



**ACT**  
Government  
Health

Ref FOI18-12



Dear 

I refer to your application received by ACT Health on 26 March 2018 in which you sought access to information under the *Freedom of Information Act 2016* (the FOI Act).

In your application you have requested documents regarding the separation of ACT Health since 1 January 2017.

I am an Information Officer appointed by the Director-General under section 18 of the Act to deal with access applications made under Part 5 of the Act.

ACT Health is required to provide a decision on your access application by 17 May 2018.

#### Decision on access

I can inform you that in response to your request, 29 documents have been identified by ACT Health within the scope of your request. I have decided that 17 documents are to be partially released in accordance with the provisions under the Act, Sch 2.2 (a)(ii), as the information is personal information about an individual and Sch 2.2 (a)(xi), as information concerns the trade secrets, business affairs, and research of a relevant third party. The release of these documents would prejudice the competitive commercial activities of this organisation.

The partial release of these documents is outlined in the Schedule document attached. The remainder of the documents are releases in full.

#### Charges

Processing charges are not applicable for this request because as less than 50 pages of documentation is being provided.

#### Online publishing – disclosure log

I have determined, in line with the public interest test that the disclosure of information is contrary to the public interest, and will not be publically available on the disclosure log.

Ombudsman review

My decision on your access request is a reviewable decision as identified in Schedule 3 of the 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 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: [ombudsman@ombudsman.gov.au](mailto:ombudsman@ombudsman.gov.au)

ACT Civil and Administrative Tribunal (ACAT) review

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

Further information may be obtained from the ACAT at:

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

Should you have any queries in relation to your request, please do not hesitate to contact the FOI Coordinator on 6205 1340 or email [HealthFOI@act.gov.au](mailto:HealthFOI@act.gov.au).

Yours sincerely



Karen Doran  
Acting Deputy Director-General  
Corporate

13 May 2018

## FREEDOM OF INFORMATION REQUEST SCHEDULE

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>

NAME	WHAT ARE THE PARAMETERS OF THE REQUEST	File No
[REDACTED]	Documents regarding the separation of ACT since 1 January 2017.	FOI18/12

Ref No	No of Folios	Description	Date	Status	Reason for non-release or deferral	Open Access release status
1	1-2	E-mail from Anita Perkins to Karen Doran, regarding 'Questions from Health Staff information Session'	26/03/18	Full Release		Yes
2	3-4	E-mail from Head of Service to All Public Service Staff re 'Changes to the ACT Health Directorate'	23/03/2018	Full Release		Yes

3	5-6	E-mail ACT Health Media Manager to internal staff re 'ACT Health Split Straight out of the LDA Playbook'	23/03/2018	Partial Release	Personal Information	Yes
4	7-10	E-mail on behalf of DG ACT Health to all ACT Health Staff regarding 'FAQS in New Governance Structures for ACT Health'	23/03/2018	Full Release		Yes
5	11-12	E-mail from Leanne Power to Vanessa Dal Molin regarding 'Message to ACT Health Directorate Staff'	23/03/2018	Full Release		Yes
6	13-16	E-mail from Vanessa Dal Molin to Leanne Power regarding 'FAQS in New Governance Structures for ACT Health'	23/03/2018	Full Release		Yes
7	17-18	E-mail from Leanne Power to Vanessa Dal Molin regarding 'Key contact list'	23/03/2018	Partial Release	Personal Information	Yes
8	19-21	E-mail from Tonia Alexander to Vanessa Dal Molin regarding 'FAQS on New Governance Structures for ACT Health'	23/03/2018	Full Release		Yes
9	22-24	E-mail from Vanessa Dal Molin to Tonia Alexander and Karen Doran regarding 'FAQs and Staff Message'	23/03/2018	Full Release		Yes
10	25-29	E-mail from Anita Perkins to Kathy Leigh, Karen Doran, Peter Garrisson, Mary Wood, Leanne Power, Vanessa	23/03/2018	Partial Release	Personal Information	Yes



		<b>Dal Molin &amp; David Jean regarding 'Key Messages and Q&amp;As'</b>				
<b>11</b>	<b>30-33</b>	<b>E-mail from Vanessa Dal Molin to Karen Doran regarding 'Staff Message on New Governance Structures for ACT Health'</b>	<b>23/03/2018</b>	<b>Full Release</b>		Yes
<b>12</b>	<b>34-35</b>	<b>E-mail from Vanessa Dal Molin to Leanne Power, Anita Perkins and Karen Doran regarding 'Key contact list'</b>	<b>23/03/2018</b>	<b>Partial Release</b>	Personal Information	Yes
<b>13</b>	<b>36-41</b>	<b>E-mail from Vanessa Dal Molin to Leanne Power, Anita Perkins, Karen Doran, Mary Wood, Chris Bone and David Jean regarding 'Staff Message on New Governance Structures for ACT Health'</b>	<b>23/03/2018</b>	<b>Full Release</b>		Yes
<b>14</b>	<b>42-44</b>	<b>-mail from Vanessa Dal Molin to Leanne Power, Anita Perkins, Karen Doran, Mary Wood, Chris Bone and David Jean regarding 'Staff Message on New Governance Structures for ACT Health'</b>	<b>23/03/2018</b>	<b>Full Release</b>		Yes
<b>15</b>	<b>45-51</b>	<b>E-mail from David Jean to Vanessa Dal Molin regarding 'Health Communications/Changes Products'</b>	<b>23/03/2018</b>	<b>Partial Release</b>	Personal Information	Yes
<b>16</b>	<b>52-60</b>	<b>E-mail from Anita Perkins to Vanessa Dal Molin, David Jean, Mary Wood,</b>	<b>23/03/2018</b>	<b>Partial Release</b>	Personal Information	Yes

		<b>Karen Doran and Leanne Power regarding 'Health Communications/Change Products</b>				
<b>17</b>	<b>61-64</b>	<b>E-mail from Anita Perkins to Kathy Leigh and Karen Doran regarding 'Health Communications/Change Products</b>	<b>23/03/2018</b>	<b>Partial Release</b>	Personal Information	Yes
<b>18</b>	<b>65</b>	<b>E-mail from Anita Perkins to Kathy Leigh and Karen Doran regarding 'Health Communications/Change Products</b>	<b>21/03/18</b>	<b>Partial Release</b>	Personal Information	Yes
<b>19</b>	<b>66</b>	<b>E-mail from Nicole Feely to PwC regarding 'ACT Health Governance Scan'</b>	<b>08/01/2018</b>	<b>Partial Release</b>	Personal Information/ Sensitive Commercial Information	Yes
<b>20</b>	<b>67-166</b>	<b>E-mail from Nicole Stevenson to ACT Health DLO regarding PwC Report – with PwC reports as attachments</b>	<b>22/12/2017</b>	<b>Partial Release</b>	Personal Information/ Sensitive Commercial Information	Yes
<b>21</b>	<b>167</b>	<b>E-mail from Gabrielle Sek to Leanne Power regarding 'PwC Governance Scan'</b>	<b>18/12/2017</b>	<b>Full Release</b>		Yes
<b>22</b>	<b>168-169</b>	<b>E-mail from Vanessa Dal Molin to PwC regarding 'Question on Governance Scan'</b>	<b>5/12/2017</b>	<b>Partial Release</b>	Personal Information/ Sensitive Commercial Information	Yes
<b>23</b>	<b>170</b>	<b>E-mail from PwW to Vanessa Dal Molin regarding 'Question on Governance Scan'</b>	<b>5/12/2017</b>	<b>Partial Release</b>	Sensitive Commercial Information	Yes

24	171-179	E-mail from PwC to Vanessa Dal Molin regarding 'Canon Attached Image from AUCBR-201'	4/12/2017	Partial Release	Sensitive Commercial Information	Yes
25	180-188	E-mail from Vanessa Dal Molin to PwC Regarding 'Consultancy – Health Governance Structures – Scan'	4/12/2017	Partial Release	Sensitive Commercial Information	Yes
26	189	E-mail from Kathy Leigh to Nicole Feely regarding 'Review of Structure'	3/12/2017	Full Release		Yes
27	190 - 191	E-mail from Vanessa Dal Molin to PwC regarding 'RFQ – Health Governance Structures – Scan'	1/12/2017	Partial Release	Personal Information/ Sensitive Commercial Information	Yes
28	192-200	E-mail from Vanessa Dal Molin to PwC regarding 'RFQ – Health Governance Structures – Scan'	30/11/2017	Partial Release	Personal Information/ Sensitive Commercial Information	Yes
29	201-209	E-mail from PwC to Nicole Feely regarding ' Draft Engagement Letter – Governance Scan'	28/11/2017	Partial Release	Sensitive Commercial Information	Yes
<b>Total No of Docs</b>						
29						

## Dal Molin, Vanessa (Health)

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**From:** Perkins, Anita  
**Sent:** Monday, 26 March 2018 3:29 PM  
**To:** Pini, Sallyanne (Health); Doran, Karen (Health)  
**Cc:** Dal Molin, Vanessa (Health); Douglas, Nerida (Health); Wood, Mary (Health); Power, Leanne  
**Subject:** Questions from this morning's Health directorate staff session. [SEC=UNCLASSIFIED]

Hi Sallyanne and Karen

I took very rough notes this morning of the questions asked in the info session with Health staff – see below. It may be useful to tidy these and up and seek approval from Karen/Transition Team to add these to the Q&As for ongoing discussions with staff.

Regards  
 Anita

### **The information at the Hospital on Friday was at short notice. Will a further session be held?**

If a second session required, it can certainly be arranged, and staff will be kept up to date regularly between now and 1 October 2018.

### **Is there a plan for the structure yet?**

Overarching yes to split operations from policy and planning. The detail underneath has not been worked through. It is important we consult with staff and the health sector to inform the detail.

There has been significant dysfunction and poor culture lead by the executive. Will this restructure address that? The expectations for all public servants is to embody the values and behaviours of the ACTPS, and be ethical and professional. It would be inappropriate to comment on the specifics of that question.

### **Will the existing TCH restructure go ahead?**

Yes?

### **Will budget papers reflect the new organisations?**

No. The Budget papers will reflect the current health Directorate, as the new agencies will not come into effect until 1 October 2018.

### **Will there be job losses?**

Related to this administrative split, no. In the longer term there may be changes, as is the case for any organisation.

### **Where does Population Health sit in the new structure given it has both policy responsibilities and operational responsibilities?**

That is still to be determined, and it will be important to consult with staff in Population Health to provide advice on the most appropriate arrangements.

### **What does it mean for accommodation? Some of us recently moved to Bowes Street from the Hospital. Will we move back to the Hospital?**

Not in the immediate term given the changes wont take effect until 1 October 2018. The detail will be worked through in consultation with staff over the coming months.

### **How will you measure the effectiveness of splitting the organisation? What will success look like?**

There are a number of measures by which government is measured, including Productivity Commission Reports on Government Services (ROGS), consumer satisfaction and the overall views and perceptions of the Canberra community.

**What will it mean for those employees who currently receive health /tax arrangements?**

It is too early to say, and that will be worked through over the coming months in consultation with staff and the relevant unions.

**What is the evidence to inform this split? Would a broader Human Services directorate have been more appropriate?**

The decision was informed by review every other jurisdiction by PWC, which all have separation between operations and policy/planning. The challenges posed by each of these arrangements has been considered.

A broader Human Service portfolio or directorate wasn't considered, given the importance of one service and working together across the public service as 'one service'. We can always make better use of clusters, existing connections at DG and DDG level, which can be replicated across all levels for greater connectivity across directorates.

**Will the PWC report be made public?**

HOS took on notice if the report will be made public.

**The ACT is different than other states and is a smaller jurisdiction, so why would we be compared to other jurisdictions?**

The ACT Health system is larger than the Northern Territory and Tasmania. The ACT Health system has grown and with the 3<sup>rd</sup> public hospital coming on line in late 2018 the time was right to move to this new arrangement. Service delivery in the ACT has changed significantly over the past decade, in the past people would regularly go to Sydney for specialist treatment, which doesn't occur anymore. Canberrans and those in the region want to be treated locally. The catchment is also much larger now, servicing the broader ACT region, into NSW.

**The timing seems bizarre, noting it was accreditation week. Feedback at hospital is that morale is poor given the Director-General was absent for accreditation.**

There's never a great time, sometimes decisions just need to be made so we can get on with it. The Director-General was unwell last week. Life's not perfect.

**Is there a chance 2 agencies will report to 1 Minister?**

It would be too soon to say, and that decision would be a matter for Government to consider. There is currently no discussion about changing the current reporting arrangements to Ministers, but that may be revisited down the track.

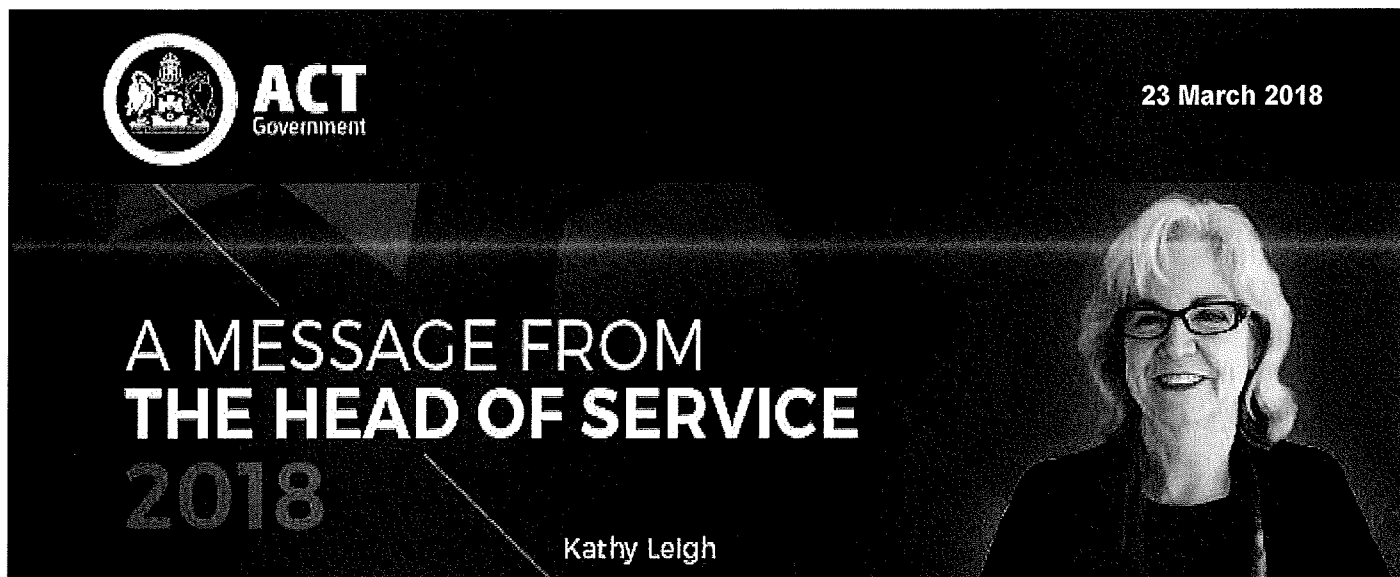
**What consultation will take place moving forward?**

Unions will be involved. The Transition team is committed to reporting back to staff regularly. The Transition Team of Act Health DDGs has been established and staff will be consulted and informed.

**Comment only: The ACT is ready for change, and I see this as a really exciting opportunity.**

**Dal Molin, Vanessa (Health)**

**From:** Head Of Service  
**Sent:** Friday, 23 March 2018 5:11 PM  
**To:** ###All Staff, ACT Public Service  
**Subject:** Changes to the ACT Health Directorate [SEC=UNCLASSIFIED]



### **Changes to the ACT Health Directorate**

Colleagues

With Canberra's third public hospital set to open in mid-2018 and growing demand to meet population growth, the ACT Government has decided to make a change to the ACT Health Directorate.

From 1 October 2018, the Health Directorate will be split into two organisations. One organisation will be responsible for clinical operations. It will focus on the operational delivery of quality health services to our growing community.

The second organisation will be responsible for strategic policy and planning stewardship of the ACT's health system. It will oversee the health system as a whole and set the strategic direction for health services, as well as provide health protection services and health promotion.

These changes will bring the ACT into line with other Australian jurisdictions.

Two new executive positions will be created to lead these organisations.

Both organisations will continue ACT Health's commitment to the health of our community, as well as a commitment to quality, innovation, engagement and accountability.

The ACT Health Director-General Nicole Feely has advised the government she will pursue new opportunities, having successfully led ACT Health over the past three years. Ms Feely has positioned the organisation to take this important next step in its transformation.

I join Ministers in thanking Ms Feely for her commitment and focus. She has been instrumental in beginning this reform process within ACT Health. Her strategic insight and operational expertise has skilfully repositioned the Directorate for the transition to a truly person-centred, integrated health service.

Karen Doran will act as Director-General of ACT Health for the immediate period.

Kathy Leigh  
Head of Service

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**Dal Molin, Vanessa (Health)**

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**From:** Jean, David (Health)  
**Sent:** Friday, 23 March 2018 4:50 PM  
**To:** Dal Molin, Vanessa (Health); Pini, Sallyanne (Health); Doran, Karen (Health); Wood, Mary (Health)  
**Subject:** FW: ACT Health split straight out of the LDA playbook [SEC=UNCLASSIFIED]

FYI

David Jean  
 Media Manager | ACT Health

P | 6205 1780 M | [REDACTED]  
 E | [david.jean@act.gov.au](mailto:david.jean@act.gov.au)  
 URL | [www.health.act.gov.au](http://www.health.act.gov.au)

**From:** Johnston, ClaireV  
**Sent:** Friday, 23 March 2018 4:44 PM  
**To:** Jean, David (Health) <David.Jean@act.gov.au>  
**Subject:** FW: ACT Health split straight out of the LDA playbook [SEC=UNCLASSIFIED]

FYI

**From:** LA Library  
**Sent:** Friday, 23 March 2018 4:39 PM  
**Subject:** FW: ACT Health split straight out of the LDA playbook [SEC=UNCLASSIFIED]

**From:** Seccombe, Deborah  
**Sent:** Friday, 23 March 2018 4:36 PM  
**Subject:** ACT Health split straight out of the LDA playbook

## **Alistair Coe MLA**

**ACT Leader of the Opposition**  
**Member for Yerrabi**

Statement  
 Friday March 23, 2018

# **ACT Health split straight out of the LDA playbook**

It's pretty shoddy that on the same day the Auditor-General announced she is investigating very serious allegations into ACT Health, Minister Fitzharris comes out and makes what seems to be an ad hoc decision to split the directorate in two.

This decision is straight out of the LDA playbook: after a scathing Auditor-General's report, split the organisation in two, double the costs and claim the problem has been solved.

I fail to see how creating two departments of health in a small jurisdiction will fix Canberra's health woes.



Unfortunately, the Government's integrity problems are not just limited to property deals, but also the management of ACT Health and other agencies.

There are many questions to be asked.

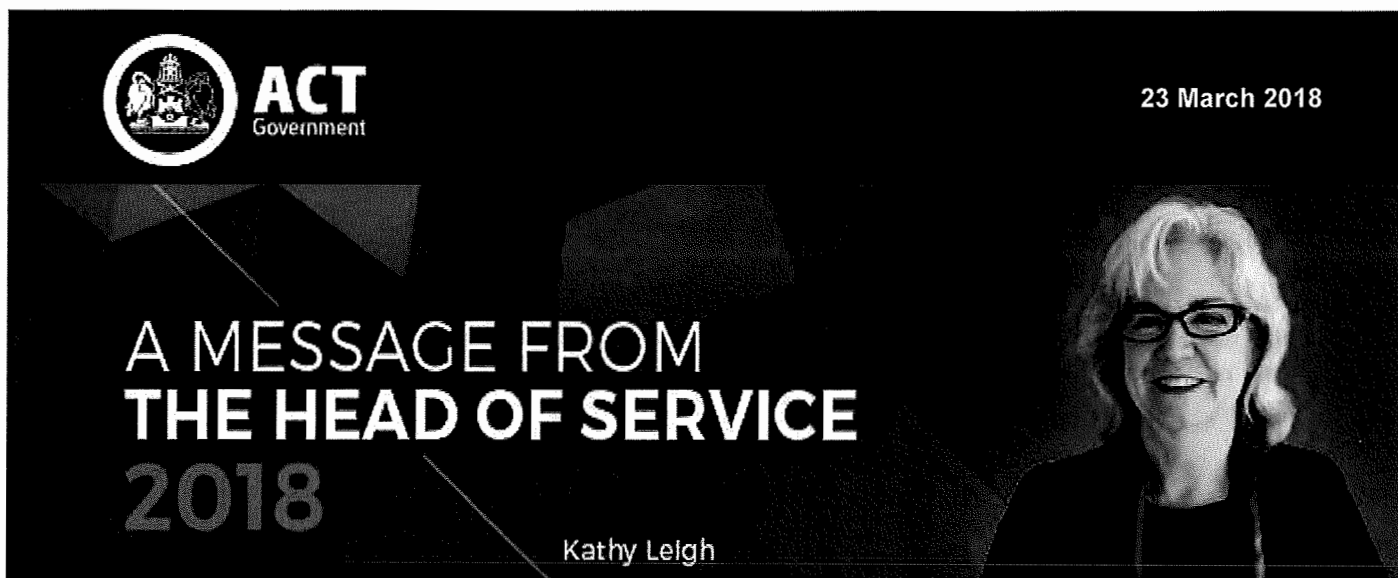
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Media contact Deborah Seccombe

P (02) 6205 1580 M [REDACTED] E [deborah.seccombe@parliament.act.gov.au](mailto:deborah.seccombe@parliament.act.gov.au)

**Dal Molin, Vanessa (Health)**

**From:** Dal Molin, Vanessa (Health) on behalf of DGACTHealth  
**Sent:** Friday, 23 March 2018 4:31 PM  
**To:** ##All Staff ACT Health  
**Subject:** Message to ACT Health Directorate staff from Head of Service [SEC=UNCLASSIFIED]  
**Attachments:** FAQs on new governance structures for ACT Health.docx



### **Changes to the ACT Health Directorate**

Colleagues

With Canberra's third public hospital set to open in mid-2018 and growing demand to meet population growth, the ACT Government has decided to separate ACT Health into two distinct organisations.

From 1 October 2018, there will be one organisation responsible for ACT Health's clinical operations. It will focus on the operational delivery of quality health services to our growing community.

There will be a second organisation responsible for strategic policy and planning stewardship of the health system. This organisation will oversee the health system as a whole and set the strategic direction for health services, as well as provide health protection services and health promotion.

These changes will bring the ACT into line with other Australian jurisdictions.

Two new executive positions will be created to lead these organisations.

Both organisations will continue ACT Health's commitment to the health of our community, as well as a commitment to quality, innovation, engagement and accountability.

I understand that change such as this can be unsettling for staff. As this change takes effect from 1 October 2018, it will be business as usual for now. The extensive work already undertaken to improve governance and implement reforms will not be lost with the announced changes. This announcement further builds on the work that you are already doing. The changes announced today will not cause staff losses.

We have established a process for managing the transition to the new structure. You will all have an opportunity to be involved in the process.

A dedicated transition team will be established to guide the planning and delivery of the new structure with leadership from ACT Health Deputy Directors-General as a reference group.

Staff, employee representatives, our non-government partners and the broader community will also be consulted.

The ACT Health Director-General Nicole Feely has advised the government she will pursue new opportunities, having successfully led ACT Health over the past three years. Ms Feely has positioned the organisation to take this important next step in its transformation.

I join Ministers in thanking Ms Feely for her commitment and focus. She has been instrumental in beginning this reform process within ACT Health. Her strategic insight and operational expertise has skilfully repositioned the Directorate for the transition to a truly person-centred, integrated health service.

For the immediate period, Karen Doran will act as the Director-General of ACT Health.

I commend staff for their ongoing professionalism and dedication to ensuring that ACT Health continues to provide high quality healthcare for all Canberrans.

A briefing for staff about the changes is being held at The Canberra Hospital this afternoon. A separate briefing will be held for staff in the Bowes Street building (Level 2 Conference Centre) at 9.15am on Monday 26 March. Staff are also encouraged to email any questions you may have to the ACT Health Deputy Directors-General as a reference group at [healthreferencegroup@act.gov.au](mailto:healthreferencegroup@act.gov.au).

**Kathy Leigh**  
Head of Service

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## New Governance Structure for ACT Health

### Frequently Asked Questions

#### **What is happening?**

From 1 October 2018, the ACT Government will separate operational health services from policy and planning functions. There will be one organisation solely responsible for ACT Health's clinical operations. It will focus on the operational delivery of quality health services to our growing community.

There will be a second organisation responsible for strategic policy and planning. This organisation will oversee the health system as a whole and set the strategic direction for health services. The separation will enable a clearer focus on efficiency and effectiveness for clinical operations, and free up capacity within the Health Directorate to undertake core strategy and system management functions.

This will bring ACT Health in line with other Australian jurisdictions, which have structurally separated their clinical services delivery from their departments of health.

#### **What does this mean for me?**

There will be greater clarity about the distinct roles and responsibilities of frontline staff and corporate staff. Staff who deliver frontline health services to the Canberra community will come under the umbrella of a distinct health delivery organisation. There will be a separate organisation responsible for strategic policy and planning. Where other staff in the organisation sit in the new structure will be determined by a transition team in the coming months in consultation with staff.

