ACT population.
3. The survey collects key health indicator data from a sample of ACT residents using computer-assisted telephone interviewing.
4. The 2022 ACTGHS is being implemented by the Social Research Centre Pty. Ltd on behalf of ACTHD.
5. Following pilot testing from 27 – 28 September 2022, the survey will commence on 4 October 2022, and be completed by the end of November 2022.
6. 2,000 adults aged 18 years and over will be interviewed for the 2022 ACTGHS.
7. The 2022 ACTGHS will be the first time the adult wellbeing questionnaire will be repeated since its introduction in 2019. Topics covered include:
 - Self-rated health and disability
 - Life satisfaction
 - Personal wellbeing, resilience, social support and safety
 - Self-described weight
 - Alcohol consumption
 - Smoking and e-cigarettes
 - Mental health conditions and psychological distress (Kessler 6)
 - Psychosocial events
 - Discrimination and gender equity
 - Financial stress.
8. ACTHD web content and social media posts have been developed in consultation with staff from Communications.
9. The survey data will be supplied late December 2022 and survey results are expected to be available from mid-2023.

Update on voluntary assisted dying (VAD)

Timeframes

- 10. The Senate began debate on the private member’s bill on 5 September, with further debate on 8 September until Parliament was suspended following the Queen’s death.
- 11. No further VAD debates have been scheduled during the Senate’s additional session this week, and the Senate’s next session from 25–28 October is likely to be devoted to the Commonwealth Budget 2022–23. The final scheduled sitting fortnight for 2022 is 21 November – 1 December.
- 12. It is unlikely that the Senate will vote on VAD prior to late November 2022, so public consultation is not anticipated to start until after the Christmas/January period.
- 13. The Justice & Community Safety Directorate (JACS) has noted that numbers in the Senate are likely to be very tight.

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Consultation

- 16. The draft consultation paper has been shared with selected members of the ACT Government; including the Chief Minister, Dr Marisa Paterson MLA, and yourself.

SENSITIVE - CABINET

17. ACTHD is in the process of seeking written feedback on the consultation paper from clinical leads.
18. Debate in the Senate has highlighted that VAD is a highly sensitive issue for Aboriginal and Torres Strait Islander communities. Senator Patrick Dodson has indicated he does not support VAD “describing it as ‘whitefella law’, [and stating] research showed about 90 per cent of Aboriginal Territorians were opposed to euthanasia (<https://www.nit.com.au/dodson-slams-hateful-australian-christian-lobby-for-invoking-him-on-first-nations-euthanasia-stance/>).” Senator Dodson, has further indicated that he accepts the widespread public support, and would therefore abstain from voting.
19. JACS and ACTHD will need to consult closely with Aboriginal and Torres Strait Islander Health Partnerships and the Community Services Directorate’s Office for Aboriginal Affairs to work up an appropriate and respectful targeted consultation plan.

**MINISTER’S OFFICE REQUESTS FOR INFORMATION**

21. Nil.

KEY STAKEHOLDER MEETINGS/COMMUNITY ENGAGEMENTS

22. Nil.

Action Officer: Catherine Ellis, A/g Senior Director, Ministerial and Government Services

Attachments

Attachment	Title
Attachment A	Media and Communications Forecast
Attachment B	Freedom of Information Requests Update
Attachment C	Ministerial & Government Services Report



MINISTERIAL BRIEF

ACT Health Directorate

Tracking No.: GBC22/630

To: Minister for Health

CC: Rebecca Cross, Director-General

From: Deb Anton, Deputy Director-General

Subject: Minister’s Weekly Brief

Critical Date: Friday, 14 October 2022

Critical Reason: To ensure you are briefed on current issues and events.

Recommendations

That you note the:

- Information in the Minister’s Weekly Brief for 3-7 October 2022;
- Media and Communication forecast at (Attachment A);
- Freedom of Information requests update (Attachment B); and
- Ministerial & Government Services Report (Attachment C).

Noted / Please Discuss

Rachel Stephen-Smith MLA/...../.....

Minister’s Office Feedback

KEY TOPICS/EMERGING ISSUES

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

UPDATES ON KEY PROJECTS/PIECES OF WORK**Short Stay Unit at Calvary Public Hospital Bruce**

5. As of 5 October 2022, the Short Stay Unit (SSU) at Calvary Public Hospital Bruce has been reopened to its full capacity of 15 beds. The beds had been taken offline to quarantine patients with respiratory symptoms over the winter period. The beds can continue to be used with any residual or emerging health directions in relation to the COVID-19 pandemic, if required.

Voluntary Assisted Dying*Voluntary Assisted Dying (VAD) Oversight Group*

6. The VAD Oversight Group met on Monday, 10 October 2022.
7. The Minister for Human Rights (MHR) has requested a briefing on the provision of detailed planning on the VAD project to date.
8. ACTHD and Justice and Community Safety (JACS) are preparing a joint brief for the Minister for Health and the MHR which will form advice on:
 - a. a revised timeline and workplan, based on the scenario of the Senate passing the Restoring Territory Rights Bill, should it pass before the end of 2022;
 - b. a communications and engagement plan, including a comprehensive stakeholder list, proposals for consultation and ministerial involvement in the process; and
 - c. an indication of the work to be undertaken towards implementation, based on information obtained from other jurisdictions.

VAD Clinical Reference Group (CRG)

9. The CRG will meet on Friday, 14 October 2022 to discuss a model VAD patient journey (based on Queensland's model of VAD legislation) and any barriers or challenges for patients or clinicians in the ACT health system, and conscientious objection for clinicians and/institutions.

MINISTER'S OFFICE REQUESTS FOR INFORMATION**ACT/ NSW MOU on Regional Collaboration – Heath**

10. An update is being prepared for Chief Minister, Treasury and Economic Development Directorate (CMTEDD) on progress in 2021-22 and 2022-23 actions.
11. Negotiations are well advanced with the key remaining issue being the removal of volume based regional purchasing agreement.
12. There is in-principle agreement at officer level for removal of this from the agreement, but this has not been settled at the executive or ministerial level.
13. Final negotiations on the Bilateral Cross Border Agreement with NSW to June 2025 are expected to be completed by December 2022, allowing for finalisation by ministers in early 2023.
14. On 27 October 2022, the ACT and Southern NSW Joint Operations Committee will have their business planning session for 2023. The goals in the new Agreement relating to use of infrastructure and services, joint planning and information sharing are expected to inform this planning session.
15. The update for CMTEDD will also include regional engagement in relation to the COVID-19.

KEY STAKEHOLDER MEETINGS/COMMUNITY ENGAGEMENTS

16. Nil.

Action Officer: Catherine Ellis, A/g Senior Director, Ministerial and Government Services

Attachments

Attachment	Title
Attachment A	Media and Communications Forecast
Attachment B	Freedom of Information Requests Update
Attachment C	Ministerial & Government Services Report



MINISTERIAL BRIEF

ACT Health Directorate

Tracking No.: GBC22/639

To: Minister for Health

CC: Rebecca Cross, Director-General

From: Deb Anton, Deputy Director-General

Subject: Minister's Weekly Brief

Critical Date: Friday, 21 October 2022

Critical Reason: To ensure you are briefed on current issues and events.

Recommendations

That you note the:

- Information in the Minister's Weekly Brief for 10 – 14 October 2022;
- Media and Communication forecast at ([Attachment A](#));
- Freedom of Information requests update ([Attachment B](#)); and
- Ministerial & Government Services Report ([Attachment C](#)).

Noted / Please Discuss

Rachel Stephen-Smith MLA/...../.....

Minister's Office Feedback

KEY TOPICS/EMERGING ISSUES

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

UPDATES ON KEY PROJECTS/PIECES OF WORK

Update on Calvary Performance Plan for 2022-23

- 7. In our last brief to you ahead of your meeting with the Calvary Regional CEO, Ross Hawkins on 4 October 2022, we advised that the Performance Plan was still under negotiation. We understand Mr Hawkins advised you at that meeting that the Performance Plan had been agreed.
- 8. The outstanding items (the NWAU price and activity levels) have now been agreed at officer level. We will now progress the Performance Plan for formal clearance by the Calvary Network Committee, ahead of seeking the signature of the Director-General.
- 9. We will also provide you with an information brief about the Performance Plan, consistent with standard procedure.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Tranche 2 Amendment Bill for the Health Practitioner Regulation National Law Act (National Law)

14. The amendment process has been led by Queensland. The amendments relate to several areas, including advertising and notifications.

15. The Amendment Bill was passed in the Queensland Parliament on 13 October 2022.

[REDACTED]

[REDACTED]

[REDACTED]

Research Innovation Fund (RIF) Fellowship Program

19. The RIF Fellowship Program is currently in the design phase and aims to open for applications in the week starting 14 November. Steps still to be completed before the round opens include:

- a. probity overview on the RIF design process (i.e. ensuring conflicts of interest are managed as stakeholders, local experts, are consulted on program design);
- b. key stakeholder consultation on RIF program design, and
- c. internal ACTHD review and provision to the Minister for information.

20. The Centre for Health and Medical Research (CHMR) received 2 submissions to provide probity advice from members of the ACT Government Professional Services Panel. These two submissions have been assessed by a panel and a recommendation to the delegate, including a draft proposed contract for negotiation, was prepared for submission to the CHMR Executive Branch Manager.

