



Our reference: **ACTHDFOI23-24.12**

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

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 **Tuesday 12 September 2023**.

This application requested access to:

'I would like to request a copy of the following ministerial briefs with the reference numbers outlined (excluding all attachments to the brief);

- GBC23/213
- GBC23/309
- GBC23/310
- GBC23/353
- MIN22/1803
- MIN23/205
- MIN23/340
- MIN23/393
- MIN23/394
- MIN23/395
- MIN23/396
- MIN23/428
- MIN23/489
- MIN23/508
- MIN23/509
- MIN23/510
- MIN23/573
- MIN2023/00172
- MIN2023/00236
- MIN2023/00275
- Min2023/00302
- MIN2023/00346'

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 25 October 2023.

I have identified 22 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 ten documents; 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 *Human Rights Act 2004*.

Full Access

I have decided to grant full access to the documents at references: 1-5, 7, 18, and 20-22

Partial Access

I have decided to grant partial access to the documents at references: 6, 8-17, and 19.

These documents contain information that I consider, on balance, to be contrary to the public interest to disclose under the test set out in Section 17 of the FOI Act.

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 1.2 Information subject to legal professional privilege.
- Schedule 1.6 Cabinet Information.
- Schedule 2, 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, 2.2(a)(xi) prejudice trade secrets, business affairs or research of an agency or person.
- Schedule 2, 2.2(a)(xiii) prejudice the competitive commercial activities of an agency.

Documents at references 6, 8, 9, 12, 17, and 19 are partially comprised of personal information such as email addresses and phone numbers of non-government employees and mobile numbers of ACT-Government employees in accordance with Schedule 2, 2.2 (a)(ii) prejudice the protection of an individual's right to privacy or any other right under the Human Rights Act 2004.

Document at reference 10 is partially comprised of information classified as information subject to legal professional privilege information, and under Schedule 1.2, it is taken to be contrary to the public interest to release. Schedule 1.2 information that would be privileged from production or admission into evidence in a legal proceeding on the ground of legal professional privilege. This document is also partially comprised of information classified as Cabinet information under Schedules 1.6, and personal information under Schedule 2, 2.2 (a)(ii) privacy.

Document at reference 11 is partially comprised of cabinet information classified as cabinet information under Schedule 1.6.

Document at reference 13 is partially comprised of cabinet information under Schedule 1.6, and under Schedule 1.6 (1) Cabinet Information, it is taken to be contrary to the public interest to release. Schedule 1.6 (1)(d) the disclosure of which would reveal any deliberation of Cabinet (other than through the official publication of a Cabinet decision). This document is also partially comprised of personal information under Schedule 2, 2.2 (a)(ii) privacy.

Document at reference 14 is partially comprised of information classified as information that would be contrary to the public interest in accordance with Schedule 2, 2.2 (a)(xiii) prejudice the competitive commercial activities of an agency. This document is also partially comprised of information classified as legal professional privilege information and cabinet information under Schedules 1.2 and 1.6, and personal information under Schedule 2, 2.2 (a)(ii) privacy.

Document at reference 15 is partially comprised of information classified as information that would prejudice trade secrets, business affairs or research of an agency or person, and under Schedule 2, 2.2(a)(xi), it is taken to be contrary to the public interest to disclose. This document is also partially comprised of information classified as legal professional privilege information and cabinet information under Schedules 1.2 and 1.6, information classified as competitive commercial activities under Schedule 2, 2.2 (a)(xiii), and personal information under Schedule 2, 2.2 (a)(ii) privacy.

Document at reference 16 is partially comprised of information classified as cabinet information under Schedule 1.6, information that would prejudice trade secrets, business affairs or research of an agency or person under Schedule 2, 2.2(a)(xi), information classified as competitive commercial activities under Schedule 2, 2.2 (a)(xiii), and personal information under Schedule 2, 2.2 (a)(ii) privacy.

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
Allara House
15 Constitution Avenue
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



Catherine Ellis
Senior Director
Ministerial and Government Services

20 October 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>I would like to request a copy of the following ministerial briefs with the reference numbers outlined (excluding all attachments to the brief);</i></p> <ul style="list-style-type: none">- GBC23/213- GBC23/309- GBC23/310- GBC23/353- MIN22/1803- MIN23/205- MIN23/340- MIN23/393- MIN23/394- MIN23/395- MIN23/396- MIN23/428- MIN23/489- MIN23/508- MIN23/509- MIN23/510- MIN23/573	ACTHDFOI23-24.12

	<ul style="list-style-type: none"> - MIN2023/00172 - MIN2023/00236 - MIN2023/00275 - MIN2023/00302 - MIN2023/00346 	
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Ref Number	Page Number	Description	Date	Status Decision	Factor	Open Access release status
1.	01 - 05	GBC23/213 - ACT Health Directorate - 2022-23 Capital Works Program – (period ending 31 March 2023)	11 May 2023	Full Release		YES
2.	06 - 08	GBC22/309 - Budget memo 2023/11 strategic capital reprofiling	19 June 2023	Full Release		YES
3.	09 - 12	GBC23/310 - Executive approval of the Health Infrastructure Enabling Regulation 2023	02 June 2023	Full Release		YES
4.	13 - 16	GBC23/353 - Primary care pilot – Federation Funding Agreement – Health Schedule	26 June 2023	Full Release		YES
5.	17 - 18	MIN22/1803 - Email – Minister for Health – ACT Government Support Regarding Scoliosis – Consumer Matters	07 July 2023	Full Release		YES
6.	19 - 23	MIN23/205 - Proposal from the Australian Rheumatology Association for an outreach paediatric rheumatology service to be provided by the Sydney Children’s Hospital Network	02 June 2023	Partial Release	Schedule 2, 2.2(a)(ii) - Privacy.	YES
7.	24 - 27	MIN23/340 - Updated draft Child and Adolescent Clinical Services Plan, Supporting Information document and Consultation Plan for the draft Child and Adolescent Clinical Services Plan	31 May 2023	Full Release		YES

8.	28 - 29	MIN23/393 - Northside Hospital project - Briefing note for 15 May 2023 meeting	12 May 2023	Partial Release	Schedule 2, 2.2(a)(ii) - Privacy.	YES
9.	30 - 31	MIN23/394 - Northside Hospital project - Briefing note	19 May 2023	Partial Release	Schedule 2, 2.2(a)(ii) - Privacy.	YES
10.	32 - 34	MIN23/395 - Northside Hospital project - Briefing note	26 May 2023	Partial Release	Schedule 1.2 - Legal Professional Privilege Schedule 1.6 - Cabinet Information Schedule 2, 2.2(a)(ii) - Privacy	YES
11.	35 - 36	MIN23/396 - Northside Hospital project - Briefing note	02 June 2023	Partial Release	Schedule 1.6 - Cabinet Information Schedule 2, 2.2(a)(ii) - Privacy	YES
12.	37 - 40	MIN23/428 - ACT Mandated Minimum Nurse Midwife to Patient Ratios – Public Reporting	12 May 2023	Partial Release	Schedule 2, 2.2(a)(ii) - Privacy	YES
13.	41 - 45	MIN23/489 - Update to the ACT Infrastructure Plan Update – Health	25 May 2023	Partial Release	Schedule 1.6 - Cabinet Information	YES
14.	46 - 47	MIN23/508 - Northside Hospital project - Briefing note – 19 June 2023	19 June 2023	Partial Release	Schedule 1.6 - Cabinet Information Schedule 1.2 - Legal Professional Privilege Schedule 2, 2.2(a)(ii) - Privacy Schedule 2, 2.2(a)(xiii) - Competitive commercial activities	YES
15.	48 - 51	MIN23/509 - Northside Hospital project - Briefing note – 26 June 2023	24 June 2023	Partial Release	Schedule 1.2 - Legal Professional Privilege Schedule 1.6 - Cabinet Information	YES

					Schedule 2, 2.2(a)(ii) - Privacy Schedule 2, 2.2(a)(xi) - Business Affairs Schedule 2, 2.2(a)(xiii) - Competitive commercial activities	
16.	52 - 54	MIN23/510 - Northside Hospital Update - Meeting 3 July 2023	03 July 2023	Partial Release	Schedule 1.6 - Cabinet Information Schedule 2, 2.2(a)(ii) - Privacy Schedule 2, 2.2(a)(xi) - Business Affairs Schedule 2, 2.2(a)(xiii) - Competitive commercial activities	YES
17.	55 - 57	MIN23/573 - Salary Packaging for CPHB Transitioning Employees	22 June 2023	Partial Release	Schedule 2, 2.2(a)(ii) - Privacy	YES
18.	58 - 60	MIN2023/00172 - Budget Initiatives - Progress update as of 31 March 2023	12 May 2023	Full Release		YES
19.	61 - 64	MIN2023/00236 - Further context to concerns raised by the Australian Midwifery and Maternity Alliance	13 June 2023	Partial Release	Schedule 2, 2.2(a)(ii) - Privacy	YES
20.	65 - 66	MIN2023/00275 - Cyber Incident: ACT Government Barracuda Email Security Gateway	06 June 2023	Full Release		YES
21.	67 - 68	MIN2023/00302 - Update on Barracuda Email Security Gateway (ESG) Cyber Security Attack	09 June 2023	Full Release		YES
22.	69 - 73	MIN2023/00346 - Meeting with Royal Australian and New Zealand College of	30 June 2023	Full Release		YES

		Obstetricians and Gynaecologists (RANZCOG)				
Total Number of Documents						
22						

ACT Health Directorate**SENSITIVE: CABINET**

To: Minister for Health Tracking No.: GBC23/213

CC: Liz Lopa, A/g Deputy Director-General, Infrastructure and Engagement
Jacinta George, Executive Group Manager, Health System Planning and Evaluation
Sandra Cook, A/g Executive Group Manager, Chief Information Officer
Victor Martin, Executive Branch Manager, Health Protection Service
Christine Murray, Executive Group Manager, Population Health Division

From: Rebecca Cross, Director-General

Through: Fiona Barbaro, Executive Group Manager, Corporate and Governance

Subject: ACT Health Directorate - 2022-23 Capital Works Program – (period ending 31 March 2023)

Critical Date: 18/05/2023

Critical Reason: The Cabinet Submission has been signed by the Director-General and lodged with Cabinet Office ahead of Cabinet consideration on 23 May 2023.

Recommendations

That you:

1. Note the ACT Health Directorate – 2022-23 Directorate Capital Works Program – (period ending 31 March 2023) at Attachment 1; and

Noted / Please Discuss

2. Note the projects risks at Attachment B.

Noted / Please Discuss

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

Minister's Office Feedback

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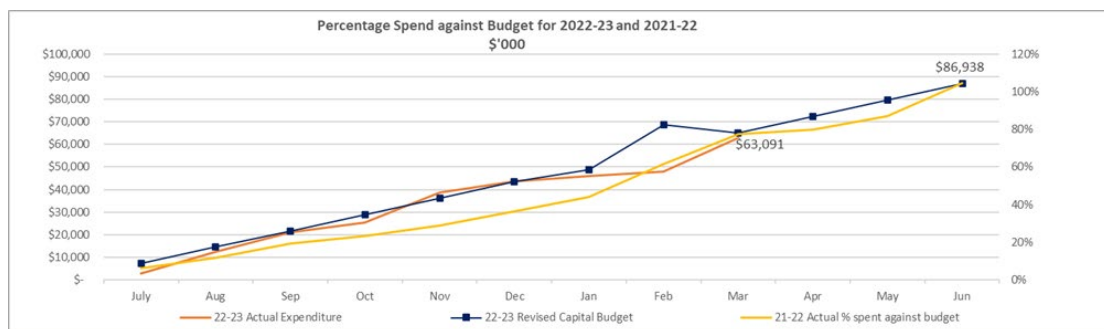
SENSITIVE: CABINET

Background

1. The Quarterly Capital Works Program is expected to be considered by Cabinet on 23 May 2023. The Cabinet Submission at Attachment 1 provides an update on the progress and delivery of the ACT Health Directorate (ACTHD) capital works programs as at 31 March 2023.
2. The project risk report at Attachment B provides a list of projects with a medium or high level of risk as at 31 March 2023, including details of management strategies to address the risks. There are currently two projects which have identified risks, including the Digital Health Record Program (DHR) and the ACT National Real Time Prescription Monitoring project (Canberra Script). Risk mitigations strategies are as follows:
 - DHR cost pressure of up to \$5.4 million - Since the 2021-22 financial year, the DHR program has closely monitored its financial position and has consistently reduced its forecasted pressure from \$15.0 million to \$5.4 million in the March 2023 quarter. The project team and finance are continuing to ensure the forecasted expenditure as at 30 June 2023 is on target and the overall pressure on the remaining program is accurate to support a detailed business case to Government in 2023-24; and
 - The Canberra script project is facing a delay of one year with project revised completion push out to 2025. Risk mitigation strategies including reprofiling 2022-23 budget into 2024-25 financial year and the project team will continue to have regular meetings with the vendor to prioritise the projects remaining system enhancements.

Issues

3. As at 31 March 2023, ACTHD's capital works program expenditure was \$63.1 million against the revised capital budget of \$86.9 million as shown by the graph below.