#### **Does this affect my work arrangements?**

No staff will be lost as a result of the changes announced today. All staff positions in the health directorate and the new operational agency will be ACT Public Servants and will be employed under the *Public Sector Management Act 1994* and the existing ACT Public Service Industrial Agreements. Subsequently, over time and as the new structures mature, and as is the case with all new agencies, organisational arrangements and requirements may change. In the event this occurs, any impact on overall employment and particular jobs will be dealt with through the established procedures set out in our industrial agreements, and in keeping with prevailing Government policy.

#### **Will the restructure of Canberra Hospital still happen? What about the organisational restructure?**

This change is building on the extensive work already underway to restructure the Canberra Hospital and Health Services. The transition team will discuss next week how this change affects the implementation of these ongoing reforms.

#### **What does this mean for the Territory wide health services framework?**

The extensive work already undertaken to improve governance and implement reforms will not be lost with the announced changes. This announcement further builds on the work that you are already doing

**Have unions been notified?**

All key stakeholders have been contacted. Staff, employee representatives, health and community sector representatives, other key stakeholders, and the broader community will be consulted as the transition occurs.

**Who will lead the organisations?**

Ms Nicole Feely, the ACT Health Director General, has advised the government she will pursue new opportunities, having successfully led ACT Health over the past three years and positioned the organisation to take this important next step in its transformation.

For the immediate period, Ms Karen Doran will act as the Director-General of ACT Health.

In the coming weeks the Head of Service will:

- Commence recruitment activities for the two new executive positions; and
- Commence work on establishing robust governance frameworks to guide the operations of the two new organisations. The two new executives will play a key role in establishing the new agencies.

**How will we keep you informed?**

The Transition Team will convene regular forums and provide regular updates.

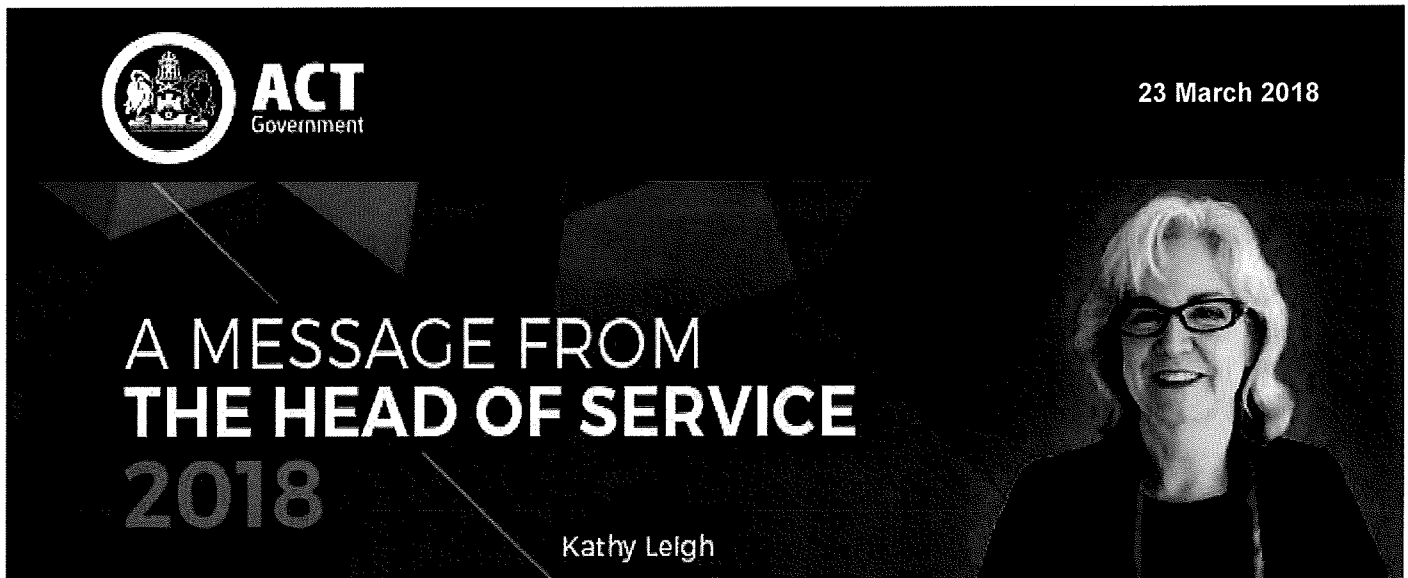
Staff are encouraged to email [healthreferencegroup@act.gov.au](mailto:healthreferencegroup@act.gov.au) with suggestions, questions or concerns.

Discussions will be held with relevant unions, and we will provide updates to those unions at the same time as staff.

**Dal Molin, Vanessa (Health)**

**From:** Power, Leanne  
**Sent:** Friday, 23 March 2018 3:56 PM  
**To:** Dal Molin, Vanessa (Health)  
**Subject:** Message to ACT Health Directorate staff [SEC=UNCLASSIFIED]

Vanessa can you please forward this message to staff in ACT Health at 4.30pm – removing my message please.  
 Thanks Leanne



### **Changes to the ACT Health Directorate**

#### Colleagues

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**Kathy Leigh**  
Head of Service

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**INNOVATION**

**Dal Molin, Vanessa (Health)**

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**From:** Dal Molin, Vanessa (Health)  
**Sent:** Friday, 23 March 2018 3:44 PM  
**To:** Power, Leanne  
**Cc:** Jean, David (Health); Doran, Karen (Health); Wood, Mary (Health)  
(Mary.Wood@act.gov.au)  
**Subject:** FAQs on new governance structures for ACT Health [DLM=For-Official-Use-Only]  
**Attachments:** FAQs on new governance structures for ACT Health.docx

Leanne,

As discussed, here are the FAQs that we intend to send out to ACT Health staff, together with the message from HoS.

Happy to discuss if you have any concerns.

Thanks  
Vanessa





## New Governance Structure for ACT Health

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#### **What does this mean for me?**

There will be greater clarity about the distinct roles and responsibilities of frontline staff and corporate staff. Staff who deliver frontline health services to the Canberra community will come under the umbrella of a distinct health delivery organisation. There will be a separate organisation responsible for strategic policy and planning. Where other staff in the organisation sit in the new structure will be determined by a transition team in the coming months in consultation with staff.

#### **Does this affect my work arrangements?**

No staff will be lost as a result of the changes announced today. All staff positions in the health directorate and the new operational agency will be ACT Public Servants and will be employed under the *Public Sector Management Act 1994* and the existing ACT Public Service Industrial Agreements. Subsequently, over time and as the new structures mature, and is the case with all new agencies, organisational arrangements and requirements may change. In the event this occurs, any impact on overall employment and particular jobs will be dealt with through the established procedures set out in our industrial agreements, and in keeping with prevailing Government policy.

#### **Will the restructure of Canberra Hospital still happen? What about the organisational restructure?**

This change is building on the extensive work already underway to restructure the Canberra Hospital and Health Services. The transition team will discuss next week how this change affects the implementation of these ongoing reforms.

#### **What does this mean for the Territory wide health services framework?**

The extensive work already undertaken to improve governance and implement reforms will not be lost with the announced changes. This announcement further builds on the work that you are already doing

#### **Have unions been notified?**



All key stakeholders have been contacted. Staff, employee representatives, health and community sector representatives, other key stakeholders, and the broader community will be consulted as the transition occurs.

**Who will lead the organisations?**

Ms Nicole Feely, the ACT Health Director General, has advised the government she will pursue new opportunities, having successfully led ACT Health over the past three years and positioned the organisation to take this important next step in its transformation.

For the immediate period, Ms Karen Doran will act as the Director-General of ACT Health.

In the coming weeks the Head of Service will:

- Commence recruitment activities for the two new executive positions; and
- Commence work on establishing robust governance frameworks to guide the operations of the two new organisations. The two new executives will play a key role in establishing the new agencies.

**How will we keep you informed?**

The Transition Team will convene regular forums and provide regular updates.

Staff are encouraged to email [healthreferencegroup@act.gov.au](mailto:healthreferencegroup@act.gov.au) with suggestions, questions or concerns.

Discussions will be held with relevant unions, and we will provide updates to those unions at the same time as staff.

**Dal Molin, Vanessa (Health)**

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**From:** Power, Leanne  
**Sent:** Friday, 23 March 2018 3:26 PM  
**To:** Dal Molin, Vanessa (Health)  
**Subject:** Key contact list - DG (002) (002).xlsx [SEC=UNCLASSIFIED, DLM=Sensitive]  
**Attachments:** Key contact list - DG (002) (002).xlsx

Vanessa  
Here is a slightly revised list  
Thanks  
Leanne

Title	Firstname	Surname	Role	Organisation	email	contact number	Who to contact
Ms	Susan	Helyar	Director	ACT Council of Social Service Inc			DDG Health
Ms	Carrie	Fowle	Chief Executive Officer	ATODA ACT Inc			Acting DG Health
Ms	Gaylene	Coulton	Chief Executive Officer	Capital Health Network			DDG Health
Ms	Lisa	Kelly	Chief Executive Officer	Carers ACT Ltd			DDG Health
Ms	Jenny	Mobbs	Executive Director	Council on the Ageing	exec@cofaact.org.au		DDG Health
Ms	Kim	Davidson	Executive Director	Gugan Gulwan Youth Aboriginal Corporation			DDG Health
Ms	Darlene	Cox	Executive Director	Health Care Consumers Association ACT Inc 2A			Minister
Mr	Simon	Viereck	Executive Officer	Mental Health Community Coalition of the ACT			Rattenbury
Mr	Tim	Bavinton	Executive Director	Sexual Health and Family Planning ACT Inc			DDG Health
Ms	Julie	Tongs	Chief Executive Officer	Winnunga Nimmityyah Aboriginal Health Service			DDG WCAG
Ms	Marcia	Williams	Executive Director	Women's Centre for Health Matters			DDG WCAG
Prof	Stephen	Robson	President	Australian Medical Association	ed@wchm.org.au		DDG WCAG
Mr	Matthew	Daniel	State Secretary	Australian Nursing and Midwifery Federation ACT	industrial@ama-act.com.au		DDG WCAG
Mr	Stephen	Crook	Executive and Industrial Officer	Australian Salaried Medical Officers Federation	amfact@amfact.org.au		DDG WCAG
Ms	Miriam	Adams-	Organiser	Community and Public Sector Union			DDG WCAG
Mr	Gerard	Hayes	Secretary	Health Services Union	secretary@hsu.asn.au		DDG WCAG
Ms	Lyndal	Ryan	ACT Branch Secretary	United Voice Union			DDG WCAG
Mr	Alex	White	Secretary	UnionsACT			DDG WCAG
Mr	Vince	McDevitt	Industrial Officer	Australian Education Union			DDG WCAG
Mr	John	Stewart	Industrial Officer	Australian Manufacturing Workers Union			DDG WCAG
Mr	Daniel	Walton		Australian Workers Union	members@natlawu.net.au		DDG WCAG
Mr	Cameron	Hardy	Organiser	CFMEU			DDG WCAG
Mr	Sam	Roberts	Branch Secretary	National Union of Workers			DDG WCAG
Mr	David	Smith	Director, ACT	Professionals Australia			DDG WCAG
Mr	Klaus	Pinkas	Secretary	Transport Workers Union			DDG WCAG
Mr	Graeme	Kelly	General Secretary	United Services Union	united@usu.org.au		DDG WCAG
Prof	Brian	Schmidt	Vice-Chancellor	Australian National University	vc@anu.edu.au		DDG WCAG
Prof	Deep	Saini	Vice-Chancellor	University of Canberra	ovc@canberra.edu.au		DDG WCAG
Dr	Peter	Hughes	President	ACT Visiting Medical Officers Association			Acting DG Health
A/Prof	Katrina	Anderson	Chair	Canberra Region Medical Education Council			Acting DG Health
Mr	Martin	Bowles	Chief Executive Officer	Little Company of Mary			Acting DG Health
Mr	Andrew	Newton	Chief Executive	Southern NSW Local Health District			Acting DG Health
Ms	Debra	Picone AM	Chief Executive Officer	Australian Commission on Safety and Quality in Health Care			Acting DG Health
Ms	Barbara	Reid	Chief Executive Officer	Calvary Health Care Bruce			Acting DG Health
Prof	Brendan	Murphy	Commonwealth Chief Medical Officer	Dept of Health			DDG Health
Mr	Tony	Stubbs	Chief Executive Officer	Heart Foundation			DDG Health
Mr	Michael	Thorn		FARE			DDG Health
Ms	Margaret	Beerworth	Chief Executive Officer	Pharmacy Guild ACT			DDG Health
Ms	Caroline	Khalil	Director	Pharmaceutical Society Australia			DDG Health
Mr	James	Downie	Acting Chief Executive Officer	Independent Hospital Pricing Authority			DDG Health
Mr	Barry	Sandison	Chief Executive Officer	Australian Institute of Health and Welfare			Minister
Ms	Katrina	Fanning	Chair	ATSIEB	atsieb@act.gov.au		Minister

**Dal Molin, Vanessa (Health)**

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**From:** Alexander, Tonia (Health)  
**Sent:** Friday, 23 March 2018 2:35 PM  
**To:** Dal Molin, Vanessa (Health)  
**Cc:** Doran, Karen (Health); Wood, Mary (Health)  
**Subject:** RE: FAQs on new governance structures for ACT Health [SEC=UNCLASSIFIED]  
**Attachments:** FAQs on new governance structures for ACT Health cleared by KD.docx

Hi Vanessa,

Please see attached cleared by Karen with a few minor changes.

She is happy for this to be attached to the announcement.

Tonia

**From:** Dal Molin, Vanessa (Health)  
**Sent:** Friday, 23 March 2018 2:15 PM  
**To:** Alexander, Tonia (Health) <Tonia.Alexander@act.gov.au>  
**Cc:** Doran, Karen (Health) <Karen.Doran@act.gov.au>; Wood, Mary (Health) <Mary.Wood@act.gov.au>  
**Subject:** FW: FAQs on new governance structures for ACT Health [SEC=UNCLASSIFIED]

Tonia,  
Could you please print off this version – sorry!

**From:** Jean, David (Health)  
**Sent:** Friday, 23 March 2018 2:15 PM  
**To:** Dal Molin, Vanessa (Health) <Vanessa.DalMolin@act.gov.au>  
**Subject:** FAQs on new governance structures for ACT Health [SEC=UNCLASSIFIED]

FAQS

**What is happening?**

From 1 October 2018, the ACT Government will separate operational health operations-services from policy and planning functions. There will be one organisation solely responsible for ACT Health’s clinical operations. It will focus on the operational delivery of quality health services to our growing community. There will be a second organisation responsible for strategic policy and planning stewardship of the health system. This organisation will oversee the health system as a whole and set the strategic direction for health services. The separation will enable a clearer focus on efficiency and effectiveness for clinical operations, and free up capacity within the Health Directorate to undertake core strategy and system management functions. This will bring ACT Hhealth in line with other Australian jurisdictions, which have structurally separated their- clinical services delivery from their departments of health.

**What does this mean for me?**

There will be greater clarity about the distinct roles and responsibilities of frontline staff and corporate staff. Staff who deliver frontline health services to the Canberra community will come under the umbrella of a distinct health delivery organisation. There will be a separate organisation responsible for strategic policy and planning. Where other staff in the organisation sit in the new structure will be determined by a transition team in the coming months in consultation with staff.

**Does this affect my work arrangements?**

No staff will be lost as a result of the changes announced today. All staff positions in the health directorate and the new operational agency will be ACT Public Servants and will be employed under the Public Sector Management Act 1994 and the existing ACT Public Service Industrial Agreements. Subsequently, over time and as the new structures mature, and is the case with all new agencies, organisational arrangements and requirements may change. In the event this occurs, any impact on overall employment and particular jobs will be dealt with through the established procedures set out in our industrial agreements, and in keeping with prevailing Government policy. -At this stage no decisions have been made in relation to detailed allocation of functions and individual staff across the two organisation. As such there will be no immediate changes to the work arrangements of most staff. As the transition team works through the planning and delivery of the new structure, the work arrangements of some staff may change. Any changes will be done in close consultation with staff and the unions.

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**Will the restructure of Canberra Hospital still happen? What about the organisational restructure?**

This change is building on the extensive work already underway to restructure the Canberra Hospital and Health Services. The transition team will discuss next week how this change affects the implementation of these ongoing reforms.

**What does this mean for the Territory wide health services framework?**

The extensive work already undertaken to improve governance and implement reforms will not be lost with the announced changes. This announcement further builds on the work that you are already doing

**Have unions been notified?**

All key stakeholders have been contacted. Staff, employee representatives, health and community sector representatives, other key stakeholders, and the broader community will be consulted as the transition occurs.

• Who will lead the organisations?

• Ms Nicole Feely, the ACT Health Director General, has advised the government she will pursue new opportunities, having successfully led ACT Health over the past three years and positioned the organisation to take this important next step in its transformation. For the immediate period, Ms Karen Doran will act as the Director-General of ACT Health.

In the coming weeks the Head of Service will:

- Commence recruitment activities for the two new executive positions; and
- Commence work on establishing robust governance frameworks to guide the operations of the two new organisations. The two new executives will play a key role in establishing the new agencies.

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How will we keep you informed?

The Transition Team will convene regular forums and provide regular updates.

Staff are encouraged to email [healthreferencegroup@act.gov.au](mailto:healthreferencegroup@act.gov.au) with suggestions, questions or concerns.

Discussions will be held with relevant unions, and we provide updates to those unions at the same time as staff.



**Dal Molin, Vanessa (Health)**

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**From:** Dal Molin, Vanessa (Health)  
**Sent:** Friday, 23 March 2018 2:08 PM  
**To:** Alexander, Tonia (Health); Doran, Karen (Health)  
**Cc:** Wood, Mary (Health) (Mary.Wood@act.gov.au); Jean, David (Health)  
**Subject:** FW: FAQs and staff message [SEC=UNCLASSIFIED]  
**Attachments:** FAQs on new governance structures for ACT Health.docx

Tonia,

Could you do me a huge favour and ask Karen to clear these FAQs. Karen is heading over to the hospital now.

I just need to know whether Karen is happy for these to go out with the All staff message that will go out at 4.30pm this afternoon.

In terms of logistics, I've been asked to send the message from HoS to all Health Staff, and HOS office will also send to broader ACT Government. This will take place at 4.30pm. I just need to know whether or not it is okay to send the attached FAQs with the message I send out (to Health Staff).

Thanks  
Vanessa

## FAQS

### What is happening?

From 1 October 2018, the ACT Government will separate operational health operations-services from policy and planning functions. There will be one organisation solely responsible for ACT Health's clinical operations. It will focus on the operational delivery of quality health services to our growing community. There will be a second organisation responsible for strategic policy and planning stewardship of the health system. This organisation will oversee the health system as a whole and set the strategic direction for health services. The separation will enable a clearer focus on efficiency and effectiveness for clinical operations, and free up capacity within the Health Directorate to undertake core strategy and system management functions. This will bring ACT Health in line with other Australian jurisdictions, which have structurally separated their clinical services delivery from their departments of health.

### What does this mean for me?

There will be greater clarity about the distinct roles and responsibilities of frontline staff and corporate staff. Staff who deliver frontline health services to the Canberra community will come under the umbrella of a distinct health delivery organisation. There will be a separate organisation responsible for strategic policy and planning. Where other staff in the organisation sit in the new structure will be determined by a transition team in the coming months in consultation with staff.

### Does this affect my work arrangements?

No staff will be lost as a result of the changes announced today. At this stage no decisions have been made in relation to detailed allocation of functions and individual staff across the two organisation. As such there will be no immediate changes to the work arrangements of most staff. It remains business as usual. As the transition team works through the planning and delivery of the new structure, the work arrangements of some staff may change. Any changes will be done in close consultation with staff and the unions.

### Will the restructure of Canberra Hospital still happen? What about the organisational restructure?

This change is building on the extensive work already underway to restructure the Canberra Hospital and Health Services. The transition team will discuss next week how this change affects the implementation of these ongoing reforms.

### What does this mean for the Territory wide health services framework?

The extensive work already undertaken to improve governance and implement reforms will not be lost with the announced changes. This announcement further builds on the work that you are already doing

### Have unions been notified?

All key stakeholders have been contacted. Staff, employee representatives, health and community sector representatives, other key stakeholders, and the broader community will be consulted as the transition occurs.

### Who will lead the organisations?

- Ms Nicole Feely, the ACT Health Director General, has advised the government she will pursue new opportunities, having successfully led ACT Health over the past three years and positioned

the organisation to take this important next step in its transformation. For the immediate period, Ms Karen Doran will act as the Director-General of ACT Health.

- In the coming weeks the Head of Service will:
  - o Commence recruitment activities for the two new executive positions; and
  - o Commence work on establishing robust governance frameworks to guide the operations of the two new organisations. The two new executives will play a key role in establishing the new agencies.

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#### How will we keep you informed?

The Transition Team will convene regular forums and provide regular updates.

Staff are encouraged to email [healthreferencegroup@act.gov.au](mailto:healthreferencegroup@act.gov.au) with suggestions, questions or concerns.

Discussions will be held with relevant unions, and we provide updates to those unions at the same time as staff.

## Dal Molin, Vanessa (Health)

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**From:** Perkins, Anita  
**Sent:** Friday, 23 March 2018 1:17 PM  
**To:** Leigh, Kathy; Doran, Karen (Health); Garrisson, Peter; Wood, Mary (Health); Power, Leanne; Dal Molin, Vanessa (Health); Jean, David (Health)  
**Cc:** O'Daly, Edward; Johnston, ClaireV; Attridge, Vanessa  
**Subject:** RE: Key messages and Q&As [SEC=UNCLASSIFIED]  
**Attachments:** Health governance talking points\_March 2018\_23.03.18.docx

Hi All

Updated Key Messages and Q&As for internal purposes, with an email to reference for staff feedback – [healthreferencegroup@act.gov.au](mailto:healthreferencegroup@act.gov.au)

Regards

Anita

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**From:** Perkins, Anita  
**Sent:** Friday, 23 March 2018 12:57 PM  
**To:** Johnston, ClaireV <ClaireV.Johnston@act.gov.au>; O'Daly, Edward <Edward.O'Daly@act.gov.au>; Attridge, Vanessa <VanessaS.Attridge@act.gov.au>  
**Cc:** Leigh, Kathy <Kathy.Leigh@act.gov.au>; Doran, Karen (Health) <Karen.Doran@act.gov.au>; Garrisson, Peter <Peter.Garrisson@act.gov.au>; Wood, Mary (Health) <Mary.Wood@act.gov.au>; Power, Leanne <Leanne.Power@act.gov.au>; Dal Molin, Vanessa (Health) <Vanessa.DalMolin@act.gov.au>; Jean, David (Health) <David.Jean@act.gov.au>  
**Subject:** Key messages and Q&As [SEC=UNCLASSIFIED]

Hi All

Please find attached the key messages and Q&As cleared by HOS, Karen Doran and Peter Garrisson. There is still a bit of work to go with internal messaging for staff, but these are now good to go.

Regards

Anita

Anita Perkins | Executive Director

Phone: 02 6205 0035 | Mobile: [REDACTED]

Communications & Engagement | Chief Minister, Treasury and Economic Development Directorate | ACT Government  
 Level 4, Canberra Nara Centre, 1 Constitution Avenue, Canberra City | GPO Box 158 Canberra City ACT 2601 | [www.act.gov.au](http://www.act.gov.au)



**Minister:** Minister Fitzharris, Minister Rattenbury

**Date:** 23 March 2017

## SUBJECT: NEW GOVERNANCE STRUCTURE FOR ACT HEALTH

### KEY MESSAGES:

- The ACT Government will separate operational health services from policy and planning, to improve access, timeliness and quality of health services for Canberrans and those in the region.
- With Canberra's third public hospital set to open in mid-2018 and growing demand to meet population growth, now is the right time to move towards a more contemporary health system.
- From 1 October 2018, ACT Health will be separated into two organisations, focussed on:
  - the delivery of quality health services to our growing community, and
  - strategic policy and planning elements of the health system.
- This will bring the ACT into line with every other Australian jurisdiction.
- This is all about making sure Canberrans get the best possible care and continue to be the healthiest people in the country.
- The separation will enable a clearer focus on operational effectiveness and efficiency, and improve accountability for health service delivery.

### What is happening?

- The ACT Government will separate health operations from policy and planning, from 1 October 2018.
- The separation will enable a clearer focus on efficiency and effectiveness for operations, and free up capacity within the Health Directorate to undertake core strategy and systems manager functions.
- This will bring ACT health in line with every other Australian jurisdiction, which have structurally separated their public health system from their departments of health.
- The ACT health services operational organisation will:
  - Provide acute, subacute, primary hospital services to the ACT and surrounding region.
  - Provide all community-based health services, such as the Mental Health, Justice Health and Alcohol and Drug Services, Walk in Centres, Community Health Services and Dental Services.
- The ACT health directorate, with policy and planning responsibility will:
  - Oversee the health system as a whole and set the direction for current health services.

- Manage the contract with The Little Company of Mary to provide public hospital services.
- Provide health protection services and health promotion.
- Undertake strategic planning for future health service needs including infrastructure.
- Take the lead on National Health Agreement reforms and National Partnership agreements.
- Lead strategic initiatives including critical research functions, strategies for attracting and retaining the health workforce, systems innovation and the strategic approach to safety, quality, risk and continuous quality improvement.
- Provide corporate support and organisation-wide services including ministerial and government services, communications, data and reporting. This would include providing corporate and strategic support to the operational service areas including maintaining critical physical and technological infrastructure for public hospitals and health services, and providing financial and business support services.