ACT General Health Survey 2020 Statistical Report

21. The ACT General Health Survey (ACTGHS) has been conducted annually since 2007 to monitor health-related trends in the ACT. In 2020, the information collected focused on traditional health risk factors such as exercise, weight, smoking status and mental health.

22. The ACTGHS is one of several health-related surveys conducted by the Epidemiology Section and is a key source of health information for policy and planning.

23. Key findings from the 2020 report indicate that:

- d. Around 54.5% of ACT adults aged 18 years and over and 79.6% of children rated their general health as either excellent or very good.
- e. Smoking rates remained low, with 11.8% of adults reporting either being daily or occasional smokers; however, 11.0% reported having used an e-cigarette at least once.
- f. While 38.7% of ACT adults reported a Body Mass Index within the healthy weight range, around 36.2% were classified as overweight, with a further 23.1% classified as obese.
- g. 32.1% of adults reported drinking more than 4 standard drinks on one occasion in the past four weeks. This was higher for males (39.8%) than females (24.1%).
- h. One in 5 adults (19.7%) reported that their mental health was either fair or poor.

24. Future releases from the ACT General Health Survey will include a “Trends in health status, 2011 to 2021” report.

25. The report will be released on the Epidemiology Section’s HealthStats webpage (<https://health.act.gov.au/about-our-health-system/data-and-publications/healthstats/epidemiology-publications>)

Ngunnawal Bush Healing Farm (NBHF)

26. The twelfth NBHF day program concluded with an on-site graduation ceremony on Wednesday 21 September.
27. NBHF Board members Robert Scott and Fred Monaghan were in attendance.
28. Options for future day program arrangements and recruitment of operational staff are being canvassed with the Board.

Road Transport (Driver Licensing) Amendment Bill 2022

29. In June and July 2022, the ACTHD consulted with Transport Canberra and City Services Directorate (TCCS) in relation to TCCS's proposal to amend the Road Transport (Driver Licensing) Act (ACT) 1999 in response to Coronial recommendations. A Draft Bill was provided to ACTHD in late September 2022. The proposed reform includes a mandatory requirement for health practitioners to report unfitness to drive (to the ACT Road Transport Authority [RTA]) in relation to a holder of or applicant for a heavy vehicle licence.
30. ACTHD supports the overarching policy aims of the Bill, which are to protect the health and safety of the community from the actions of heavy vehicle drivers who are assessed as medically unfit to drive.
31. Clinicians raised concerns that mandatory reporting to the RTA could undermine the therapeutic relationship of trust between health practitioner and patient and be contrary to the right to privacy.
32. ACTHD raised concerns with TCCS in relation to this decision. The Bill is characterised as a significant Bill which impacts on the rights of heavy vehicle licence applicants-including the right to privacy, the right to employment and the right to equality and non-discrimination in the Human Rights Act 2004 (ACT) and on the obligations of health practitioners who are required to report to the RTA.
33. You will be briefed in more detail on the amendments at a later stage.

Northside Clinical Services Plan

34. On 15 September, the Northside Clinical Services Plan (CSP) Steering Committee reviewed the draft plan and agreed to provide feedback by the end of September.
35. Health Planning Analysis (HPA) presented their forecasting work to the Committee. It is being revised currently for the northside hospital.
36. The Health Service Planning and Program Support team will undertake some foundational work around virtual care and will engage further with the Aboriginal and Torres Strait Islander Partnerships team regarding the need to improve access to health services for Aboriginal people on the northside of Canberra.

**MINISTER'S OFFICE REQUESTS FOR INFORMATION****Hydrotherapy – Black Mountain School Pool:**

38. Rebecca Davey, CEO of Arthritis ACT, recently wrote to you about difficulties surrounding hydrotherapy access. The letter outlined difficulties accessing Black Mountain School pool, including COVID cleaning restrictions.
39. ACTHD has made contact with the Education Directorate on this matter.
40. Black Mountain School's hydrotherapy pool is available for hire by community groups when not in use by the school. The school uses this facility regularly for the complex needs of students including school hours and lunchtimes. Aquatots also hires the pool on an ongoing basis from 3pm each school day.
41. Arthritis ACT has made contact with Black Mountain School regularly over the last few years, with no contact in recent months. This was in relation to the use of the pool during lunch periods, which does conflict with some school use.
42. COVID-19 cleaning protocols were introduced in response to the pandemic and saw accessibility issues for broader community hirers. These requirements have now reduced and no longer impact school facilities.
43. Pool access has been limited by major construction works at the school. This is anticipated to be completed early 2023. This construction has created a point of temporary access, which is not appropriate for community members with mobility issues. Restricting access during this time to Arthritis ACT is for safety reasons.

44. Following construction, access may be improved. However, depending on school needs, access may still be limited or unavailable to certain times, as requested by Arthritis ACT.

KEY STAKEHOLDER MEETINGS/COMMUNITY ENGAGEMENTS

45. Nil.

Action Officer: Catherine Ellis, A/g Senior Director, Ministerial and Government Services

Attachments

Attachment	Title
Attachment A	Media and Communications Forecast
Attachment B	Freedom of Information Requests Update
Attachment C	Ministerial & Government Services Report



MINISTERIAL BRIEF

ACT Health Directorate

Tracking No.: GBC22/661

To: Minister for Health

CC: Rebecca Cross, Director-General

From: Deb Anton, Deputy Director-General

Subject: Minister’s Weekly Brief

Critical Date: Friday, 28 October 2022

Critical Reason: To ensure you are briefed on current issues and events.

Recommendations

That you note the:

- Information in the Minister’s Weekly Brief for 17-21 October 2022;
- Media and Communication forecast at ([Attachment A](#));
- Freedom of Information requests update ([Attachment B](#)); and
- Ministerial & Government Services Report ([Attachment C](#)).

Noted / Please Discuss

Rachel Stephen-Smith MLA/...../.....

Minister’s Office Feedback

KEY TOPICS/EMERGING ISSUES

[Redacted text block containing multiple paragraphs of information under the 'KEY TOPICS/EMERGING ISSUES' section.]

UPDATES ON KEY PROJECTS/PIECES OF WORK

[Redacted text block containing information under the 'UPDATES ON KEY PROJECTS/PIECES OF WORK' section.]

Commissioning Primary Health Services for Young People - Update

- 8. Commissioning in the Primary Health Services for Young People subsector commenced earlier this year, with funding scope limited to the funding currently provided to Anglicare for their delivery of the Junction Youth Health Service (2022-23 funding [including indexation, excluding GST] amounts to \$1.811 million).
- 9. The Strategise phase is ending, with the team currently planning the Design phase. Over 70 stakeholders were engaged during the Strategise phase in individual interviews, meetings and a roundtable discussion. Findings from this consultation are documented in the Commissioning Primary Health Services for Young People – Listening Report (available at:

https://www.communityservices.act.gov.au/_data/assets/pdf_file/0006/2091192/Listing-Report-Commissioning-Primary-Health-Services-for-Young-People-Oct-2022.pdf).

10. Valuable learnings have been drawn from this consultation, with the team leading this subsector actively engaged in sharing information with other subsectors and providing input to other ACT Health Directorate (ACTHD) initiatives such as the ACT Drug Strategy Action Plan consultation.
11. Over November and December, the team will conduct workshops and consultations to design the service/s that will be taken through to the Invest phase.

Enhancing ACTHD Communication with Community Partners

12. An ACTHD and Community Partner webinar was held on Wednesday 12 October 2022, the webinar was attended by 145 non-government and government representatives.
13. The webinar presented updates on the progress of the soon to be released Commissioning Roadmap, as well as updates on ACTHD Commissioning sectors in progress, COVID-19 Response team and heard from the Non-Government Organisation (NGO) Leadership Group co-chair, Lisa Kelly about the improved relationship with ACTHD and community partners.
14. The webinar was delivered based on advice from the NGO Leadership Group suggesting ACTHD needed to emulate the regular updates CSD provides on their work. This style of webinar will be held four times per year in 2023.
15. The NGO Leadership Group met on Thursday, 27 October 2022. Your Office has noted that you would like to attend a future meeting with the next meeting planned for late January/early February.

Canberra Hospital Master Plan Implementation

16. The tender for the implementation for Phase 2 of the Master Plan is being prepared for release. A Procurement Plan Minute has been prepared for the Director-General and is expected to be signed in the coming week; allowing for publication of the Statement of Requirement (SOR). The project team is currently working with the communications team to provide information to support Ministerial media and engagement opportunities.
17. Building 6 demolition design and feasibility is progressing on track. The draft program and feasibility are currently being reviewed by the project team. Excavation options are also being scoped and programmed to understand if excavation is feasible and could be undertaken before the opening of the Critical Services Building, in mid-2024.
18. Communications and engagement are currently being prepared to inform and update the existing occupants of Building 6 on the context, scope and next steps of the project.

Yamba Precinct Car Park

19. A preferred development scenario (numbers of carparks, entry/exits etc) has been identified by the project planning team and Project Control Group (PCG). This option will undergo a value management exercise to understand key price drivers and support value for money decision making.