4. The capital budget was revised during the quarter from \$98.5 million to \$86.9 million, to include:
 - Rollover of \$6.7 million 2021-22 unspent capital and Territorial grant appropriation;

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- A midyear budget adjustment transfer from the Canberra Hospital Masterplan project to Major Projects Canberra of \$2.0 million; and
 - Reprofiled budget figures which saw \$16.2 million moved from 2022-23 into the outyears following Budget Memo 2023/02.
5. Expenditure in the March 2023 quarter has increased \$19.5 million from the December 2022 quarter, or \$17.6 million increase compared to the first 9 months achieved in 2021-22 financial year. This was expected as there has been a significant ramp up in expenditure for the DHR and supporting projects, prior to and post go live.
 6. With a nine-month expenditure of 73 per cent against the revised capital budget, the Directorate is in a good position to come in on budget. Nevertheless, we will still need to spend on average approximately \$8.0 million per month until the end of the financial year. Projects will continue to be closely monitored to ensure project milestones are met and that any project slippages are proactively managed leading up to year end.
 7. Significant project activity during the March 2023 quarter includes:

- DHR Program

The DHR Program team is now working across all clinical specialities and all facilities to support and stabilise the DHR for all users.

On 21 March 2023 the DHR Program Board agreed to the official closure of the DHR program and underpinning projects of implementation, technical and business intelligence. The program has now moved into a business-as-usual structure and all support staff for all clinical systems have moved into a new organisation structure. Further capital invoices are expected out to 2024-25 financial year for the licensing costs and agreed improvement work such as the Infusion Pump upgrade

- Community Based Residential Eating Disorder Treatment Centre

A Development Application for the centre was lodged on 7 December 2022 and closed on 24 January 2023, with a decision on the application expected by early next quarter.

The tender process to procure a head contractor for the development of the facility was finalised during the quarter with IQon Pty Ltd appointed as the head contractor to develop the final sketch plan design and construct the proposed centre. 100 per cent preliminary sketch plans designs have been endorsed by ACTHD to allow IQon to progress to final sketch plans.

Construction is expected to commence in May 2023. The centre is programmed for completion in late May 2024, with an operational opening date of late June 2024.

- Canberra Hospital Master Plan – Phase 2 Implementation

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The tender to engage a lead consultant for the Canberra Hospital Master Plan implementation closed on 22 December 2022 with the tender evaluations completed in March 2023 and a preferred tenderer identified. Services will commence shortly, including development of a tier one business case for construction of the clinical services and inpatient buildings.

- Calvary Critical Infrastructure Phase 1 & 2

Stage 1 of the In the Dry Fire Upgrade project has been completed, with Stage 2 works to commence in May 2023 and to be completed by April 2024.

In relation to the Strategic Asset Management Plan Refurbishment project, theatre four pendant upgrade works have commenced and are expected to be completed by 30 April 2023.

Financial Implications

8. The ACTHD's capital program has spent \$63.1 million, or 73 per cent of the revised 2022-23 capital budget.

ConsultationInternal

9. Consultation has occurred and agreement has been received from:
 - Jacinta George, Health System Planning and Evaluation, Executive Group Manager;
 - Sandra Cook, Digital Solutions Division, A/g Chief Information Officer;
 - Liz Lopa, Infrastructure and Engagement, A/g Deputy Director-General; and
 - Victor Martin, Health Protection Service, Executive Branch Manager.

Cross Directorate

10. Not applicable.

External

11. Consultation has occurred and agreement has been received from Calvary Public Hospital Bruce finance team regarding the progress update of all capital works projects.

Work Health and Safety

12. Not applicable.

Benefits/Sensitivities

13. Not applicable.

Communications, media and engagement implications

14. Not applicable.

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Signatory Name: Rebecca Cross, Director-General Phone: (02) 5124 9400

Action Officer: Fiona Barbaro, Executive Group Manager Phone: (02) 5124 6146
Corporate and Governance

Attachments

Attachment	Title
Attachment 1	Cabinet Submission - ACT Health Directorate – 2022-23 Directorate Capital Works Program – Quarterly Update (period ending 31 March 2023)
Attachment B	Projects at Risk (period ending 31 March 2023)

ACT Health Directorate**SENSITIVE: CABINET**

To:	Minister for Health	Tracking No.: GBC22/309
From:	Rebecca Cross, Director-General	
Through:	Fiona Barbaro, Executive Group Manager, Corporate and Governance	
CC:	Liz Lopa, A/g Deputy Director-General, Infrastructure and Engagement Holger Kaufmann, Chief Information Officer, Digital Solutions Division	
Subject:	Budget memo 2023/11 strategic capital reprofiling	
Critical Date:	26/06/2023	
Critical Reason:	To provide timely advice on outcomes from Budget Memo 2023/11 Capital Works Program Strategic Reprofiling.	

Recommendation

That you note the information contained in this brief.

Noted / Please Discuss

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

Minister's Office Feedback

Background

1. The outcome of the recent Whole of Government capital works reprofiling exercise (budget memo 2023/05) indicates that the ACT Government's capital works program remains elevated for both 2023-24 and 2024-25 financial years, with funding allocated of up to \$2 billion and \$1.8 billion respectively.
2. Budget memo 2023/11 Capital Works Program Strategic Reprofiling has been released for all Directorates to work with Major Projects Canberra (MPC) to further reprofile capital funding into the out-years to ensure the level of funding closely aligns with spending requirements.
3. Agencies were required to input the outcome of the strategic reprofiling in the Government budget management system by 19 May 2023 and advise their Minister on the outcome of the request.

Issues

4. As part of Budget Memo 2023/11, the ACT Health Directorate (ACTHD) and MPC have reviewed the ACTHD capital works program and as a result, a total of \$8.776 million will be reprofiled out to 2024-25 from 2022-23 and 2023-24 financial years. The project listing is at [Attachment A](#).
5. The revised 2023-24 and 2024-25 capital works program is \$56.1 million and \$28.3 million respectively, excluding new 2023-24 budget decisions, which both MPC and ACTHD believe is a more realistic expenditure profile. The ACTHD capital works funding by financial year is provided in the table below.

Table 1.

Capital budget by category	2022-23 \$'000	2023-24 \$'000	2024-25 \$'000
Infrastructure	5,539	23,999	26,305
ICT	60,710	13,286	5,085
Territorial Grants	16,614	11,261	1,002
Total ACTHD capital program	82,863	48,546	32,392

6. ACTHD and MPC have considered the following factors for the strategic reprofiling outcome:
 - ACT Government capital works program capacity issues, including the ability for MPC to deliver health infrastructure works based on historical trends;
 - current and historical agency-level and total program-level delivery performance;
 - current and emerging infrastructure market delivery issues, including labour shortages and lead times for materials;
 - aligning the funding profile to known contract milestones; and
 - substantial new capital investments through the 2023-24 Budget.

SENSITIVE: CABINET

7. With the 2023-24 existing projects' revised budget of \$48.546 million, ACTHD is in a solid position to deliver and expend this budget.
8. Although the 2023-24 budget has not been announced, two of the expected 2023-24 capital initiatives, the Northside development and Watson precinct projects, are anticipated to be provided with the majority of the new ACTHD capital funding. ACTHD will work closely with MPC to closely monitor project deliveries from the outset to ensure any project slippages are minimised and underspends are re-profiled proactively.

Financial Implications

9. The revised 2022-23 capital works expenditure budget is \$82.863 million and has factored in all known budget adjustments, ACTHD believes it is in a good position to deliver to budget at the end of the financial year.

ConsultationInternal

10. Strategic Finance consulted with Sandra Cook, Executive Branch Manager, Application Support and David Jones, Executive Branch Manager, Strategic Infrastructure on the strategic reprofiling requests.

External

11. The Infrastructure delivery team within MPC was consulted and agreed to the strategic reprofiling numbers.

Work Health and Safety

12. Not applicable.

Benefits/Sensitivities

13. Not applicable.

Communications, media and engagement implications

14. Not applicable.

Signatory Name:	Rebecca Cross, Director-General	Phone: x55335
Action Officer:	Shaun Zhang, Senior Director, Capital Budget and Reporting, Strategic Finance Branch	Phone: (02) 5124 9653

Attachments

Attachment	Title
Attachment A	Capital Strategic reprofiling template

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ACT Health Directorate

To:	Chief Minister Minister for Health	Tracking No.: GBC23/310
From:	Liz Lopa, Deputy Director-General, Infrastructure and Engagement, ACT Health Directorate	
CC:	Rebecca Cross, Director-General, ACT Health Directorate Dave Peffer, CEO, Canberra Health Services Cathie O'Neill, Deputy Director-General, Canberra Health Services	
Subject:	Executive approval of the Health Infrastructure Enabling Regulation 2023	
Critical Date:	02/06/2023	
Critical Reason:	To notify the Health Infrastructure Enabling Regulation 2023 as soon as possible after notifying the Health Infrastructure Enabling Bill 2023.	

Recommendations

That the Chief Minister:

1. Agree the Health Infrastructure Enabling Regulation 2023 at Attachment A;

Agreed / Not Agreed / Please Discuss

1. Sign the Health Infrastructure Enabling Regulation 2023 at Attachment A once the Health Infrastructure Enabling Bill 2023 has been notified and enacted;

Signed / Not Signed / Please Discuss

2. Note the Explanatory Statement at Attachment B and the summary of amendments to the Regulation at Attachment C.

Noted / Please Discuss

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

Minister's Office Feedback

That the Minister for Health:

1. Agree to the Health Infrastructure Enabling Regulation 2023 at Attachment A;

Agreed / Not Agreed / Please Discuss

2. Sign the Health Infrastructure Enabling Regulation 2023 at Attachment A once the Health Infrastructure Enabling Bill has been notified and enacted;

Signed / Not Signed / Please Discuss

3. Note the Explanatory Statement at Attachment B and a comparison document of the Regulation at Attachment C.

Noted / Please Discuss

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

Minister's Office Feedback

Background

1. The ACT Government introduced the Health Infrastructure Enabling Bill 2023 (the Bill) to the Assembly on 11 May 2023 to allow the development of a new northside hospital.
2. The Bill supports the Government's preferred policy position to compulsorily acquire the land on which the Bruce Public Hospital current sits and terminate the Calvary Network Agreement (CNA).
3. A subordinate Regulation, the Health Infrastructure Enabling Regulation 2023 (the Regulation) was developed to provide more detail on transition process, and just terms. A draft of the Regulation was tabled in in the Legislative Assembly on 11 May 2023.

4. Subsequent to tabling, the ACT Health Directorate has worked with the ACT Parliamentary Counsel's Office (PCO), ACT Government Solicitor's Office (GSO) and external legal consultants to strengthen the Regulation and finalise it ahead of notification in line with the Bill, expected on 2 June 2023.

Issues

5. The Regulation has been updated since tabling to:
 - a. provide clarity and correct drafting errors;
 - b. provide for offers of employment with the Territory to come from the Head of Service rather than the Director-General in line with the Public Sector Management Act;
 - c. confirm issues around transfer of employment and contracts;
 - d. exclude Clare Holland House employees from being required to receive an offer of employment;
 - e. confirm what is in scope when working out compensation to Calvary; and
 - f. confirm required changes to the Crown Lease.
6. A comparison document of the changes to the Regulation has been provided at Attachment C.
7. An Explanatory Statement based on the final regulation is required and is at Attachment B.
8. The Regulation and Explanatory Statement are ready for your agreement.
9. The Bill passed in the Assembly on 31 May 2023 and is expected to be notified on 2 June 2023 (timing to be advised).
10. PCO outline that once the Bill is notified and enacted, the Regulation can be signed.

Financial Implications

11. The Regulation outlines some of the framework for just terms compensation provisions. Significant advice has been provided to date around these matters.
12. The Regulation outlines the process for any early compensation payment to be made to Calvary from the Territory.

Consultation

Internal

13. The Transition Team has been co-developing and instructing PCO on the development of the Regulation.

Cross Directorate

14. PCO drafted the Bill and Regulation.
15. GSO provided legal advice and analysis into the Bill and Regulation.



ACT Health Directorate

To:	Minister for Health	Tracking No.: GBC23/353
CC:	Emma Davidson MLA, Minister for Mental Health Dave Peffer, Chief Executive Officer, Canberra Health Services Robyn Hudson, Deputy Director General	
From:	Rebecca Cross, Director General	
Subject:	Primary care pilot – Federation Funding Agreement – Health Schedule	
Critical Date:	16/06/2023	
Critical Reason:	To seek Chief Minister agreement to sign the Federation Funding Agreement to enable you to sign the Agreement by 21 June 2023. A signed copy of the Agreement is required by the Australian Government by this date to enable payment of the first milestone payment (\$3.874M) in August 2023 as part of the Australian Government accruals process.	

Recommendations

That you:

1. Sign the letter to the Chief Minister at Attachment A, seeking his agreement for you to sign the Federation Funding Agreement - Health Schedule – Primary Care Pilot and to provide to Cabinet for noting at a later date.

Signed/ Not Signed / Please Discuss

Following Chief Minister's agreement:

2. Sign the response letter at Attachment B to the Australian Government Minister for Health and Aged Care, the Hon Mark Butler MP; and

Signed / Not Signed / Please Discuss

3. Sign the Federation Funding Agreement - Health Schedule – Primary Care Pilot at Attachment C.

Signed / Not Signed / Please Discuss

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

Minister's Office Feedback

Background

1. The Australian Government (AG) October 2022-23 Budget includes \$100 million to implement primary care pilots across all states and territories. The core objective of all pilots, as agreed by National Cabinet, is *to test innovative models that reduce pressure on Emergency Departments (EDs)*. Total funding for the ACT pilot is \$7.75 million.
2. On 2 May 2023, you noted that the Department of Health and Aged Care (DoHAC) had expressed support for the ACT pilot model and offered a Federation Funding Agreement – Health Schedule (Schedule) to negotiate on this basis.
3. The ACT pilot model comprises:
 - a. A Liaison and Navigation (LaNS) team at Canberra Health Services (CHS) to assist with care co-ordination activities at participating ACT general practices,
 - b. Virtual access to public medical specialists for GPs at participating practices for advice regarding specific pilot patients,
 - c. Enhanced timely access to allied health services at public community health centres for pilot patients, and
 - d. Free-at-point-of care GP appointments at participating practices for pilot patients.
4. Patients will be selected who are at higher risk of Emergency Department (ED) presentation or hospital admission, including frequent users of ACT EDs, to achieve pilot impact.
5. The model does not rely on a 19(2) exemption by the AG under the *Health Insurance Act 1973*. GPs would be given the choice of funding options for free-at-point-of-care consultations; either:
 - a. Full remuneration for the cost of each appointment; ie. the GP would not bill the MBS, or
 - b. GPs would agree to bulk-bill pilot patients for their appointments.