#### **What will the benefits be for the community?**

- With Canberra's third public hospital set to open in mid 2018, and growing demand to meet population growth, now is the right time to move towards a more contemporary health system.
- It is vital our health system remains contemporary to meet the needs of our growing and ageing community.
- The changes are focussed on improving access, timeliness and quality of health services for all Canberrans and those in the region.
- This is all about making Canberrans get the best possible care and continue to be the healthiest people in the country.

#### **Will creating two entities cost the taxpayer more?**

- No. These entities will be funded from within the existing ACT Health Directorate budget.
- Two new executive positions will be created to lead these organisations. The positions will be sized by Mercer Australia, and will be funded from within the existing health budget.

#### **Internal communications:**

##### **Impact on staff**

- We understand this process can be unsettling for staff, and this is why we have moved quickly to speak directly with all staff following the announcement.
- It will be business as usual from tomorrow.
- Please be assured that the extensive work already undertaken to improve governance and implement reforms will not be lost with the announced changes. This announcement further builds on the work that you are already doing.
- We have established a process for managing the transition to the new structures between now and 1 October 2018, to complement the existing reform work underway.
- No staff will be lost as a result of the changes made today.
  - The scope of the government's activities for health services and health policy and planning remain, they will just be delivered in a different way.

- Functions and their associated staff will be moved under machinery of government provisions to the new structures as occurs with any administrative changes.
- All staff positions in the health directorate and the new operational agency be ACT Public Servants will be employed under the *Public Sector Management Act 1994* and the existing ACT Public Service Industrial Agreements.
- Subsequently, over time and as the new structures mature, and is the case with all new agencies, organisational arrangements and requirements may change.
  - In the event this occurs, any impact on overall employment and particular jobs will be dealt with through the established procedures set out in our industrial agreements, and in keeping with prevailing Government policy.

#### **What consultation will take place with staff and the health and community sector?**

- A dedicated team will be established to guide the planning and delivery of the new structure with leadership from ACT Health Deputy Directors-General as a reference group.
- DDGs will be the key contact and the project will be driven from the DG Office.
- Staff, employee representatives, health and community sector representatives, and the broader community will be consulted.

#### **Who will lead the organisations?**

- Ms Nicole Feely, the ACT Health Director General, has advised the government she will pursue new opportunities, having successfully lead ACT Health over the past three years and positioned the organisation to take this important next step in its transformation.
- We thank Ms Feely for her commitment and focus. She has been instrumental in beginning this reform process within ACT Health, transforming strategy and positioning ACT Health for a sustainable future. Her strategic insight and operational expertise has skilfully repositioned the Directorate for the transition to a truly person-centred, integrated health service.
- On a more personal level, Ms Feely has been a considered and astute support to Government. We thank Nicole and wish her every success.
- For the immediate period, Ms Karen Doran will act as the Director-General of ACT Health.
- A small dedicated team will be established to guide the planning and delivery of the new structure with leadership from ACT Health Deputy Directors-General as a reference group.
- Staff, employee representatives and health stakeholders and the broader community will be consulted.

#### **What will happen next?**

- There is significant work to be undertaken to ensure arrangements are in place for the intended 1 October 2018 commencement.
- A transition team lead by the Acting Director-General is being assembled to undertake necessary work, in consultation with affected staff, reporting to the Reference Group

#### **How will the transition process progress from here?**

- I commend staff for their ongoing professionalism and dedication to ensuring that the work of ACT Health continues to provide high quality healthcare for all Canberrans.
  - Thankyou for your commitment
- In the coming weeks the Head of Service will:
  - Commence recruitment activities for the two new executive positions; and

- Commence work on establishing robust governance frameworks to guide the operations of the two new organisations. The two new executives will play a key role in establishing the new agencies.
- Staff are encouraged to email suggestions, questions or concerns through to healthreferenegroup@act.gov.au.

#### **How can I assist staff in the process?**

- A key goal of the transition process is not disrupting the important work ACT Health delivers 365-days a year for our community.
- The guiding principles underpinning these changes to ACT Health are to have a clear focus on operational effectiveness and efficiency, and to improve accountability for health service delivery.
- Those principles should remain touchstones in the transition phase.
- Executives will need to provide clear leadership and guidance in relation to both continuing the focus on both continuing focus on current delivery, and, supported by the Transition Team, guiding the change process and supporting their staff as it unfolds, including by providing reassurance in relation to continuity of functions and employment.
  - The usual EAP support arrangements are in place for staff who require additional assistance and support.

#### **How will we keep you informed?**

- The Reference Group will convene regular forms and provide regular updates.
- Staff are encouraged to email healthreferenegroup@act.gov.au with suggestions, questions or concerns.
- Discussions will be held with relevant unions, and we provide updates to those unions at the same time as staff.

#### **Things we don't know yet**

- At this stage no decisions have been made in relation to detailed allocation of functions and individual staff across the two organisation. This will be worked through with affected staff.

#### **Start getting ready now**

Things to think about include:

- How do we ensure continuity of service and program delivery?
- How can we use the opportunity to work across our teams differently, collaborate more/better?

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#### **BACKGROUND/SENSITIVITIES (not for distribution)**

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Action officer: Anita Perkins CMTEDD, Vanessa Dal Molin Health

Date: 23 March 2018

Cleared by Kathy Leigh CMTEDD, Karen Doran Health, Peter Garrisson GSO

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**Dal Molin, Vanessa (Health)**

---

**From:** Dal Molin, Vanessa (Health)  
**Sent:** Friday, 23 March 2018 12:57 PM  
**To:** Doran, Karen (Health)  
**Subject:** Staff message on new governance structures for ACT Health (002) [DLM=For-Official-Use-Only]  
**Attachments:** Staff message on new governance structures for ACT Health (002).dot

Karen,  
Mary and Paul have made some minor additional changes to the attached. Would you like to look at this version?

Thanks  
Vanessa



Formatted: Heading 2

ACT Health staff

Dear ACT Health staff,

With Canberra's third public hospital set to open in mid 2018 and growing demand to meet population growth, the ACT Government has decided to separate ACT Health into two distinct organisations.

From 1 October 2018, there will be one organisation responsible for ACT Health's clinical operations. It will focus on the operational delivery of quality health services to our growing community.

There will be a second organisation responsible for strategic policy and planning stewardship of the health system.

This organisation will oversee the health system as a whole and set the strategic direction for health services, as well as provide public and environmental health services, health protection services and health promotion.

This will bring the ACT into line with other Australian jurisdictions.

Two new Separate executive positions will be created to lead these organisations.

Both organisations will continue ACT Health's commitment to the health of our community, as well as a commitment to quality, innovation, engagement and accountability.

The separation will enable a clearer focus on efficiency and effectiveness for operational staff and clarify the important work that staff do to support our Ministers.

I understand that change such as this can be unsettling for staff, however there is no intention to reduce staff numbers as a result of this structural change - can assure you no positions will be lost as a result of the changes announced today.

I would simply ask all staff to continue the important work that you are already doing in caring for the health of our community.

We have established a process for managing the transition to the new structure. You will all have an opportunity to be involved in the process.

A dedicated transition team will be established to guide the planning and delivery of the new structure with leadership from ACT Health Deputy Directors General as a reference group.

Staff, employee representatives, NGO service providers and other key stakeholders ~~health and community sector representatives, and the broader community~~ will also be consulted.

The transition team will convene regular forums and provide regular updates.

Please be assured that the extensive work already undertaken to improve governance and implement reforms will not be lost with the announced changes. This announcement further builds on the work that you are already doing.

The ACT Health Director General Ms Nicole Feely has advised the government she will pursue new opportunities, having successfully led ACT Health over the past three years. Ms Feely has positioned the organisation to take this important next step in its transformation.

I would like to thank Ms Feely for her commitment and focus. She has been instrumental in beginning this reform process within ACT Health.

Her strategic insight and operational expertise has skilfully repositioned the Directorate for the transition to a truly person-centred, integrated health service.

For the immediate period, Ms Karen Doran will act as the Director-General of ACT Health. An EOJ process will commence in the coming weeks for an interim acting Director General.

I commend staff for their ongoing professionalism and dedication to ensuring that ACT Health continues to provide high quality healthcare for all Canberrans.

Thank you for your commitment

Yours sincerely

Kathy Leigh  
Head of Service

23 March 2018

**Dal Molin, Vanessa (Health)**

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**From:** Dal Molin, Vanessa (Health)  
**Sent:** Friday, 23 March 2018 12:42 PM  
**To:** Power, Leanne; Perkins, Anita; Doran, Karen (Health)  
**Cc:** Wood, Mary (Health) (Mary.Wood@act.gov.au); Bone, Chris (Health) (Chris.Bone@act.gov.au); Jean, David (Health)  
**Subject:** Stakeholder Listing [DLM=For-Official-Use-Only]  
**Attachments:** Key contact list - DG (002).xlsx

Hi Leanne,

As promised, here is the stakeholder listing with our suggestions around who should contact the orgs.

Please let me know if you have a different view on these.

Many thanks

Vanessa

**Vanessa Dal Molin** | Business Manager  
Office of the Director General, ACT Health  
**Ph: (02) 6207 9532 | M 0481 914 078 | Email: [vanessa.dalmolin@act.gov.au](mailto:vanessa.dalmolin@act.gov.au)**  
[health.act.gov.au](http://health.act.gov.au)

Care ▲ Excellence ▲ Collaboration ▲ Integrity

Title	Firstname	Surname	Role	Organisation	email	contact number	Who to contact
Ms	Susan	Helvar	Director	ACT Council of Social Service Inc			DDG Health
Ms	Carrie	Fowle	Chief Executive Officer	ATODA ACT Inc			Acting DG Health
Ms	Gaylene	Coulton	Chief Executive Officer	Capital Health Network			DDG Health
Ms	Lisa	Kelly	Chief Executive Officer	Carers ACT Ltd			DDG Health
Ms	Jenny	Mobbs	Executive Director	Council on the Ageing	exec@contactaact.org.au		DDG Health
Ms	Kim	Davidson	Executive Director	Gugan Gulwan Youth Aboriginal Corporation			
Ms	Darlene	Cox	Executive Director	Health Care Consumers Association ACT Inc 2A			Minister
Mr	Simon	Viereck	Executive Officer	Mental Health Community Coalition of the ACT			Rattenbury
Mr	Tim	Bavinon	Executive Director	Sexual Health and Family Planning ACT Inc			DDG Health
Ms	Julie	Tongs	Chief Executive Officer	Winnunga Nimmityyah Aboriginal Health Service			
Ms	Marcia	Williams	Executive Director	Women's Centre for Health Matters	ed@wchm.org.au		
Prof	Stephen	Robson	President	Australian Medical Association	industrial@ama-act.com.au		
Mr	Matthew	Daniel	State Secretary	Australian Nursing and Midwifery Federation ACT	amfact@amfact.org.au		
Mr	Stephen	Crook	Executive and Industrial Officer	Australian Salaried Medical Officers Federation			
Ms	Miriam	Adams-	Organiser	Community and Public Sector Union			
Mr	Gerard	Hayes	Secretary	Health Services Union	secretary@hsu.asn.au		
Ms	Lyndal	Ryan	ACT Branch Secretary	United Voice Union			
Mr	Alex	White	Secretary	UnionsACT			
Mr	Vince	McDevitt	Industrial Officer	Australian Education Union			
Mr	John	Stewart	Industrial Officer	Australian Manufacturing Workers Union			
Mr	Daniel	Walton		Australian Workers Union	members@natlawu.net.au		
Mr	Cameron	Hardy	Organiser	CFMEU			
Mr	Sam	Roberts	Branch Secretary	National Union of Workers			
Mr	David	Smith	Director, ACT	Professionals Australia			
Mr	Klaus	Pinkas	Secretary	Transport Workers Union			
Mr	Graeme	Kelly	General Secretary	United Services Union	united@usu.org.au		
Prof	Brian	Schmidt	Vice-Chancellor	Australian National University	vc@anu.edu.au		
Prof	Deep	Saini	Vice-Chancellor	University of Canberra	ovc@canberra.edu.au		
Dr	Peter	Hughes	President	ACT Visiting Medical Officers Association			Acting DG Health
A/Prof	Katrina	Anderson	Chair	Canberra Region Medical Education Council			Acting DG Health
Mr	Martin	Bovles	Chief Executive Officer	Little Company of Mary			Acting DG Health
Mr	Andrew	Newton	Chief Executive	Southern NSW Local Health District			
Ms	Debra	Picone AM	Chief Executive Officer	Australian Commission on Safety and Quality in Health Care			Acting DG Health
Ms	Barbara	Reid	Chief Executive Officer	Calvary Health Care Bruce			Acting DG Health
Prof	Brendan	Murphy	Commonwealth Chief Medical Officer	Dept of Health			DDG Health
Mr	Tony	Stubbs	Chief Executive Officer	Heart Foundation			DDG Health
Mr	Michael	Thorn		FARE			DDG Health
Ms	Margaret	Bearworth	Chief Executive Officer	Pharmacy Guild ACT			DDG Health
Ms	Caroline	Khalil	Director	Pharmaceutical Society Australia			DDG Health
Mr	James	Downtie	Acting Chief Executive Officer	Independent Hospital Pricing Authority			DDG Health
Mr	Barry	Sandison	Chief Executive Officer	Australian Institute of Health and Welfare			Minister
Ms	Katrina	Fanning	Chair	ATSIEB	atsieb@act.gov.au		Minister

**Dal Molin, Vanessa (Health)**

---

**From:** Dal Molin, Vanessa (Health)  
**Sent:** Friday, 23 March 2018 12:10 PM  
**To:** Power, Leanne; Perkins, Anita; Doran, Karen (Health)  
**Cc:** Wood, Mary (Health) (Mary.Wood@act.gov.au); Bone, Chris (Health) (Chris.Bone@act.gov.au); Jean, David (Health)  
**Subject:** RE: Staff message on new governance structures for ACT Health [DLM=For-Official-Use-Only]  
**Attachments:** Health governance talking points\_March 2018 (002).docx

Here are the Talking Points which comments.

**From:** Dal Molin, Vanessa (Health)  
**Sent:** Friday, 23 March 2018 12:06 PM  
**To:** Power, Leanne <Leanne.Power@act.gov.au>; Perkins, Anita <Anita.Perkins@act.gov.au>; Doran, Karen (Health) <Karen.Doran@act.gov.au>  
**Cc:** Wood, Mary (Health) (Mary.Wood@act.gov.au) <Mary.Wood@act.gov.au>; Bone, Chris (Health) (Chris.Bone@act.gov.au) <Chris.Bone@act.gov.au>; Jean, David (Health) <David.Jean@act.gov.au>  
**Subject:** Staff message on new governance structures for ACT Health [DLM=For-Official-Use-Only]

Hi Leanne

As discussed, please see attached the proposed staff message for Head of Service to send to staff.

Please note that Karen has not yet had an opportunity to clear.

Thanks  
Vanessa



## TALKING POINTS

Minister: Minister Fitzharris, Minister Rattenbury  
Date: XX March 2017

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**SUBJECT: NEW GOVERNANCE STRUCTURE FOR ACT HEALTH**


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**KEY MESSAGES:**

- The ACT Government will separate operational health services from policy and planning, to improve access, timeliness and quality of health services for Canberrans and those in the region.
- With Canberra's third public hospital set to open in mid-2018 and growing demand to meet population growth, now is the right time to move towards a more contemporary health system.
- From 1 October 2018, ACT Health will be separated into two organisations, focussed on:
  - the delivery of quality health services to our growing community, and
  - strategic policy and planning elements of the health system.
- This will bring the ACT into line with every other Australian jurisdiction.
- This is all about making sure Canberrans get the best possible care and continue to be the healthiest people in the country.
- The separation will enable a clearer focus on operational effectiveness and efficiency, and improve accountability for health service delivery.

Commented [DMV(1)]: ACT Health Comment: Suggest we leave titles for the time being, as this may be changed.

Commented [PA2]: We could use a title for each agency that makes more sense and is less bureaucratic? Operational" ACT Health Services? Policy: ACT Health Directorate?

**What is happening?**

- The ACT Government will separate health operations from policy and planning, from 1 October 2018.
- The separation will enable a clearer focus on efficiency and effectiveness for operations, and free up capacity within the Health Directorate to undertake core strategy and systems manager functions.
- This will bring ACT health in line with every other Australian jurisdiction, which have structurally separated their public health system from their departments of health.
- The ACT health services operational organisation will:
  - Provide acute, subacute, primary hospital services to the ACT and surrounding region.
  - Provide all community-based health services, such as including the Mental Health, Justice Health and Alcohol and Drug Services, Walk in Centres, Community Health Services, Dental Services, (FULL LIST?)
- The ACT health directorate, with policy and planning responsibility will:
  - Oversee the health system as a whole and set the direction for current health services.

Commented [PA3]: Do we have a comprehensive list or is too detailed to spell out?

Commented [DMV(4)]: Suggest a smaller list, rather than the full list.



- o Manage the contract with The Little Company of Mary to provide public hospital services.
- o Provide public and environmental health services, health protection services and health promotion.
- o Undertake strategic planning for future health service needs including infrastructure.
- o Take the lead on National Health Agreement reforms and National Partnership + on operational efficiency and effectiveness.
- o Lead strategic initiatives including critical research functions, strategies for attracting and retaining the health workforce, systems innovation and the strategic approach to safety, quality, risk and continuous quality improvement.
- o Provide corporate support and organisation-wide services including ministerial and government services, communications, data and reporting. This would include providing corporate and strategic support to the operational service areas including maintaining critical physical and technological infrastructure for public hospitals and health services, and providing financial and business support services.

**Commented [DMV(5)]:** No other similar contracted services that should be included here. This detail will need to be determined by the reference group.

**Commented [PA6]:** What about all other contracted services?

#### What will the benefits be for the community?

- With Canberra's third public hospital set to open in mid 2018, and growing demand to meet population growth, now is the right time to move towards a more contemporary health system.
- It is vital our health system remains contemporary to meet the needs of our growing and ageing community.
- The changes are focussed on improving access, timeliness and quality of health services for all Canberrans and those in the region.
- This is all about making Canberrans get the best possible care and continue to be the healthiest people in the country.

#### Will creating two entities cost the taxpayer more?

- No. These entities will be funded from within the existing ACT Health Directorate budget.
- Two new executive positions will be created to lead these organisations. The positions will be sized by Mercer Australia, and will be funded from within the existing health budget.

**Commented [DMV(7)]:** Discussion has always been that we will live within our existing resources.

**Commented [PA8]:** What advice has previously been issued about the ongoing reforms and financial implications?

#### Internal communications:

##### Impact on staff

- We understand this process can be unsettling for staff, and this is why we have moved quickly to speak directly with all staff following the announcement. Decision taken by the Ministers/Cabinet.
- Please be assured that the extensive work already undertaken to improve governance and implement reforms will not be lost with the announced changes. This announcement further builds on the work that you are already doing.
- We have established a process for managing the transition to the new structures between now and 1 October 2018 in which you will all be involved.
- No positions will be lost as a result of the changes made today.

**Commented [PA9]:** Need information on the existing restructure underway within health.

**Commented [PA10]:** Who signs off on final decision?

**Commented [PA11]:** What has already been said about the restructure already underway? This section needs significant health input, IR advice etc

- The scope of the governments activities for health services and health policy and planning remain, they will just be delivered in a different way.
- Functions and their associated staff will be moved under machinery of government provisions to the new structures as occurs with any administrative changes.
- All staff positions in the health directorate and the new operational agency be ACT Public Servants employed under the *Public Sector Management Act 1994* and the existing ACT Public Service Industrial Agreements.
- Subsequently, over time and as the new structures mature, and is the case with all new agencies, organisational arrangements and requirements may change.
  - In the event this occurs, any impact on overall employment and particular jobs will be dealt with through the established procedures set out in our industrial agreements, and in keeping with prevailing Government policy.

#### What consultation will take place with staff and the health and community sector?

A dedicated team will be established to guide the planning and delivery of the new structure with leadership from ACT Health Deputy Directors-General as a reference group.

Commented [PA12]: Can the team have been established at the time of the announcement so a clear point of contact is in place?

DDGs will be the key contact and the project will be driven from the DG Office.

- 
- Staff, employee representatives, health and community sector representatives, and the broader community will be consulted.

#### Who will lead the organisations?

- Ms Nicole Feely, the ACT Health Director General, has advised the government she will pursue new opportunities, having successfully lead ACT Health over the past three years and positioned the organisation to take this important next step in its transformation.
- We thank Ms Feely for her commitment and focus. She has been instrumental in beginning this reform process within ACT Health, transforming strategy and positioning ACT Health for a sustainable future. Her strategic insight and operational expertise has skilfully repositioned the Directorate for the transition to a truly person-centred, integrated health service.
- On a more personal level, Ms Feely has been a considered and astute support to Government. We thank Nicole and wish her every success.
- For the immediate period, Ms Karen Doran will act as the Director-General of ACT Health.
- A small dedicated team will be established to guide the planning and delivery of the new structure with leadership from ACT Health Deputy Directors-General as a reference group.
- Staff, employee representatives and health stakeholders and the broader community will be consulted.

#### What will happen next?

- There is significant work to be undertaken to ensure arrangements are in place for the intended 1 October 2018 commencement.
- This work will be overseen by a Steering Committee comprising of:
  - Head of Service Kathy Leigh
  - Under Treasurer David Nicol
  - DDGs within ACT Health
  - XXXX
  - XXXX
  - XXXX

Commented [PA13]: Please advise membership.

- A transition team lead by ~~XXXXX~~ the Acting Director General and comprising staff from affected business units is being assembled to undertake necessary work, in consultation with affected staff, reporting to the Steering Committee.

Commented [PA14]: Who currently leads the restructure underway and how does this work tie into that?

#### How will the transition process progress from here?

- I commend staff for their ongoing professionalism and dedication to ensuring that the work of ACT Health continues to provide high quality healthcare for all Canberrans.
  - Thankyou for your commitment
- In the coming weeks the Steering Committee will:
  - Commence recruitment activities for the two new executive positions; and
  - Commence work on establish robust governance frameworks to guide the operations of the two new organisations. The two new executives will play a key role in establishing the new agencies.
- If you are interested in working with the Transition Team in the coming months, please send your expression of interest directly to (INSERT EMAIL ADDRESS HERE) providing a brief outline of your relevant work experience and current position.
- XXXXXX will act as the key conduit between the Transition Team and relevant work areas in ACT Health.
  - Staff are encouraged to email suggestions, questions or concerns through to (INSERT EMAIL ADDRESS HERE).

#### How can I assist staff in the process?

- A key goal of the transition process is not disrupting the important work ACT Health delivers 365-days a year for our community.
- The guiding principles underpinning these changes to ACT Health are to have a clear focus on operational effectiveness and efficiency, and to improve accountability for health service delivery.
- Those principles should remain touchstones in the transition phase.
- Executives will need to provide clear leadership and guidance in relation to both continuing the focus on both continuing focus on current delivery, and, supported by the Transition Team, guiding the change process and supporting their staff as it unfolds, including by providing reassurance in relation to continuity of functions and employment.
  - The usual EAP support arrangements are in place for staff who require additional assistance and support.

#### How will we keep you informed?

- The Transition Team will convene regular forms and provide regular updates.
- Staff are encouraged to email (INSERT EMAIL ADDRESS HERE) with suggestions, questions or concerns.
- Discussions will be held with relevant unions, and we provide updates to those unions at the same time as staff.

#### Things we don't know yet

- At this stage no decisions have been made in relation to detailed allocation of functions and individual staff across the two organisation. This will be worked through with affected staff.

#### Start getting ready now

Things to think about include:

- How do we ensure continuity of service and program delivery?
- How can we use the opportunity to work across our teams differently, collaborate more/better?

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**BACKGROUND/SENSITIVITIES (not for distribution)**

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Action officer: Anita Perkins CMTEDD, Tracey Pulli Health

Date: XXX March 2018

TO BE Cleared by (DG or D/DG): Kathy Leigh CMTEDD, Karen Doran Health

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DRAFT

**Dal Molin, Vanessa (Health)**

---

**From:** Dal Molin, Vanessa (Health)  
**Sent:** Friday, 23 March 2018 12:06 PM  
**To:** Power, Leanne; Perkins, Anita; Doran, Karen (Health)  
**Cc:** Wood, Mary (Health) (Mary.Wood@act.gov.au); Bone, Chris (Health) (Chris.Bone@act.gov.au); Jean, David (Health)  
**Subject:** Staff message on new governance structures for ACT Health [DLM=For-Official-Use-Only]  
**Attachments:** Staff message on new governance structures for ACT Health.dot

Hi Leanne

As discussed, please see attached the proposed staff message for Head of Service to send to staff.

Please note that Karen has not yet had an opportunity to clear.

Thanks  
Vanessa



ACT Health staff

Dear ACT Health staff,

With Canberra's third public hospital set to open in mid 2018 and growing demand to meet population growth, the ACT Government has decided to separate ACT Health into two distinct organisations.

From 1 October 2018, there will be one organisation responsible for ACT Health's clinical operations. It will focus on the operational delivery of quality health services to our growing community.

There will be a second organisation responsible for strategic policy and planning stewardship of the health system.

This organisation will oversee the health system as a whole and set the strategic direction for health services, as well as provide public and environmental health services, health protection services and health promotion.

This will bring the ACT into line with other Australian jurisdictions.

Two new executive positions will be created to lead these organisations.