Vacation Study program

20. Nearly 70 applications from students have been received for the 22 research projects proposed by supervisors for the 2022-2023 Vacation Study Program. Supervisors are currently reviewing the applications and students will be onboarded in the coming weeks.

The Research and Innovation Fund (RIF) Fellowship Program

21. Probity advice has been received regarding appropriate methods for consulting on the design of the RIF Fellowship Program and the Centre for Health and Medical Research (CHMR) is coordinating a review of the draft guidelines with the Research Working Group, incorporating this probity advice.
22. A proposal to align the RIF announcement in mid-to-late November with the launch of the Australian National University's College of Health and Medicine *Transform* strategy (which will include a fellowship program) is being considered.
23. It is still anticipated that while the timeline is extremely tight, the process can include: a ten-week opening period for applications; an assessment panel administered by the ACTHD which includes external and local experts as well as ACTHD representatives (with oversight and support from outsourced probity advisors); work with the Government Solicitor's Office to develop the funding agreement template; and with all RIF fellowships paid to successful applicants by End of Financial Year (EOFY).

Better Together: A strategic plan for research in the ACT Health System implementation design workshop (<https://www.health.act.gov.au/sites/default/files/2022-07/Research%20Strategic%20Plan.pdf>)

24. On 20 October 2022, the Centre for Health and Medical Research (CHMR) supported the ACT Health and Wellbeing Partnership Board's Research Working Group (RWG) to run a face-to-face workshop to design an implementation map for *Better Together*.
25. The workshop was well attended by RWG members and delegates including representatives from ACTHD, CHS, the Australian National University, University of Canberra, and the Healthcare Consumers Association.

26. Next steps will include to stand up project-based working groups to progress work on each of *Better Together's* three strategic objectives.

MINISTER'S OFFICE REQUESTS FOR INFORMATION

27. Nil.

KEY STAKEHOLDER MEETINGS/COMMUNITY ENGAGEMENTS

Northside Hospital community engagement

28. Northside Hospital phase 2 community engagement activity began on 18 October 2022.
29. Activities for this week include pop-ups at Kippax fair (25 October, 11am-2pm) and Denman Prospect Village shops (28 October, 10am-1pm) and a drop-in at Belconnen Community Health Centre (26 October, 10am-1pm).
30. Planning is also underway for workshops with key stakeholders (including peak bodies and unions) during November to discuss the early designs for Northside Hospital in more detail.

Australasian Health Infrastructure Alliance (AHIA) Strategy Meeting – 25-26 October 2022

31. Liz Lopa, Executive Group Manager, Infrastructure, Communication and Engagement, attended the AHIA Strategy Meeting in Brisbane on 25 and 26 October 2022.
32. AHIA, a subcommittee of the Health Chief Executives Forum, is a unique Australian and New Zealand public sector collaboration group that comprises senior asset managers from the public health authority of each Australian state and territory and New Zealand. The Alliance works across Australia and New Zealand to bring together information, research, and practical experience about developing and managing health assets and infrastructure.
33. AHIA operates under a Memorandum of Understanding (MOU) signed by all members. The MOU sets out the overarching structure, decision making processes and funding arrangements for the organisation. The current MOU was established in 2017 with an option for it to be extended to 31 October 2023. The 25 October meeting discussed the proposed plans for the management of AHIA's strategic objectives beyond 2023 through a MOU Reset Workshop.
34. Other agenda items included updates from the various subgroups, and jurisdictional updates from members where Liz Lopa presented on health infrastructure projects currently underway.

Northside Hospital Project Team (NHPT) Site Tours – 27-28 October 2022

SENSITIVE - CABINET

35. Members of the NHPT, including Liz Lopa, will be attending site tours of the following hospitals over 27 and 28 October 2022:

- a) Sunshine Coast University Hospital
- b) Gold Coast University Hospital
- c) The Tweed Hospital

36. The tours are an opportunity to see recent health infrastructure builds, and understand lessons learnt in the context of planning for new Northside Hospital.

Canberra Health Annual Research Meeting (CHARM) Face to Face Poster Event 25 October 2022.

37. The face-to-face CHARM poster event, scheduled to have occurred in July 2022, as it was postponed due to a COVID outbreak, was held on the 25 October at the Ann Harding Conference Centre, University of Canberra.

38. The poster event provided an opportunity for guests to explore the exciting range of research, to speak with the poster authors about their research and to network with colleagues from the health and medical research community in Canberra.

39. Of the 50 posters displayed on the mezzanine level of the Canberra Hospital during CHARM in July, approximately 20 poster authors have opted to display their posters at this postponed event.

40. Venue hire and catering for the event was sponsored by SYNERGY.

Action Officer: Catherine Ellis, A/g Senior Director, Ministerial and Government Services

Attachments

Attachment	Title
Attachment A	Media and Communications Forecast
Attachment B	Freedom of Information Requests Update
Attachment C	Ministerial & Government Services Report



MINISTERIAL BRIEF

ACT Health Directorate

Tracking No.: GBC22/671

To: Minister for Health

CC: Rebecca Cross, Director-General

From: Deb Anton, Deputy Director-General

Subject: Minister's Weekly Brief

Critical Date: Friday, 4 November 2022

Critical Reason: To ensure you are briefed on current issues and events.

Recommendations

That you note the:

- Information in the Minister's Weekly Brief for 24-28 October 2022;
- Media and Communication forecast at ([Attachment A](#));
- Freedom of Information requests update ([Attachment B](#)); and
- Ministerial & Government Services Report ([Attachment C](#)).

Noted / Please Discuss

Rachel Stephen-Smith MLA/...../.....

Minister's Office Feedback

KEY TOPICS/EMERGING ISSUES

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

2022-23 Calvary Performance Plan Status Update

6. On 24 October 2022, ACT Health Directorate (ACTHD) provided the Calvary Public Hospital Bruce General Manager and Chief Finance Officer (as the Calvary Network Committee [CNC] members), with the next draft of the Plan for final review following officer level agreement to the national weighted activity unit (NWAU) price and activity levels.
7. Once agreed to by the CNC members, it will be progressed to the ACTHD Director-General and Calvary for signatures.
8. We will also provide you with an information brief about the Performance Plan, consistent with standard procedure.
9. Calvary's payments remain provisional at base-less-new-initiatives until the Plan is signed.

QEII Issues

10. The Directorate will be briefing you on several matters relating to the Queen Elizabeth II (QEII) Family Centre. This will include seeking your agreement/direction on the Christmas shutdown period.
11. ACTHD has identified the need for maintenance works at QEII; namely the bathrooms are unsafe with broken tiles etc.

12. The approach with the least disruption would be to do the maintenance at one time over an extended Christmas shutdown period however there will be the need to put in place alternative supports for clients.

UPDATES ON KEY PROJECTS/PIECES OF WORK

Culture Review Implementation

Third Annual Review

13. Ms Glenys Beauchamp presented at the Culture Reform Oversight Group (CROG) on 25 October 2022. Ms Beauchamp provided members with an update on observations from consultations with staff focus groups and tested proposed recommendations.

Calvary Multistorey Car Park Upgrades

14. ACTHD is working with Major Projects Canberra (MPC) to deliver upgrades to the carpark for harm minimisation treatments.
15. Joss Constructions is engaged to deliver these works and took possession of this site on Monday 24 October 2022.
16. The scope of this project covers the capital upgrade works which include roller top, anti-climb treatment and straight height extension in selected areas.
17. These works are expected to be completed by 30 November 2022, weather dependent.

MINISTER'S OFFICE REQUESTS FOR INFORMATION

18. Nil.

KEY STAKEHOLDER MEETINGS/COMMUNITY ENGAGEMENTS

19. Nil.

Action Officer: Catherine Ellis, A/g Senior Director, Ministerial and Government Services

Attachments

Attachment	Title
Attachment A	Media and Communications Forecast
Attachment B	Freedom of Information Requests Update
Attachment C	Ministerial & Government Services Report



MINISTERIAL BRIEF

ACT Health Directorate

Tracking No.: GBC22/686

To: Minister for Health

CC: Rebecca Cross, Director-General

From: Michael Culhane, A/g Deputy Director-General

Subject: Minister's Weekly Brief

Critical Date: Friday, 11 November 2022

Critical Reason: To ensure you are briefed on current issues and events.

Recommendations

That you note the:

- Information in the Minister's Weekly Brief for 31 October – 4 November 2022;
- Media and Communication forecast at ([Attachment A](#));
- Freedom of Information requests update ([Attachment B](#)); and
- Ministerial & Government Services Report ([Attachment C](#)).

Noted / Please Discuss

Rachel Stephen-Smith MLA/...../.....