Issues

1. On 8 June 2023, you received letter from the Hon Mark Butler MP seeking your agreement to a Schedule for the ACT primary care pilot, at Attachments C and D.

2. The Schedule provides AG funding of \$7.75 million to the ACT over two years from 2022/23 to implement and evaluate the ACT pilot model.
3. The first milestone payment of \$3.874 million is contingent on delivery of an Implementation Plan by 15 May 2023, which has been met. A copy of the Plan is at Attachment E, for which the DoHAC has expressed support.
4. As the cut-off for enabling the first milestone payment in 2022/23 has now passed, the DoHAC has confirmed this can be paid in August 2023 as part of the AG accruals process, provided a signed version of the Schedule is received by 21 June 2023.
5. A letter to the Chief Minister seeking his agreement for you to sign the Schedule is at Attachment A. The letter also proposes that the Schedule be provided to Cabinet for noting in the Omnibus Federal Funding Agreements Cabinet Submission scheduled for August 2023.
6. A draft letter of response to the Hon Mark Butler MP (Attachment B) and the copy of the Schedule (Attachment C) are provided for your signature.
7. The ACT Health Directorate (ACTHD) is working closely with key partners including Capital Health Network (CHN) and CHS on detailed implementation planning in the lead up to pilot implementation.
8. ACTHD has commenced consultation with key stakeholders including industrial parties and the Royal Australian College of General Practitioners over pilot implementation plans, which will run until 4 July 2023.

Financial Implications

9. Total value of this Schedule is \$7.75 million, to be received in two milestone payments in 2023/24.
10. This amount will be profiled in the ACT Budget over 2023/24 and 2024/25 to enable the pilot to run for up to 18 months and to complete the evaluation by June 2025 as described in the Implementation Plan.

Consultation

Internal

11. Relevant teams within the Corporate and Governance and Policy, Partnerships and Programs Divisions and the ACTHD GP Policy Advisor have been consulted on the draft Schedule with comments addressed where appropriate.

Cross Directorate

12. The ACT Government Solicitor, Canberra Health Services and ACT Treasury have been consulted on the draft Schedule with comments addressed where appropriate.

External

13. The Schedule has been negotiated and agreed between ACTHD and the DoHAC.

Work Health and Safety

14. Nil

Benefits/Sensitivities

15. The ACT pilot model aims to strengthen partnerships between primary care and the public health system to support access and care for at-risk patients to achieve impact on ED presentations and hospital demand. All services offered in the pilot will be free-at-point-of-care for patients to access including GP appointments.
16. Recent consultation with the CHN General Practice Advisory Council has revealed a strong preference amongst GPs for funding option a for GP consultations. Whilst this funding option represents a higher cost to the pilot, early budget estimates suggest this is unlikely to limit pilot capacity for patient enrolments. ACTHD will continue to work with GPs and key stakeholders to refine implementation plans and upon rollout.
17. The AG's proposed MyMedicare program announced in the 2023 Budget may have implications for the ACT pilot. It is understood this includes a frequent hospital users program to support a reduction in ED presentations that compares closely with the ACT pilot model, and which is due for implementation from July 2024. ACTHD has expressed an interest to work closely with the DoHAC during codesign for the program, in the interests of achieving synergies and mitigating risks for the ACT pilot model and delivering further benefits for ACT patients.

Communications, media and engagement implications

18. A Communications Plan will be developed for the pilot to support implementation. A media release can be prepared for the pilot on request by your office.

Signatory Name: Rebecca Cross, Director General Phone: X55335

Action Officer: Vivien Bevan, Head of Office, Office of the Director General Phone: MS Teams

Attachments

Attachment	Title
Attachment A	Letter to the Chief Minister
Attachment B	Response letter to the Australian Government Minister for Health and Aged Care
Attachment C	Federation Funding Agreement Health - Schedule Primary Care Pilot
Attachment D	Letter of offer from the Australian Government Minister for Health and Aged Care
Attachment E	Primary Care Pilot Implementation Plan

ADVISORY NOTE

Minister for Health

TRIM Ref: MIN22/1803	Email – Minister for Health – ACT Government Support Regarding Scoliosis – Consumer Matters
Critical Date	As soon as possible – overdue
Director-General	Rebecca Cross /...../.....

Minister’s question/s:

The Minister’s Office has requested advice regarding what funding or support is available in other jurisdictions for scoliosis braces and orthotics, and what services/funding are available in the ACT.

ACT Health Directorate’s response:

The constituent’s correspondance relates to their child’s scoliosis diagnosis, and the costs and burdens associated with care and treatment for scoliosis patients in the ACT.

Canberra Health Services (CHS) has confirmed:

- CHS does not have a Paediatric Orthopaedic Service and refers patients requiring scoliosis support to a tertiary service, such as Sydney Children’s Hospital. Specialist paediatric services are primarily provided in Sydney; through the Sydney Children’s Hospital Group or private services.
- The Paediatric team at CHS liaises with the tertiary service (Sydney Children’s Hospital) to provide surveillance/management for ACT children.
- CHS does not receive any funding for scoliosis braces and orthotics.

In circumstances where patients require funding support, CHS will assist clients to apply a range of funding supports (e.g. National Disability Insurance Scheme (NDIS), ACT Equipment Scheme); however for this to occur the client would need to be under the care of a CHS clinician.

Whilst NDIS criteria apply nationally, some local hospital services are funded for orthotic treatment associated with the Specialist’s treatment plan. CHS notes that in the context of the constituent’s child, the Specialist’s diagnosis and definition of their scoliosis and treatment plan (whether it is deemed permanent, long-term or a treatment modality) will greatly impact their eligibility for access to any of the available funding supports.

Clients who are ineligible for funding support through these agencies can self-fund or approach community agencies or private foundations, which include Community Connections, Community Options, Lions Club, Rotary, Technical Aid to the Disabled ACT, or the Snow Foundation.

Investigation into funding and services for scoliosis across all other Australian jurisdictions indicates that there is limited support available.

Commonwealth: Support may also be obtained through a Medicare Chronic Disease Management (CDM) Plan for patients with “chronic medical condition and complex care needs” .:

- Patients with Scoliosis classify for a CDM Plan as their condition requires management by multiple health care professionals including Orthopaedic specialists, Orthotists and Physiotherapists.
- Suitability is assessed by GPs, who will refer as appropriate.
- The Medicare rebate is approximately \$52.95 on five physiotherapy consultations every calendar year.

NSW: A Scoliosis and Physiotherapy bracing clinic is listed as an eligible allied health clinic under NSW’s Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS).

Noted / Please Discuss

.....

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

..../..../2023

Signatory Name: Michael Culhane

Phone: 5124 9717

Action Officer: Bronwyn Ellis

Phone: 5124 9675

ACT Health Directorate

To: Minister for Health

Tracking No.: MIN23/205

CC: Dr Elaine Pretorius, Chief Medical Officer, ACT Health Directorate
Janet Zagari, Deputy Chief Executive Officer, Canberra Health Services

From: Robyn Hudson, Deputy Director-General, ACT Health Directorate

Subject: Proposal from the Australian Rheumatology Association for an outreach paediatric rheumatology service to be provided by the Sydney Children's Hospital Network

Critical Date: Not applicable

Critical Reason: Not applicable

Recommendations

That you:

1. Agree to refer this issue to Canberra Health Services (CHS) for further scoping and consideration, noting that the outreach service is viable option for the Canberra community and sign the letter to the Australian Rheumatology Association (ARA) at Attachment A;

Agreed / Not Agreed / Please Discuss

2. Note the ARA Workforce Report at Attachment B;

Noted / Please Discuss

3. Note the Agenda and attendee list for the ARA and ACT Health Directorate (ACTHD) meeting at Attachment C; and

Noted / Please Discuss

4. Note the ARA letter with detailed costings for the paediatric outreach service at Attachment D.

Noted / Please Discuss

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

Minister's Office Feedback

Background

1. On 17 February 2023 the ARA wrote to you to request a meeting to discuss the *ARA Rheumatology Workforce Report: February 2023* (ARA Workforce Report). The meeting was delegated to ACTHD.
2. The ARA Workforce Report is at Attachment B. It provides evidence of an adult and paediatric rheumatologist shortage in Australia.
3. The *ACT Health Services Plan 2022-2030* (the Plan) includes actions addressing key areas of service demand and reform and includes the following about rheumatology services:
 - a. undertake a review of rheumatology services to identify requirements for improving service sustainability in meeting the needs of the population; and
 - b. realign rheumatology services in accordance with the service levels framework.
4. Up until 2021 the CHS Rheumatology Unit provided a public hospital paediatric and adolescent rheumatology clinic every four weeks. This service was not recurrently funded and had to be discontinued in 2021.

Issues

5. On 21 March 2023 ACTHD Health Workforce Strategy team met with the ARA. ARA attendees included the ARA President and Vice President, and Associate Professor Davinder Singh-Grewal, who is a paediatric rheumatologist at Westmead Hospital. The agenda and full attendee list are at Attachment C.
6. During the meeting the ARA identified that the retirement of [REDACTED] has resulted in a reduction in rheumatology services in the ACT. In particular, ARA advised that there is now no public paediatric rheumatology service within the ACT.

7. Consequently, ACT public paediatric rheumatology patients are travelling to Westmead Hospital to attend [REDACTED] clinic. The ARA estimate that 40 ACT families travel to Sydney each month.
8. The ARA advised that there is a newly qualified and available rheumatologist at Westmead Hospital who is reportedly willing to operate via the Sydney Children's Hospital Network (SCHN) outreach model and visit the ACT to run two full day face-to-face clinics per month plus provide interval support.
9. Subsequent to the meeting, the ARA wrote to you (Attachment D) to provide further details including estimated costings (refer to the Financial Implications section) for the provision of an outreach public paediatric rheumatology clinic.
10. ARA proposes that that the outreach service would be significantly subsidised from the cost savings resulting from reduced expenditure on Patients Travel and Accommodation Assistance Scheme (IPTAAS) fees. The outreach clinic would also be able to generate revenue from Medicare.
11. ACTHD Health Services Planning Evaluation (HSPE) Division has advised that there were between 10-25 ACT resident children (aged 0-16 years) attending 47 to 117 paediatric rheumatology outpatient appointments per year in Sydney between 2017 to 2022. HSPE's analysis of demand for ACT residents indicates there may be demand for one rheumatology paediatric clinic per month.
12. The Child and Adolescent Expert Panel supports the shared care partnership agreement between CHS and the SCHN which was signed on 21 April 2023. This agreement will provide subspecialty support where there is an identified need and resource availability agreed by CHS and SCHN.
13. The CHS Paediatric Liaison and Navigation Service (PLaNS) is aware that local families currently have difficulty accessing paediatric rheumatology services. Families are experiencing long wait times for both public and private services and need to travel interstate for care.
14. The PLaNS would support in principle a paediatric rheumatology outreach service to the ACT as it would provide an option for patients to access care closer to home. This would be similar to the current models for paediatric oncology, neurology, and cardiology.
15. In its 31 March 2023 letter (Attachment D) the ARA also proposed expanding the ACT adult rheumatology service by increasing the number of funded Full Time Equivalent rheumatologist, rheumatology nursing and physiotherapy positions. This proposal is not the subject of this brief. It would need to be separately considered during the appropriate Budget cycle.

Financial Implications

16. ARA have estimated that the overall cost to the ACT for providing a paediatric rheumatology outreach service would be \$14,538 per annum.

17. This is comprised of:
 - a. \$144,217 cost - to cover the salary of the staff specialist and flights, travel and accommodation;
 - b. estimated cost savings of \$76,800 - savings from IPTAAS not being required; and
 - c. estimated revenue of \$52,879 to be generated through the clinic.
18. Further details and a breakdown on the cost estimate is at Attachment D.

Consultation

Internal

19. ACTHD HSPE provided input which has been included in this brief.

Cross Directorate

20. The ARA proposal was provided to CHS and input requested.
21. The following areas of CHS provided input:
 - a. Dr Chandi Perera, Unit Director for Rheumatology, supports the expansion of the rheumatology workforce to align with the ARA Workforce Report.
 - b. PLANS provided input which has been included in this brief.
22. The following areas of CHS declined to provide input for this brief:
 - a. Dr Grant Howard;
 - b. People Culture Branch; and
 - c. Chief Financial Officer.

External

23. Nil.

Work Health and Safety

24. Nil.

Benefits/Sensitivities

25. Having a paediatric rheumatology specialist visit once per month will provide CHS with opportunities for training and capacity building, for example training of registrars.