Both organisations will continue ACT Health's commitment to the health of our community, as well as a commitment to quality, innovation, engagement and accountability.

The separation will enable a clearer focus on efficiency and effectiveness for operational staff and clarify the important work that staff do to support our Ministers.

I understand that change such as this can be unsettling for staff, however I can assure you no positions will be lost as a result of the changes announced today.

I would simply ask all staff to continue the important work that you are already doing in caring for the health of our community.

We have established a process for managing the transition to the new structure. You will all have an opportunity to be involved in the process.

A dedicated transition team will be established to guide the planning and delivery of the new structure with leadership from ACT Health Deputy Directors General as a reference group.

Staff, employee representatives, health and community sector representatives, and the broader community will also be consulted.

The transition team will convene regular forums and provide regular updates.

Please be assured that the extensive work already undertaken to improve governance and implement reforms will not be lost with the announced changes. This announcement further builds on the work that you are already doing.

The ACT Health Director General Ms Nicole Feely has advised the government she will pursue new opportunities, having successfully led ACT Health over the past three years. Ms Feely has positioned the organisation to take this important next step in its transformation.

I would like to thank Ms Feely for her commitment and focus. She has been instrumental in beginning this reform process within ACT Health.

Her strategic insight and operational expertise has skilfully repositioned the Directorate for the transition to a truly person-centred, integrated health service.

For the immediate period, Ms Karen Doran will act as the Director-General of ACT Health.

I commend staff for their ongoing professionalism and dedication to ensuring that ACT Health continues to provide high quality healthcare for all Canberrans.

Thank you for your commitment

Yours sincerely

Kathy Leigh  
Head of Service

23 March 2018

**Dal Molin, Vanessa (Health)**

---

**From:** Jean, David (Health)  
**Sent:** Friday, 23 March 2018 11:47 AM  
**To:** Dal Molin, Vanessa (Health)  
**Subject:** FW: Health communications/change products [SEC=UNCLASSIFIED]



Staff message on  
new governanc...

**David Jean**  
Media Manager | ACT Health

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 E | [david.jean@act.gov.au](mailto:david.jean@act.gov.au)  
 URL | [www.health.act.gov.au](http://www.health.act.gov.au)

---

**From:** Jean, David (Health)  
**Sent:** Friday, 23 March 2018 11:35 AM  
**To:** Dal Molin, Vanessa (Health) <[Vanessa.DalMolin@act.gov.au](mailto:Vanessa.DalMolin@act.gov.au)>  
**Subject:** FW: Health communications/change products [SEC=UNCLASSIFIED]



Staff message on  
new governanc...

Staff message at [REDACTED] tached

**David Jean**  
Media Manager | ACT Health

P | 6205 1780 M | [REDACTED]  
 E | [david.jean@act.gov.au](mailto:david.jean@act.gov.au)  
 URL | [www.health.act.gov.au](http://www.health.act.gov.au)

---

**From:** Perkins, Anita  
**Sent:** Friday, 23 March 2018 10:30 AM  
**To:** Leigh, Kathy <[Kathy.Leigh@act.gov.au](mailto:Kathy.Leigh@act.gov.au)>; Power, Leanne <[Leanne.Power@act.gov.au](mailto:Leanne.Power@act.gov.au)>; Dal Molin, Vanessa (Health) <[Vanessa.DalMolin@act.gov.au](mailto:Vanessa.DalMolin@act.gov.au)>; Wood, Mary (Health) <[Mary.Wood@act.gov.au](mailto:Mary.Wood@act.gov.au)>; Jean, David (Health) <[David.Jean@act.gov.au](mailto:David.Jean@act.gov.au)>; Garrisson, Peter <[Peter.Garrisson@act.gov.au](mailto:Peter.Garrisson@act.gov.au)>; Doran, Karen (Health) <[Karen.Doran@act.gov.au](mailto:Karen.Doran@act.gov.au)>  
**Subject:** FW: Health communications/change products [SEC=UNCLASSIFIED]

Hi All

Ministers are likely to do a media standup under strict embargo at 1pm.

Otherwise the draft schedule for today stands as follows, subject to HOS availability:



1pm	Ministerial standup under strict embargo
3.30-4.15pm	Accreditation communique – all staff including standup at end by HOS/Karen Doran to make announcement (Health comms to attend to provide advice ahead of Ministerial standup)
3.30-5pm	Phone calls to key stakeholders (Vanessa Dal Molin) coordinating list)
4.30pm	Ministers Fitzharris and Minister Rattenbury announcement
4.30pm	All Health staff email issued by HOS

Regards  
Anita

---

**From:** Johnston, ClaireV  
**Sent:** Friday, 23 March 2018 10:20 AM  
**To:** Perkins, Anita <[Anita.Perkins@act.gov.au](mailto:Anita.Perkins@act.gov.au)>; O'Daly, Edward <[Edward.O'Daly@act.gov.au](mailto:Edward.O'Daly@act.gov.au)>  
**Subject:** RE: Health communications/change products [SEC=UNCLASSIFIED]

Thanks Anita. We will probably do a media stand up under embargo at 1pm.

---

**From:** Perkins, Anita  
**Sent:** Friday, 23 March 2018 10:18 AM  
**To:** O'Daly, Edward <[Edward.O'Daly@act.gov.au](mailto:Edward.O'Daly@act.gov.au)>; Johnston, ClaireV <[ClaireV.Johnston@act.gov.au](mailto:ClaireV.Johnston@act.gov.au)>  
**Subject:** FW: Health communications/change products [SEC=UNCLASSIFIED]  
**Importance:** High

FYI below latest update.  
 Regards  
 Anita

---

**From:** Perkins, Anita  
**Sent:** Friday, 23 March 2018 10:16 AM  
**To:** Dal Molin, Vanessa (Health) <[Vanessa.DalMolin@act.gov.au](mailto:Vanessa.DalMolin@act.gov.au)>; Jean, David (Health) <[David.Jean@act.gov.au](mailto:David.Jean@act.gov.au)>; Wood, Mary (Health) <[Mary.Wood@act.gov.au](mailto:Mary.Wood@act.gov.au)>  
**Cc:** Doran, Karen (Health) <[Karen.Doran@act.gov.au](mailto:Karen.Doran@act.gov.au)>; Power, Leanne <[Leanne.Power@act.gov.au](mailto:Leanne.Power@act.gov.au)>  
**Subject:** FW: Health communications/change products [SEC=UNCLASSIFIED]  
**Importance:** High

Hi All

Please see below the draft release which is with GSO, HOS, Karen and Nessa for approval. You can use this to draft the internal comms message, but noting all materials must go back through Peter Garrison for approval before it is issued.

Attached are also key messages and q and as for internal purposes, that need significant input from Health, and again will need clearance from Peter.

Ed O'Daly is discussing with Minister Fitzharris's office the feasibility if the proposed schedule we discussed:

3.30-4.15pm	Accreditation communique – all staff including standup at end by HOS/Karen Doran to make announcement (Health comms to attend to provide advice ahead of Ministerial standup)
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3.30-5pm	Phone calls to key stakeholders (Vanessa Dal Molin) coordinating list)
4.30pm	Ministers Fitzharris and Minister Rattenbury media standup (may require some earlier briefings under strict) embargo given the timing
4.30pm	All Health staff email issued by HOS

<< File: Health governance talking points\_March 2018.docx >>

Regards

Anita

---

**From:** Perkins, Anita

**Sent:** Friday, 23 March 2018 9:20 AM

**To:** Leigh, Kathy <Kathy.Leigh@act.gov.au>; Doran, Karen (Health) <Karen.Doran@act.gov.au>; Attridge, Vanessa <VanessaS.Attridge@act.gov.au>; O'Daly, Edward <Edward.O'Daly@act.gov.au>; Garrisson, Peter <Peter.Garrisson@act.gov.au>

**Cc:** Power, Leanne <Leanne.Power@act.gov.au>; Pulli, Tracey (Health) <Tracey.Pulli@act.gov.au>

**Subject:** RE: Health communications/change products [SEC=UNCLASSIFIED]

Hi All

As discussed with Kathy and Nessa, the updated release is below for your review – see the updated highlighted section below.

I'll make contact with Karen on the internal statement and how best to issue this.

Regards

Anita



# Media release

## **MEEGAN FITZHARRIS** MLA

Minister for Health  
Minister for Transport and City Services  
Minister for Higher Education, Training and Research  
Member for Yerrabi

## **SHANE RATTENBURY** MLA

Minister for Climate Change and Sustainability  
Minister for Justice, Consumer Affairs and Road Safety  
Minister for Corrections  
Minister for Mental Health  
Member for Kurrajong

X March 2018

## **Changes to ACT Health to keep up with growing CBR health needs**

With Canberra's third public hospital set to open in mid 2018 and growing demand to meet population growth, the ACT Government will separate operational health services from policy and planning to improve access, timeliness and quality of health services for Canberrans and those in the region.

From 1 October 2018, ACT Health will be separated into two organisations, focussed on:

- the delivery of quality health services to our growing community, and

- the strategic policy and planning elements of the health system. This will bring the ACT into line with every other Australian jurisdiction.

“This is all about making sure Canberrans get the best possible care and continue to be the healthiest people in the country. With our health system expanding and increasing demand on our health services, now is the perfect time to move towards a more contemporary health system. This separation will enable a clearer focus on operational effectiveness and efficiency, and improve accountability for health service delivery,” said Minister for Health and Wellbeing, Meegan Fitzharris.

“The ACT Government will continue to invest in preventive, community and hospital-based services to build and improve health facilities in the ACT, for a Territory wide system that is adaptable to the community’s changing needs.

“Both organisations will continue ACT Health’s commitment to the health of our community, specifically an approach to health that is all about people, as well as a commitment to quality, innovation, engagement and accountability.

“The clinical and service planning underway through the Territory-wide Health Services Framework will remain a key priority for government and we will continue to establish clinical Centres, which will group speciality services through Centre Service Plans and Specialty Service Plans.

“Critical to getting the reform right is talking to the community, ACT Health’s workforce and the health and community sector. We look forward to having conversations over the coming months to guide these new organisations,” said Minister Fitzharris.

The health service delivery organisation will focus on delivering person-centred care, while the health policy and planning organisation will oversee the operation of the health system and set its direction, as outlined by the ACT Government, specifically the Minister for Health and Wellbeing and the Minister for Mental Health.

“This separation will facilitate improved mental health services delivery, while also allowing mental health policy to improve its focus – within Health and across Government. The establishment of the Office for Mental Health in July will ensure that these efforts are well coordinated,” said Minister for Mental Health, Shane Rattenbury.

Two new executive positions will be created to lead the new organisations and the current Director-General position will no longer exist from 1 October 2018.

“We thank ACT Health Director-General Ms Nicole Feely for her contribution over the past three years during which time she has positioned the organisation to take this important next step in its transformation,” said Minister Fitzharris.

For the immediate period, Ms Karen Doran will act as the Director-General of ACT Health. A small dedicated team will be established to guide the planning and delivery of the new structure with leadership from ACT Health Deputy Directors-General as a reference group. Staff, employee representatives and health stakeholders and the broader community will be consulted.

“This is an exciting new chapter in the progression of ACT Health’s quality service delivery,” said Minister Fitzharris.

“Thank you to the dedicated ACT Health staff who care for our community and make Canberra the

healthiest city in Australia. Our ambition to be a leader in person-centred care can only be achieved with our staff, stakeholders and the community.

“We value your input and look forward to the conversations over the next six months and to receiving recommendations on the final detail of the new arrangements,” Minister Fitzharris said.

## STATEMENT ENDS

### ACT Health Background

The ACT Government is committed to keeping Canberrans healthy and well and providing the highest quality healthcare to our community. As our city grows, it is vital our health system remains contemporary to meet the needs of our growing and ageing community.

ACT Health delivers patient-centred care in acute, sub-acute and community settings, as well as health-related policy and planning in the ACT.

Services are provided to the ACT community, as well as the growing south eastern NSW region.

ACT Health employs around 7,000 people and operates a budget of over \$1.6 billion in 2017-18.

This year ACT Health will further expand with the opening of the University of Canberra Hospital and a new Walk-in Centre in Gungahlin, in addition to significant health infrastructure planning and the rollout of the Territory-wide Health Services Framework, the Quality Strategy and Digital Strategy.

There is also important work underway on preventive health and mental health.

Since the National Health Reform Agreement in 2011, state and territory-based health organisations around Australia have changed to keep pace with the community’s healthcare needs, as well as policy and funding reform.

Statement ends

#### Media contact/s:

Claire Johnston	T (02) 6205 0022	M [REDACTED]	clairev.johnston@act.gov.au
Lisa Gardner	T (02) 6205 3897	M [REDACTED]	lisa.gardner@act.gov.au

### ACT LEGISLATIVE ASSEMBLY

Phone (02) 6205 0051 Email: fitzharris@act.gov.au

 @MeeganFitzMLA

 MeeganFitzharrisMLA



ACT Health staff

Dear ACT Health staff,

With Canberra's third public hospital set to open in mid 2018 and growing demand to meet population growth, the ACT Government will separate ACT Health into two distinct organisations.

From 1 October 2018, there will be one organisation responsible for ACT Health's clinical operations. It will focus on the operational delivery of quality health services to our growing community.

There will be a second organisation responsible for strategic policy and planning elements of the health system.

This organisation will oversee the health system as a whole and set the direction for current health services, as well as provide public and environmental health services, health protection services and health promotion.

This will bring the ACT into line with every other Australian jurisdiction.

Two new executive positions will be created to lead these organisations.

Both organisations will continue ACT Health's commitment to the health of our community, specifically an approach to health that is all about people, as well as a commitment to quality, innovation, engagement and accountability.

The separation will enable a clearer focus on efficiency and effectiveness for operations.

I understand that change such as this can be unsettling for staff, however I can assure you no positions will be lost as a result of the changes made today.

I would like to take this opportunity to ask all staff to continue the important work that you are already doing in caring for the health of our community.

We have established a process for managing the transition to the new structure and which you will all be involved.

A dedicated team will be established to guide the planning and delivery of the new structure with leadership from ACT Health Deputy Directors General as a reference group.

Staff, employee representatives, health and community sector representatives, and the broader community will be consulted.

The Transition Team will convene regular forums and provide regular updates.

Discussions will be held with relevant unions, and we will provide updates to those unions at the same time as staff.

The ACT Health Director General Ms Nicole Feely has advised the government she will pursue new opportunities, having successfully led ACT Health over the past three years and positioned the organisation to take this important next step in its transformation.

I would like to thank Ms Feely for her commitment and focus. She has been instrumental in beginning this reform process within ACT Health.

Her strategic insight and operational expertise has skilfully repositioned the Directorate for the transition to a truly person-centred, integrated health service.

For the immediate period, Ms Karen Doran will act as the Director-General of ACT Health.

I commend staff for their ongoing professionalism and dedication to ensuring that ACT Health continues to provide high quality healthcare for all Canberrans.

Thank you for your commitment

Yours sincerely

Kathy Leigh  
Head of Service

23 March 2018

**Dal Molin, Vanessa (Health)**

**From:** Perkins, Anita  
**Sent:** Friday, 23 March 2018 10:16 AM  
**To:** Dal Molin, Vanessa (Health); Jean, David (Health); Wood, Mary (Health)  
**Cc:** Doran, Karen (Health); Power, Leanne  
**Subject:** FW: Health communications/change products [SEC=UNCLASSIFIED]

**Importance:** High

Hi All

Please see below the draft release which is with GSO, HOS, Karen and Nessa for approval. You can use this to draft the internal comms message, but noting all materials must go back through Peter Garrison for approval before it is issued.

Attached are also key messages and q and as for internal purposes, that need significant input from Health, and again will need clearance from Peter.

Ed O'Daly is discussing with Minister Fitzharris's office the feasibility if the proposed schedule we discussed:

3.30-4.15pm	Accreditation communique – all staff including standup at end by HOS/Karen Doran to make announcement (Health comms to attend to provide advice ahead of Ministerial standup)
3.30-5pm	Phone calls to key stakeholders (Vanessa Dal Molin) coordinating list)
4.30pm	Ministers Fitzharris and Minister Rattenbury media standup (may require some earlier briefings under strict) embargo given the timing)
4.30pm	All Health staff email issued by HOS



Health  
governance talki...

Regards  
Anita

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**From:** Perkins, Anita  
**Sent:** Friday, 23 March 2018 9:20 AM  
**To:** Leigh, Kathy <Kathy.Leigh@act.gov.au>; Doran, Karen (Health) <Karen.Doran@act.gov.au>; Attridge, Vanessa <VanessaS.Attridge@act.gov.au>; O'Daly, Edward <Edward.O'Daly@act.gov.au>; Garrison, Peter <Peter.Garrison@act.gov.au>  
**Cc:** Power, Leanne <Leanne.Power@act.gov.au>; Pulli, Tracey (Health) <Tracey.Pulli@act.gov.au>  
**Subject:** RE: Health communications/change products [SEC=UNCLASSIFIED]

Hi All

As discussed with Kathy and Nessa, the updated release is below for your review – see the updated highlighted section below.

I'll make contact with Karen on the internal statement and how best to issue this.

Regards  
Anita



# Media release

## **MEEGAN FITZHARRIS MLA**

Minister for Health  
 Minister for Transport and City Services  
 Minister for Higher Education, Training and Research  
 Member for Yerrabi

## **SHANE RATTENBURY MLA**

Minister for Climate Change and Sustainability  
 Minister for Justice, Consumer Affairs and Road Safety  
 Minister for Corrections  
 Minister for Mental Health  
 Member for Kurrajong

X March 2018

## **Changes to ACT Health to keep up with growing CBR health needs**

**With Canberra's third public hospital set to open in mid 2018 and growing demand to meet population growth, the ACT Government will separate operational health services from policy and planning to improve access, timeliness and quality of health services for Canberrans and those in the region.**

From 1 October 2018, ACT Health will be separated into two organisations, focussed on:

- the delivery of quality health services to our growing community, and
- the strategic policy and planning elements of the health system.

This will bring the ACT into line with every other Australian jurisdiction.

“This is all about making sure Canberrans get the best possible care and continue to be the healthiest people in the country. With our health system expanding and increasing demand on our health services, now is the perfect time to move towards a more contemporary health system. This separation will enable a clearer focus on operational effectiveness and efficiency, and improve accountability for health service delivery,” said Minister for Health and Wellbeing, Meegan Fitzharris.

“The ACT Government will continue to invest in preventive, community and hospital-based services to build and improve health facilities in the ACT, for a Territory wide system that is adaptable to the community's changing needs.

“Both organisations will continue ACT Health's commitment to the health of our community, specifically an approach to health that is all about people, as well as a commitment to quality, innovation, engagement and accountability.

“The clinical and service planning underway through the Territory-wide Health Services Framework will remain a key priority for government and we will continue to establish clinical Centres, which will group speciality services through Centre Service Plans and Specialty Service Plans.

“Critical to getting the reform right is talking to the community, ACT Health's workforce and the health and community sector. We look forward to having conversations over the coming months to guide these new organisations,” said Minister Fitzharris.

The health service delivery organisation will focus on delivering person-centred care, while the health policy and



planning organisation will oversee the operation of the health system and set its direction, as outlined by the ACT Government, specifically the Minister for Health and Wellbeing and the Minister for Mental Health.

“This separation will facilitate improved mental health services delivery, while also allowing mental health policy to improve its focus – within Health and across Government. The establishment of the Office for Mental Health in July will ensure that these efforts are well coordinated,” said Minister for Mental Health, Shane Rattenbury.

Two new executive positions will be created to lead the new organisations and the current Director-General position will no longer exist from 1 October 2018.

“We thank ACT Health Director-General Ms Nicole Feely for her contribution over the past three years during which time she has positioned the organisation to take this important next step in its transformation,” said Minister Fitzharris.

~~The ACT Health Director-General has advised the government that she will pursue new opportunities, having successfully led ACT Health over the past three years and positioned the organisation to take this important next step in its transformation.~~

~~“We thank Ms Nicole Feely for her commitment and focus. She has been instrumental in beginning this reform process within ACT Health, transforming strategy and positioning ACT Health for a sustainable financial future.~~

~~“Her strategic insight and operational expertise has skilfully repositioned the Directorate for the transition to a truly person-centred, integrated health service.—~~

~~“On a personal level, Ms Feely has been a considered and astute support to us both in our roles, and to the Government more broadly. We thank Nicole and wish her every success,” said Minister Fitzharris.~~

For the immediate period, Ms Karen Doran will act as the Director-General of ACT Health. A small dedicated team will be established to guide the planning and delivery of the new structure with leadership from ACT Health Deputy Directors-General as a reference group. Staff, employee representatives and health stakeholders and the broader community will be consulted.

“This is an exciting new chapter in the progression of ACT Health’s quality service delivery,” said Minister Fitzharris.

“Thank you to the dedicated ACT Health staff who care for our community and make Canberra the healthiest city in Australia. Our ambition to be a leader in person-centred care can only be achieved with our staff, stakeholders and the community.

“We value your input and look forward to the conversations over the next six months and to receiving recommendations on the final detail of the new arrangements,” Minister Fitzharris said.

## **STATEMENT ENDS**

### **ACT Health Background**

The ACT Government is committed to keeping Canberrans healthy and well and providing the highest quality healthcare to our community. As our city grows, it is vital our health system remains contemporary to meet the needs of our growing and ageing community.

ACT Health delivers patient-centred care in acute, sub-acute and community settings, as well as health-related

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policy and planning in the ACT.

Services are provided to the ACT community, as well as the growing south eastern NSW region.

ACT Health employs around 7,000 people and operates a budget of over \$1.6 billion in 2017-18.

This year ACT Health will further expand with the opening of the University of Canberra Hospital and a new Walk-in Centre in Gungahlin, in addition to significant health infrastructure planning and the rollout of the Territory-wide Health Services Framework, the Quality Strategy and Digital Strategy.

There is also important work underway on preventive health and mental health.

Since the National Health Reform Agreement in 2011, state and territory-based health organisations around Australia have changed to keep pace with the community's healthcare needs, as well as policy and funding reform.

Statement ends

**Media contact/s:**

Claire Johnston T (02) 6205 0022 M [REDACTED] clairev.johnston@act.gov.au  
Lisa Gardner T (02) 6205 3897 M [REDACTED] lisa.gardner@act.gov.au

**ACT LEGISLATIVE ASSEMBLY**

Phone (02) 6205 0051 Email: fitzharris@act.gov.au

 @MeeganFitzMLA  MeeganFitzharrisMLA

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## TALKING POINTS

Minister: Minister Fitzharris, Minister Rattenbury

Date: XX March 2017

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**SUBJECT: NEW GOVERNANCE STRUCTURE FOR ACT HEALTH**


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**KEY MESSAGES:**

- The ACT Government will separate operational health services from policy and planning, to improve access, timeliness and quality of health services for Canberrans and those in the region.
- With Canberra's third public hospital set to open in mid-2018 and growing demand to meet population growth, now is the right time to move towards a more contemporary health system.
- From 1 October 2018, ACT Health will be separated into two organisations, focussed on:
  - the delivery of quality health services to our growing community, and
  - strategic policy and planning elements of the health system.
- This will bring the ACT into line with every other Australian jurisdiction.
- This is all about making sure Canberrans get the best possible care and continue to be the healthiest people in the country.
- The separation will enable a clearer focus on operational effectiveness and efficiency, and improve accountability for health service delivery.

Commented [PA1]: We could use a title for each agency that makes more sense and is less bureaucratic? Operational ACT Health Services? Policy: ACT Health Directorate?

**What is happening?**

- The ACT Government will separate health operations from policy and planning, from 1 October 2018.
- The separation will enable a clearer focus on efficiency and effectiveness for operations, and free up capacity within the Health Directorate to undertake core strategy and systems manager functions.
- This will bring ACT health in line with every other Australian jurisdiction, which have structurally separated their public health system from their departments of health.
- The ACT health services operational organisation will:
  - Provide acute, subacute, primary hospital services to the ACT and surrounding region.
  - Provide all community-based health services, including Mental Health, Justice Health and Alcohol and Drug Services, Walk in Centres, Community Health Services, Dental Services, (FULL LIST?)
- The ACT health directorate, with policy and planning responsibility will:
  - Oversee the health system as a whole and set the direction for current health services.

Commented [PA2]: Do we have a comprehensive list or is it too detailed to spell out?

- o Manage the contract with The Little Company of Mary to provide public hospital services.
- o Provide public and environmental health services, health protection services and health promotion.
- o Undertake strategic planning for future health service needs including infrastructure.
- o Take the lead on National Health Agreement reforms and National Partnership + on operational efficiency and effectiveness.
- o Lead strategic initiatives including critical research functions, strategies for attracting and retaining the health workforce, systems innovation and the strategic approach to safety, quality, risk and continuous quality improvement.
- o Provide corporate support and organisation-wide services including ministerial and government services, communications, data and reporting. This would include providing corporate and strategic support to the operational service areas including maintaining critical physical and technological infrastructure for public hospitals and health services, and providing financial and business support services.

Commented [PA3]: What about all other contracted services?

#### What will the benefits be for the community?

- With Canberra's third public hospital set to open in mid 2018, and growing demand to meet population growth, now is the right time to move towards a more contemporary health system.
- It is vital our health system remains contemporary to meet the needs of our growing and ageing community.
- The changes are focussed on improving access, timeliness and quality of health services for all Canberrans and those in the region.
- This is all about making Canberrans get the best possible care and continue to be the healthiest people in the country.