Minister's Office Feedback

KEY TOPICS/EMERGING ISSUES

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Cessation of the interventional cardiology subcontracting arrangements with CBPH

5. A subcontracting agreement for interventional cardiology services between Calvary Public Hospital Bruce (CPHB) and CBPH was utilised from 9 August 2022 to 3 November 2022 to enable the upgrade of a cardiac catheter laboratory at CHS.
6. While subcontracting arrangements were still in place Mr Hawkins wrote to Ms Rebecca Cross, ACT Health Directorate (ACTHD) Director-General, outlining benefits of the model utilising CBPH and requested extension of the agreement.
7. As a holding response to the request, a letter from Ms George to Ms Haberecht on 13 October 2022 advised CPHB of the ACTHD's intention, as stated before the commencement of the subcontracting arrangement, to undertake an independent evaluation of cardiology services on the north side and that the subcontracting arrangements could not continue without evaluation and an ongoing source of funding.
8. The evaluation is well underway by consultant Dr Tony Sherbon, and a report is expected shortly. It will include activity, costs, clinical governance and Territory wide impacts of embedding a similar model on an ongoing basis. Once the report is received, ACTHD will arrange a meeting with CHS and CPHB to discuss the findings.
9. CHS has confirmed that it does not have an ongoing source of funding to continue the arrangement at this time in addition to resourcing CHS laboratories. Should a recommendation from the evaluation be to change existing ongoing arrangements for cardiac services on the north side, funding will need to be sought.

UPDATES ON KEY PROJECTS/PIECES OF WORK**Northside Hospital community engagement**

Tracking No.: GBC22/686

SENSITIVE - CABINET

10. Northside Hospital phase 2 consultation activities are progressing well with participation in the YourSay interactive feedback channel and in-person engagement.
11. Activities for this week include drop-ins at health facilities (Canberra Hospital, 8 November 2022 and City Community Health Centre, 9 November 2022), and a pop-up at Gungahlin Market Place, 11 November 2022.

MINISTER'S OFFICE REQUESTS FOR INFORMATION

12. Nil.

KEY STAKEHOLDER MEETINGS/COMMUNITY ENGAGEMENTS

13. Nil.

Action Officer: Lachlan Thomas, Director, Ministerial and Government Services

Attachments

Attachment	Title
Attachment A	Media and Communications Forecast
Attachment B	Freedom of Information Requests Update
Attachment C	Ministerial & Government Services Report

ACT Health Directorate

To: Minister for Health

Tracking No.: MIN22/1080

CC: Rebecca Cross, Director-General

From: Jacinta George, Executive Group Manager, Health System Planning and Evaluation

Subject: Meeting with Mr Ross Hawkins, Regional Chief Executive Officer, Calvary Health Care ACT Ltd

Critical Date: 4 October 2022

Critical Reason: Meeting is scheduled on this day

Recommendations

That you note that Ms Rebecca Cross, Director-General, ACT Health Directorate (ACTHD) will attend the meeting as the ACTHD representative.

Noted / Please Discuss

Rachel Stephen-Smith MLA/...../.....

Minister's Office Feedback

Background

1. You last met with Mr Ross Hawkins, Regional Chief Executive Officer, Calvary Health Care ACT Ltd (Calvary) on 30 August 2022.

Issues

We suggest you raise the following three topics for discussion with Mr Hawkins.

Emergency Department (ED) Performance

2. Performance against the four-hour rule stayed at the same level (45.6 per cent in August 2022 vs. 46.0 per cent in July 2022). This extends the 2 year-long declining trend that began in July 2020.
3. While timeliness performance results in Categories 2, 3, 4 and 5 have shown some signs of recovery, they are still some way off their most recent peaks in January 2022.
4. At the meeting with Mr Hawkins on 30 August 2022, you asked about declining timeliness for category 2 presentations. Calvary advised they were reviewing their triaging practices as they felt they had identified that junior nurses were tending to triage patients conservatively, possibly resulting in some patients being 'over' triaged into the higher categories (e.g., category 2 when they could be category 3). Upon assessment of the data, the ACT Health Directorate (ACTHD) has not been able to identify any significant changes in category 2 presentations - for the last three years, the percentage of total presentations that were categories 1 and 2 has hovered between 10 per cent and 14 per cent (a reasonable variation given the relatively small number of presentations).
5. Calvary has previously advised that the Short Stay Unit (SSU) being re-classified as a COVID Red Zone during the winter period has affected their performance on timeliness metrics. We anticipate this will continue to be an issue until the SSU is operating at full capacity.
6. Workforce shortages have also been significant over the COVID wave/winter.
7. The Calvary Public Hospital Bruce (CPHB) strategy for improving ED performance has hinged strongly on the appointment of Dr Michael Hall. Dr Hall has now been on board since early May 2022. We will continue to seek through CNC more detail about the strategies that Dr Hall is pursuing to improve performance.
8. Should significant improvement not be achieved by the end of 2022, we propose to discuss with you options for identifying any further actions available to improve performance.

Elective Surgery

9. 1,079 surgeries were performed in the first two months of the 2022-23 financial year, which represents a shortfall of 164 surgeries from the year-to-date target of 1,2431. The number of long waits decreased (-38) from the previous month (493 in July cf. 455

¹ Based on a yearly target of 7,060 surgeries, which will be the target once Calvary has signed the 2022-23 Performance Plan (incorporating the standard target of 6,960 surgeries plus the additional 100 surgeries agreed under the 2022-23 Budget). The catch-up target of elective surgery short fall from last financial year will be tracked outside the Performance Plan.

in August) but remains above the CPHB target of 194. In August 2022, 19.7per cent of surgeries (124) were performed for long wait patients.

- 10. As you know, as part of the 2022-23 Budget, CPHB has been funded to conduct an additional 100 elective surgeries above their target of 6,960 under the Calvary Performance Plan. CPHB has also agreed to catch up on the shortfall of elective surgeries they did not deliver in 2021-22 as a result of COVID-19 lockdowns (Calvary advises this is approximately 690 surgeries), meaning the total they would be expected to deliver for 2022-23 should be around 7,750. (They did not confirm that the 690 catch-up would be finalised in 2022-23).

- 11. [REDACTED]
[REDACTED] CPHB has been approached to identify a suitable date for an elective surgery planning meeting with ACTHD and Territory-wide Surgical Services but as yet has failed to commit to attending a meeting. Mr Hawkins sought such a meeting in his response to the Director-General over the reconciliation payment.

- [REDACTED]

- [REDACTED]

- [REDACTED]

- [REDACTED]

COVID-19 Reconciliation

- 16. In late August 2022, the ACTHD briefed you on the negotiations with CPHB for the COVID-19 reconciliation payment for 2020-21 [REDACTED]

- [REDACTED]

- [REDACTED]

The ACTHD has included the following additional topics

Calvary General Practitioner Liaison Unit (GPLU)

18. You were previously briefed on issues about the Calvary GPLU (MIN22/1079)
19. It is true that while the Calvary Executive Director for Medical Services (EDMS) position remains unfilled, this remains a barrier to adjusting who the Calvary GPLU report to currently.
20. We would suggest that the eventual aim is still to have the Calvary GPLU report to the EDMS once it is filled. In the interim, we would suggest that the reporting structure of the GPLU is set up so that a transition to directly reporting to the EDMS is smooth (once the EDMS position is filled).
21. Otherwise, one of the key issues in ensuring the GPLU are able to appropriately and adequately escalate patient safety issues is ensuring they have direct report (rather than through multiple levels) to the executive level. We suggest that this reporting structure is put in place (e.g. a temporary direct report plan directly to the executive level in the interim).
22. Currently the GPLU report to Patient Flow who then reports to the Executive Director of Nursing. One small improvement could simply be that the GPLU report directly to the Executive Director of Nursing. This would increase the visibility and effective function of the Calvary GPLU.

2022-23 Calvary Performance Plan Status Update

23. The 2022-23 Performance Plan with Calvary remains to be agreed. Calvary was provided with ACTHD's positions on the draft Performance Plan ahead of the CNC meeting on 30 August 2022. [REDACTED]
24. Calvary's response has been to increase their initial price proposal, to which we did not agree. It has left our positions quite distant [REDACTED]. Calvary's argument is that the current (and proposed) price does not adequately reflect the increasing cost base of the hospital, considering nurse ratios in particular. Calvary argue that the implicit efficiency dividend within the price per NWAU represents unfair treatment between themselves and CHS, contrary to the Calvary Network Agreement clause 7.2.
25. The NWAU target also remains to be agreed and is consequent in part on the price agreed. The Executive Branch Manager, LHN Commissioning (Margaret Stewart) and CPHB CFO (Jarrad Nuss) remain engaged in active negotiation. Calvary's payments remain provisional at base-less-new-initiatives until the plan is signed.

Interventional Cardiology

26. CPHB advised at the CNC meeting this week that CHS has requested an extension of existing arrangements for CPHB to subcontract interventional cardiology procedures for patients at CPHB to Calvary Private Hospital Bruce until 7 November 2022, due to a delay in completing capital works at the Canberra Hospital. The EGM HSPE noted that ACTHD will commence a review of the process, as agreed when agreeing to this temporary arrangement. The review is being

scoped. It is expected that should the outcome recommend that the arrangement provides value-based care to the Territory, funding will be an issue this year given the activity has traditionally been undertaken at, and funded by, CHS.