Communications, media and engagement implications

26. The provision of a paediatric rheumatology service in the ACT would generate positive media attention.

OFFICIAL

Signatory Name: Robyn Hudson, Deputy Director-General Phone: 5124 7976

Action Officer: Ros Knox, Chief Allied Health Officer Phone: [REDACTED]

Attachments

Attachment	Title
Attachment A	Letter to ARA requesting further discussions occur regarding the outreach services of a paediatric rheumatologist
Attachment B	ARA Workforce Report
Attachment C	Agenda and attendee list for the ARA and the ACTHD meeting
Attachment D	ARA letter with detailed costings for the paediatric outreach service

ACT Health Directorate

To:	Minister for Health	Tracking No.: MIN23/340
CC:	Rebecca Cross, Director-General, ACT Health Directorate	
From:	Jacinta George, Executive Group Manager, Health System Planning and Evaluation	
Subject:	Updated draft Child and Adolescent Clinical Services Plan, Supporting Information document and Consultation Plan for the draft Child and Adolescent Clinical Services Plan	
Critical Date:	15/05/2023	
Critical Reason:	Proceeding to consultation on the draft Child and Adolescent Clinical Services Plan	

Recommendations

That you:

1. Note the revised draft Child and Adolescent Clinical Services Plan.

Noted / Please Discuss
2. Note the draft Supporting Information to the Child and Adolescent Clinical Services Plan.

Noted / Please Discuss
3. Note the revised Expert Panel Interim Report.

Noted / Please Discuss
4. Note the intent to commence consultation on the draft Child and Adolescent Clinical Services Plan on 15 May 2023.

Noted / Please Discuss
5. Note the consultation plan for the draft Child and Adolescent Clinical Services Plan.

Noted / Please Discuss

6. Note the draft communique to be uploaded on the ACT Health website with a link to the draft Child and Adolescent Clinical Services Plan

Noted/ Please Discuss

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

Minister's Office Feedback

Background

1. The Child and Adolescent Clinical Services Plan is to be completed mid 2023.
2. You attended the Expert Panel meeting on the 20 April 2023 to discuss the work of the Panel.
3. At this meeting, the Expert Panel discussed minor edits to the draft Child and Adolescent Clinical Services Plan and the process for consultation. These edits have been reflected in the draft Child and Adolescent Clinical Services Plan and its supporting document.
4. On 21 April 2023, you agreed to proceed with consultation on the draft Child and Adolescent Clinical Services Plan, but requested further planning and discussion on the consultation process.
5. The ACT Health Directorate (ACTHD) Health Services Planning team met with your office on the 24 April 2023 and 5 May 2023 to discuss the consultation process for the draft Child and Adolescent Clinical Services Plan.

Issues

6. The draft *Child and Adolescent Clinical Services Plan (CACSP)* has been revised based on the discussion at the Expert Panel meeting on the 20 April 2023. The attached CACSP includes tracked changes (Attachment A).
7. The draft Child and Adolescent Clinical Services Plan will be available on the ACTHD website during the consultation process.
8. The draft *Supporting Information to the Child and Adolescent Clinical Services Plan* is attached for your information (Attachment B). The Supporting Information includes the

data and results of analysis and research that have informed the development of the Panel's recommendations. This document will not be distributed as a part of the consultation process however it will be available to executives and clinicians on request. It will also be provided, if requested, to other individuals who seek to better understand the information considered during planning.

9. The Expert Panel's Interim Report to you has been revised following the Expert Panel meeting and in consultation with the Expert Panel Chair ([Attachment C](#)).
10. Consultation is planned to commence on 15 May 2023. The draft Consultation Plan is attached ([Attachment D](#)).
11. The communique on the ACT Health website will be updated to advise the consultation process is occurring during May and June 2023, provide a link to the draft Child and Adolescent Clinical Services Plan and provide an opportunity to provide feedback or comment via the healthservicesplanning@act.gov.au email address ([Attachment E](#)).

Financial Implications

12. Not applicable

Consultation

Internal

13. Coordinator General, Office of Mental Health and Wellbeing.
14. ACTHD Aboriginal and Torres Strait Islander Partnerships Team.

Cross Directorate

15. Community Services Directorate.
16. Canberra Health Services executive and identified clinical staff.
17. Executive Director, Mental Health, Justice Health and Alcohol and Drug Services.

External

18. Sydney Children's Hospitals Network.

Benefits/Sensitivities

Communications, media and engagement implications

19. The consultation plan outlines the process for consultation on the draft Child and Adolescent Clinical Services Plan. The consultation will be undertaken in an open and transparent manner that is sensitive to the expectations and experiences of some community members.
20. Media will be briefed early during the release of the draft CACSP for consultation. The ACTHD website will be updated with the attached communique.

OFFICIAL

21. Health System Planning and Evaluation Division will monitor what is being reported in the public domain and the expert panel will publicly respond when appropriate.
22. Canberra Health Services will ensure all services available are up to date publicly in preparation for questions from the community.
23. Your office will be kept informed on feedback from the group consultation sessions.

Signatory Name: Jacinta George, Executive Group Phone: 49699
 Manager, Health System Planning
 and Evaluation

Action Officer: Jacinta George

Attachment A	Draft Child and Adolescent Clinical Services Plan
Attachment B	Draft Supporting Information to the Child and Adolescent Clinical Services Plan
Attachment C	Revised Expert Panel Interim Report
Attachment D	Draft Consultation Plan
Attachment E	Draft communique from the Expert Panel



SENSITIVE: CABINET

To: Rachel Stephen-Smith MLA, Minister for Health

Through: Rebecca Cross, Director-General
Dave Peffer, CEO, CHS

Subject: Northside Hospital project - Briefing note for 15 May 2023 meeting

Legislation

- Legislation has been introduced and we now enter the phase 2 stage of transition (from introduction to passing).
- The legislation will undergo scrutiny between now and 31 May 2023, but will not be referred to Committee.
- The Regulation will continue to develop between introduction and passage. Any amendments will be made in conjunction with your office

Negotiation

- Following announcement, you have emailed Martin Bowles to restate the commitment to work closely with Calvary through the transition of services
- Liz Lopa has emailed Ross Hawkins to do the same. Additional contact from Liz Lopa in regards to the childcare has gone unanswered.
- Ross Hawkins is in contact with Dave Peffer and record of those communications is being held in the communication log.

Workforce engagement

- The Transition Hotline went live from the announcement on 10 May. The team prepared to support the Calvary workforce with any questions or concerns they may have about the transition and are encouraging callers to register their details using the Employee Transition Form.
- Workflow processes are in place to ensure that more complex employment questions are directed for case management with a member of our HR team or senior executive (if required). These follow-ups are being managed as a priority for a quick response.
- Workforce sessions commenced at 8am on 11 May with increased attendance in the afternoon sessions on 12 May. It has been valuable to hear directly from Calvary employees and a good opportunity for CHS to communicate our commitment to support the workforce throughout the transition.
- We will keep the office up to date on the number of hotline calls, emails and forms being received, as well as the attendance at support sessions. These will be incorporated in the daily media summary.

Communication

- The schedule of communication activities, Workforce Support Sessions and stakeholder engagement has commenced.
- Communications will be adapted to reflect the current public discourse and the demand for information. We will be working closely with your office on this.

Project Governance

- Significant work has occurred across teams to develop detailed project management schedules for each work stream.
- An interim dashboard will also be available at the meeting.
- Project management governance has been established and regular meeting have commenced.
- The transition team and Ministerial and Government Services has mapped how inquiries will be managed and recorded.

Other Northside issues

- There is community interest regarding Clare Holland House (CHH) and decisions regarding it are pending as we await the response from Calvary. You received further briefing relating to CHH from Liz Lopa on 12 May.
- The Standing Committee on Health and Community Wellbeing has requested fortnightly briefings with Minister and CHS and ACTHD executive. The Transition team will work with the Directorate Liaison Officer to arrange with your Office and the Committee.

Contact Officer: Liz Lopa, Deputy Director-General
 Contact Number: [REDACTED]
 Date: 12 May 2023

Noted/Please Discuss

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



SENSITIVE: CABINET

To: Rachel Stephen-Smith MLA, Minister for Health

Through: Rebecca Cross, Director-General
Dave Peffer, CEO, CHS

Subject: Northside Hospital project - Briefing note

Legislation and regulation

- The legislation is undergoing scrutiny, with the scrutiny report due on 23 May. The Transition team will prepare a response to any comments through this process.
- A debate pack is being prepared for you, for 31 May 2023. The pack will include a debate speech and an updated Q&A document.
- The Regulation continues to be developed and will be provided to your office later this week for finalisation with the Chief Minister.

Negotiation and other legal

- A letter and table were prepared following your meeting with Martin Bowles on 18 May.
- Lawyers are finalising an affidavit in the event of an injunction.

Workforce engagement

- The Transition Team has managed 37 hotline calls and held 16 Workforce Support Sessions with more than 140 attendees. A new schedule of sessions for 22-26 May is on the website. We will continue to monitor attendance and schedule more sessions as needed and ideally onsite in the transition period.
- At 3pm 19 May, we had received 52 transition forms from Calvary employees and 14 forms Visiting Medical Officers.

Employee Case Management

- Workflows confirmed for the management of employment enquires using a tiered approach based on complexity. A tracking and reporting system confirmed to ensure all enquires followed through and issues closed out.
- Full workflow confirmed for employee transition. Preparations underway to scale workforce engagement activities post 1 June and post 3 July.

Contract Management

- Team established to manage contracts, including a lawyer from KWM embedded in the team from Monday.
- Working through all options and workflows, including for non-monetary contracts such as academic agreements and stakeholder MOUs.

Plan for Transition

- A detailed plan for the conduct of the Territory throughout the transition period is underway to ensure a professional, legal and respectful approach.
- The plan will include a prioritisation approach to ensure critical go live tasks are completed and to decrease the potential to overwhelm the Calvary team.

Communication

- Radio advertising continues to support the promotion of the Workforce Information sessions.
- We are working closely with your office to adapt and refine our proactive media and communications approach based on the shifting public discourse.
- A summary of communications reporting from the first week since the announcement has been provided to your office.

Other Northside issues

- Further briefing relating to Clare Holland House and provision of palliative care in the ACT is being developed for Minister and Cabinet
- The Standing Committee on Health and Community Wellbeing briefing has requested fortnightly briefings in lieu of a Committee inquiry into the Bill.

Contact Officer: Liz Lopa, Deputy Director-General

Contact Number: [REDACTED]

Date: 19 May 2023

Noted/Please Discuss

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

SENSITIVE: CABINET

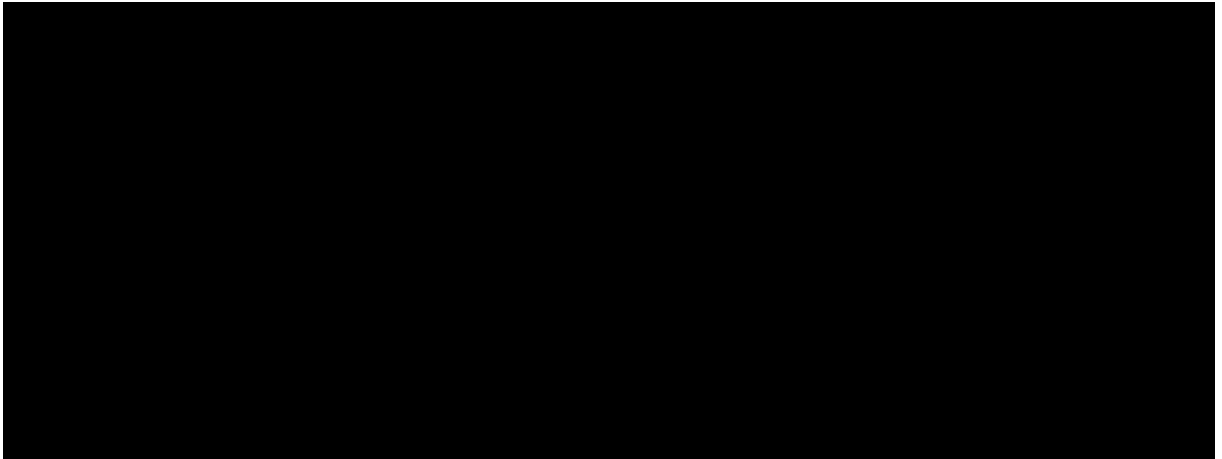
To: Rachel Stephen-Smith MLA, Minister for Health

Through: Rebecca Cross, Director-General
Dave Peffer, CEO, CHS

Subject: Northside Hospital project - Briefing note

Legislation and regulation

- The scrutiny report was returned, and relevant changes have been made to the Legislation. Response to the security report is being prepared and will be provided to you.
- Ahead of the debate on 31 May there have been updates and proposed assembly amendments to both the Legislation. A further draft of the Regulation has also been prepared.
- The most significant changes include:
 - o The change of the date the ACT come into effect (now the day of)
 - o Clare Holland House. Detailed briefing on this matter is being prepared
 - o Strengthening the language of “public health services” to provide clarity on the inclusion of outpatient and ambulatory care services are included.
 - o broader disapplication of Government Procurement Act. Detailed briefing on this matter is being prepared
- A debate pack is being prepared for you, for 31 May 2023. The pack will include a debate speech and an updated Q&A document.
- All final versions of the legislation and regulation will be provided to your office on 26 May

Negotiation and other legal

Workforce engagement

- At 12pm 26 May, the Transition Team had managed 80 hotline enquiries and held 20 Workforce Support Sessions with about 200 attendees. There has been 70 employee transition forms received from Calvary employees, 14 forms from VMOs and 1 contractor form.