#### Will creating two entities cost the taxpayer more?

- No. These entities will be funded from within the existing ACT Health Directorate budget.
- Two new executive positions will be created to lead these organisations. The positions will be sized by Mercer Australia, and will be funded from within the existing health budget.

Commented [PA4]: What advice has previously been issued about the ongoing reforms and financial implications?

#### Internal communications:

##### Impact on staff

- We understand this process can be unsettling for staff, and this is why we have moved quickly to speak directly with all staff following the decision taken by the Ministers/Cabinet?
- We have established a process for managing the transition to the new structures between now and 1 October 2018 in which you will all be involved.
- No positions will be lost as a result of the changes made today.
  - o The scope of the governments activities for health services and health policy and planning remain, they will just be delivered in a different way.
  - o Functions and their associated staff will be moved under machinery of government provisions to the new structures as occurs with any administrative changes.

Commented [PA5]: Need information on the existing restructure underway within health.

Commented [PA6]: Who signs off on final decision?

Commented [PA7]: What has already been said about the restructure already underway? This section needs significant health input, IR advice etc

- All staff positions in the health directorate and the new operational agency be ACT Public Servants employed under the *Public Sector Management Act 1994* and the existing ACT Public Service Industrial Agreements.
- Subsequently, over time and as the new structures mature, and is the case with all new agencies, organisational arrangements and requirements may change.
  - In the event this occurs, any impact on overall employment and particular jobs will be dealt with through the established procedures set out in our industrial agreements, and in keeping with prevailing Government policy.

#### What consultation will take place with staff and the health and community sector?

- A dedicated team will be established to guide the planning and delivery of the new structure with leadership from ACT Health Deputy Directors-General as a reference group.
- Staff, employee representatives, health and community sector representatives, and the broader community will be consulted.

**Commented [PA8]:** Can the team have been established at the time of the announcement so a clear point of contact is in place?

#### Who will lead the organisations?

- Ms Nicole Feely, the ACT Health Director General, has advised the government she will pursue new opportunities, having successfully lead ACT Health over the past three years and positioned the organisation to take this important next step in its transformation.
- We thank Ms Feely for her commitment and focus. She has been instrumental in beginning this reform process within ACT Health, transforming strategy and positioning ACT Health for a sustainable future. Her strategic insight and operational expertise has skilfully repositioned the Directorate for the transition to a truly person-centred, integrated health service.
- On a more personal level, Ms Feely has been a considered and astute support to Government. We thank Nicole and wish her every success.
- For the immediate period, Ms Karen Doran will act as the Director-General of ACT Health.
- A small dedicated team will be established to guide the planning and delivery of the new structure with leadership from ACT Health Deputy Directors-General as a reference group.
- Staff, employee representatives and health stakeholders and the broader community will be consulted.

#### What will happen next?

- There is significant work to be undertaken to ensure arrangements are in place for the intended 1 October 2018 commencement.
- This work will be overseen by a Steering Committee comprising of:
  - Head of Service Kathy Leigh
  - Under Treasurer David Nicol
  - XXXX
  - XXXX
  - XXXX
- A transition team lead by XXXXX and comprising staff from affected business units is being assembled to undertake necessary work, in consultation with affected staff, reporting to the Steering Committee.

**Commented [PA9]:** Please advise membership.

**Commented [PA10]:** Who currently leads the restructure underway and how does this work tie into that?

#### How will the transition process progress from here?

- I commend staff for their ongoing professionalism and dedication to ensuring that the work of ACT Health continues to provide high quality healthcare for all Canberrans.

- Thankyou for your commitment
- In the coming weeks the Steering Committee will:
  - Commence recruitment activities for the two new executive positions; and
  - Commence work on establish robust governance frameworks to guide the operations of the two new organisations. The two new executives will play a key role in establishing the new agencies.
- If you are interested in working with the Transition Team in the coming months, please send your expression of interest directly to (INSERT EMAIL ADDRESS HERE) providing a brief outline of your relevant work experience and current position.
- XXXXXX will act as the key conduit between the Transition Team and relevant work areas in ACT Health.
  - Staff are encouraged to email suggestions, questions or concerns through to (INSERT EMAIL ADDRESS HERE).

#### **How can I assist staff in the process?**

- A key goal of the transition process is not disrupting the important work ACT Health delivers 365-days a year for our community.
- The guiding principles underpinning these changes to ACT Health are to have a clear focus on operational effectiveness and efficiency, and to improve accountability for health service delivery.
- Those principles should remain touchstones in the transition phase.
- Executives will need to provide clear leadership and guidance in relation to both continuing the focus on both continuing focus on current delivery, and, supported by the Transition Team, guiding the change process and supporting their staff as it unfolds, including by providing reassurance in relation to continuity of functions and employment.
  - The usual EAP support arrangements are in place for staff who require additional assistance and support.

#### **How will we keep you informed?**

- The Transition Team will convene regular forums and provide regular updates.
- Staff are encouraged to email (INSERT EMAIL ADDRESS HERE) with suggestions, questions or concerns.
- Discussions will be held with relevant unions, and we provide updates to those unions at the same time as staff.

#### **Things we don't know yet**

- At this stage no decisions have been made in relation to detailed allocation of functions and individual staff across the two organisation. This will be worked through with affected staff.

#### **Start getting ready now**

Things to think about include:

- How do we ensure continuity of service and program delivery?
- How can we use the opportunity to work across our teams differently, collaborate more/better?

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**BACKGROUND/SENSITIVITIES (not for distribution)**

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Action officer: Anita Perkins CMTEDD, Tracey Pulli Health  
Date: XXX March 2018  
TO BE Cleared by (DG or D/DG): Kathy Leigh CMTEDD, Karen Doran Health

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DRAFT

## Stevenson, Nicole (Health)

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**Subject:** Health communications/change products [SEC=UNCLASSIFIED]  
**Attachments:** Fitzharris-Rattenbury\_health changes\_MR\_March 2018.docx; Health governance talking points\_March 2018.docx

**From:** Perkins, Anita  
**Sent:** Friday, 23 March 2018 8:15 AM  
**To:** Leigh, Kathy <Kathy.Leigh@act.gov.au>; Doran, Karen (Health) <Karen.Doran@act.gov.au>  
**Cc:** Power, Leanne <Leanne.Power@act.gov.au>; Pulli, Tracey (Health) <Tracey.Pulli@act.gov.au>  
**Subject:** Health communications/change products [SEC=UNCLASSIFIED]

Morning Kathy and Karen

### Media release

Updated media release is below (in email format) and attached (in word – if you have changes please make in word in tracked changes). It is also with Vanessa Attridge for review in Minister Fitzharris and Minister Rattenbury's offices. The CMO has had input, and the minor changes from the earlier version were in consultation with Minister Fitzharris' office to include more around why and what it will mean for Canberrans.

### Draft key messages and Q&A

Attached are very drafted key messages and Q&A document, which will need significant input from Karen and Tracey Pulli in relation to the existing reforms and restructure underway. I've used the HOS brief to CM as a guide for much of this content, and the change process from LDA/SLA/CRA as a guide for internal comms.

### Stakeholder briefing list

As discussed with Karen yesterday, Karen is coordinating a stakeholder list for briefing. In consultation with Vanessa, we will identify who will make the calls (Ministers, COSs, HOS, Health Exec) with timing and sequencing dependant on when the announcement will occur.

Please feel free to ring me any time to discuss.

Regards  
 Anita



# Media release

## MEEGAN FITZHARRIS MLA

Minister for Health  
 Minister for Transport and City Services  
 Minister for Higher Education, Training and Research  
 Member for Yerrabi

## SHANE RATTENBURY MLA

Minister for Climate Change and Sustainability  
 Minister for Justice, Consumer Affairs and Road Safety  
 Minister for Corrections  
 Minister for Mental Health  
 Member for Kurrajong



## Changes to ACT Health to keep up with growing CBR health needs

**With Canberra's third public hospital set to open in mid 2018 and growing demand to meet population growth, the ACT Government will separate operational health services from policy and planning to improve access, timeliness and quality of health services for Canberrans and those in the region.**

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“The ACT Government will continue to invest in preventive, community and hospital-based services to build and improve health facilities in the ACT, for a Territory wide system that is adaptable to the community's changing needs.

“Both organisations will continue ACT Health's commitment to the health of our community, specifically an approach to health that is all about people, as well as a commitment to innovation, engagement and accountability.

“The clinical and service planning underway through the Territory-wide Health Services Framework will remain a key priority for government and we will continue to establish clinical Centres, which will group speciality services through Centre Service Plans and Specialty Service Plans.

“Critical to getting the reform right is talking to the community, ACT Health's workforce and the health and community sector. We look forward to having conversations over the coming months to guide these new organisations,” said Minister Fitzharris.

The health service delivery organisation will focus on delivering person-centred care, while the health policy and planning organisation will oversee the operation of the health system and set its direction, as outlined by the ACT Government, specifically the Minister for Health and Wellbeing and the Minister for Mental Health.

“This separation will facilitate improved mental health services delivery, while also allowing mental health policy to improve its focus – within Health and across Government. The establishment of the Office for Mental Health in July will ensure that these efforts are well coordinated,” said Minister for Mental Health, Shane Rattenbury.

The ACT Health Director-General has advised the government that she will pursue new opportunities, having successfully led ACT Health over the past three years and positioned the organisation to take this important next step in its transformation.

“We thank Ms Nicole Feely for her commitment and focus. She has been instrumental in beginning this reform process within ACT Health, transforming strategy and positioning ACT Health for a sustainable financial future.

“Her strategic insight and operational expertise has skilfully repositioned the Directorate for the transition to a truly person-centred, integrated health service.

“On a personal level, Ms Feely has been a considered and astute support to us both in our roles, and to the Government more broadly. We thank Nicole and wish her every success,” said Minister Fitzharris.

For the immediate period, Ms Karen Doran will act as the Director-General of ACT Health. A small dedicated team will be established to guide the planning and delivery of the new structure with leadership from ACT Health Deputy Directors-General as a reference group. Staff, employee representatives and health stakeholders and the broader community will be consulted.

“This is an exciting new chapter in the progression of ACT Health’s quality service delivery,” said Minister Fitzharris.

“Thank you to the dedicated ACT Health staff who care for our community and make Canberra the healthiest city in Australia. Our ambition to be a leader in person-centred care can only be achieved with our staff, stakeholders and the community.

“We value your input and look forward to the conversations over the next six months and to receiving recommendations on the final detail of the new arrangements,” Minister Fitzharris said.

## STATEMENT ENDS

### ACT Health Background

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This year ACT Health will further expand with the opening of the University of Canberra Hospital and a new Walk-in Centre in Gungahlin, in addition to significant health infrastructure planning and the rollout of the Territory-wide Health Services Framework, the Quality Strategy and Digital Strategy.

There is also important work underway on preventive health and mental health.

Since the National Health Reform Agreement in 2011, state and territory-based health organisations around Australia have changed to keep pace with the community’s healthcare needs, as well as policy and funding reform.

Statement ends


#### Media contact/s:

**Claire Johnston** T (02) 6205 0022 M [REDACTED] [clairev.johnston@act.gov.au](mailto:clairev.johnston@act.gov.au)  
**Lisa Gardner** T (02) 6205 3897 M [REDACTED] [lisa.gardner@act.gov.au](mailto:lisa.gardner@act.gov.au)

**ACT LEGISLATIVE ASSEMBLY**

Phone (02) 6205 0051 Email: [fitzharris@act.gov.au](mailto:fitzharris@act.gov.au)

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 [@MeeganFitzMLA](https://twitter.com/MeeganFitzMLA)

 [MeeganFitzharrisMLA](https://www.facebook.com/MeeganFitzharrisMLA)

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**Stevenson, Nicole (Health)**

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**Subject:** Communications support [DLM=For-Official-Use-Only]

-----Original Message-----

From: Perkins, Anita  
Sent: Wednesday, 21 March 2018 6:48 PM  
To: Doran, Karen (Health) <Karen.Doran@act.gov.au>  
Subject: Communications support

Hi Karen

Kathy has asked me to assist with communications required over the coming days and possibly through the change process.

Ed O'Daly in the CMO has also discussed with me, and this afternoon Ed and I met with Nessa Attridge.

We are making some suggestions to the media release the offices have prepared. I can provide that you, Nessa and Kathy in the morning for comment.

I've also pulled out the last organisational change package govt undertook (LDA/CRA/SLA) for a guide on the broader external, internal and stakeholder communications considerations and products, proposed sequencing of briefings/announcements/stakeholder calls/media etc. I should be in a position to circulate a list of what's required in the morning for allocation and what help/guidance we'll need from Health to finalise all of the immediate materials.

While it may take some days to pull together the full package, we will aim to have the basics of the release and a statement for internal comms ready to go tomorrow, depending on the timing required. Then if we have more time we can work up a more comprehensive package, which will be required anyway through the ongoing change process ahead of 1 October.

I will need some assistance, but understand you and the other deputies have asked that CMTEDD assist on the comms elements. I'll seek your assistance to discuss my involvement with Elizabeth Tobler at the appropriate time once the announcement has been made.

Please feel free to call me on [REDACTED] to discuss. I will also call your office in the morning to see if we can find 5 minutes in your diary tomorrow for a chat.

Regards  
Anita

Ph [REDACTED]

**Dal Molin, Vanessa (Health)**

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**From:** Feely, Nicole (Health)  
**Sent:** Monday, 8 January 2018 10:32 AM  
**To:** [REDACTED] (AU); Dal Molin, Vanessa (Health)  
**Subject:** RE: ACT Health Governance Scan [DLM=Sensitive]

Dear [REDACTED]

It is with the Minister and I plan to seek further advice from her next week – I will come back to you following further instructions.

Thanks for the work to date.

Regards – Nicole

And Happy New Year to you

**From:** [REDACTED] (AU) [mailto:[REDACTED]]  
**Sent:** Monday, 8 January 2018 9:28 AM  
**To:** Feely, Nicole (Health) <Nicole.Feely@act.gov.au>; Dal Molin, Vanessa (Health) <Vanessa.DalMolin@act.gov.au>  
**Subject:** ACT Health Governance Scan

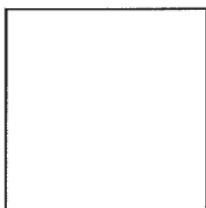
Nicole/Vanessa

First of all, 'happy new year'.

Secondly, I just wanted to see how you went with the governance scan we undertook in December and if there is any feedback?

Regards

Please consider the environment before printing this email



[REDACTED]  
 28 Sydney Ave • Forrest ACT 2603 • Australia

[REDACTED]  
[www.pwc.com.au](http://www.pwc.com.au)  
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[REDACTED]

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**Stevenson, Nicole (Health)**

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**From:** Stevenson, Nicole (Health)  
**Sent:** Friday, 22 December 2017 10:36 AM  
**To:** ACT Health DLO; Attridge, Vanessa  
**Subject:** PwC Report FYI  
**Attachments:** ACT Health - Governance Scan Report 121217 updated.docx; Infographic comparison and ACT overview (1).pptx

Hi Karen/Vanessa

Please find attached a copy of the PwC report which Nicole Feely has asked that I forward on for the Ministers information.

Merry Christmas!  
Nic

**Nicole Stevenson**

Office of the Director-General | ACT Health

Phone: 6207 8298 | Mobile: [REDACTED] | Email: [nicole.stevenson@act.gov.au](mailto:nicole.stevenson@act.gov.au)

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**Dal Molin, Vanessa (Health)**

---

**From:** [REDACTED]  
**Sent:** Tuesday, 12 December 2017 8:29 PM  
**To:** Feely, Nicole (Health); Dal Molin, Vanessa (Health); Stevenson, Nicole (Health)  
**Subject:** Re: Health Departments and other Jurisdictions - Governance Scan [DLM=Sensitive]  
**Attachments:** ACT Health - Governance Scan Report 121217 updated.docx; Infographic comparison and ACT overview (1).pptx

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

Nicole

As requested, we have updated our report with the ACT infographic for comparison purposes. I thought you may also want to have the infographic comparison deck showing all departments/jurisdictions. Regards

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On Tue, Dec 12, 2017 at 7:42 PM, Feely, Nicole (Health) <[Nicole.Feely@act.gov.au](mailto:Nicole.Feely@act.gov.au)> wrote:  
 Great thank you

Nicole Feely  
 Director General  
 ACT Health  
 02 6205 0823

On 12 Dec 2017, at 11:42 am, [REDACTED] (AU) <[REDACTED]> wrote:

Nicole  
 We will have updated report with the ACT pictorial to you overnight (if this is ok?)  
 Regards

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On Tue, Dec 12, 2017 at 10:15 AM, Feely, Nicole (Health) <[Nicole.Feely@act.gov.au](mailto:Nicole.Feely@act.gov.au)> wrote:

Dear [REDACTED]

Thank you for this piece of work – to finish this part, would you please pictorially represent the Act as a starting point for comparison as you have done for the other states and Territories.

From my perspective, the NT and Tasmania are the only natural comparators based on population size and budget but both present other issues which differ from the ACT such as geographical coverage (NT) and isolation from the mainland (Tasmania). However based on issues dealt with, I see little difference between each of the States and Territories in relation to complexity and breadth of issues – the difference relates to governance arrangements in a separation of management of clinical issues from Directorate issues.

I will try and call to discuss your scan later this morning.

Many thanks – Nicole

Nicole Feely

Director General

ACT Health

0262050823



**From:** [REDACTED]  
**Sent:** Tuesday, 12 December 2017 7:54 AM  
**To:** Dal Molin, Vanessa (Health) <[Vanessa.DalMolin@act.gov.au](mailto:Vanessa.DalMolin@act.gov.au)>; Feely, Nicole (Health) <[Nicole.Feely@act.gov.au](mailto:Nicole.Feely@act.gov.au)>  
**Subject:** Health Departments and other Jurisdictions - Governance Scan

Acknowledged and printed for DG review (GS, 12/12/17)

Nicole/Vanessa

Please find attached the PwC report reflecting the governance scan of other state/jurisdictions health departments and services.

I trust this meets your requirements given the short turn-around period.

I am happy to schedule a catch up to discuss the contents and potential next steps related to the analysis of applicability in your context.

Regards

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# *ACT Health*

# Australian Health Departments and Directorates

*ACT Health*

*Governance Scan*

*December 2017*

# Governance Scan

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# 1 *Executive Summary*

## 1.1 *Background*

The ACT Health Directorate (the Directorate) is tasked with delivering healthcare and health-related services in the ACT, through its public hospitals and health services. The Directorate is also responsible for stewardship of the ACT public health 'system' through policy, planning and oversight of health in the Territory – including inter and intra-governmental activities. The Directorate currently reports jointly to the ACT Minister for Health and the ACT Minister for Mental Health.

The Directorate wishes to understand the governance structures deployed across other health jurisdictions, which may in turn, drive the adoption of a new governance structure for the ACT.

## 1.2 *Objectives and Scope*

The Directorate required an environmental scan of the governance structures in place within health departments and directorates across Australia.

The scope of work included undertaking:

- A high-level scan (which included the capture of publically available information and PwC insights from previous engagements) of other governance structures employed by health departments and directorates in other states and territories; and
- Where possible, incorporating the governance and reporting structures of specific program functions delivered through non-health Departments, agencies or entities in other jurisdictions (for example, through Pillars in NSW or Department Justice and Regulation for justice health in Victoria).

These activities were undertaken against the following health departments and jurisdictions:

- Tasmanian Department of Health and Human Services;
- South Australia Department for Health and Ageing;
- Northern Territory Department of Health;
- Western Australia Department of Health;
- Queensland Department of Health;
- New South Wales Ministry for Health; and
- Victoria Department of Health and Human Services.

## 1.3 *Summary of Findings*

Detailed findings as a result of the scan of governance profiles are outlined in Section 2 of this report. From these individual scans we have distilled a set of findings in relation to structural commonalities, differences and challenges experienced among state and territory health services:

## **I. Structural reforms across Australia**

The 2011 National Health Reform Agreement initiated a process of structural reform in most jurisdictions, in particular through the separation of health service delivery from the functions of state and territory departments of health. Jurisdictions are at various stages of implementing these reforms: NSW, VIC and QLD have well-established structures, while WA began in 2016.

Most jurisdictions have enacted specific legislation to support structural separation. In these models, the department's role is primarily that of 'system manager': setting the direction, planning for future health needs, overseeing the operation of the health system as a whole and providing funds for current health service delivery. Health services are delivered by independent statutory authorities, governed by boards. These authorities are accountable to the department, and through them to government, through a service delivery agreement, backed by performance management arrangements.

A number of jurisdictions (but not all) have publicly disclosed the service and funding agreements between the departments and health services. Those that are publicly-available include provisions for the minister (or delegates) to intervene in a service if there are significant performance concerns.

## **II. The role of the Department**

All jurisdictions other than the ACT have structurally separated public hospital and health service delivery from the health system stewardship functions of their departments of health, as described above.

Some jurisdictions have retained their Ambulance services (e.g. or small components of direct health service delivery (e.g. oral health in NT) within their departments of health.

Some jurisdictions have also structurally separated a range of health system support functions from their departments, such as payroll and human resources, IT, pathology, consumable procurement etc. This has occurred to varying degrees in NSW, WA and QLD.

Some jurisdictions include other portfolio and program areas within their departmental structure. For example, Tasmania and Victoria include human services; NT also includes disability.

While most jurisdictions include justice health within their department of health responsibilities, two do not (in WA it is the remit of the Department of Corrections and in Victoria it is within the Department Justice and Regulation).

## **III. Health service delivery structures**

Health service delivery functions tend to be organised geographically (through local hospital networks or geographic clusters of hospitals and health services) in most jurisdictions.

A few jurisdictions also delegate functions to organisations that provide services to specific populations. For example, the Women and Children's Local Health Network in South Australia, Child and Adolescent Network in WA or the Justice Health Network in NSW.

Responsibility for new hospital and health service infrastructure tends to be retained within the health sector, and particularly within health departments, rather than transferred to cross-departmental infrastructure entities. For example, in Victoria new infrastructure is managed through the Infrastructure, Sport and Recreation division of the Department of Health and Human Services. In Queensland, infrastructure components are split – planning is within the Strategy Policy and Planning division of the Department of Health, and delivery and ongoing management is split between Department's Corporate Services Division and the Health and Hospital Services, based on project and asset lifecycle stage.

## **IV. Degree of structural separation**

The degree of structural separation of health service delivery from the department varies across the jurisdictions.

Most jurisdictions have legislated to create statutory authorities to deliver hospital and health services under funding and service agreements with the departments.

In some jurisdictions (e.g. Victoria), the department has established a service agreement and associated system of performance and contract management that provides health services with substantial operational autonomy and independence.

In other jurisdictions (e.g. NT), health service boards have limited public profile, and health service CEOs are more akin to departmental employees managing a 'branch' of the department.

There are a few examples where the jurisdiction has entered into a service agreement with a privately owned hospital or health service for the purposes of providing public health services. For example, in NSW a network of services owned by St Vincent's Health is 'treated' as a Local Health District (LHD). Similarly, in Victoria, the Ramsey Health managed Mildura Base hospital is contracted to provide public health services with contract management occurring through the Department's Service Policy and Commissioning branch of the Health and Wellbeing Division. Similarly in Queensland, the Departments' Health Purchasing, Funding and Performance Division manages a service contract with Mater Hospital Brisbane. It would appear that these forms of governance and contracting arrangements add an additional layer of structural separation from the Department.

## **V. Challenges identified**

Anecdotally, where health service delivery organisations have effective, skills-based boards, they tend to function well. Similarly, there are challenges in jurisdictions where health service boards have been appointed on the basis of their 'representation' of particular groups, rather than their skills.

Challenges are also experienced in appointing board members in small jurisdictions, where health sector capability and capacity is inevitably lower than in jurisdictions with larger populations. NT is an example of a confined 'market' for health care leaders appropriate for board appointments. Individuals may have multiple roles within the health system in these jurisdictions, which can lead to potential conflicts of interest.

Protocols regarding what type of operational issues at a health service level are to be escalated to the health board, or the department are applied in some jurisdictions, to provide some 'insulation' to governance leaders from operational decisions. Examples include incident reporting protocols.

A further issue identified is the potential for a disjoint between strategic health planning activities carried out by the department and operational service delivery planning and management by health service delivery organisations. In this situation, the degree of structural separation can impede the ability of the Department to fulfil its system 'stewardship' role. Advice is that this is an issue being experience in QLD currently and consideration is being given to structural and systemic reforms that would enable closer collaboration between the Department and the health services in planning and policy development.