Private Hospital Agreement – Drafting of new agreements

- 27. As you know, the ability of the Calvary private hospitals to access the financial viability payment (FVP) will cease on 30 September 2022 and ACTHD has been progressing with the ACT Government Solicitor’s Office (GSO), development of replacement agreements to offer Calvary (as well as to National Capital Private and Canberra Private Hospitals):

[Redacted]

[Redacted]

- 28. The Clinical Health Emergency Coordination Centre (CHECC) has provided advice on the ongoing services related to the COVID-19 pandemic that will be sought through the agreements. On that basis, the GSO has drafted a Terms Sheet that will form the basis of initial negotiations with the private hospitals, including Calvary. The Terms are currently with the Director-General for consideration.

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

Financial Implications

- 24. Not applicable.

ConsultationInternal

25. The Academic Unit of General Practice was consulted in the development of this brief.

Cross Directorate

26. Not applicable.

External

27. Not applicable.

Work Health and Safety

28. Not applicable.

Benefits/Sensitivities

29. Not applicable.

Communications, media, and engagement implications

30. Not applicable.

Signatory Name:	Jacinta George, Executive Group Manager, Health Systems Planning & Evaluation Group	Phone:	5124 9699
Action Officer:	Margaret Stewart, Executive Branch Manager, LHN Commissioning Branch	Phone:	5124 9420

ACT Health Directorate

To: Minister for Health

Tracking No.: MIN22/1102

From: Rebecca Cross, Director General

Subject: Culture Reform Oversight Group – Approval of Minutes, Actions and
Communique from 18 July 2022

Critical Date: **19 September 2022**

Critical Reason: To allow the distribution of the 26 September 2022 meeting agenda to
members of the Culture Review Oversight Group

Recommendations

That you:

1. Agree to the Minutes at Attachment A for distribution to the Culture Reform Oversight Group (Oversight Group) members;

Agreed / Not Agreed / Please Discuss

2. Agree to the Action Items at Attachment B for distribution to Oversight Group members;

Agreed / Not Agreed / Please Discuss

3. Agree to the Communique at Attachment C for distribution to Oversight Group members and publishing on the ACT Health website; and

Agreed / Not Agreed / Please Discuss

4. Agree to the Agenda at Attachment D for the 26 September 2022 Oversight Group meeting for distribution to members.

Agreed / Not Agreed / Please Discuss

Rachel Stephen-Smith MLA/...../.....

Minister's Office Feedback**Background**

1. The sixteenth Oversight Group meeting was held on 18 July 2022.
2. The Minutes, Action Items and Communique from the meeting are provided for your approval at Attachments A, B, and C.

Issues

3. There were four action items agreed at the meeting (Attachment B). Subject to your approval, these will be distributed to members for their consideration, action, and feedback.
4. The Communique for the meeting is at Attachment C and once approved will be published on the ACT Health website.
5. The proposed agenda for the upcoming meeting of the Oversight Group on 26 September 2022 is at Attachment D. Subject to your approval, it will be circulated to Oversight Group members.

Financial Implications

6. There is no direct financial impact in the agreed actions from the Oversight Group meeting of 18 July 2022.

ConsultationInternal

7. Not applicable.

Cross Directorate

8. Not applicable.

External

9. No feedback was received from members following the 18 July 2022 Oversight Group on the Communique document.

Work Health and Safety

10. Not applicable.

Benefits/Sensitivities

11. The papers for the Oversight Group meeting will be published on the ACT Health website before 26 September 2022.

Communications, media, and engagement implications

12. Not applicable.

Signatory Name: Rebecca Cross Phone: Ext 55535

Action Officer: Jodie Junk-Gibson Phone: Ext 49923

Attachments

Attachment	Title
Attachment A	Minutes – Oversight Group meeting of 18 July 2022
Attachment B	Action Items – Oversight Group meeting of 18 July 2022
Attachment C	Communique- 18 July 2022
Attachment D	Proposed Agenda- Oversight Group meeting scheduled for 26 September 2022

ACT Health Directorate

To: Minister for Health

Tracking No.: MIN22/1325

CC: Rebecca Cross, Director-General, ACT Health Directorate
Deborah Anton, Deputy Director- General, ACT Health Directorate
David Pepper, Chief Executive Officer, Canberra Health Services
Anthony Dombkins, Chief Nursing and Midwifery Officer

From: Liz Lopa, Executive Group Manager, Infrastructure, Communication and Engagement Division

Subject: Nurse and Midwife recruitment campaign referral to Independent Reviewer

Critical Date: 16/09/2022

Critical Reason: To reduce delays to commencement of the campaign

Recommendations

That you:

1. Sign the approval to refer the nurses and midwives' recruitment advertising campaign to the Independent Reviewer at Attachment A;

Signed / Not Signed / Please Discuss

2. Note the Creative Concepts for the Campaign at Attachment B; and

Noted / Please Discuss

3. Note the Tilt Advertising Scope and Presentation at Attachment C.

Noted / Please Discuss

Rachel Stephen-Smith MLA/...../.....

Minister's Office Feedback

Background

1. The ACT Government has committed to new nurse/midwife to patient ratios and, along with other increases in demand for health services, this has led to the need to attract more nurses and midwives to work in our public hospitals.
2. A campaign to attract new nurses and midwives to the ACT has been developed with involvement from the ACT Health Directorate (ACTHD), Canberra Health Services (CHS) and Calvary Public Hospital Bruce (CPHB).
3. On 26 August 2022, you were provided with an update on the campaign.
4. The campaign will run from the week commencing 25 September 2022 through to December 2022.
5. The campaign will target the national market and will tap into existing channels such as training and education institutions.
6. The campaign will target graduate nurses, fully trained Registered Nurses and Enrolled Nurses, and Midwives, and will also target nurses and midwives seeking to retrain or re-enter the profession after time away.

Issues

7. Marketing consultant, Tilt has been engaged by ACTHD to scope out a national campaign to reach the identified audiences.
8. Your approval is required to refer the advertising campaign to the Independent Reviewer ([Attachment A](#)).
9. The campaign creative design assets ([Attachment B](#)) and the campaign strategy ([Attachment C](#)) developed by Tilt will also be provided to the Independent Reviewer.
10. Recruitment campaigns are usually exempt from review by the Independent Reviewer under the *Government Agencies (Campaign Advertising) Act 2009*, which requires ACT Government advertising and promotion campaigns with expenditure in excess of \$40,000 must be reviewed by the Independent Reviewer of Campaign Advertising.
11. However, given the campaign is expected to be approximately \$300,000, for transparency and to meet community expectations, it is proposed that the campaign is referred to the Independent Reviewer.
12. Exempt campaigns may be reviewed at the request of the relevant Minister.

Financial Implications

13. Funding has been identified to the value of \$300,000 which will be spent primarily on the purchase of advertising channels for the campaign.

14. A small amount of this funding will be spent on developing digital assets such as video production. The bulk of the creative asset design is being undertaken by ACTHD internal design team.

Consultation

Internal

15. A working group has been established with representatives from the Office of the Chief Nursing and Midwifery Officer (ACTHD), People and Culture (ACTHD), CHS and CPHB (nursing and communication teams).

Cross Directorate

16. Cross directorate engagement has been occurring with CHS and CPHB throughout the development of the project from inception to now. This engagement will continue as the project continues.
17. Support has also been provided by business units in Chief Minister, Treasury and Economic Development Directorate including Access Canberra and Events ACT by way of recent research, collateral and creative content, and assistance to progress elements of the campaign such as smartforms.

External

18. Discussion has taken place with the Australian Nursing and Midwifery Federation about the campaign and the final advertising plan will be presented to them once approval is received.

Benefits/Sensitivities

19. There are major benefits in executing a well-planned and timely recruitment campaign for nurses and midwives for ACT health services.

Communications, media and engagement implications

20. The campaign element is now being led by ACTHD Communication and Engagement Branch with involvement from both CPHB and CHS Human Resources and communication teams.
21. ACTHD media team will continue to liaise with your office on any media opportunities, including launching the campaign.

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Signatory Name: Liz Lopa, Executive Group Manager, Infrastructure, Communication and Engagement Division Phone: X49805

Action Officer: Jo Spencer, Executive Branch Manager, Communication and Engagement Phone: Via Teams

Attachments

Attachment	Title
Attachment A	Approval to refer advertising campaign to independent reviewer
Attachment B	Creative concepts for the campaign
Attachment C	Tilt advertising scope and presentation

ACT Health Directorate

To: Minister for Health

Tracking No.: MIN22/1395

CC: Minister for Mental Health

From: Michael Culhane, A/g Deputy Director-General

Subject: Nurses and Midwives: Towards a Safer Culture – The First Step – Project Closure and next steps

Critical Date: Not applicable

Critical Reason: Not applicable

Recommendations

That you:

1. Note the completion of the first stage of the Nurses and Midwives: Towards a Safer Culture; and

Noted / Please Discuss

2. Note the proposed target areas to be addressed as part of the next steps in developing the Nurses and Midwives: Towards a Safer Culture program (Attachment A).

Noted / Please Discuss

Rachel Stephen-Smith MLA/...../.....