Employee Case Management

- Confirmation received that both sessional and fee for service payment schedules can be included in one VMO contract so long as it is clearly defined which applies to what work/site.
- Agreed that the minimum length of contract from VMOs will be 12 month, to avoid transitioning ones close to expiration and having to negotiate shortly after transition.
- Planning now focussed on establishing new instance of Calvary's complete pay system including salary packaging with existing vendors under CHS/Shared Services system so as to cause least amount of risk and transition effort. Contingent on agreement from vendors and Calvary with respect to transfer of contracts or information currently held within systems.
- Commencement of VMO and Staff Specialist contract specialist to assist in the transition of these cohorts.

Contract Management

- Workflows mapped for all legal options for contracts (not just novation)
- Workshop conducted for transition team to ensure deep understanding, shared language and appropriate decision making on contract transition
- Will need to increase public messaging for vendors to make themselves known to the team in case contract lists are delayed or incomplete from Calvary

Plan for Transition

- A detailed plan for the conduct of the Territory throughout the transition period is underway to ensure a professional, legal and respectful approach.
- The plan will include a prioritisation approach to ensure critical go live tasks are completed and to decrease the potential to overwhelm the Calvary team.

Communication

- We are working closely with your office to adapt and refine our proactive media and communications approach based on the shifting public discourse.
- Media materials have been prepared to support the debate and passage of legislation on 31 May. These are with your office for consideration.
- Updated collateral has been prepared to pivot materials after legislation has passed.
- A summary of communications reporting from the second week since the announcement has been provided to your office.

- We are progressing development of a proactive media schedule in collaboration with CHS and ACT Health to support northside hospital related announcements and good news stories. We are working closely with your office to execute this.
- Radio advertising promoting the workforce information sessions concluded on 26 May.

Other Northside issues

- Separate advice has been provided to your office on PwC's engagement on the Northside Hospital Project to date.

Contact Officer: Liz Lopa, Deputy Director-General
Contact Number: [REDACTED]
Date: 26 May 2023

Noted/Please Discuss

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

SENSITIVE: CABINET

To: Rachel Stephen-Smith MLA, Minister for Health

Through: Rebecca Cross, Director-General
Dave Pepper, CEO, CHS

Subject: Northside Hospital project - Briefing note

Legislation and regulation

- The Legislation and amendments passed the assembly on 31 May 2023
- The Legislation and subordinate Regulation were notified 2 June 2023, and given the amendment in relation to timing of commencement, the law and regulation commenced at 12:01am 2 June.

Negotiation and other legal

- Calvary has commenced legal proceedings and a full court hearing on the substantive matter will be heard on 7 June 2023.
- Separate briefings regarding the legal advice are ongoing with your office.
- Regular updates on legal responsibilities are being provided to the transition team and executive to ensure compliance and best practice with requirements.

Clare Holland House

- [REDACTED]
- [REDACTED]
- Communication from your office has been prepared to address CHH and the concerns of the staff employed there.
- Engagement with the staff of CHH is being prepared and will include information sessions and written advice.

Workforce engagement

- The number of forms and enquiries received has increased
- At 4.30pm 1 June -
 - o 90 hotline enquiries
 - o 20 Workforce Support Sessions with about 200 attendees.
 - o 112 employee transition forms received from CPHB employees
 - o 16 forms from VMOs
 - o 4 contractor forms.
- A schedule for workforce information sessions 5-9 June is being published to include several online sessions on Monday and Tuesday with a face-to-face session organised for Friday in anticipation of outcomes from the legal action.
- The team are planning for the kiosk onsite and developing fact sheets on key issues (VMOS, Staff specialists, HR/employee onboarding, Contractors/Suppliers, Culture, Governance/Policies, Volunteers).

Employee Case Management

- Dashboard on Employee onboarding will be presented at the meeting. This will include themes from submitted forms, case management and future tracking of the offer and acceptance process.

Contract Management

- The truncated time frame poses the biggest risk for this large piece of work.
- Novation and the provision of current contract details requires Calvary's consent. Any further delays to this will require the Transition Team to reassess approach and earlier invoking of contingency arrangements. The Team will map this out with as much detail as is available next week and provide advice to your Office.

Plan for Transition

- The draft Plan for Transition is being finalised today and will remain a draft until agreement is reached with Calvary. The final draft will be provided to your Office for information. It is not intended to make this document public.

Communication

- We are continuing to work closely with your office to adapt and refine our proactive media and communications approach based on the shifting public discourse.
- We are working to prepare an initial community and stakeholder engagement plan on the next phase of the design and development of the northside hospital.
- We are working in collaboration with the workforce engagement team to develop collateral and materials for the on-site pop-up kiosk.
- A summary of communications reporting from the third week since the announcement has been provided to your office.
- We are continuing to progress a proactive media schedule in collaboration with CHS and ACT Health to support northside hospital related announcements and good news stories. We are working closely with your office to execute this.

Contact Officer: Liz Lopa, Deputy Director-General

Contact Number: [REDACTED]

Date: 2 June 2023

Noted/Please Discuss

.....

Rachel Stephen-Smith

Minister for Health

ACT Health Directorate**To:** Minister for Health

Tracking No.: MIN23/428

CC: Rebecca Cross, Director-General
Dave Peffer, Chief Executive Officer, Canberra Health Services
Ross Hawkins, Regional Chief Executive Officer, Calvary ACT
Jacinta George, Executive Group Manager, Health System Planning and Evaluation**From:** Robyn Hudson, Deputy Director-General**Subject:** ACT Mandated Minimum Nurse Midwife to Patient Ratios – Public Reporting**Critical Date:** 19/05/2023**Critical Reason:** Planned go-live date of webpage is 19 May 2023**Recommendations**

1. That you note the information contained in this brief.

Noted / Please Discuss

2. That you endorse the go-live date for ACT nurse midwife to patient ratio public reporting.

Agreed / Not Agreed / Please Discuss

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

Minister's Office Feedback

Background

1. On 19 August 2018, a Memorandum of Understanding (MoU) was signed by the then ACT Health Directorate (ACTHD), Director-General, and the Secretary, Australian Nursing and Midwifery Federation (ANMF) ACT Branch, to develop a ratio framework to guide the implementation of nurse/midwife to patient ratios across the ACT Public Health Services (Canberra Health Services (CHS) and Calvary Public Hospital Bruce (CPHB)).
2. The ACT Public Sector Nursing and Midwifery Safe Care Staffing Framework (the Framework) was developed. This Framework was endorsed by the ACT Minister for Health in November 2019. In the 2020 election, the Government committed to mandating minimum Nurse/Midwife to Patient Ratios at CHS and CPHB.
3. The ACT Public Sector Nursing and Midwifery Enterprise Agreement (the Agreement) 2020-2022, came into effect on 24 January 2022 within which Schedule 10 sets out the minimum Nurse/Midwife-to-Patient Ratio requirements.
4. A phased approach to implementation of Mandated Minimum Nurse/Midwife to Patient Ratios has been taken, led by the ACT Office of Chief Nursing and Midwifery Office (OCNMO) in partnership with CHS, CPHB and the ACT Branch of the ANMF.
5. Phase One commenced on 1 February 2022. The areas included in Phase One were inpatient General Medical, General Surgical, Adult Mental Health Units, Acute Aged Care Ward.
6. There was an amnesty period of industrial disputation until 30 June 2022.
7. A requirement of the Framework provides,
 - a. The ACT Health Directorate through the relevant Committee will be responsible for reporting the Health Services performances to:
 - i. ACT Australian Nursing and Midwifery Federation (ANMF) ACT Branch;
 - ii. ACT Public, and
 - iii. ACT Government.

Issues

8. Health Service compliance is provided monthly through the Ratio Implementation Steering Committee (RISC).
9. The Digital Solutions Division (DSD) was engaged through the ACTHD to develop a PowerBI dashboard for public reporting. Example at [Attachment A](#).
10. Endorsement has been sought and was confirmed at the 8 May 2023 RISC meeting.
11. The Business Process Ratio Public Reporting is at [Attachment B](#).

OFFICIAL

12. Current compliance data for publishing is represented below:

	CHS	CPHB
July 2022	73%	31%
August 2022	79%	40%
September 2022	83%	44%
October 2022	81%	54%
November 2022	82%	Not provided
December 2022	Not provided	61%
January 2023	77%	58%
February 2023	70%	72%
March 2023	75%	Not yet provided

13. Compliance data was not provided in December 2022 by CHS due to the transition from manual to automatic reporting processes.

14. Compliance data was not provided in November 2022 by CPHB due to inability to link extracted data between DHR and compliance reporting system.

This is being rectified through the DHR Team at each Health Service.

15. Health Services continue to work on compliance with ratios. The data demonstrates non-compliance. This information being publicly reported may attract heightened attention on the Health Services and the ACT Government.

Financial Implications

16. Nil identified.

Consultation

Internal

17. Katherine Gechter, Senior Director, Enterprise Business Intelligence, DSD.

18. Jincy George, Assistant Director, Web Development, DSD.

Cross Directorate

19. Kellie Lang, Ag Executive Director Nursing, Midwifery and Patient Support Services, CHS.

External

20. Judy Ryall, Executive Director Nursing and Midwifery, Learning and Development, CPHB.

Work Health and Safety

21. Nil

Benefits/Sensitivities

22. Go Live of the public reporting may initiate attention from media and consumers.

OFFICIAL

23. Reporting non-compliance may attract further interest and inquiry from the Australian Nursing and Midwifery Federation, raising potential for dispute as per Schedule 10 in the Agreement.

Communications, media and engagement implications

24. Mandated Minimum Nurse Midwife to Patient Ratios has generated much interest from the public.

Signatory Name: Robyn Hudson, Deputy Director-General Phone: 5124 6240

Action Officer: Anthony Dombkins, ACT Chief Nursing and Midwifery Officer Phone: [REDACTED]

Attachment

Attachment	Title
Attachment A	ACT Public Reporting example
Attachment B	Business Process Ratio Public Reporting

ACT Health Directorate

To:	Minister for Mental Health	Tracking No.: MIN23/489
CC:	Rebecca Cross, Director-General Liz Lopa, Deputy Director-General, Infrastructure and Engagement Dr Elizabeth Moore, Coordinator General Mental Health	
From:	Catherine Loft, A/g Executive Group Manager, Infrastructure and Communications and Engagement Division, ACT Health Directorate	
Subject:	Update to the ACT Infrastructure Plan Update – Health	
Critical Date:	26/05/2023	
Critical Reason:	The ACT Infrastructure Plan Update – Health is being considered by Expenditure Review Committee on 26 May 2023.	

Recommendation

That you note the information in this brief.

Noted / Please Discuss

Emma Davidson MLA/...../.....

Minister's Office Feedback

Background

1. On 28 September 2022, Cabinet agreed to update the 2019 ACT Infrastructure Plan: Planning for the future (the Infrastructure Plan). It was agreed that the update would transition the Plan to an online version and be undertaken over two years through a series of rolling tranches covering:
 - a. Entertainment, Arts and Sports;
 - b. Health;
 - c. Education;
 - d. Transport;
 - e. City Services, Recreation and Community Facilities;
 - f. Climate Action, Energy and Environment; and
 - g. City Planning and Land Release.
2. The ACT Infrastructure Plan presents a structured vision of the Government's infrastructure priorities from now into the longer term. The documents include a Pipeline of projects which represents the vision, priorities and aspirations of the ACT Government for infrastructure investment. It provides an indicative program of work which will be subject to investment decisions being made within the context of competing priorities and market and fiscal capacity.
3. Providing a clear indication of the future pipeline of projects will support the co-ordinated delivery of projects for better outcomes. It will also help industry to plan for market capabilities and the skill mix required for future infrastructure projects.

Issues

4. Chief Minister, Treasury and Economic Development Directorate (CMTEDD) is leading updates to the infrastructure plan and the Chief Minister is responsible for taking the updates to Cabinet for endorsement. [REDACTED]
[REDACTED]
[REDACTED]
5. [REDACTED]
[REDACTED]
6. The health update is due to be published publicly the first week of June, to complement budget related announcements.
7. Policy and Cabinet (CMTEDD) has worked closely with Strategic Infrastructure, Treasury, Canberra Health Services (CHS) and Major Projects Canberra (MPC) to develop the draft ACT Infrastructure Plan Update – Health ([Attachment A](#)).

8. The draft pipeline at the end of the document includes indicative Health infrastructure projects and has been informed by existing projects announced in the current and prior budgets, as well as those which directorates are proposing for future consideration of the Government.
9. The key messages in the Health update align with a number of published health strategies including the ACT Health Services Plan 2022-2030 and the Canberra Hospital Master Plan.
10. Notable updates since publication of the 2019 Infrastructure Plan include:
11. Hospital infrastructure; planning has progressed for a new northside hospital, the Canberra Hospital Master Plan was released and outlines a pathway for development of the campus over the next 20 years, the Digital Health Record has been implemented, a number of projects have been delivered to expand mental health acute care facilities in the ACT, and the Acute Aged Care and Oncology Wards at Canberra Hospital have been refurbished; and
12. Community health infrastructure; the Weston Walk-in Centre opened in 2019, the CHS Molonglo facility opened in 2022, and the construction of a new facility for Winnunga Nimmityjah Aboriginal Health Community Services was completed in 2021, new projects such as a Southside Hydrotherapy Pool project and Watson Health Hub are included in the plan.
13. The new eating disorder residential treatment centre at Coombs is included in the Plan. Construction is currently scheduled for early June, therefore narrative highlights that construction is underway. This wording will be reviewed prior to the launch of the Plan to ensure it is still accurate.

Financial Implications

14. Nil.

Consultation

Internal

15. Mental Health and Suicide Prevention, Health System Planning and Evaluation, Digital Services Solution and Strategic Finance.

Cross Directorate

16. CMTEDD is coordinating the submission and has worked closely with Infrastructure Communication and Engagement Division (ICED) to draft the infrastructure plan and pipeline.