## 1.4 Snapshots of jurisdictions

The following provides snapshot profiles of the jurisdictions reviewed as part of this engagement:

### Australian Capital Territory Public Health

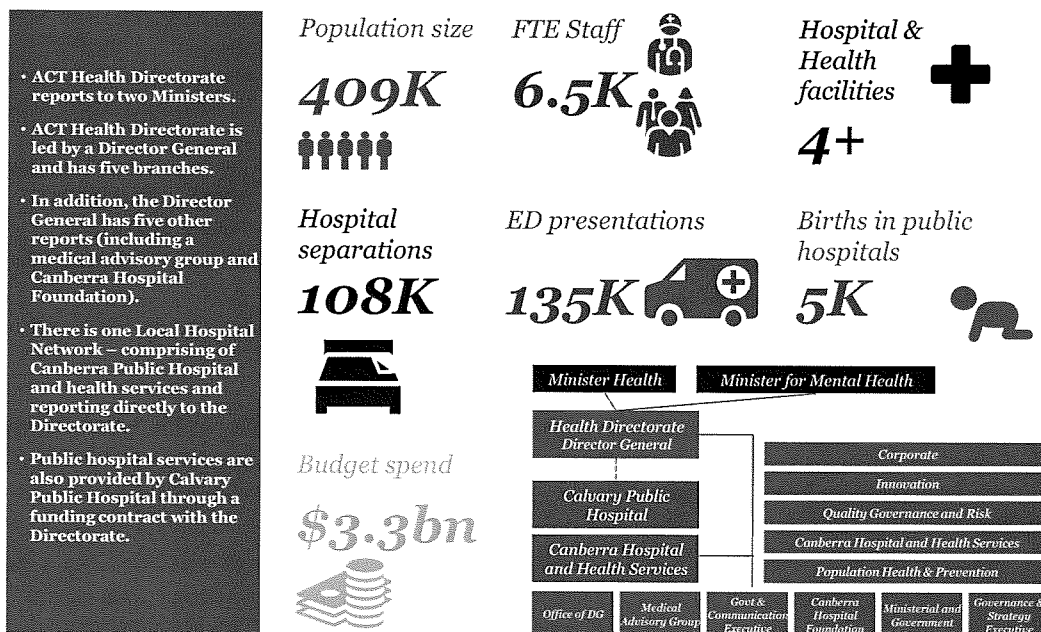


Figure 1 Australian Capital Territory Public Health System<sup>1</sup>

<sup>1</sup> Provided for comparison purposes only.



## Tasmanian Public Health

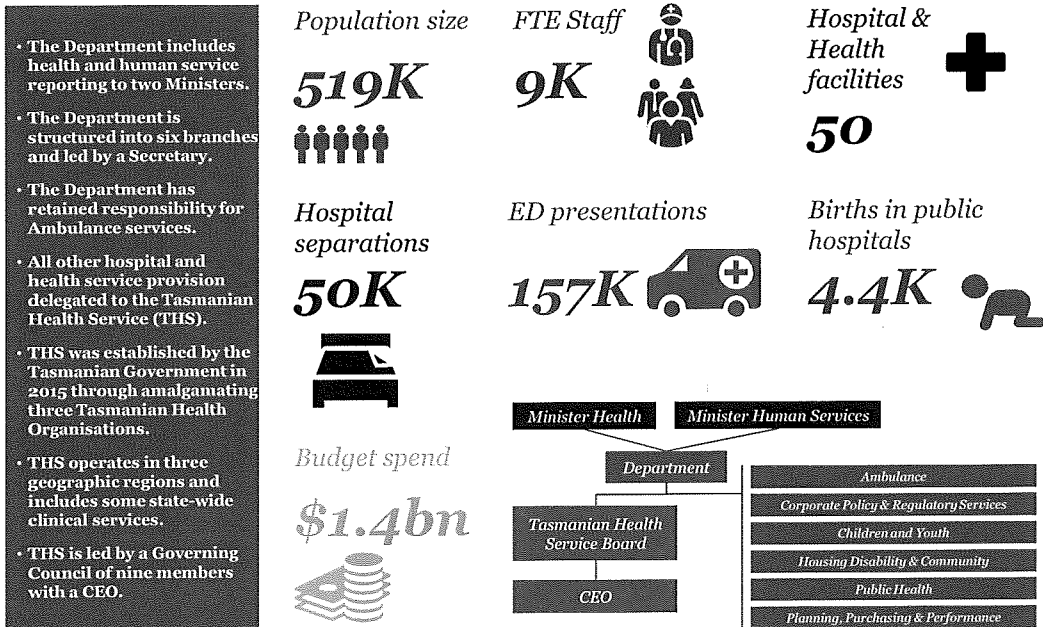


Figure 2 Tasmanian Public Health System

## South Australian Public Health

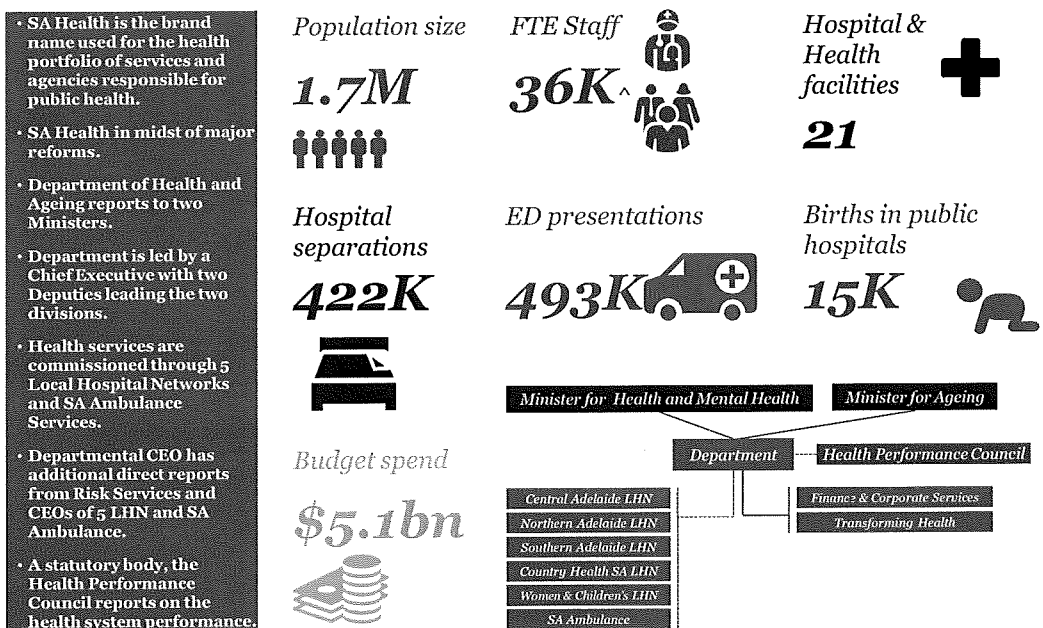


Figure 3 South Australian Public Health System

## Northern Territory Public Health

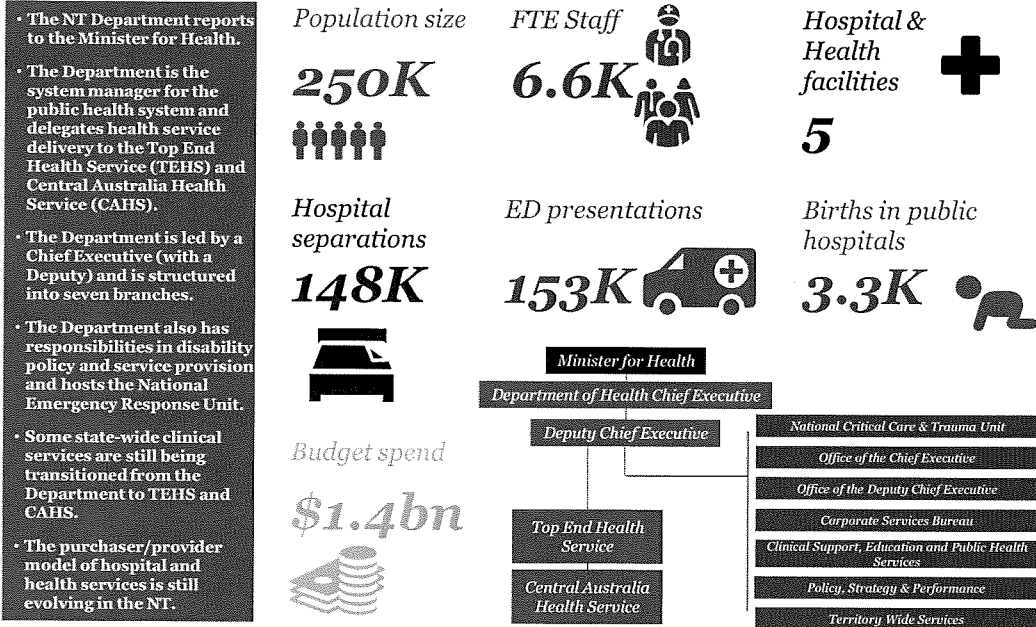


Figure 4 Northern Territory Public Health System

## Western Australia Public Health

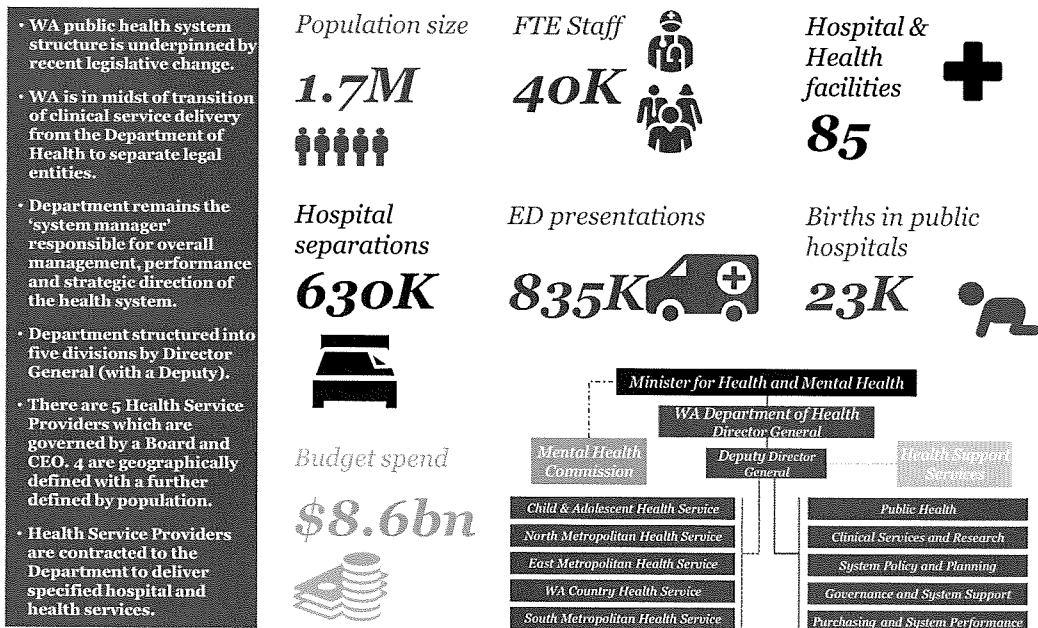


Figure 5 Western Australia Public Health System

## Queensland Public Health

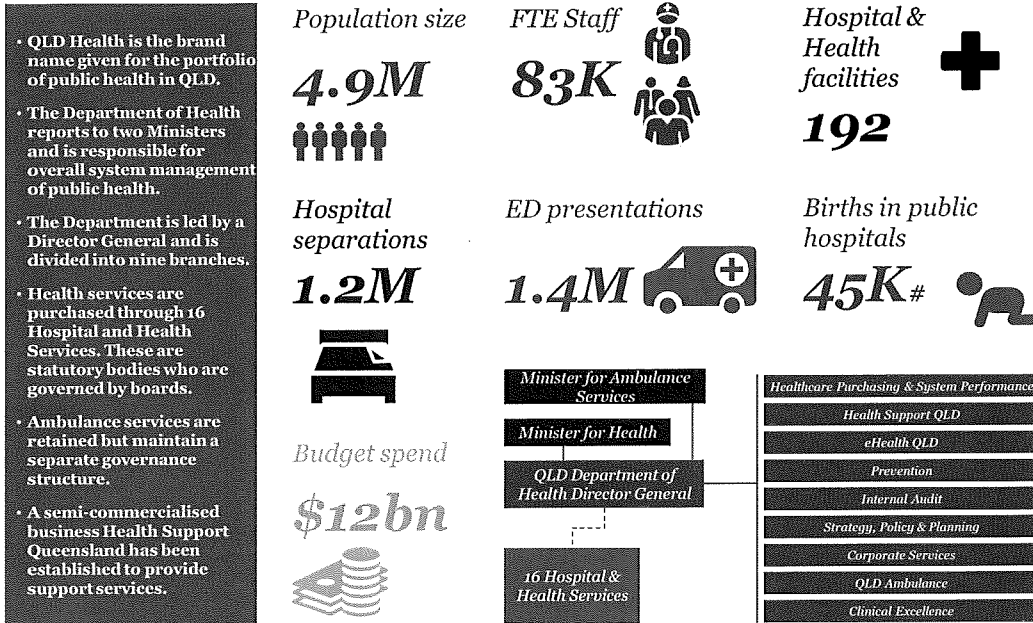


Figure 6 Queensland Public Health System

## New South Wales Public Health

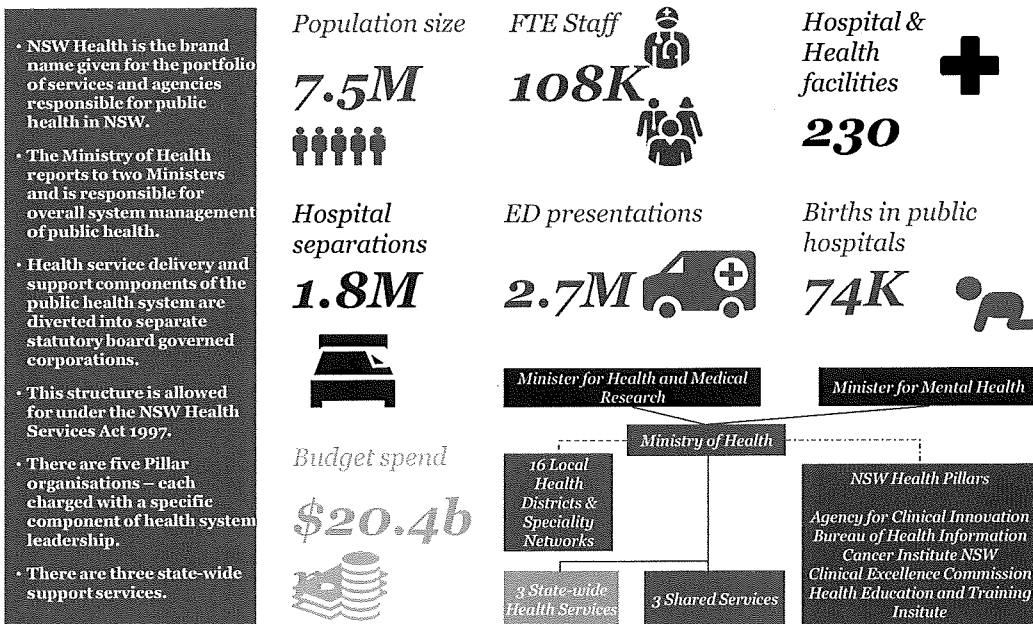


Figure 7 NSW Public Health System

## Victorian Public Health

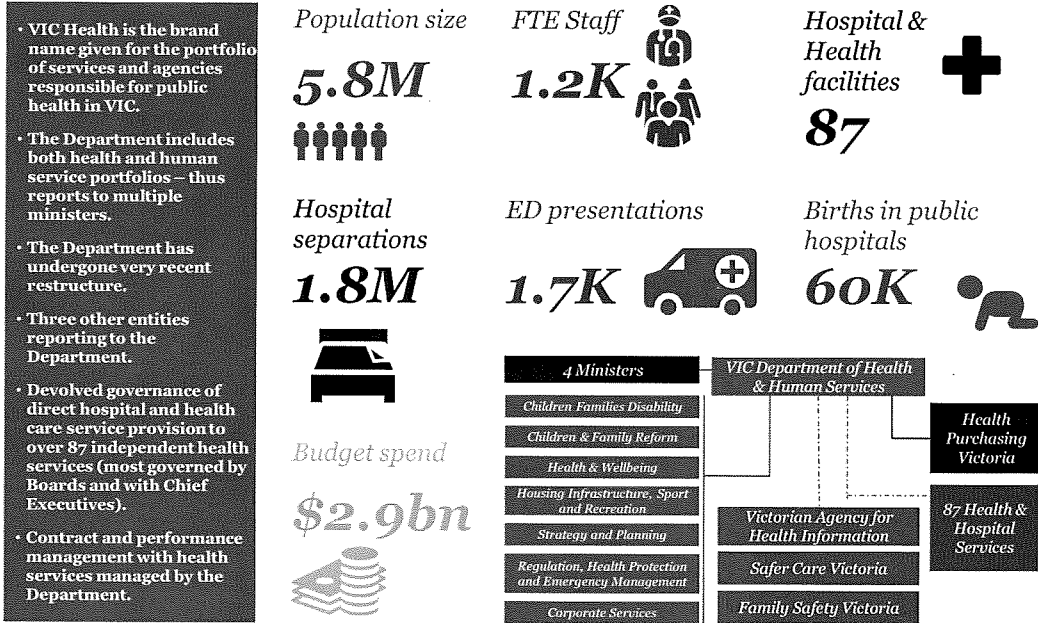


Figure 8 Victorian Public Health System

## 1.5 *Next Steps*

The information outlined in this report provides the Directorate visibility into alternate governance structures (or elements within) that may be applicable to any future direction or operating model to be considered.

While single measures (e.g. population size) within other jurisdictions may be comparable to the Directorate, it does not logically flow that the related governance structures are equally comparable or appropriate for the Directorate.

PwC is of the view that prior to any subsequent 'applicability analysis' of these structures, the Directorate should look to answer the following questions and then compare the structures presented to identify which may best enable desired outcomes:

- What are the primary objectives of a potential structural change? for example, these might include:
  - increasing and making more visible, accountability for health service delivery;
  - introducing greater independence in decision-making in relation to health service delivery;
  - enabling more rapid operational decision-making in relation to health service delivery;
  - enabling a clearer focus on operational efficiency or effectiveness; or
  - freeing-up capacity within the Directorate to undertake core 'system manager' functions.
- What are the functions of the Directorate as 'system manager' that are most crucial to its ability to fulfil that role effectively; are these functions effective currently; which might need to be enhanced?
- What degree of visibility and control does the Directorate seek to have over the public hospital and health services in the ACT?
- What is the capacity within the ACT (of the services and the sector) to move to a model of greater structural separation from the Directorate; what are potential barriers?

## 2 *Detailed Governance Profiles*

### **2.1 Approach**

Against the identified health departments and jurisdictions, PwC leveraged its access to publicly available information and where possible, its' internal Health Practice knowledge and experience in working with the jurisdictions. In addition to the articulated scope in s1.2, PwC performed the following:

- Targeted investigation into the structures governing the lines of accountability for organisations responsible for the management and delivery of public hospital services and their jurisdictional health department; and
- Targeted investigation into the structures governing the lines of accountability where responsibility for health support services (pathology, pharmaceuticals, and consumables etc.) or key public health activities (ambulance services or health protection) when delegated to a separate entity by the Departments.

The tables below provide the findings of the profiles and governance structures for the respective health departments and jurisdictions.

## 2.2 *Tasmanian Department of Health and Human Service*

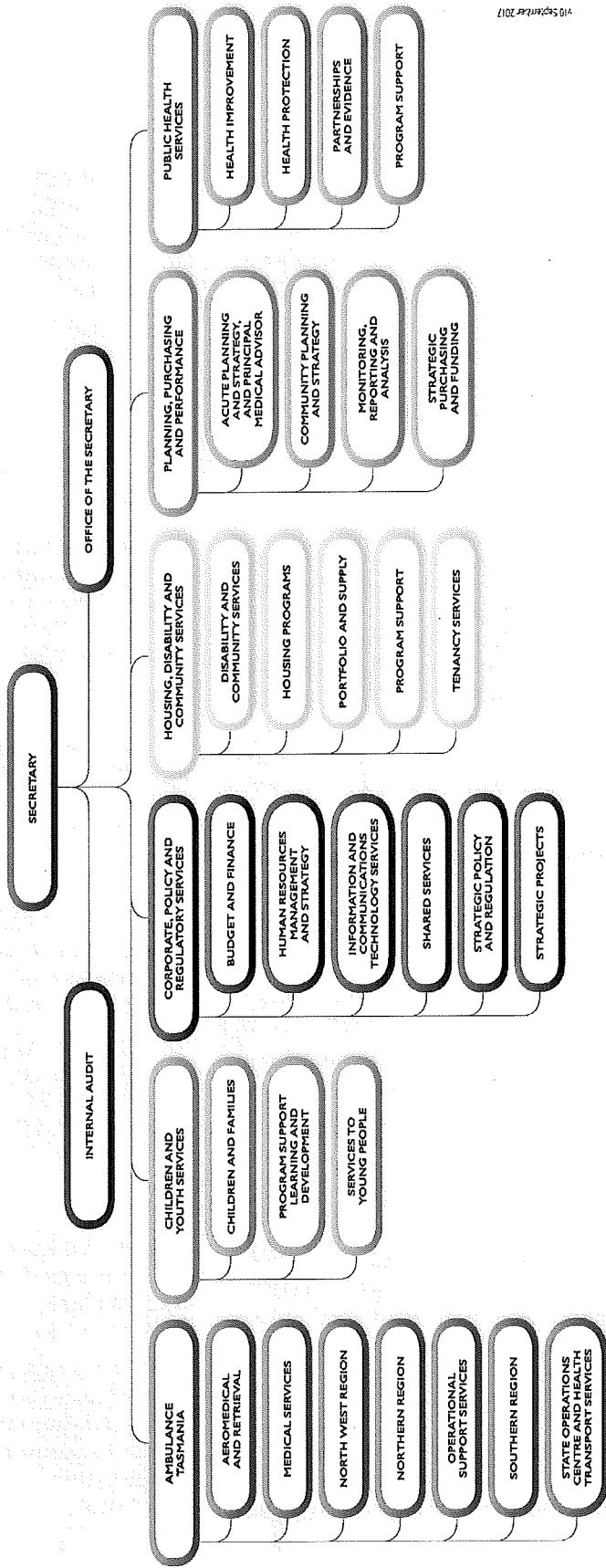
<b>Profile</b>	<b>Key Observations</b>
<p>Tasmania has a population of approximately 519,100 people.</p> <p>In 2016-2017, the public health system in Tasmania managed 157,066 Emergency Department attendances, 50,470 hospital separations and 4,460 births.</p> <p>In 2016-2017, the expenditure for DHHS was \$1.433 billion. Of this spend, health service delivery through the Tasmanian Health Services was 46.96 per cent, State-wide Services 7.01 per cent, Health Services System Management was 10.10 per cent with the remainder spent on human services including &lt;0.1 per cent on capital investment programs.</p> <p>In 2016-2017 DHHS employed 630.36 Full Time Equivalent (FTE) staff covering allied health, medical professionals, ambulance staff, health and human service staff, nursing and executive staff. In addition, THS employs another 8,347.00 FTE staff in public health service provision across the state.</p>	<p>The Department includes health and human service portfolios – reporting to two Ministers.</p> <p>The Department is structured into six branches and led by a Secretary.</p> <p>The Department has retained responsibility for Ambulance services.</p> <p>All other hospital and health service provision delegated to the Tasmanian Health Service (THS).</p> <p>THS is led by a Governing Council of nine members and is supported by a CEO.</p> <p>THS was established in July 2015 through amalgamating three Tasmanian Health Organisations.</p> <p>THS operates in three geographic regions and includes some state-wide clinical services.</p>
<p><b>Public Health System Structure</b></p> <p>State health responsibilities lie with the Tasmanian Minister for Health and are executed through the Tasmanian Department of Health and Human Services (DHHS). DHHS is responsible for monitoring the performance of the Tasmanian public health system through the hospital and health services delivered by the Tasmanian Health Service (THS) (the Local Hospital Networks in Tasmania).</p> <p>DHHS is also responsible for human service policy and delivery in Tasmania reporting separately to the Minister for Human Services.</p>	
<p><b>Tasmanian Department of Health and Human Services</b></p> <p>The Tasmanian Department of Health and Human Services combines policy and program delivery across both health and human services in Tasmania. It has six branches:</p> <ol style="list-style-type: none"> <li>1. Ambulance Tasmania - 55 locations pre-hospital emergency and medical care, health transport and retrieval services.</li> <li>2. Children and Youth Services - health and human services for children, youth and families.</li> <li>3. Corporate, Policy and Regulatory Services - strategic corporate, policy and regulatory services, management of intergovernmental relationships, shared corporate services (payroll, asset management, procurement, etc.), budget and finance, human resources, information technology and strategic policy and regulatory services. Offices of Chief Nursing and Midwifery, Allied Health and Mental Health and Drug Directorate are within this group.</li> <li>4. Housing, Disability and Community Services - human service policy and programs across housing disability and other community services.</li> <li>5. Planning, Purchasing and Performance - strategy and planning functions, purchasing, performance management, monitoring reporting and analysis across the</li> </ol>	

<p>health and human service system including direct service delivery organisations including the Tasmanian Health Service.</p> <p>6. Public Health Services - public health policy, plans and programs under the Public Health and Foods acts, tobacco control, immunisation programs, Public Health Hotline and management of population health threats from communicable disease outbreaks and public health emergencies).</p>
<p><b>Tasmanian Health Service</b></p> <p>Service delivery for public hospital and community health services in Tasmania are delegated to the LHNs. In 2015, three LHNs were amalgamated into one state-wide structure the Tasmanian Health Network (THN). The THN is responsible for public hospitals, primary and community health services (including mental health and oral health services) and is funded through a service agreement between the Minister for Health and the THS. The THS is led by a CEO and Governing Council.</p> <p>Hospital and health services are organised into three regions of the state (Northern, Southern and North West regions). In addition, there are state-wide clinical streams in nursing and midwifery, alcohol and drugs, sexual health, forensic (including justice health), oral health, screening and preventative health and mental health.</p> <p>Services delivered by the THS include acute, sub-acute, rehabilitation, primary health care, palliative care, cancer screening, oral health, mental health and alcohol and drug services. There are four major hospitals providing acute services (with Royal Hobart Hospital as the principal tertiary referral hospital). Sub-acute inpatient care is provided at the major hospitals and through a network of rural hospitals (including multi-purpose services and multipurpose centres). The rural hospitals provide a wide range of community health services. Some rural facilities include residential aged care. Rural hospitals do not have Emergency Departments.</p> <p>Allied health, community nursing (including specialised nursing), home care, palliative care, dementia services, specialised case management services, aids and appliances and health promotion programs are provided at the community level from community health centres and rural facilities.</p> <p><b>Useful Resources<sup>2</sup></b></p> <ul style="list-style-type: none"> <li>• Tasmanian Department of Health and Human Services <a href="http://www.dhhs.tas.gov.au/">http://www.dhhs.tas.gov.au/</a></li> <li>• Tasmanian DHHS Annual Report 2016-2017 <a href="https://www.dhhs.tas.gov.au/about_the_department/publications/annual_reports">https://www.dhhs.tas.gov.au/about_the_department/publications/annual_reports</a></li> <li>• Tasmanian Health Service <a href="http://www.dhhs.tas.gov.au/tho/area_health_services">http://www.dhhs.tas.gov.au/tho/area_health_services</a></li> <li>• Tasmanian Health Service – Service Level Agreement <a href="http://ths.tas.gov.au/service_agreements">http://ths.tas.gov.au/service_agreements</a></li> </ul>

<sup>2</sup> Those resources publically available to support this review.