Minister's Office Feedback

Background

1. Occupational Violence (OV) towards Nurses and Midwives in the workplace is a significant and growing concern for Public Health Care Systems across the world. To address this issue, the Australian Nursing and Midwifery Federation (ANMF) advocated for a broad reaching in-depth review of safe work practices.
2. In collaboration with the ACT Office of the Chief Nursing and Midwifery Officer, the previous Minister for Mental Health and former Minister for Health and Wellbeing launched the Nurses and Midwives: Towards a Safer Culture (TASC) – The First Step Strategy in December 2018.
3. In October 2021, a review of the TASC First Step Strategy found that 15 of the Strategy's 22 proposed initiatives had been fully implemented and seven partially implemented. Further investment is required to meet all initiatives. A copy of the *Nurses and Midwives: Towards a Safer Culture Strategy Evaluation – Final Report* was provided to you in December 2021 (MIN21/2035).
4. In August 2022, the ACT Government announced a commitment of \$4.6 million in the 2022-23 Budget to resource the next steps of the Nurses and Midwives: TASC Strategy which supports the ongoing work required to embed a positive safety culture across the ACT public health system.

Issues

5. The first stage of TASC is now considered to be complete.
6. The TASC Strategy 'Next Steps' package of work has been informed from the *Embedding a Positive Safety Culture* Business Case, TASC Strategy Evaluation and the Safewards Post Implementation Review recommendations and key findings. This will include:
 - a. Further work to develop more robust OV data across the health system and increased training for managers to respond to incidents of OV in the workplace;
 - b. Broad implementation of the Safewards Model of Care;
 - c. A campaign refresh of existing communications assets of the 'Be Kind' community awareness campaign;
 - d. The implementation of the Clinical Supervision Framework for ACT nurses and midwives to support improved resilience, professional development and wellbeing;
 - e. Commence planning for another series of the World Café Consultation Sessions for early 2023 to highlight the experience of ACT public health nurses, midwives and other healthcare professionals.

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- f. Development of a high-level project management plan and detailed presentation on the TASC next steps strategies, which will be presented at the initial TASC Stakeholder Meeting, scheduled for 30 November 2022; and
 - g. Finalising recruitment to key positions in the TASC Project team.
7. Further detail on the next steps strategy, target areas and an indicative timeline for commencement is at Attachment A for your information.

Financial Implications

8. The 2022-23 Budget included \$4.6 million dollars to support the workforce with a focus on psychosocial wellbeing and addressing OV. This work will contribute to the delivery of the next steps of the TASC Strategy with a significant increase in resources to embed a positive safety culture across the health system.

ConsultationInternal

9. The TASC Project Team have continued to work collaboratively with the Policy Design and Evaluation Team who conducted the evaluation of the TASC Strategy and Safewards Post Implementation Review to draft the internal staff survey due to be conducted in November/December 2022. The survey will be conducted annually. This will likely include Nurse/Midwife to Patient Ratio and Clinical Supervision Project related questions. .

Cross Directorate

10. Targeted stakeholder engagement including ACT Workplace Safety and Industrial Relations Team, Chief Minister, Treasury and Economic Development (CMTEDD) and ACT Policing has been undertaken.

External

11. Targeted stakeholder engagement was undertaken in the development of TASC Priority Actions, notably with the ANMF, WorkSafe ACT, and the Peak ACT Carer and Consumer Organisations.

Work Health and Safety

12. The Strategy aims to address issues related to workplace safety on multiple fronts.

Benefits/Sensitivities

13. In 2021, the ANMF used the 'People at Work' instrument to survey their members. More recently, the ANMF recently conducted a Workforce Snap Survey, which gathered insights into how ACT Public Sector nurses, midwives and assistants in nursing are currently feeling about their workplace, job and profession.

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14. Noting that culture change takes time, the ANMF ACT Branch will be using the results of the People at Work and Workforce Snap surveys and the TASC Strategy Evaluation findings to advocate for further commitment by ACT Government and the ACT Public Health System to continue to invest in the health and wellbeing of nurses and midwives through the lens of work health and safety.

Communications, media and engagement implications

15. The TASC Project Team will work with your office to prepare any required media releases.

Signatory Name: Michael Culhane, A/g Deputy Director-General Phone: 5124 9983

Action Officer: Anthony Dombkins, ACT Chief Nursing and Midwifery Officer

Phone: [REDACTED]

Attachments

Attachment	Title
Attachment A	TASC – overview of target areas to be addressed and the high-level potential timeline for the commencement, development and implementation of the next steps

ACT Health Directorate

To: Minister for Health

Tracking No.: MIN22/1452

From: Rebecca Cross, Director General

Subject: Establishing the Child and Adolescent Clinical Services Expert Panel

Critical Date: 11/10/2022

Critical Reason: To enable invitations to go out ahead of meeting papers for first meeting proposed week of 24 October 2022

Recommendation

That you sign the letters at Attachment A1-7 and Attachment B.

Signed / Not Signed / Please Discuss

Rachel Stephen-Smith MLA/...../.....

Minister's Office Feedback

Background

1. On 21 September 2022, you announced a new Child and Adolescent Clinical Services Expert Panel will be established for an initial period of twelve months to provide high level oversight and independent expertise to support work currently underway to plan and improve healthcare services for Canberra's children and young people.
2. The Expert Panel will be led by [REDACTED] and include experts as outlined in the draft Terms of Reference at [Attachment 1](#).

Issues

3. Letters of invitation have been prepared at [Attachment A1-7](#) and [Attachment B](#), for you to sign. Recipients have indicated an interest in serving on the panel.
4. Recommendations for the two academic panellists are yet to be finalised. [REDACTED] [REDACTED] of the University of Melbourne was determined to have an excellent academic profile in the area of child health services, with a focus on preventative and population health. He has advised that he has recently relocated to the University of Michigan, with several visits to Melbourne annually. We are pursuing his interest in a position on the panel. If this is not possible, we will prepare an invitation to [REDACTED] [REDACTED] of the University of Sydney by the end of this week.
5. Children's Hospitals Australasia has indicated that a response about recommendations for the second academic position will be provided by 7 October 2022. We are yet to hear a response. We will prepare an invitation for your signature once the advice is received and suitability confirmed.
6. The ACT Discrimination, Health Services, Disability and Community Services Commissioner has indicated an interest in membership of the panel.
7. It is anticipated the Panel's first meeting will be held in the week of 24 October 2022.

Financial Implications

8. Independent members who are not undertaking the role as part of their employment will be remunerated for meeting attendance and preparation.
9. Costs will be met from within the ACT Health Directorate.

Consultation

Internal

10. Not applicable.

Cross Directorate

11. Chief Operating Officer, Canberra Health Services has been included in discussions about the formation of the Panel. The Executive Director, Women Youth and Children has been consulted.

External

12. Preliminary discussion has been held between Executive Group Manager, Health System Planning and Evaluation and [REDACTED] about the secretariat function, and progress on development of the Child and Adolescent Clinical Services Plan in recent months.

Work Health and Safety

13. There are no direct work health and safety implications.

Benefits/Sensitivities

14. Letters have been sent to current members of the Child and Adolescent Clinical Services Plan Steering Committee to advise them that the Expert Panel will oversee the completion of the plan.

Communications, media and engagement implications

15. The Child and Adolescent Clinical Services Plan web page is being updated.

Signatory Name: Rebecca Cross, Director-General Phone: 6205 5535

Action Officer: Jacinta George, Executive Group Manager, Health System Planning and Evaluation Phone: 5214 9699

Attachments

Attachment	Title
Attachment 1	Final Draft TOR – Child and Adolescent Clinical Services Expert Panel
Attachment A	Invitation to members Expert Panel
Attachment B	Invitation to Chair Expert Panel

SENSITIVE

To: Rachel Stephen-Smith MLA, Minister for Health

From: Jacinta George, Executive Branch Manager

CC: Rebecca Cross, Director-General
Dr Dinesh Arya, ACT Chief Medical Officer
Dr Kerryn Coleman, ACT Chief Health Officer
Liz Lopa, Executive Group Manager, Infrastructure,
Communications and Engagement Division
Janet Zagari, Deputy Chief Executive Officer, Canberra Health
Services

Subject: Calvary Public Hospital Bruce – Major Theatre Disruption


- On 4 October 2022, Ms Robin Haberecht, General Manager (GM), Calvary Public Hospital Bruce (CPHB), advised Mrs George ACT Health Directorate (ACTHD) by phone call of an air contamination issue resulting in major theatre disruptions at CPHB. We understand that Mr Hawkins, Regional Chief Executive Officer, Calvary Health Care ACT Ltd had already advised you directly during your scheduled meeting on that day.
- On 6 October 2022, Ms Haberecht provided ACTHD with a written briefing. A copy is provided at [Attachment A](#) and is summarised below.

Background

- To enable implementation of the Digital Health Record (DHR), extensive information, communication, and technology (ICT) cabling works were required to be undertaken in the theatres at Calvary Public Hospital Bruce (CPHB). To ensure continuity of service delivery, the works were scheduled to be undertaken in two stages, with some theatre sessions also diverted to Calvary Bruce Private Hospital and Calvary John James Hospital.
- From Saturday, 17 September 2022, to Sunday, 25 September 2022, theatres 1 to 4 were closed.
 - On completion of the ICT cabling works, a full sterile clean of the theatres, as well as a terminal clean of the adjacent surrounding areas, were undertaken in accordance with required processes following any infrastructure works.