17. CMTEDD is working closely with Treasury in the development of the infrastructure plan updates.
18. ICED worked closely with CHS and MPC for content for the infrastructure plan and pipeline.
19. CMTEDD Communications is working with Health and CHS Communications on communications and media for the infrastructure plan.

External

20. Nil.

Work Health and Safety

21. Nil.

Benefits/Sensitivities

22. The Health update provides an opportunity to effectively communicate with stakeholders and the community about the opportunities, challenges and complexities around key health infrastructure priorities.
23. Timeframes to produce the update have been compressed. It is anticipated that minor updates to the draft will continue to be made in consultation with CMTEDD right up until it is published publicly.
24. The draft includes information which will not be made public until after the 2023-24 Budget is announced.

Communications, media and engagement implications

25. Communications teams for both the ACT Health Directorate and CHS have been briefed and are preparing materials to support the broader infrastructure plan communications being led by CMTEDD.
26. Any media and communications will be prepared in consultation with your Office and the Chief Minister's Office to ensure all communications relating to health infrastructure, budget, and the infrastructure plan are coordinated.

OFFICIAL

Signatory Name: Catherine Loft, A/g Executive Group Phone: 5124 9805
Manger Infrastructure,
Communication and Engagement
Division

Action Officer: Stephanie Oliver, Director Phone: MS Teams
Infrastructure Communication and
Engagement Division

Attachments

Attachment	Title
Attachment A	Draft ACT Infrastructure Plan Update – Health

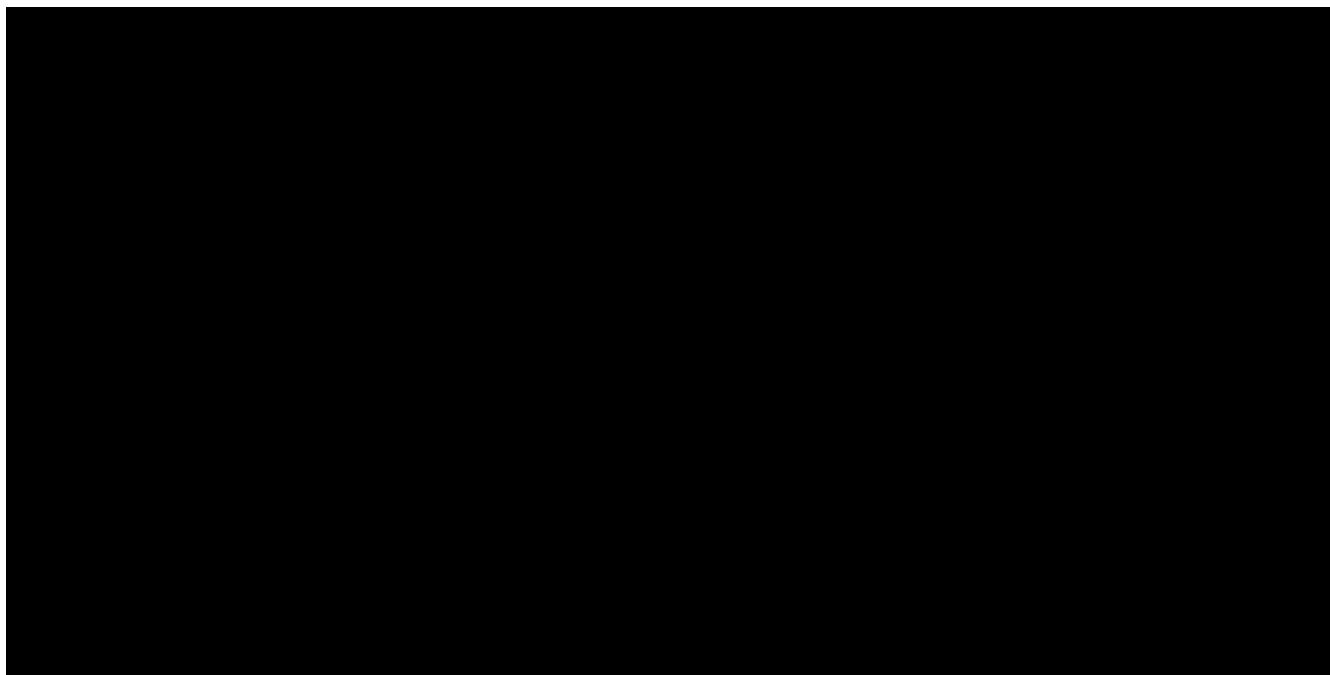


SENSITIVE: CABINET

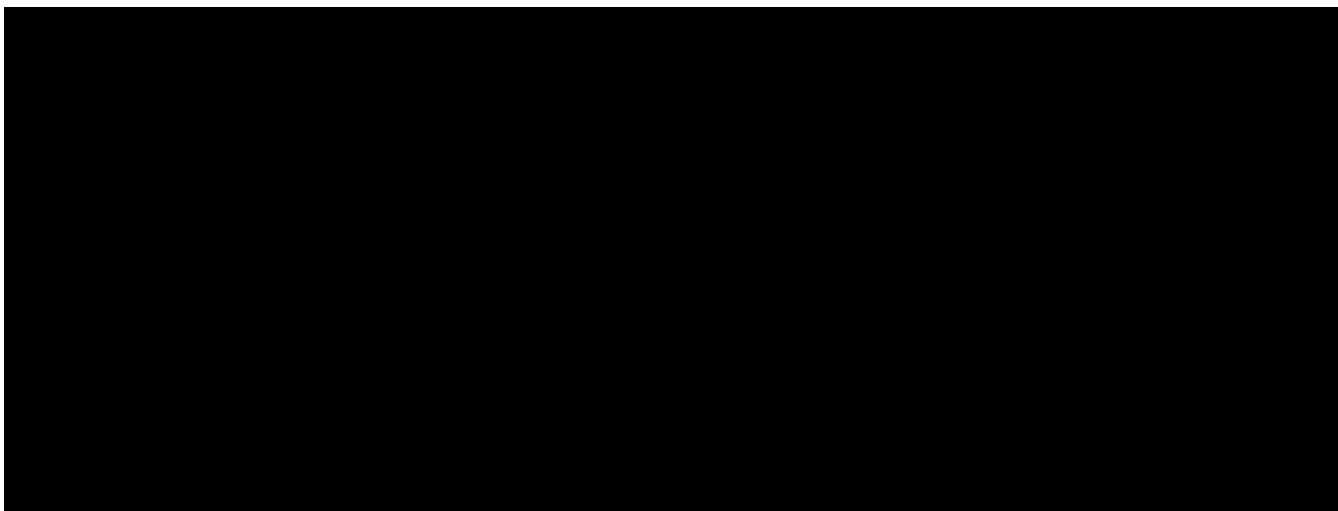
To: Rachel Stephen-Smith MLA, Minister for Health

CC: Rebecca Cross, Director-General
Dave Peffer, CEO, CHS

Subject: Northside Hospital project - Briefing note – 19 June 2023



Commercial negotiations



Transition update - operations

The Deputy Director-General, Canberra Health Services will provide a verbal update on activities in the service continuity stream, utilising the Transition reporting dashboards.

Communication

- We are continuing to work closely with your office to adapt and refine our media and communications approach based on the shifting public discourse.
- We are preparing collateral to support an onsite presence for the commencement of engagement with the Calvary workforce on the development and design of the new northside hospital. Formal engagement activities with allied health professionals and the Calvary workforce will then commence from late August/September (timing TBC).
- We are preparing to run some proactive radio advertisements to support patient continuity messaging. This is expected to commence w/c 19 June for a period of three weeks.
- We continue to promote northside hospital and transition related content across ACT Health, Canberra Health Services, and ACT Government social media channels to ensure a continuity of information.
- We are continuing to progress proactive media activities in collaboration with CHS and ACT Health to support northside hospital related announcements and good news stories. We are working closely with your office to execute this.
- Reporting on communications activities for the period 7-13 June (week 5) has been provided to your office.

Contact Officer: Liz Lopa, Deputy Director-General

Contact Number: [REDACTED]

Date: 19 June 2023

Noted/Please Discuss

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



SENSITIVE: CABINET

To: Rachel Stephen-Smith MLA, Minister for Health


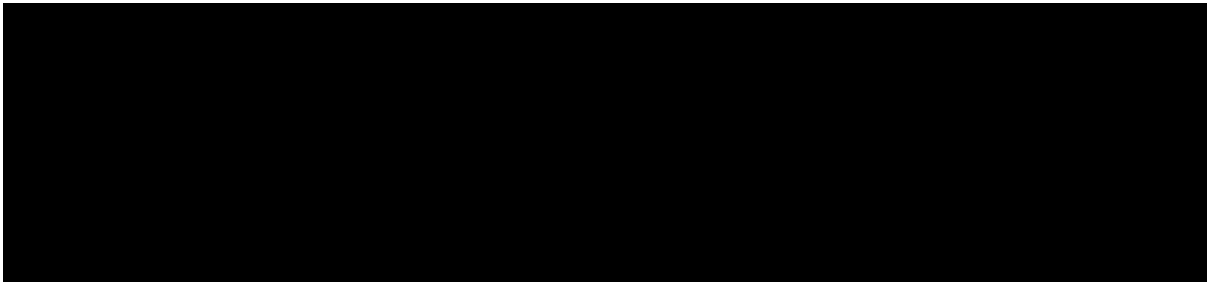
CC: Rebecca Cross, Director-General
Dave Pepper, CEO, CHS

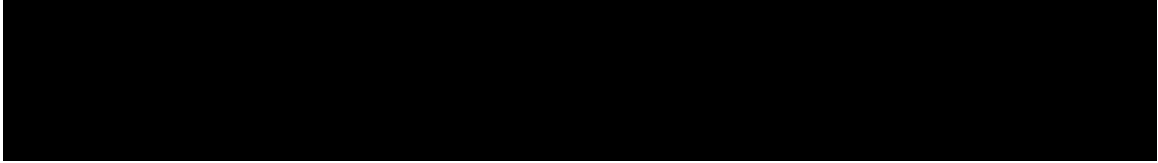
Subject: Northside Hospital project - Briefing note – 26 June 2023

Meeting with Martin Bowles – Monday 12 noon, Your Office

A meeting has been scheduled between you and Martin Bowles on Monday 26 June. Ross Hawkins and Liz Lopa will also be in attendance.


It is expected that Mr Bowles will raise:

- Clare Holland House, including the mutual agreement to transition services at Clare Holland House to the Territory from 3 July.
 - Transition arrangements for CHH are likely to be slightly different to those at the Public Hospital. This reflects:
 - The timing of the decision;
 - The nature of the services provided at CHH; and
 - 
 - Timeframes for transition:
 - Mr Bowles is likely to reiterate the short timeframe for transition, and that this may raise risks.
 - CHS advise that based on their assessment increasing the time allocation for transition will not address the material risks.
 - Requests for information
 - The Territory will continue to issue requests for information and site access under the Act in the coming week.
 - Site boundary
 - Surveyors were on site last week and have undertaken the necessary work to produce the deposited plan and register it on Calvary's title.
 - This will be communicated to Calvary via formal correspondence early next week.
- 

- 
- Appeal or further legal challenges
 - It is unclear what Calvary's pathway to legal challenge will be, however Mr Bowles may raise this in the meeting.
 - It is understood that Calvary's concern is that the Regulation limits Section 10 of the Act.

Legal and commercial

Proposed amendments to the Health Infrastructure Enabling Regulation

- 
- Following meetings with Calvary on Friday 23 June and Saturday 24 June the Regulation is being further amended to address changes to CHH.
- Subject to Calvary's final confirmation of this changed approach, we will progress these amendments through to your and the Chief Minister's Offices early in the week.
- The directions hearing regarding the Regulation has again been deferred at Calvary's request. It is now scheduled for Friday, 30 June 2023.
- A hearing regarding the reasons for the Supreme Court decisions handed down on 9 June occurred on 23 June 2023. The Solicitor-General briefed you and key executives following the hearing.

Commercial negotiations



Transition update - operations

The Deputy Director-General, Canberra Health Services will provide a verbal update on activities in the service continuity stream, utilising the Transition reporting dashboards. This will include a verbal update on matters relating to impacts on staff salary packaging arrangements with Maxxia.

Communication

- We are continuing to work closely with your office to adapt and refine our media and communications approach based on the shifting public discourse.
- We are working closely with your office on the development of media collateral to support the transition of services and operations to Canberra Health Services at the North Canberra Hospital from Monday, 3 July.
- We are preparing digital collateral to support an onsite presence for the commencement of engagement with the Calvary workforce on the development and design of the new northside hospital. Formal engagement activities with allied health professionals and the Calvary workforce will then commence from late August/September (timing TBC).
- Radio advertisements to support patient continuity messaging commenced on Wednesday, 21 June and will be in place until Wednesday, 12 July.
- We continue to promote northside hospital and transition related content across ACT Health, Canberra Health Services, and ACT Government social media channels to ensure a continuity of information. There was a focus on continuity of maternity services this past week.
- We are continuing to progress proactive media activities in collaboration with CHS and ACT Health to support northside hospital related announcements and good news stories. We are working closely with your office to execute this.
- Reporting on communications activities for the period 14-20 June (week 6) has been provided to your office.