# DEPARTMENT OF HEALTH AND HUMAN SERVICES



11 SEP 2017 014



Department of Health and Human Services

Figure 9 Structure of the Tasmanian Department of Health and Human Services (as of 11 December 2017)

## 2.3 South Australia Department for Health and Ageing

Profile	Key Observations
<p>South Australia (SA) has a population of approximately 1.7 million people. In 2016-2017, the public health system in SA managed 493, 268 Emergency Department attendances, 422,000 hospital separations and in 2016, 15,000 births.</p> <p>State health responsibilities lie with the SA Minister for Health, Minister for Mental Health and Substance Abuse (currently the same MP) and the Minister for Ageing and are executed through SA Health, the brand name for the health portfolio of services and agencies responsible for public health in SA.</p> <p>These agencies and organisations include the Department for Health and Ageing which provides for financial and corporate services for the health system and for ‘Transforming Health’ policy and implementation programs. Clinical services are provided through public hospitals and other services are commissioned through SA Ambulance Services, four Local Hospital Networks and the Women’s and Children’s Health Network.</p> <p>In 2016-2017, the expenditure for SA Health was \$5.1 billion.</p> <p>In 2016 SA Health employed approximately 36,000 Full Time Equivalent staff.</p> <p>Health delivery in SA is challenged by vast geographic distances. Over the past two years, the SA Government has embarked on a significant reform strategy ‘Transforming Health’ for public health services, driven by the need to make improvements in service access and quality. In 2017, these reforms are nearing completion.</p>	<p>SA Health is the brand name used for the health portfolio of services and agencies responsible for public health.</p> <p>SA Health is in the midst of major transitions under the “Transforming Health” reforms.</p> <p>The Department of Health and Ageing reports to two Ministers.</p> <p>Hospital and health services are provided through contract arrangements with SA Ambulance Services and five Local Health Networks.</p> <p>Four of the Local Health Networks are defined by geographic regions. There is also a Network defined by population – the Women and Children’s Health Network.</p> <p>The SA Department is divided into two divisions (Finance and Corporate Services and Transforming Health). There is a Chief Executive (CE) and a Deputy for each division.</p> <p>The Department’s Chief Executive has additional reports from Risk and Assurance and theoretically from CEOs of the five Local Health Networks and SA Ambulance.</p> <p>Operational liaison between the Local Health Networks and SA Ambulance is to the Department’s Deputy CEs.</p> <p>A statutory body, the Health Performance Council reports to the Minister for Health about the performance of the health system and health outcomes.</p>
<p><b>The Department for Health and Ageing</b></p> <p>The Department is structured into two divisions:</p> <ol style="list-style-type: none"> <li>1. Finance and Corporate Services</li> </ol> <p>This division has a range of responsibilities including infrastructure, finance, eHealth systems, procurement and supply chain management, policy and governance, media and communications, corporate services and mental health and substance use (recently split into a mental health strategy unit and the Office of the Chief Psychiatrist).</p> <ol style="list-style-type: none"> <li>2. Transforming Health</li> </ol> <p>This division has responsibilities for health system redesign and clinical engagement, quality information and performance, operational service improvement and</p>	

## Detailed Governance Profiles

demand management, Aboriginal health strategy, the Office for Professional Leadership and Public Health, and Clinical Systems.	
<p><b>SA Local Health Networks</b></p> <p>Service delivery for public hospital, ambulance and community health services in SA is commissioned by the Department from Local Health Networks.</p> <ul style="list-style-type: none"> <li>• Central Adelaide Local Health Network - Major tertiary hospital services (Royal Adelaide Hospital and Queen Elizabeth), a rehabilitation and mental health service and community health services. The LHN also operates a range of state-wide services including BreastScreen, prison health services, SA Dental, SA Pathology, SA Imaging, SA Pharmacy and SA Biomedical Engineering.</li> <li>• Northern Adelaide Local Health Network - Acute, sub-acute and mental health services provided through two hospitals and primary care through community health services.</li> <li>• Southern Adelaide Local Health Network - acute, sub-acute and mental health services provided through three hospitals (including one rehabilitation hospital) and primary care through community health services.</li> <li>• Country Health SA Local Health Network – oversees the rural public health system in SA and provides acute services to over 100,000 people and a further 175,000 annually at country Emergency Departments. It incorporates 64 hospitals and 220 health services.</li> <li>• Women’s and Children’s Health Network – operates the Women and Children’s Hospital, the Child and Adolescent Mental health Service, Youth Health Service (including youth justice health services at detention facilities), child protection and child and family health service, the women’s health service, children’s disability services and a sexual assault service.</li> <li>• SA Ambulance Service (SAAS) is the principal provider of emergency medical care and transport, non-emergency transport, rescue services and emergency medical retrieval across the state.</li> </ul> <p>Each LHN is governed by a Governing Council and a CEO. Whilst the LHNs and SA Ambulance are accountable to the Chief Executive of the Department, they liaise on a day to day basis with the A/Deputy Chief Executive Transforming Health on operational matters and the Deputy Chief Finance and Corporate Services on financial matters.</p>	

## Detailed Governance Profiles

**Health Performance Council**

An additional component of the public health system in SA is the Health Performance Council. This is a statutory body that provides advice to the Minister for Health on the performance of the health system, health outcomes for South Australians (including specific population groups) and on the effectiveness of community and individual engagement.

**Key Resources**

- SA Health <http://www.sahealth.sa.gov.au>
- SA Department of Health and Ageing Annual Report 2016-2017  
<http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/publications+and+resources/reports>
- SA Local Health Networks  
<http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/our+local+health+networks>
- Local Health Networks – Service Level Agreements  
<http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/our+local+health+networks/service+level+agreements>
- SA Health Performance Council <https://www.hpcsa.com.au/>

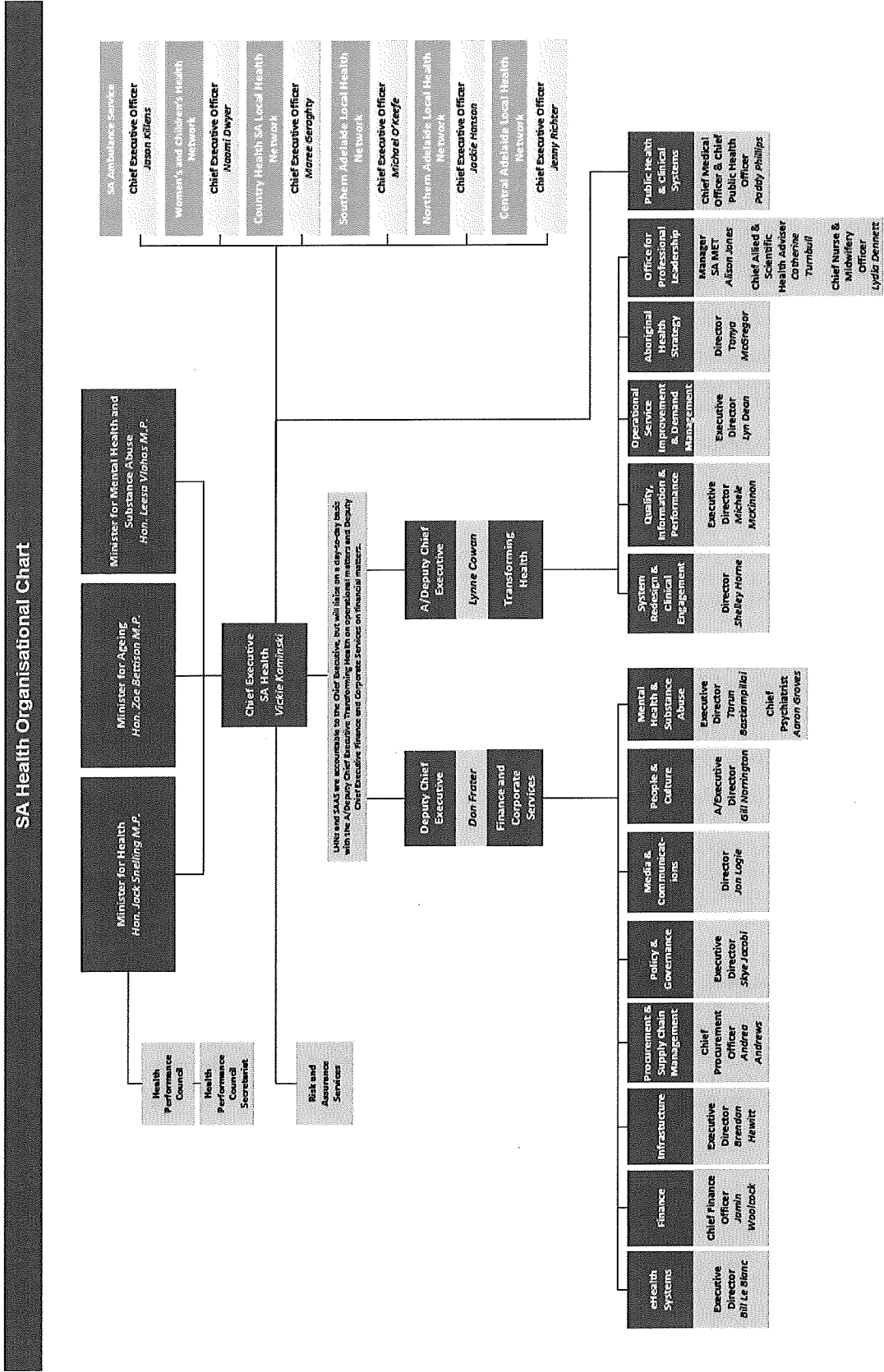


Figure 10 Structure of the SA Public Health system (as of 11 December 2017)

## 2.4 Northern Territory Department of Health

<b>Profile</b>	<b>Key Observations</b>
<p>Northern Territory (NT) has a population of approximately 250,000 people spread over 1.35 million square kilometres. In terms of health needs and health profile, it is important to acknowledge that significant challenges exist in providing public health services to the Indigenous and non-Indigenous population of the Territory. Over 43 per cent of the population live in remote or very remote areas of the Territory.</p> <p>In 2015-2016, the public health system in NT managed 144,517 Emergency Department attendances, 74,163 hospital separations and 3,331 births.</p> <p>In 2016-2017, the expenditure for the NT Department of Health was \$ 1.4 billion (including disability services and the National Critical Care and Trauma Response Unit).</p> <p>In 2016-2017 the Department employs approximate 6,648 FTE staff across the Territory to attend to the health needs of the population.</p> <p>State health responsibilities lie with the NT Minister for Health are executed through NT Department of Health. The Department is the system manager for the public health system and clinical and health services are provided through Top End Health Service (TEHS) and the Central Australia Health Service (CAHS).</p> <p>The purchaser/provider model of health service delivery is still evolving in the NT, as responsibilities for a range of public health programs and activities transition to the health services throughout 2017 and 2018 (namely oral health services, hearing health services and cancer screening services).</p> <p>There is limited information about the governance structure of the public health system in the NT publically available. What is available, we are aware does not reflect current arrangements. We have sourced additional information through PwC internal networks into current structures. We have been unable to verify much of this information through additional sources.</p>	<p>The NT Department reports to the Minister for Health.</p> <p>The Department is the system manager for the public health system and delegates health service delivery to the Top End Health Service (TEHS) and Central Australia Health Service (CAHS).</p> <p>The Department is led by a Chief Executive (with a Deputy) and is structured into seven branches.</p> <p>The Department also has responsibilities in disability policy and service provision and hosts the National Emergency Response Unit.</p> <p>Some state-wide clinical services are still being transitioned from the Department to TEHS and CAHS (e.g. cancer screening and oral health).</p> <p>The purchaser/provider model of hospital and health services is still evolving in the NT.</p> <p>The TEHS and CAHS report to the Chief Executive of the Department.</p> <p>It is unclear if TEHS and CAHS are currently governed by Boards but they have significant Executive Management Teams.</p>

<p><b>The NT Department of Health</b></p> <p>The Department is responsible for Territory wide system planning, capital works and monitoring/managing the performance of the Health Services and the public health system as a whole. The Department is also responsible for policy advice and intergovernmental relations. As of the end of the 2015-2016 year, the Department was structured into the following branches:</p> <ul style="list-style-type: none"> <li>• The Office of the Chief Executive – high level executive support and coordination of information and activities across government and with the Minister’s Office. Executive services include legal, risk and audit, ministerial liaison, media and corporate communications, disaster coordination and information and privacy.</li> <li>• The Office of the Deputy Chief Executive – takes a leadership role in monitoring and enhancing performance including close working with the TEHS and CAHS. The portfolio includes clinical support, education and public health services division, Office of Aboriginal Health Policy and Engagement, Office of Disability, Strategy and Reform and Territory Wide Services.</li> <li>• Corporate Services Bureau – corporate functions including data management and system reporting, financial services, procurement and contracting, human resource management, information system and services, infrastructure services and grants management.</li> <li>• Clinical Support, Education and Public Health Services – functions covering clinical system-wide policies and strategies, health workforce reform, medical education and training, disease control, environmental health, mental health and alcohol and other drugs, clinical safety and quality. It includes the Chief Health/Medical Officer, Chief Nursing and Midwifery Officer and the Office of the Chief Psychiatrist.</li> <li>• Policy, Strategy and Performance – functions that support and align with health system reform and performance including Aboriginal Health Policy and Engagement, population health planning, system performance, commissioning of innovation and strategic policy and intergovernmental relations.</li> <li>• Territory Wide Services – a range of primary health care and specialist services across the territory including oral health, hearing health and cancer screening (to be transitioned to the Health Services). Policy and strategy addressing men’s health, child health, health promotion and chronic diseases. It also includes the Office of Disability.</li> <li>• National Critical Care and Trauma Response Centre – this is a key element of the Australian Government’s disaster and emergency medical response to incidents of national and international significance.</li> </ul> <p>An organisational chart for the Department is not currently publicly available.</p>	<p>It appears that TEHS and CAHS are at best quasi-independent organisations from the Department.</p> <p><i>We are aware that publically available information about NT Health structures does not accurately reflect the current restructure of the Department.</i></p>
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### **Local Hospital Networks – Territory Health Services**

Clinical services are provided through funding and service agreements with:

- Top End Health Service (TEHS) – services delivered across the Top End in Royal Darwin Hospital, Katherine Hospital, Gove District Hospital and community and primary health care clinics.
- Central Australia Health Service (CAHS) – services provided to diverse population across the towns of Alice Springs and tenant Creek and in remote communities and outstations.

Publically available information describes each Health Service as an autonomous entity responsible for the provision of health service and is governed by a Health Service Board of between five and nine members (and CEO) which are accountable to the CEO of the Department of Health. Reporting lines are to the Deputy Chief Executive of the Department.

Advice from within PwC is that the two services operate with limited independence from the Department and the Minister. There appears to be no publicly available information about Board members however, detailed information is available about the Executive Management Team in both organisations. At this point in time, with the available information, we surmise that the two organisations are quasi-independent service providers.

#### **Key Resources**

- NT Department of Health <https://health.nt.gov.au/>
- Top End Health Service <https://health.nt.gov.au/health-governance/top-end-health-service>
- Central Australia Health Service <https://health.nt.gov.au/health-governance/central-australia-health-service>



## 2.5 *Western Australia Department of Health*

<b>Profile</b>	<b>Key Observations</b>
<p>Western Australia (WA) has a population of approximately 1.7 million people spread over 2.5 million square kilometres. It is the largest area in the world covered by a single health authority. In 2015-2016, the public health system in WA managed one million Emergency Department attendances, 562,000 hospital separations and 23,600 births.</p> <p>In 2016-2017, the expenditure for WA Department was \$8.6 billion.</p> <p>In 2016-2017 the Department employs approximate 40,000 staff across the state to attend to the health needs of the population.</p> <p>State health responsibilities lie with the WA Minister for Health and Mental Health and are executed through WA Health - which is the brand name for the health portfolio of services and agencies responsible for public health in WA. These agencies and organisations include the Department for Health, five Health Service Providers and Health Support Services.</p> <p>Major reforms were made to the WA health system and legislation governing public health in 2016 with the centralised governance structure abolished and a new devolved structure consisting of Health Service Providers. A change of government in early 2017 initiated a further suite of reforms. Previously, all authority and accountability rested with the Director General of the Department of Health. The state is in current transition for responsibility for clinical services to be devolved to five Health Service Providers.</p>	<p>WA public health system structure is underpinned by recent legislative change (Health Services Act 2016).</p> <p>WA is in midst of transition of clinical service delivery from the Department of Health to separate legal entities – Health Service Providers. Transition expected to conclude by June 2018.</p> <p>Department remains the ‘system manager’ responsible for overall management, performance and strategic direction of the health system.</p> <p>Department structured into five divisions by Director General (with a Deputy).</p> <p>There are five Health Service Providers which are governed by a Board and CEO. Four are geographically defined with a further defined by population.</p> <p>Health Service Providers are contracted to the Department to deliver specified hospital and health services.</p>

## Detailed Governance Profiles

<p><b>Department of Health</b></p> <p>The Department of Health is led by the Director General (DG) and provides leadership and management of the public health system across WA.</p> <p>The Director General of the Department has a Deputy Director General and then five Assistant Director Generals reporting through the Deputy DG. The Department is structured into five branches:</p> <ul style="list-style-type: none"> <li>• Public Health – Population health, prevention and early detection in the remits of environmental health, infectious disease, epidemiology, population health genomics and chronic disease prevention.</li> <li>• Clinical Services and Research– clinical policy development, workforce and health research (not clinical service delivery).</li> <li>• System Policy and Planning – strategic health system policies, plans and strategies.</li> <li>• Governance and System Support.</li> <li>• Purchasing and System Performance.</li> </ul> <p>Information about the responsibility of the Governance and System Support and the Purchasing and System Performance branches was unable to be sourced.</p> <p>Justice Health policy and service delivery is not within the Department and is located in the Department of Corrections.</p>	<p>The Minister can perform a 'system intervention' with a Health Service Provider if there are performance concerns. This has occurred at least once.</p> <p>Anecdotally, some Health Service Providers are facing challenges with maturity of boards, operational issues and budgets.</p> <p>Significant finance and corporate services for the public health system now reside in a separate entity – Health Support Services.</p> <p>In time HSS is expected to operate independently from the Department.</p>
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<p><b>Health Service Providers</b></p> <p>There are five Local Hospital Networks (entitled Health Service Providers) in WA which are governed by Boards and led by a CEO. The Health Service Providers in WA are Board governed statutory authorities who are legally responsible and accountable for the delivery of health services for their areas and communities.</p> <p>Each Board consists of up to 10 professionals with experience across the fields of medicine and health care, finance, law, and community and consumer engagement. Chairs and Boards are appointed by the Minister for Health following an open, skills-based recruitment process.</p> <p>Each Health Service Provider has a Chief Executive who manages the day to day operations of the services.</p> <p>The Health Service Providers in WA include:</p> <ul style="list-style-type: none"> <li>• Child and Adolescent Health Service</li> <li>• North Metropolitan Health Service</li> <li>• South Metropolitan Health Service</li> <li>• East Metropolitan Health Service</li> <li>• WA Country Health Service</li> </ul> <p>Each Health Service Provider has a Service Agreement with the Department of Health which prescribes performance management and review meetings on a monthly basis. The Minister is able to intervene directly with the Board of the Health Service Provider if there are significant concerns about performance or safety. This has occurred at least once in the past year.</p>
<p><b>Health Support Services</b></p> <p>In 2017, Health Support Services (HSS) was constituted as WA Health's Shared Service Centre. This CEO led statutory authority provides a range of technology, supply, payroll, accounts and financial services to WA's public Health Services. HSS partners with client agencies and other stakeholders to provide corporate service operations such as ICT and payroll. At present, HSS is not operating as a totally independent authority, rather functions still sit within the Department of Health.</p>
<p><b>The Mental Health Commission</b></p> <p>The Commission was established in 2010 to lead mental health reform throughout the State. The Commission does not provide direct mental health services, but purchases services for the State from a range of providers including public Health Service Providers. In 2015, the Commission and the Drug and Alcohol Office of the Department amalgamated, establishing an integrated approach to mental health and alcohol and other drugs service delivery for WA. It funds the provision of support services and programs and also directly provides some services (since the amalgamation they are also responsible for the network of drug and alcohol treatment services and programs formerly provided or purchased by the Drug and Alcohol Office).</p>
<p><b>Key Resources</b></p> <ul style="list-style-type: none"> <li>• WA Department of Health - <a href="http://ww2.health.wa.gov.au/About-us">http://ww2.health.wa.gov.au/About-us</a></li> <li>• WA Health Support Services - <a href="http://ww2.health.wa.gov.au/About-us/Health-Support-Services">http://ww2.health.wa.gov.au/About-us/Health-Support-Services</a></li> <li>• WA Mental Health Commission <a href="https://www.mhc.wa.gov.au">https://www.mhc.wa.gov.au</a></li> <li>• Examples of Service Agreements 2016-2017 between Health Service Providers and the WA Department of Health <a href="http://ww2.health.wa.gov.au/About-us/Service-agreements">http://ww2.health.wa.gov.au/About-us/Service-agreements</a></li> </ul>

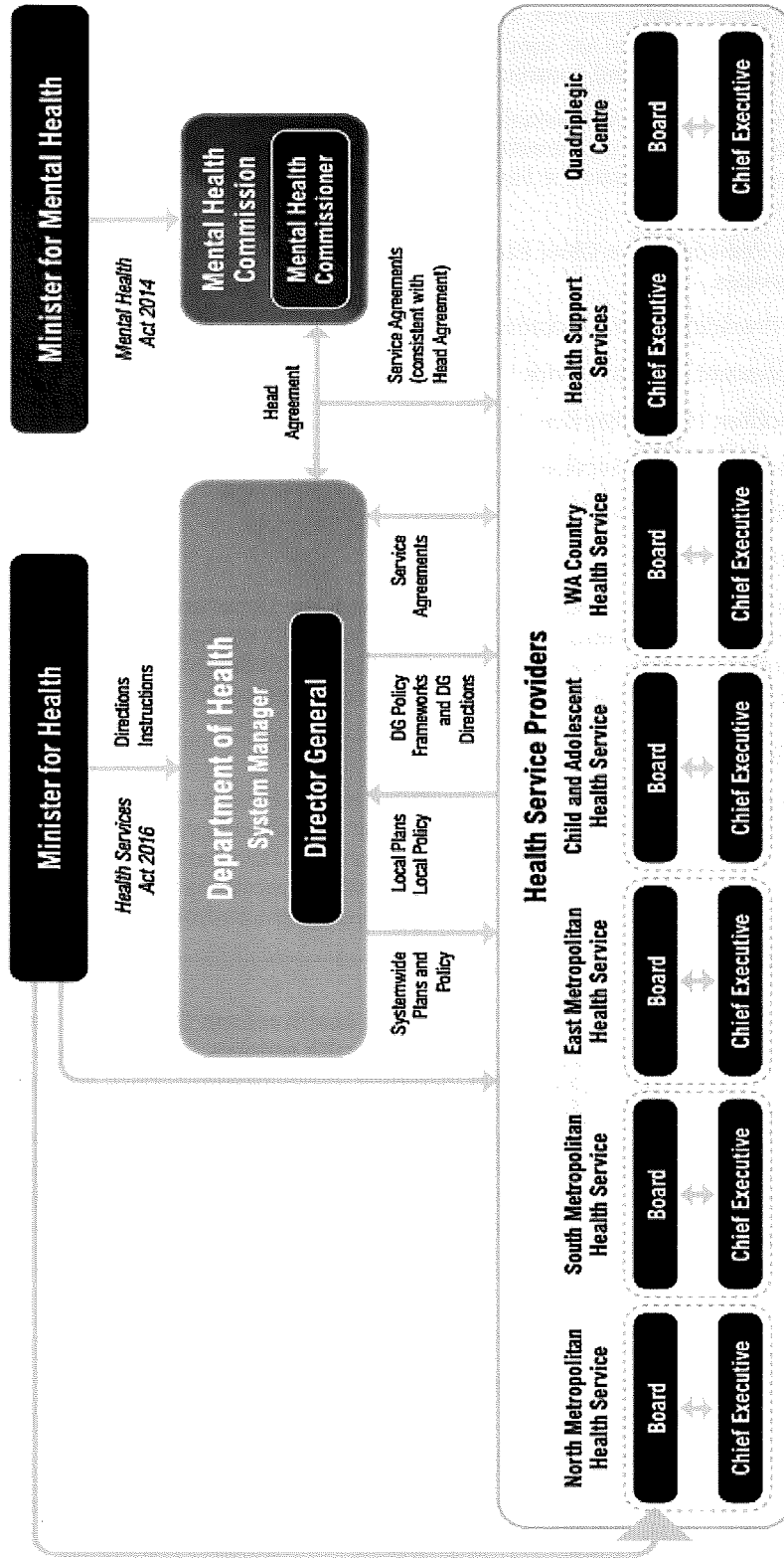


Figure 11 Structure of WA Public Health system (as of 11 December 2017)