- The theatres were rested for four hours, and the required air sampling procedures were undertaken to confirm that the air was not contaminated.
- Air sampling results usually take 5 to 7 days to return, and it is usual practice for theatres to recommence following cleaning and pending results of the air samples.
- During the week of Monday, 26 September 2022 all theatres (1 to 7) were operational.
- On 1 October 2022, theatres 5 to 7 were closed to commence the ICT cabling works.

Issues

- On Monday, 3 October 2022, the air sampling results for theatres 1 to 4 were received by CPHB. The results identified that theatres 1 to 3 were significantly contaminated, and theatre 4 was very mildly contaminated.
 - The theatres should have been rested for 24 hours following cleaning and prior to air sampling as this allows adequate time for recirculation of the air post works. The theatres were only rested for four hours before sampling, and this may have generated the unexpected contamination issue.
- 
 - An open disclosure process is being planned with advice from Calvary National.
 - Development of rescheduling options at CBPH and CJJH is in progress and CPHB theatre teams will be allocated to those hospitals as required, with Category 1 procedures being the priority. CPHB are currently assessing any potential Category 1 breaches.
 - Territory Wide Surgical Services has been advised and will assist if CPHB require further support to manage any Category 1 breaches.

Actions

- CPHB are undertaking the following actions as a priority however, Ms Haberecht has advised that CPHB anticipate that elective surgery will be significantly disrupted until the end of October 2022:
 - Theatre 4 has had a repeat sterile clean. The ACT Director, Microbiology, has advised that due to the low result it can continue to

be used for emergency surgery. CPHB have now designated this as an emergency theatre only.

- All HEPA filters in the entire theatre complex are being changed, with the affected theatres being prioritised first. On 6 October 2022, contractors were engaged to commence this work.
- All affected theatres will undergo a further complete sterile and terminal clean. They will be rested for 24 hours prior to repeating the air sampling.
- All theatres (excluding theatre 4) will remain closed until air sampling results are received and confirm they are within required parameters.

ACTHD will continue to keep you informed as these actions are progressed.

Contact Officer: Jacinta George
Contact Number: 5124 9699
Date: 7 October 2022

Noted/Please Discuss

.....
Rachel Stephen-Smith MLA
Minister for Health

ACT Health Directorate

To: Minister for Health

Tracking No.: MIN22/1489

From: Rebecca Cross, Director-General

Subject: Culture Reform Oversight Group – Approval of Minutes, Actions and Communique from 26 September 2022

Critical Date: **21 October 2022**

Critical Reason: To allow the distribution of the 25 October 2022 meeting agenda to members of the Culture Review Oversight Group

Recommendations

That you:

1. Agree to the Minutes at Attachment A for distribution to the Culture Reform Oversight Group (Oversight Group) members;

Agreed / Not Agreed / Please Discuss

2. Agree to the Action Items at Attachment B for distribution to Oversight Group members;

Agreed / Not Agreed / Please Discuss

3. Agree to the Communique at Attachment C for distribution to Oversight Group members and publishing on the ACT Health website; and

Agreed / Not Agreed / Please Discuss

4. Agree to the Agenda at Attachment D for the 25 October 2022 Oversight Group meeting for distribution to members.

Agreed / Not Agreed / Please Discuss

Rachel Stephen-Smith MLA/...../.....

Minister's Office Feedback

Background

1. The seventeenth Oversight Group meeting was held on 26 September 2022.
2. The Minutes and Action Items ue from the meeting are provided for your approval at Attachments A and B.

Issues

3. There was one action item agreed at the meeting (Attachment B). Subject to your approval, Attachments A and B will be distributed to members for their consideration, action, and feedback.
4. The proposed agenda and Communique for the upcoming meeting of the Oversight Group on 25 October 2022 is at Attachment C and D. Subject to your approval, it will be circulated to Oversight Group members.

5.

Financial Implications

6. There is no direct financial impact in the agreed actions from the Oversight Group meeting of 26 September 2022.

ConsultationInternal

7. Not applicable.

Cross Directorate

8. Not applicable.

External

9. No feedback was received from members following the 18 July 2022 Oversight Group on the Communique document.

Work Health and Safety

10. Not applicable.

Benefits/Sensitivities

11. The papers for the Oversight Group meeting will be published on the ACT Health website before 25 October 2022.

Communications, media, and engagement implications

12. Not applicable.

Signatory Name: Rebecca Cross Phone: Ext 49400
 Action Officer: Jodie Junk-Gibson Phone: Ext 49923

Attachments

Attachment	Title
Attachment A	Minutes – Oversight Group meeting of 26 September 2022
Attachment B	Action Items – Oversight Group meeting of 26 September 2022
Attachment C	Communique- 25 October 2022
Attachment D	Proposed Agenda- Oversight Group meeting scheduled for 25 October 2022



ACT Health Directorate

To:	Minister for Health	Tracking No.: MIN22/1492
CC	Minister for Mental Health	
From:	Rebecca Cross, Director-General	
Subject:	ACT Health and Wellbeing Partnership Board	
Critical Date:	Not applicable	
Critical reason:	Not applicable	

Recommendations

That you:

1. Note the endorsed minutes of the 7 April, 2 June and 4 August 2022 meetings of the ACT Health and Wellbeing Partnership Board (Attachments A, B and C respectively); and

Noted / Please Discuss

2. Note the draft minutes from the 6 October 2022 meeting (Attachment D).

Noted / Please Discuss

Rachel Stephen-Smith MLA/...../.....

<p>Minister's Office Feedback</p>
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Background

1. The ACT Health and Wellbeing Partnership Board (the Board) was established to oversee the design and implementation of agreed initiatives from the ACT Health Summit: Research, Teaching and Training, which was convened by the former Minister for Health in November 2018.
2. With high level representation from the ACT's health services, the Australian National University (ANU), Capital Health Network (CHN), Health Care Consumers Association (HCCA) and the University of Canberra (UC), the Board serves to harness its collective efforts to improve the health and wellbeing of the Canberra community by actively supporting a consumer-centred, high performing, integrated health system that continues to improve and learn.
3. The Partnership Board performs its role by advising the Minister for Health and Minister for Mental Health on governance, research to improve the system and patient outcomes, and workforce optimisation through a lens of ensuring value-based care and environmental sustainability.
4. In line with its Terms of Reference, you should receive a brief outlining the main outcomes following each bi-monthly meeting, together with a copy of the minutes.
5. I note the delay in providing you this brief, which covers Board meetings held in April, June and August 2022. I will ensure more regular reports are prepared and provided from now on.

Issues

7 April 2022 meeting

6. [REDACTED]
7. The Board noted items brought forward by UC as well as updates from the Research Working Group (RWG), the Workforce Education and Training Working Group (WETWG) and the newly established Integrated Care Working Group (ICWG).

2 June 2022 meeting

8. The 2 June 2022 meeting of the Board included a detailed discussion about a meeting held between the Director-General of ACT Health Directorate (ACTHD), the Chief

Executive Officer of CHN and the Commonwealth Department of Health (during the Commonwealth's Caretaker period) to identify mechanisms to work collaboratively on integrated care. Options included primary care and general support for the hospital system. The Commonwealth has agreed to join the ICWG on an ongoing basis to further this collaboration. It was also noted that environmental sustainability in the health system lacks significant attention, and an undertaking was made for a presentation to be brought to the Board on these considerations at a later date.

9. The Board endorsed finalisation of priority areas for RIF Fellowships and noted a presentation on the draft ACT Health Workforce Sustainability Strategy 2022-32. Discussion centred around the need to:
 - a. link education and training opportunities with the workforce strategy;
 - b. strike a balance between taking some quick actions while still developing a longer-term strategy;
 - c. develop a broader, 'whole of health system' strategy;
 - d. reduce the current siloed approach to building workforce capacity;
 - e. continue developing the strategy in close consultation with the WETWG.

4 August 2022 meeting

10. The 4 August 2022 meeting of the Board included a summary of outcomes for the ACT health system arising from the 2022-23 Budget, an update on the ACT Health Services Plan and other health services planning, and updates from the working groups.
11. It was agreed that a Board discussion of ACT Budget outcomes would be scheduled after the Budget is handed down each year, and ACTHD would keep the Board apprised of key changes in the National Health Reform Agreement (NHRA) if they occur.

6 October 2022 meeting

12. At the 6 October 2022 meeting, members discussed the key points of interest from the visit to Singapore and proposed three key projects to be collectively pursued. The Chair is working with CEO CHS and CEO CHN to put together a description of the project proposals and will seek agreement from you that the proposed work is within scope of the Board's Terms of Reference (ToR).
13. The Chair advised the Board that Dr Jane Frost has decided to step down as Chair of the Workforce Education and Training Working Group (WETWG). The Board agreed to review the WETWG ToR offline and consider a suitable replacement Chair.
14. At this meeting the Board also discussed:
 - a. Exploratory work underway within the Directorate on opportunities to address the health impacts of climate change;
 - b. Potential actions and strategies to protect and ensure the nursing and midwifery workforce pipeline in the ACT, in response to recent announcements by the Victorian Government;

- c. The next steps in progressing the ACT Health Workforce Sustainability Strategy; and
- d. Work being led by the Commonwealth to implement Urgent Care Centres across jurisdictions.