Contact Officer: Liz Lopa, Deputy Director-General
Contact Number: [REDACTED]
Date: 24 June 2023

Noted/Please Discuss

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



SENSITIVE: CABINET

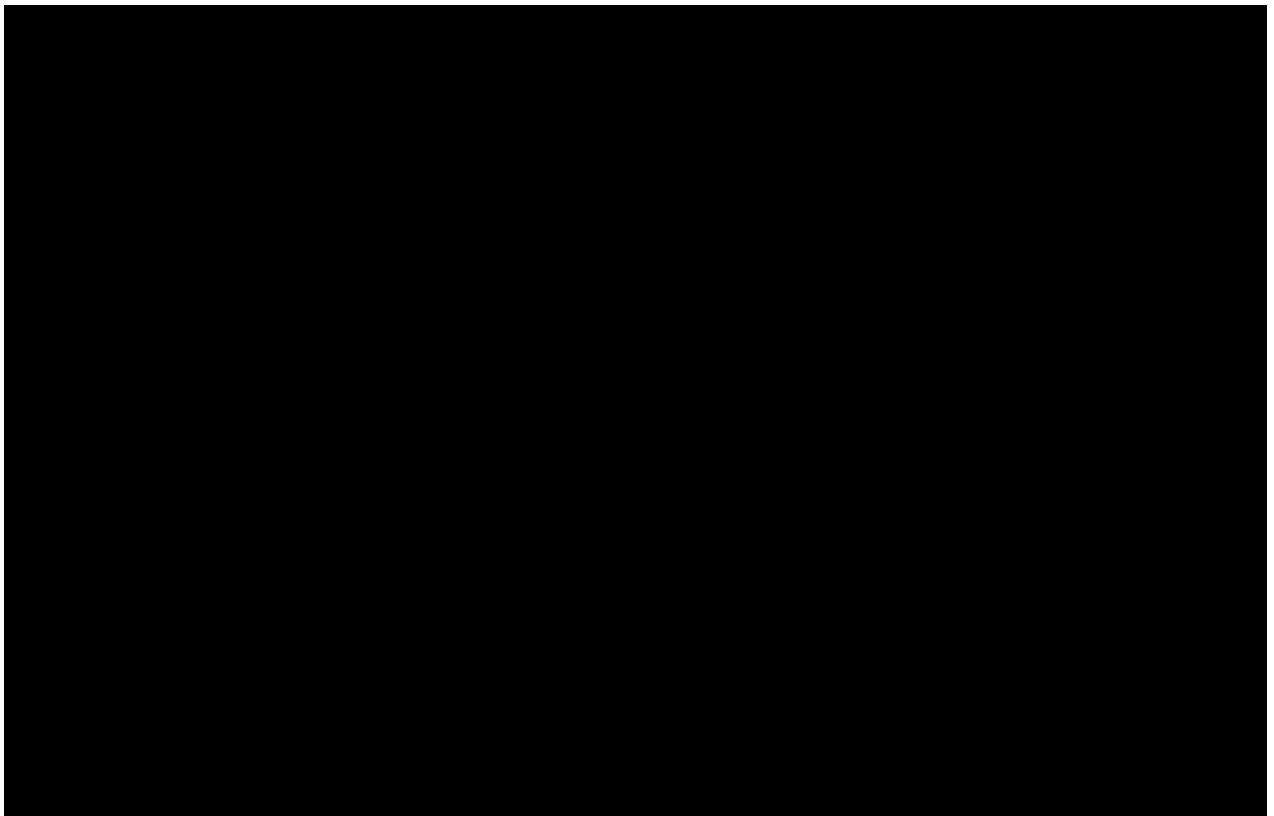
To: Rachel Stephen-Smith MLA, Minister for Health

CC: Rebecca Cross, Director-General
Dave Peffer, CEO, CHS

Subject: Northside Hospital project - Briefing note – 3 July 2023

Transition day urgent matters

- Verbal update if required.
- Correspondence between Mr Ross Hawkins and Mr Dave Peffer is at Attachment A.

Legal and commercial*Commercial negotiations**Amendment to Crown Lease*

- The surveyor will lodge the draft survey on 28 June 2023.
- The Surveyor General will immediately examine the survey and expects to be in a position to be able to say that the draft DP is in registrable form by at least Friday.

- On 27 June 2023, DDG Infrastructure and Engagement sent a letter to Mr Ross Hawkins to seek Calvary's written acceptance of the land proposed to be the subject of the amended Crown Lease.
- Calvary has indicated verbally they agree to the proposed area, we are awaiting formal written agreement.

Utilities

- Calvary has confirmed that there will be no interruption to utility service provision at the Bruce Campus on acquisition day. The contracts team are working with providers to understand supply contracts and arrangements post 3 July.

Childcare centre

- Legal advisers are working with the Transition Team and the Child Care Centre on site at Bruce to put in place a licence agreement for the Child Care to continue its operations following acquisition day.
- An exchange of letters is proposed to support the occupancy while licensing is finalised.

Clare Holland House

- The Government and Calvary mutually agreed to transition services at Clare Holland House to Canberra Health Services on 3 July 2023.

Legislation and Regulation

- Updates to the Regulation have been made in consultation with legal advisers, and the updated Regulation was notified on 28 June 2023.
- An instrument to allow public hospital employees to accept an offer of employment up until 1 September 2023 has been notified.

Transition update - operations

The Deputy Director-General, Canberra Health Services will provide a verbal update on activities in the service continuity stream, utilising the Transition reporting dashboards.

Communication

- We are continuing to work closely with your office to adapt and refine our media and communications based on the shifting public discourse.
- We are preparing digital collateral to support an onsite presence for the commencement of engagement with the Calvary workforce on the development and design of the new northside hospital. Formal engagement activities with allied health professionals and the Calvary workforce will then commence from late August/September (timing TBC).

- Radio advertisements to support patient continuity messaging are in place until Wednesday, 12 July.
- Internal communications and service and operational messaging related to North Canberra Hospital will be returned to CHS Communications from 3 July. They will continue to work in close collaboration with the Northside Hospital Projects Communications Team.
- Reporting on communications activities for the period 21-27 June (week 7) has been provided to your office.

Freedom of Information requests

- The Northside hospital transition team has received seven FOI requests since the announcements about the acquisition of Calvary Public Hospital on 10 May.
- Applicants range from community members, media, MLAs and industrial partners.
- A summary of the requests is provided at Attachment B for your information.

Contact Officer: Liz Lopa, Deputy Director-General
Contact Number: [REDACTED]
Date: 3 July 2023

Noted/Please Discuss

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



UNCLASSIFIED

To: Rachel Stephen-Smith MLA, Minister for Health

CC: Dave Pepper, Chief Executive Officer, CHS
Kathy Leigh, Head of Service, ACT Government
Damian West, Deputy Director General, Industrial Relations
and Workforce Strategy, CMTEDD

Subject: Salary Packaging for CPHB Transitioning Employees

Background

- As part of the acquisition of Calvary Public Hospital Bruce and transition of the health service to Canberra Health Services arrangements are underway to transition employees, establish new payroll, salary packaging and time and attendance systems.
- CPHB have a different pay cycle, fully outsource all salary packaging and use different approaches to time and attendance.
- Work programs are well advanced to clone and recreate both pay and time and attendance systems in the act.gov environment. This will result in continuity of pay, including maintaining their current pay cycle with no interruption.
- Salary Packaging arrangements are unable to be managed with the same approach and will require for the existing packages to be terminated and re-established with CHS.
- Agreement has been reached for Maxxia to continue to provide the service.
- The provider Maxxia has proposed two options and following workshopping with key stakeholders CHS has agreed to proceed with option one (Attachment A).
- This will mean that individuals will have two pay cycles without salary packing.
- Implications of this decision for employees are:
 - Their last deductions will be in this pay to be paid on 22 June 2023.
 - They will need to deplete their salary packaging balances by 2 July to avoid having any unspent money being returned to Calvary and being recredited to individuals pay at normal tax rates.
 - For the two pays they don't receive packaging they will be paid their total pay at ordinary tax rates.

- Employees who currently use Maxxia for novated car leases will have their lease payments made. However, they will not be able to seek reimbursement for car maintenance or use fuel cards during this period. They will need to be issued new fuel cards.
- Employees who currently have additional deductions paid into their superannuation fund will have their deductions withheld and paid after the salary packaging is reinstated.
- Employees upon engagement with CHS will be able to package the full Eligible Public Hospital and Ambulance Benefit capped amount available to the end of the current FBT year. (Effectively a restart)
- Employees will be able to accelerate deductions from August to March to take full advantage of the new cap. They will be able to manage these fortnight by fortnight using an app should they wish.
- Employees who use their salary packaging to pay for mortgage repayments or the like will need to ensure there are sufficient funds available in that specific account to cover the payments for those two pay periods (noting this will only apply if the repayments do not come from the account into which their normal pay is deposited).
- This has the potential to cause significant concern for staff. They will be receiving little warning. To mitigate this as best as possible, the following will occur:
 - Unions will be briefed today
 - This change will be announced at a Town Hall meeting 22 June which is being jointly held between CPHB and CHS
 - Information sheets will be available from today
 - Maxxia will contact all employees currently packaging with them to inform them directly
 - Kiosk staff will be briefed to be able to answer general questions
 - Maxxia will have a person on site at CPHB possibly by 23 June, but definitely by 26 June
 - Maxxia will divert any calls to their customer service number from CPHB employees to specific call takers
 - Unions will be requested to communicate to their members
 - Line managers at CPHB will be requested to inform staff
 - CPHB pay team exploring if they can put alerts into upcoming pay information.

Media Points

- Any media enquires should be directed to the Transition Team who will have talking points and responses prepared by 1:00pm, 22 June.

Contact Officer: Cathie O'Neill

Contact Number:



Date: 22 June 2023

Noted/Please Discuss

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

ACT Health Directorate**To:** Minister for Health

Tracking No.: MIN2023/00172

From: Rebecca Cross, Director-General**Subject:** Budget Initiatives – Progress update as of 31 March 2023**Critical Date:** n/a**Critical Reason:** n/a**Recommendation**

That you:

1. Note the progress updates relating to current budget initiatives.

Noted / Please Discuss

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

Minister's Office Feedback

Background

1. The quarterly report on budget initiatives was commenced in November 2022 as per your request.

Issues

2. Attachment A outlines overall progress updates relating to current budget initiatives including updates on funding utilisation, progress updates and milestones.
3. Information on ongoing initiatives from previous budget cycles (2020-21 and 2021-22) has also been added to this report.
4. Two initiatives, *Ngunnawal Bush Healing Farm – residential service delivery trial* and *Reducing harm from addiction and overdoses*, are reporting a delay.
5. Funding utilisation for 2022-23 budget initiatives as of 31 March 2023 was \$34.4 million or 76 per cent compared to the total budget, however, this is heavily impacted by COVID-19 Response funding occurring in the first half of the financial year.

Financial Implications

6. As above.

ConsultationInternal

7. Information was provided through Executive Group Managers and cleared through the Implementation Committee.

Cross Directorate

8. Canberra Health Services is developing a report utilising the same template and this will be provided to you separately.

External

9. Nil.

Work Health and Safety

10. Not applicable.

Benefits/Sensitivities

11. Not applicable.

Communications, media and engagement implications

12. Not applicable.

ACT Health Directorate

To:	Minister for Health	Tracking No.: MIN2023/00236
From:	Robyn Hudson, Deputy Director-General	
Subject:	Further context to concerns raised by the Australian Midwifery and Maternity Alliance	
Critical Date:	Not applicable	
Critical Reason:	Not applicable	

Recommendations

That you:

1. Sign the letter to Dr Allen, Chair of Australian Midwifery and Maternity Alliance (AMMA) at Attachment A; and

Signed / Not Signed / Please Discuss

2. Note the letter from AMMA at Attachment B.

Noted / Please Discuss

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

Minister's Office Feedback

Background

1. The AMMA is a small discrete organisation of 12 to 20 members who work with the purpose to strategically enable evidence informed policy and practice resulting in high-quality maternity services.
2. The AMMA has written to all jurisdictions advocating for the establishment of a Chief Midwife. A response has been prepared at [Attachment A](#).

Issues

3. Midwifery is recognised as a separate and distinct profession but continues to be regulated under one Board, the Nursing and Midwifery Board of Australia (NMBA).
4. The NMBA undertakes functions as set by the Health Practitioner Regulation National Law (the National Law). The National Law affords the NMBA with regulatory powers to develop and set nursing and midwifery registration standards, codes, and guidelines.
5. A Chief Nursing and Midwifery Officer (CNMO) position is established in all States, Territories, and the Commonwealth. These positions are accountable to represent both the nursing and midwifery professions. Registration with the NMBA is an essential eligibility criterion.
6. The CNMO is a leadership position and in the ACT, noting that leadership skills and ability are not specific to a profession, and is responsible for:
 - a. providing high level advice and leadership on nursing and midwifery professional, workforce and policy issues to the ACT Minister for Health and ACT Health Directorate Director-General;
 - b. facilitating engagement across the public and private sector health and education providers to lead the strategic direction of the nursing and midwifery professions to build safe, quality, and effective delivery of nursing and midwifery services with a focus on a safe, effective workforce, and
 - c. contributing nationally and internationally to support the ACT health agenda.
7. The AMMA suggest that the use of the title CNMO is misleading and potentially unlawful. In the context of the CNMO title, this reflects that it is one officer representing two professions; not that the position holder is registered in both professions and therefore is not unlawful.
8. The breadth of the roles of nurses and midwives across the entire health system is significant. The CNMO is not considered, or required to be, an expert in all aspects of nursing or midwifery, and for that reason has established a broad network of advisory groups both at an operational and strategic level; that draws on the expertise of all nursing and midwifery peak bodies across the country.

9. In addition, in each jurisdiction, the CNMOs are supported by formal nursing and midwifery staffing structures. These do not reflect those identified in the AMMA letter of correspondence found at Attachment B.
10. To ensure contemporary leadership and advice, the Midwifery Advisor, and equivalent positions in other jurisdictions, collaborate in the progression of high-quality women centred care and advancement of the profession.

Financial Implications

11. Not applicable.

Consultation

Internal

12. Several staff from the ACT CNMO were consulted with for this matter.

Cross Directorate

13. Nil.

External

14. Consultation with all State, Territory, and Commonwealth CNMOs has demonstrated that there is not a need within their jurisdictions to establish a Chief Midwife position.

Work Health and Safety

15. Not applicable.

Benefits/Sensitivities

16. There is a shared concern with State, Territory, and Commonwealth CNMOs that because nursing and midwifery is a small profession, and that without the supporting structures that currently exists within the offices of the CNMOs, the establishment of the Chief Midwife position would dilute the ability to progress midwifery professional status and education, workforce sustainability and contemporary high-quality woman, child and family centred models of care.
17. It is agreed by State and Territory, and Commonwealth CNMOs that they must be supported by high level advice by senior midwifery leaders within an operational role in health services.

Communications, media and engagement implications

18. Not applicable.

OFFICIAL

Signatory Name: Robyn Hudson, Deputy Director-General Phone:

Action Officer: Anthony Dombkins, ACT Chief Nursing and Midwifery Officer Phone: [REDACTED]

Attachments

Attachment	Title
Attachment A	Ministerial Letter Response to AMMA
Attachment B	Letter of correspondence from AMMA

UNCLASSIFIED

To: Rachel Stephen-Smith MLA, Minister for Health**Cc: Rebecca Cross, Director-General****Subject: Cyber Incident: ACT Government Barracuda Email Security Gateway**

- Between October 2022 and 26 May 2023, it is believed that emails from business systems and devices could have been subjected to unauthorised exposure.
- This does not impact emails sent from Outlook.
- The threat has been contained, Digital Data and Technology Solutions (DDTS) removed the affected server on 26 May 2023 when the issue was identified.
- The server has since been rebuilt and security patches deployed by the vendor (Barracuda), which have been applied to the server.
- The ACT Cyber Security Centre (CSC) has engaged the Australian Cyber Security Centre, Barracuda Networks, and enacted the incident response retainer with Rapid7 systems to assist with ongoing incident investigation and remediation.
- Digital Solution Division (DSD) are working with the ACT CSC team to confirm details of exposure.
- Attackers may have had access to or stolen copies of emails, altered emails during processing, compromising the integrity of the emails, or deleted outbound emails.
- There is currently no evidence of emails being stolen.
- ACT Health Directorate (ACTHD) Chief Information Officer, Canberra Health Services (CHS) Chief Information Officer and Calvary Public Hospital Brice (CPHB) ICT Manager are working with Epic to understand our exposure.
- Testing and advice from Epic have concluded that emails from My Digital Health Record (MyDHR), MyChart, EpicCare Link and Ambulatory AM do not contain sensitive information or pose a tangible risk.
- Other components of the Digital Health Record (DHR) that may use automated emails are still being investigated.
- Multi-function devices (printer/scanners) across whole of government may have been impacted, as one of two methods to scan-to-email uses the Barracuda Email Security Gateway.
- DSD are actively working to identify all other systems that utilise automated email messaging. As of 5 June, 5pm, 69 systems are confirmed to send/receive emails. A further 110 systems are still under investigation.

- All NTT hosted Health (Health Enclave) systems that send mail and many DDTS hosted systems that send email use the impacted mail system.
- ACTHD Chief Information Officer has asked for pre-emptive resetting of Health Enclave privileged access accounts to ensure older systems that did not utilise two-factor authorisation cannot be exploited.
- ACTHD and CHS system administrators have been asked to analyse the specific use of email in every relevant system, so we can assess our exposure and potential harm caused.
- Daily checkpoints have commenced between ACTHD, CHS and CPHB.

Contact Officer: Holger Kaufmann
Contact Number: 02 5124 9000
Date: 06 June 2023

Noted/Please Discuss

.....
Rachel Stephen-Smith MLA
Minister for Health
6 June 2023

SENSITIVE

To: Rachel Stephen-Smith MLA, Minister for Health

Through: Rebecca Cross, Director-General

Subject: Update on Barracuda Email Security Gateway (ESG) Cyber Security Attack

- The ongoing investigation into email impacted systems has identified cases of Personally Identifiable and Personal Health information (PII/PHI) present in potentially impacted emails that used the Barracuda Email Security Gateway (ESG).
- The following systems have been escalated for deeper investigation:
 - a) RightFax
 - Performs Email to fax and fax to email processes..
 - It is estimated that 1.45% of messages handled by the Barracuda ESG during the incursion relate to RightFax.
 - Referral letters that may have been exposed include patient names, ages, clinician names, diagnosis information, and medical history details including medications.
 - There is potential of PII/PHI of Canberra Health Services (CHS) and Calvary Public Hospital Bruce (CPHB) staff and patients that has been impacted.
 - RightFax email containment of PHI is currently a high concern. Investigation into specific emails that may have been exposed is a top priority in progress with Digital Solution Division (DSD) and Digital, Data and Technology Solutions (DDTS).
 - b) BreastScreening Mailbox
 - BreastScreening ACT (BSACT) emails including Visiting Medical Officer (VMO) accounts.
 - More time is needed to verify evidence and confirm the presence of any sensitive information.
 - It is estimated that 0.79% of messages handled by the Barracuda ESG during the incursion relate to the BreastScreening Mailbox.
 - PHI of BreastScreen ACT Clients has the potential to have been exposed.
 - PII of VMO's has the potential to have been exposed.
 - c) Health Protection Service (HPS) Email
 - Public facing inbox containing personal and commercial information related to HPS business.

- More time is needed to verify evidence.
- It is estimated that 0.09% of messages handled by the Barracuda ESG during the incursion relate to the Health Protection Service mailbox.
- Potentially sensitive information of businesses, business owners that include PII, payment information, certifications and notifications of compliance have the potential to have been exposed.

d) RedCap Public

- RedCap is a survey tool used primarily for population health. Used extensively during the COVID-19 pandemic.
- RedCap infrequently emails reports containing bundles of records.
- It is estimated than 0.001% of messages handled by the Barracuda ESG during the incursion relate to RedCap reports.
- The reports include patient first name, last name, and email address of people from the community that have reported a positive COVID-19 result.
- Potential for PII of staff working in COVID-19 RedZones could have been impacted.
- Riskman was flagged as potentially including PHI within exposed emails, however the latest evidence indicates only links to login to Riskman are provided via email and does not present a tangible risk.
- The Volume of messages is expressed as a percentage of the sample size collected from the Barracuda email gateway. Estimation of total numbers will be provided in collaboration with the Cyber Security Centre (CSC).
- The Inventory Harms assessment document is being updated in real-time as information becomes available.
- Any instances of sensitive information being sent via email if being further investigated and remediated in collaboration with the impacted business areas.

Contact Officer: Holger Kaufmann
 Contact Number: 02 5124 9000
 Date: 09 June 2023

Noted/Please Discuss

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



MINISTERIAL BRIEF

ACT Health Directorate

To:	Minister for Health	Tracking No.: MIN2023/00346
CC:	Rebecca Cross, Director-General	
From:	Robyn Hudson, Deputy Director-General, ACT Health Directorate	
Subject:	Meeting with Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG)	
Critical Date:	30/06/2023	
Critical Reason:	The meeting is scheduled for this date.	

Recommendations

That you:

1. Note that Grant Howard, Executive Director Medical Services, Canberra Health Services will be accompanying you at this meeting; and

Noted / Please Discuss

2. Note the information contained in this brief.

Noted / Please Discuss

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

Minister's Office Feedback

Background

1. You are attending a meeting with the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) on Friday 30 June 2023.
2. RANZCOG provided an agenda with the following items:
 - a. Trainee Wellbeing;
 - b. Hospital Training Accreditation; and
 - c. Workforce.

Issues*Trainee Wellbeing*

3. The Medical Board of Australia has published the results of its Medical Training Survey (MTS) 2022. The MTS is open to all Doctors in training in Australia including interns, prevocational and unaccredited trainees, specialist trainees in General Practice (GP) and non-GP fields, and international medical graduates.
4. Specific information from the MTS about RANZCOG trainees is not possible to interrogate.
5. The MTS results provide a snapshot of the quality of medical training in Australia. It is conducted annually from August to early October, in line with the registration renewal cycle for most doctors. Questions refer to the twelve months prior to the survey period.
6. Questions in the MTS cover areas including training curriculum, orientation, assessment, clinical supervision, access to teaching, facilities, workplace environment and culture, and patient safety.
7. In 2022, over half (56.6 per cent) of the Doctors in training responded to the MTS, equating to 23,083 respondents. The ACT made up two per cent of the national data set with 446 individual respondents.
8. The 2022 MTS highlights factors adversely affecting the wellbeing of medical trainees, see [Attachment A](#). In the ACT, contributing factors noted include the amount of work expected, a lack of appreciation, dealing with patient expectations and families, having to relocate for work, and paid and unpaid overtime. The ACT responses rated higher than the national response rate on these factors.
9. The ACT is trending higher than the national average in trainees who have experienced or witnessed bullying, harassment and/or discrimination in their workplace. ACT respondents identified senior medical staff responsible for more than half of these incidents.

Choose an item.

10. In response to questions about workplace environment and culture, ACT trainees have reported an increase in satisfaction with their good work/life balance from 45-52 per cent. However, this result remains lower than the national average.
11. Improvements were also noted in the percentage of ACT trainees who reported knowing how to raise their concerns about bullying, harassment and discrimination and their confidence in raising these concerns. The ACT responses fell below the national response rate.

Hospital Training Accreditation

12. The RANZCOG Training Accreditation visit occurred on 5 June 2023. Verbal feedback suggested that some training accreditation standards were deemed to be 'partially met' or 'not met.'
13. A formal report is awaited.

Workforce

14. The Training Accreditation Team noted there were Training Registrar and Senior Registrar vacancies in Obstetrics and Gynaecology.
15. Vacant consultant positions are being actively being recruited to. To date, three new staff specialists from the United Kingdom (UK) have been recruited and they are undergoing RANZCOG assessment at this stage. A Maternal-Fetal Medicine Specialist has recently been recruited.
16. For some positions, temporary arrangements have been put in place for part time input from specialists based outside the ACT (e.g., Maternal-Fetal Medicine, Gynaecological Oncology, Ultrasound Training, etc.)
17. The ACT Health Workforce Strategy 2023-2032 was launched on 4 May 2023.
18. The Strategy sets out the territory-wide approach to building a sustainable health workforce and will support the territory and surrounding regions to predict and respond to workforce challenges.
19. The Strategy has identified eight priority areas to target specific workforce needs, with 23 actions to commence implementation in 2023. The strategy will form the basis for medium and long-term workforce planning, with a focus on a culture of learning and development, leadership, innovation and inclusiveness.
20. From creating exciting career paths and investing in data intelligence, to ensuring we provide a culturally safe environment for our Aboriginal and Torres Strait Islander workforce, these priorities will help us deliver on our collective ambition to be the most capable health workforce in Australia.

Choose an item.

21. The Strategy was developed in collaboration with 64 key stakeholder groups including public and private health organisations, education providers and the non-government sector. This occurred via consultation on draft strategy documents, meetings and through a well-received day-long face-to-face forum held in November 2022.
22. To implement the Strategy action plans will be developed for the 2024-2026, 2027-2029 and 2030-2032 time periods. Co-design of the 2024-2026 Action Plan with stakeholders is critical to the implementation success of the Strategy.
23. The 2024-2026 Action Plan is scheduled to be developed and finalised before the end of 2023. This work will commence at a facilitated stakeholder workshop scheduled for 25 July 2023.
 - Note: The Royal Australian and New Zealand College of Obstetricians and Gynaecologists has been invited to attend. The invitation was sent to act@ranzcog.edu.au.
24. Early actions for implementation include data analytics on the ACT health workforce and the commitment to improving publicly available health workforce data. Providing reliable information about the ACT health workforce will enable workforce planning to occur across the ACT.

Recent report that may be referred to:

Provision of best care for women and birthing people in the ACT region

25. The Australian Institute of Health and Welfare's Australia's mothers and babies report 2021 was released on 29 June 2023. This report highlights several important aspects of maternity care and outcomes including some areas of concern for the ACT.
 - Increase trend for instrumental vaginal births over 10 years
 - Increasing number of caesarean sections over 10 years
 - Improvement in the number of perineal tears, however remaining the second highest rate nationally.
26. The ACT Health Directorate will be working, through Maternity in Focus to improve these initiatives. RANZCOG would have a role in supporting best practice clinical care.

Financial Implications

27. Not applicable

Consultation

Internal

Choose an item.

28. Chief Allied Health Office provided input in relation to Workforce Strategy matters.

Cross Directorate

29. Due to the short turnaround time for this briefing, detailed information from Canberra Health Services about the three matters on the agenda could not be obtained.

External

30. Not applicable

Work Health and Safety

31. Not applicable

Benefits/Sensitivities

32. The results of the 2022 MTS demonstrate that the ACT jurisdiction's responses fall below the national average in relation to medical trainee wellbeing.

Communications, media and engagement implications

33. The results of the 2022 MTS have received attention in the ACT Legislative Assembly.

Signatory Name: Robyn Hudson, Deputy Director-General Phone: MS Teams

Action Officer: Dr Dinesh Arya, Chief Medical Officer Phone: 5124 9637

Attachment

Attachment	Title
Attachment A	Results of the 2022 MTS
Attachment B	Agenda provided by ACTHD DLO