15. The draft minutes from the 6 October meeting are at Attachment D.

Financial Implications

16. Nil.

Consultation

Internal

19. Not applicable for the purposes of this brief.

Cross Directorate

20. Not applicable.

External

21. Not applicable.

Work Health and Safety

22. Not applicable.

Benefits/Sensitivities

23. Members have freely provided feedback that the Board is functioning well, and is reflective of a genuine, collaborative relationship between the organisations.

Communications, media and engagement implications

24. Not applicable.

Signatory Name: Rebecca Cross
Director-General

Attachments

Attachment	Title
Attachment A	Minutes of the 7 April 2022 meeting of the ACT Health and Wellbeing Partnership Board
Attachment B	Minutes of the 2 June 2022 meeting of the ACT Health and Wellbeing Partnership Board
Attachment C	Minutes of the 4 August 2022 meeting of the ACT Health and Wellbeing Partnership Board
Attachment D	Draft minutes of the 6 October 2022 meeting of the ACT Health and Wellbeing Partnership Board

ACT Health Directorate

To:	Chief Minister and Minister for Health	Tracking No.: MIN22/1540
CC:	Dave Pepper, Chief Executive Officer, Canberra Health Services	
From:	Rebecca Cross, Director-General	
Subject:	ACT Primary Care Pilot	
Critical Date:	25/10/2022	
Critical Reason:	To inform your early thinking regarding a potential ACT pilot following agreed outcomes from the 30 September 2022 National Cabinet meeting and to coincide with Commonwealth Budget release on 25 October 2022.	

Recommendation

That the Chief Minister:

1. Note the information on ACT primary care at Attachment A and provide feedback on the proposed model for an ACT pilot.

Noted / Please Discuss

Andrew Barr MLA/...../.....

Minister's Office Feedback

That the Minister for Health:

1. Note the information on ACT primary care at Attachment A and provide feedback on the proposed model for an ACT pilot.

Noted / Please Discuss

Rachel Stephen-Smith MLA/...../.....

Minister's Office Feedback

Background

1. At its meeting of 30 September 2022, National Cabinet *agreed in principle to a pilot program for Medicare payments in outpatient care, such as diversion clinics, to keep people out of emergency departments, with FSG to develop a proposal quickly in the coming weeks.*
2. The ACT Health Directorate (ACTHD) understands \$100 million will be announced in the upcoming Commonwealth Budget for the pilot program. It is not clear if the \$100 million will be allocated on a population basis, nor what the criteria for a pilot will be. It is also not clear what the reference to *Medicare payments in outpatient care* means.

Issues

3. If there is an opportunity for the ACT to access some of the \$100 million, it will be important that a pilot:
 - a. takes account of the current state of our primary care sector;
 - b. builds on the initiatives we already have in place or are planning;
 - c. reduces pressure on our emergency departments in the immediate and longer term; and
 - d. takes account of learnings from ACTHD's 'Delivering Better Care for Canberrans with Complex Needs in General Practice Program' and recent initiatives by CHN to improve our primary care model.
4. The paper at Attachment A provides an overview of the pressures facing our primary care sector, particularly the low numbers of GPs and the high out of pocket expenses faced by Canberrans. It also notes that we receive considerably less than our population share of MBS payments – due in part to the lack of GPs.

5. It outlines the key initiatives we already have in place or are planning to improve access to care and reduce immediate pressure on our hospitals: Walk-In Centres/Urgent Care Centres and Health Care Hubs.
6. It also considers initiatives that would have a longer term impact on hospital demand, such as better follow up care and support for people with chronic conditions or at risk of poor health outcomes, and the mechanisms to achieve this, such as different payments models for doctors, and voluntary patient enrolment.
7. Finally, the attachment identifies some key opportunities from the Delivering Better Care for Canberrans with Complex Needs in General Practice Program' and recent allied health focused initiatives by Capital Health Network involving social workers and non-dispensing pharmacists in general practices.

Pilot design

8. Any pilot program would need to be co-designed with GPs, Capital Health Network (the ACT's primary care health network), health services, consumers and other key stakeholders. Ahead of a co-design process, the information in Attachment A suggests that a pilot should:
 - a. minimise any requirement for additional GPs, as they are already in short supply in the ACT and this is unlikely to change in the near future;
 - b. be a viable long term business model, which means funding beyond what is currently available simply through MBS payments;
 - c. offer free and more immediate appointments, so that cost and access barriers don't drive people to ED;
 - d. provide access to a range of health services – such as medical imaging, pathology and dispensing services and allied health so people can receive complete treatment for their presenting condition;
 - e. support patients with chronic conditions or at risk of poorer health outcomes, recognising the long term impact these patients can have on hospital and healthcare demand; and
 - f. complement existing services offered by general practices, Walk in Centres (WICs)/UCCs and future Health Hubs as well as other private and non-government providers.
9. On the basis of the above features, we suggest the preferred model for the ACT would be to establish a network of multidisciplinary general practices across the ACT, drawing from the Singapore polyclinic model. Pilot funding would be used to:
 - a. expand existing GP practices by engaging nurses and allied health professionals working to their full or extended scopes of practice with MBS billing, and adding services like medical imaging, pathology and dispensing
 - b. introduce a blended payment model for existing GPs in those clinics, freeing up some of their time to coordinate care for patients with chronic conditions and/or

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- c. trial the voluntary patient enrolment program in these clinics, noting this is also expected to target patients with chronic conditions and/or
 - d. trial a patient navigation and case management approach for patients with complex mental health and physical comorbidities, with the aim of reducing ED presentations for this group and providing a much better patient and carer experience
 - e. expand virtual care offerings, leveraging learnings from the ACT's COVID Care@Home program and
 - f. develop referral pathways between UCCs, EDs and the 'GP polyclinics'.
10. A key differentiation from the UCCs is that the GP polyclinics would include a strong focus on people with chronic conditions and those at risk of poorer health outcomes, which should have a longer term impact on hospital demand. The GP polyclinics would also provide continuity of care, rather than the once-off interventions that will be the focus of UCCs.
11. In return for the pilot funding, the GP polyclinics would need to operate for expanded hours and offer a mix of walk-in and booked appointments. Once we have identified interested general practices, each would co-design the multidisciplinary team that best suits their practice model and patient cohort – and which would demonstrably expand free and accessible services to their local community, particularly patients with chronic health conditions and potentially poorer health outcomes.
12. Ideally there would be one pilot 'GP polyclinic' in each district of the ACT to complement the five proposed UCCs and future Health Hubs. We therefore propose that we seek a greater proportion of the \$100m than our population share, with the key arguments being:
- a. the ACT has the capacity to run a system wide trial of these pilot clinics (as well as UCCs), which would allow a better evaluation of the impact of these clinics
 - b. we are entitled to a greater share given the ongoing shortfall of MBS funding we receive; and
 - c. the number of GPs in the ACT is so low (per capita) that we require a bigger investment to address the problems in our primary care sector.
13. Should our bids for pilot funding and UCC funding succeed, our two major hospitals – TCH and Calvary – would be supported by a network of UCCs (built on the current WIC network), Health Hubs, and GP polyclinics that collectively improve access and affordability of our primary care sector, enhance care to people with chronic health conditions and those at risk of poor health outcomes, maximise the use of virtual care – and ultimately reduce the immediate and longer term demand on ED and acute care in our hospitals.

Financial Implications

14. The Commonwealth Budget is due to be announced 25 October 2022, through which it is expected total funding for pilots will be confirmed.
15. Details of the operating model for an ACT pilot will be further developed, including through a co-design process, subject to your preference on the model and the Commonwealth budget announcement.

Consultation

Internal

16. ACTHD senior executives have contributed to development of this advice.

Cross Directorate

17. The Chief Operating Officer, Canberra Health Services has provided input to this advice.

External

18. Capital Health Network has provided input to this advice.

Work Health and Safety

19. Nil at this stage.

Benefits/Sensitivities

20. The proposed ACT pilot presents an opportunity to deliver more comprehensive and sustainable primary health care services in the ACT and better support patients living with chronic conditions or who are at risk of poorer health outcomes. This comprehensive model is complementary to the UCC model and the existing range of community-based health services offered to Canberrans.
21. The model should not only reduce pressure on hospital EDs in the short term but also support longer term reductions in hospital pressures through enhanced primary care services.
22. The model is consistent with the Commonwealth's *Primary Health Care 10 Year Plan* to deliver *person-centred primary health care, supported by funding reform; and integrated care, locally delivered*.
23. The model is also consistent with priorities in the ACT Health Services Plan 2022-2030 to support patient centred care through improvements to access and sustainability of primary care services.

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24. The model will rely on effective change management and engagement with general practices to ensure effective implementation of the model including integration of additional nursing and allied health services in general practices. ACTHD will work closely with Capital Health Network and key partners to codesign and implement the model to ensure full benefits are realised and any sensitivities appropriately managed.

Communications, media and engagement implications

25. Nil at this stage.

Signatory Name: Rebecca Cross, Director General Phone: 6205 5535
 Action Officer: Vivien Bevan, Head of Office, Office of the Director General Phone: 5124 9260

Attachment

Attachment	Title
Attachment A	Information on ACT primary care