## 2.6 Queensland Department of Health

<b>Profile</b>	<b>Key Observations</b>
<p>Queensland (QLD) has a population of approximately 4.9 million people spread over 1.73 million square kilometres. In 2015-2016, the public health system in QLD managed 1.2 million Emergency Department attendances, 1.2 million hospital separations and 45,000 births.</p> <p>In 2016-2017, the expenditure for QLD Department of Health was \$12.1 billion.</p> <p>In 2016-2017 Queensland Health employs approximate 83,700 staff across the state to attend to the health needs of the population.</p> <p>State health responsibilities lie with the QLD Minister for Health and Minister for Ambulance Services and are executed through Queensland Health - which is the brand name for the health portfolio of services and agencies responsible for public health in QLD. These agencies and organisations include the Department for Health, 16 Hospital and Health Boards and QLD Ambulance.</p>	<p>QLD Health is the brand name given for the portfolio of services and agencies responsible for public health in QLD.</p> <p>The Department of Health reports to two Ministers and is responsible for overall system management of public health.</p> <p>The Department is led by a Director General and is divided into nine branches.</p> <p>Health services are purchased through 16 Hospital and Health Services. These are statutory bodies who are governed by boards.</p> <p>Ambulance services are retained in the Department but maintains a separate governance structure.</p> <p>A semi-commercialised business Health Support Queensland has been established to provide support services to health services and the Department.</p>
<p><b>Department of Health</b></p> <p>The Department of Health is led by a Director-General and divided into the following branches:</p> <ul style="list-style-type: none"> <li>• Office of the Director-General - responsible for government relations and executive support, Office of Health Statutory Agencies, intergovernmental relations, the Ethical Standards unit and coordinated approach to health innovation, investment and research.</li> <li>• Corporate Services Division – Audit, risk and governance, capital and asset services, finance, human resources, communications and legal.</li> <li>• Clinical Excellence Division – partnership to drive clinical improvement – including the Allied Health Professions Office, Centre for Leadership Excellence, HealthCare Improvement Unit, Mental Health Alcohol and Other Drugs Branch, Office of the Chief Dental Health officer, Office of the Chief Nursing and Midwifery Officer and the Patient Safety and Quality Improvement Unit.</li> <li>• Healthcare Purchasing and System Performance Division – leads the purchasing of healthcare services and includes the community services funding branch, contract and performance management branch (service agreements with 16 Health and Hospital Services), healthcare purchasing and funding branch and system performance.</li> <li>• Prevention Division - including the Chief Health Office, healthcare regulation branch, communicable diseases, aeromedical retrieval and disaster management, preventative health and environmental health protection.</li> <li>• Strategy, Policy and Planning Division – strategic policy and planning leadership including Aboriginal and Torres Strait Islander Health, funding strategy and</li> </ul>	

## Detailed Governance Profiles

<p>intergovernmental policy, infrastructure strategy and policy, statistical services, policy and legislation, health system planning and workforce strategy.</p> <ul style="list-style-type: none"> <li>• Queensland Ambulance Service – led by a Commissioner and is responsible for delivery of pre-hospital ambulance responses, patient transport and planning/coordination of multi-causality incidents and disasters from 290 locations across QLD.</li> <li>• Health Support Queensland – a semi-commercialised business providing diagnostic, scientific, clinical support and payroll services to enable the delivery of frontline healthcare. Led by a CEO, it provides services to HHSs, other government agencies, commercial clients and the community.</li> <li>• eHealth Queensland – led by a Chief Executive Officer and provides leadership in digital health planning.</li> </ul>
<p><b>Health Support Queensland</b></p> <p>Health Support Queensland is a semi-commercialised business providing diagnostic, scientific, clinical support and payroll services to enable the delivery of frontline healthcare. Led by a CEO, it provides services to HHSs, other government agencies, commercial clients and the community. It includes:</p> <ul style="list-style-type: none"> <li>• Pathology Queensland - 35 laboratories across the state.</li> <li>• Forensic and Scientific Services - forensic analysis for cross government programs and services.</li> <li>• Strategic Procurement and Supply – procurement, warehousing, distribution and supply of medical and consumables across the health system.</li> <li>• Central Pharmacy – pharmaceutical purchasing, distribution and manufacturing for QLD Health facilities.</li> <li>• Biomedical Technology Services.</li> <li>• Health Contact Centre – confidential online and phone health services to the public.</li> <li>• Payroll portfolio – workforce management and payroll for QLD health.</li> <li>• Group Linen Services – health care linen services.</li> <li>• Radiology Support – radiology informatics expertise.</li> <li>• ICT Support Services – ICT support services for state-wide and local clinical applications.</li> </ul>
<p><b>Queensland Ambulance</b></p> <p>The Queensland Ambulance Service (QAS) sits within the Department governance structures and provides state-wide service. QAS maintains its own related governance arrangements through the responsible Commissioner and Queensland Ambulance Service structure. In addition, the QAS works in partnership with 149 volunteer Local Ambulance Committees (LACs) across the state.</p>

### **Hospital and Health Boards/Services (HHS)**

Public health services in QLD are provided through 16 Hospital and Health Services (HHS) which are statutory bodies established under the Hospital and Health Boards Act 2011.

There is a service agreement in place between the Department of Health and each HHS for the provision of public health services. The service agreement defines the health services, teaching, research and other services that are to be provided by the HHS and the funding to be provided to the HHS for the delivery of these services. It also defines the outcomes that are to be met by the HHS and how its performance will be measured.

The HHS in QLD are:

- Cairns and Hinterland
- Central QLD
- Central West
- Children's Health QLD
- Darling Downs
- Gold Coast
- Mackay
- Metro North
- Metro South
- North West
- South West
- Sunshine Coast
- Torres and Cape
- Townsville
- West Moreton
- Wide Bay

### **Key Resources**

- Queensland Health <https://www.health.qld.gov.au>
- Queensland Hospital and Health Services <https://www.health.qld.gov.au/system-governance/health-system/hhs/about>
- Queensland Health Service Agreements <https://www.health.qld.gov.au/system-governance/health-system/managing/agreements-deeds>
- Queensland Ambulance Service <https://www.ambulance.qld.gov.au>

Detailed Governance Profiles

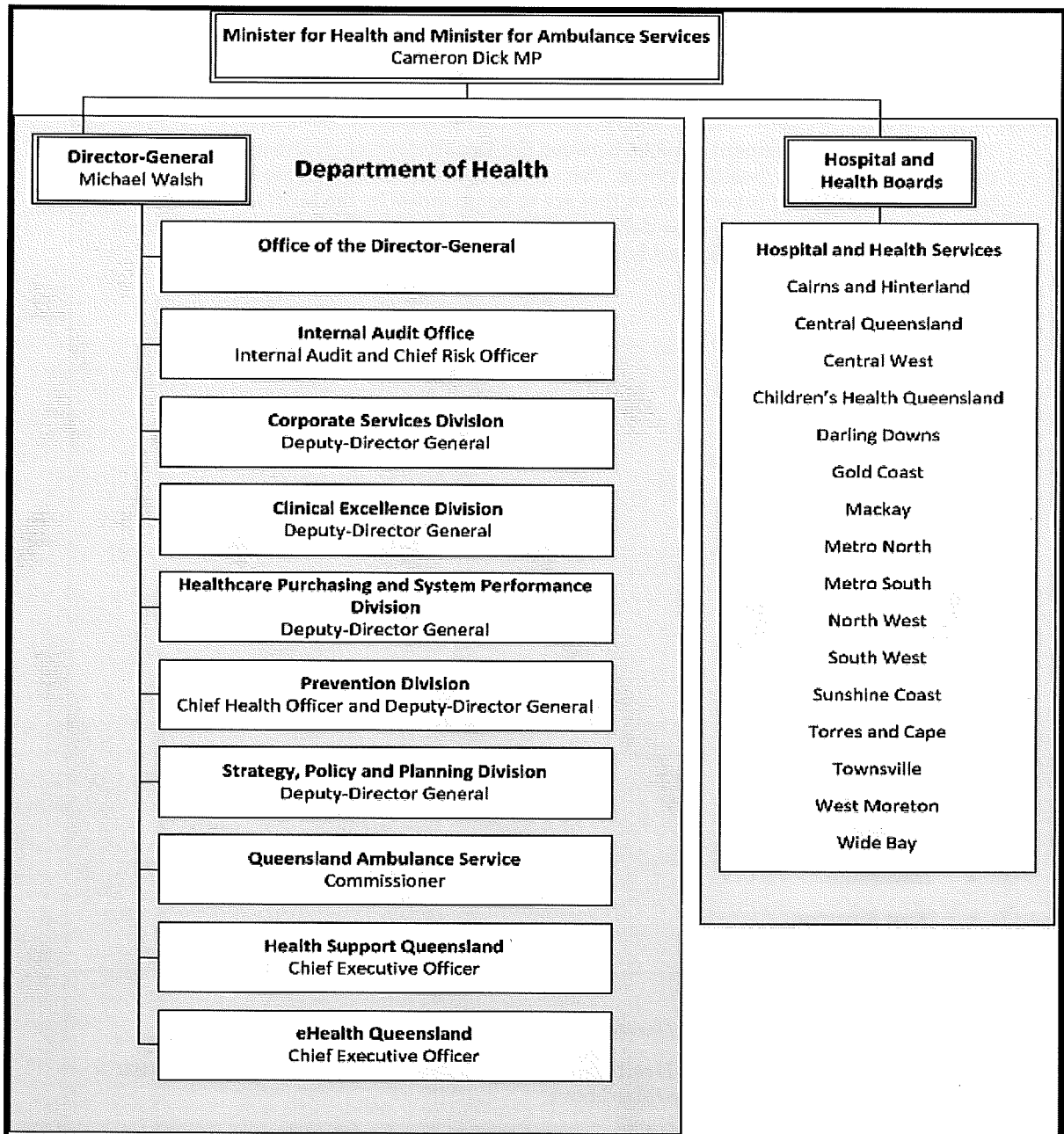


Figure 12 Structure of the QLD public health system (as of 11 December 2017)



## 2.7 NSW Ministry of Health

<b>Profile</b>	<b>Key Observations</b>
<p>New South Wales (NSW) has a population of approximately one million people. In 2016-2017, the public health system in NSW managed two million Emergency Department attendances, 1.8 million hospital separations and 74,000 births.</p> <p>State health responsibilities lie with the NSW Minister for Health and Minister for Medical Research (the same MP) and the Minister for Mental Health and are executed through NSW Health, which is the brand name for the health portfolio of services and agencies responsible for public health in NSW.</p> <p>The role and function of the organisations within NSW Health are principally set out in two Acts, the Health Administration Act 1982 and the Health Services Act 1997. There is also corporate governance framework which distributes authority and accountability through the public health system for the various organisations.</p> <p>NSW Health incorporates the NSW Ministry for Health, a range of board-governed statutory health corporations (Pillars), a network of Local Health Districts and Specialty Districts and a number of state-wide health and support services.</p> <p>In 2016-2017, the expenditure for NSW Health was \$20.4Billion.</p> <p>In 2016-2017 NSW Health employed 108,000 Full Time Equivalent staff.</p>	<p>NSW Health is the brand name given for the portfolio of services and agencies responsible for public health in NSW.</p> <p>The Ministry of Health reports to two Ministers and is responsible for overall system management of public health.</p> <p>Health service delivery and support components of the public health system are diverted into separate statutory board governed corporations.</p> <p>This structure is allowed for under the NSW Health Services Act 1997.</p> <p>There are five Pillar organisations – each charged with a specific component of health system leadership.</p> <p>Sixteen Local Health Districts and Specialty Networks are responsible for public hospital and health services.</p>
<p><b>NSW Ministry of Health</b></p> <p>The NSW Ministry of Health has the role of system manager for the NSW public health system.</p> <p>The Secretary of the Ministry has overall responsibility for the management and oversight of the NSW health system.</p> <p>The Secretary convenes key leadership and management forums, including the NSW Health Senior Executive Forum which brings together chief executives from across the health system for the purposes of strategy and performance management.</p> <p>The Ministry has five divisions, each led by a Deputy Secretary:</p> <ul style="list-style-type: none"> <li>Population and Public Health - co-ordinates the strategic direction, planning, monitoring and performance of population health services, responds to the public health aspects of major incidents or disaster, monitors health, identifies trends and evaluates the impact of health services. The division is responsible for improving health through measures that prevent disease and injury. Health Protection NSW relates to this division through the coordination of the prevention and control of</li> </ul>	<p>There are three state-wide Health Services (pathology, ambulance and health protection).</p> <p>There are three state-wide support services (eHealth, infrastructure and health support back office services).</p> <p>The Secretary convenes the Health Senior Executive Forum (of Chief Executives from across the health system) for strategy and performance management.</p>

## Detailed Governance Profiles

threats to health from communicable diseases and the environment. This division includes centres for Aboriginal health, population health, epidemiology and evidence, oral health, health and medical research and the Chief Health Officer.

- System Purchasing and Performance – provides the front end of ‘system management’ and acts as critical interface with local health districts, specialty health networks, the pillars and other agencies, such as HealthShare NSW and eHealth to support and monitor overall system performance. The division includes branches of health system information and performance reporting, system purchasing and system management.
- Financial Services and Asset Management – lead role in managing and monitoring the financial performance of the NSW public health system. The division has branches of finance, asset and property services and business services.
- Strategy and Resources – responsible for the strategic health policy development, health care improvements, inter-jurisdictional negotiations, funding strategies including Activity Based Management, system-wide planning of health services including mental health, capital planning and investment, systems integration, setting the strategic direction for maternal, child, youth and paediatric health policy. It has branches of government relations, health system planning and investment, health and social policy and mental health.
- People Culture and Governance - undertakes a range of functions for the effective administration of NSW Health covering comprehensive corporate governance frameworks, regulation of private health care facilities and the supply and administration of therapeutic goods, legal and legislative services, employment and industrial matters, workforce planning, recruitment and reform strategies and strategic development of professional nursing and midwifery services. The division also includes property services, asset procurement and business policy, services to support Ministerial, Parliamentary and Cabinet processes, and public affairs and communication services for the Ministry. The division includes branches of executive and ministerial services, legal and regulatory services, nursing and midwifery, strategic communications and engagement, workforce planning and development and workplace relations.

#### **Local Health Districts and Speciality Networks**

Local health districts are established as distinct corporate entities under the Health Services Act 1997. They provide health services across acute, subacute and primary care settings. Eight LHD districts cover the greater Sydney metropolitan region, and seven cover rural and regional NSW. In addition there are two specialty health networks which are statutory health corporations under the control of the Secretary and Minister.

- |   |                                       |
|---|---------------------------------------|
| • Far West  | • Nepean Blue Mountains               |
| • Hunter New England                                | • Northern Sydney                     |
| • Mid North Coast                                   | • South Eastern Sydney                |
| • Murrumbidgee                                      | • South Western Sydney                |
| • Northern NSW                                      | • Sydney                              |
| • Southern NSW                                      | • Western Sydney                      |
| • Western NSW                                       | • Sydney Children’s Hospitals Network |
| • Central Coast                                     | • Illawarra Shoalhaven                |
| • Justice Health and Forensic Mental Health Network |                                       |

## Detailed Governance Profiles

There is an additional NSW Health Network “St Vincent Health Network” including St Vincent’s Hospital, the Sacred Heart Health Service at Darlinghurst and St Joseph’s Hospital at Auburn (allowed for under the Health Services Act 1997).

Chief Executives of local health districts and specialty networks are employed in the Health Executive Service (part of the NSW Health Service) by the Secretary on behalf of the NSW Government. The Chief Executive manages and controls the affairs of the local health district and is the employer for all staff working in the organisation. Chief Executives are, in the exercise of their functions, accountable to their board.

Each Local Health District and Specialty Network has been established with a governing board. Each board has overall responsibility for the strategic direction and operational efficiency of the Network they oversee. Boards consist of between six and 13 members appointed by the Minister and include a mix of skills and expertise. Board members are appointed in an individual capacity.

There are also 15 affiliated health organisations in NSW which are managed by religious and/or charitable groups as part of the NSW public health system. These organisations are considered part of the public health system and providing a wide range of hospital and other health services.

There are questions as to how enforceable the service and funding agreements are between the Ministry and LHDs – with the approach taken to flag performance concerns early and then work with the Board and executive team to address these. Advice is that the Minister is involved only when there are significant budgetary or safety concerns arising with the LHD.

#### **St Vincent Local Health Network**

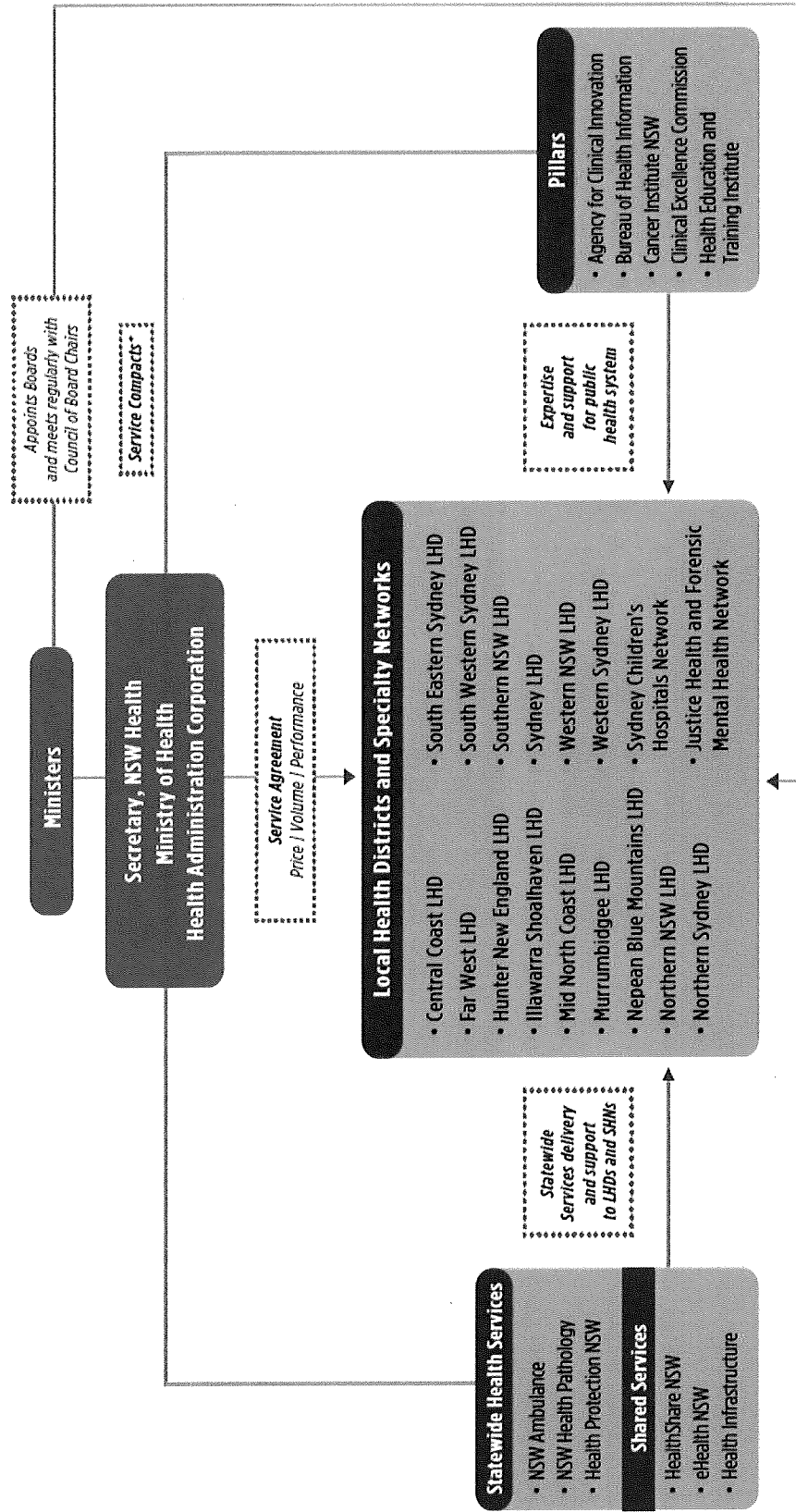
The NSW Health Services Act 1997 allows for the recognition of affiliated health organisations to be recognised as part of the public health system. St Vincent’s Hospital Sydney Limited is an affiliated health organisation in respect to St Vincent’s Hospital, Darlinghurst; Sacred Heart Health Service, Darlinghurst and; St Joseph’s Hospital (Auburn). Through a funding agreement and a Memorandum of Understanding (in 2003) with the Ministry, St Vincent’s Hospital Sydney Limited is recognised as a network for the purposes of the National Health Reform Agreement. Operational and reporting lines for St Vincent Health into the Ministry are the same as for other Local Health Districts and Speciality Networks in NSW.

#### **NSW Pillars**

- The Agency for Clinical Innovation is a board-governed statutory health corporation responsible for designing and implementing best practice models of care.
- The Bureau of Health Information is a board-governed statutory health corporation responsible for providing independent reports on the performance of the NSW public health system.
- The Cancer Institute NSW is a board-governed organisation and is deemed to be a statutory health corporation. The Institute is responsible for improving the prevention and management of cancer and improving the quality of life for people with cancer.
- The Clinical Excellence Commission is a board governed statutory health corporation and is responsible for building capacity and capability to improve health care quality and safety.
- The Health Education and Training Institute is a chief executive-governed statutory health corporation and is responsible for coordinating education and training for NSW Health.

## Detailed Governance Profiles

<p>The NSW Pillar corporations are led by a Chief Executive who manages the organisation subject to the direction and control of the organisation's board. The chief executive is also the employer delegate for staff working at the organisation.</p> <p>There are concerns about the capacity for the Pillar organisations to influence change across the public health system given their separation from the Ministry and the health and hospital service providers. For example, work by the Agency for Clinical Innovation is able to be 'piloted' in hospitals, however to scale the innovation to the wider system requires the Ministry to define and fund it through service agreements with the LHD.</p>
<p><b>State-wide Health Services</b></p> <ul style="list-style-type: none"> <li>• Health Protection NSW reports to the Chief Health Officer and is responsible for surveillance and public health responses, including notifiable infectious disease management and environmental health.</li> <li>• NSW Ambulance is responsible for providing clinical care in emergency situations, including pre-hospital care, rescue and retrieval.</li> <li>• NSW Health Pathology is responsible for providing pathology services to the NSW health system through five clinical and scientific networks.</li> </ul>
<p><b>State-wide Support Services</b></p> <ul style="list-style-type: none"> <li>• Health Infrastructure is responsible for the delivery of NSW Health's major works hospital building program, under the auspices of a board appointed by the Secretary of the Ministry.</li> <li>• Health Share NSW provides a range of shared services to public health organisations under the auspices of a board appointed by the Secretary of the Ministry. Services include financial, human resources, procurement, linen, food services, disability equipment services managed by EnableNSW, and non-emergency patient transport services.</li> <li>• eHealth NSW provides direction and leadership in technology led improvements in patient care in consultation with local health districts and specialty networks.</li> </ul>
<p><b>Key Resources</b></p> <ul style="list-style-type: none"> <li>• NSW Health <a href="http://www.health.nsw.gov.au/">http://www.health.nsw.gov.au/</a></li> <li>• NSW Ministry for Health</li> <li>• NSW Health Local Health Districts <a href="http://www.health.nsw.gov.au/lhd/boards/Pages/default.aspx">http://www.health.nsw.gov.au/lhd/boards/Pages/default.aspx</a></li> <li>• 2017-2018 Service Agreement template NSW LHD <a href="http://www.health.nsw.gov.au/Performance/Documents/service-agreement-generic.pdf">http://www.health.nsw.gov.au/Performance/Documents/service-agreement-generic.pdf</a></li> <li>• 2017-2018 St Vincent Health service agreement with Ministry Health – available from <a href="https://svhs.org.au/">https://svhs.org.au/</a></li> <li>• NSW Health Services Act 1997 (includes requirements for the constitution and reporting of Local Health Districts) <a href="https://www.legislation.nsw.gov.au/#/view/act/1997/154/chap3/part2/div2/sec29">https://www.legislation.nsw.gov.au/#/view/act/1997/154/chap3/part2/div2/sec29</a></li> </ul>



St Vincent's Health Network is an affiliated health organisation.

\*Service Compact — Instrument of engagement detailing service responsibilities and accountabilities.

Figure 13 Structure of the NSW Public Health System (as of 11 December 2017)

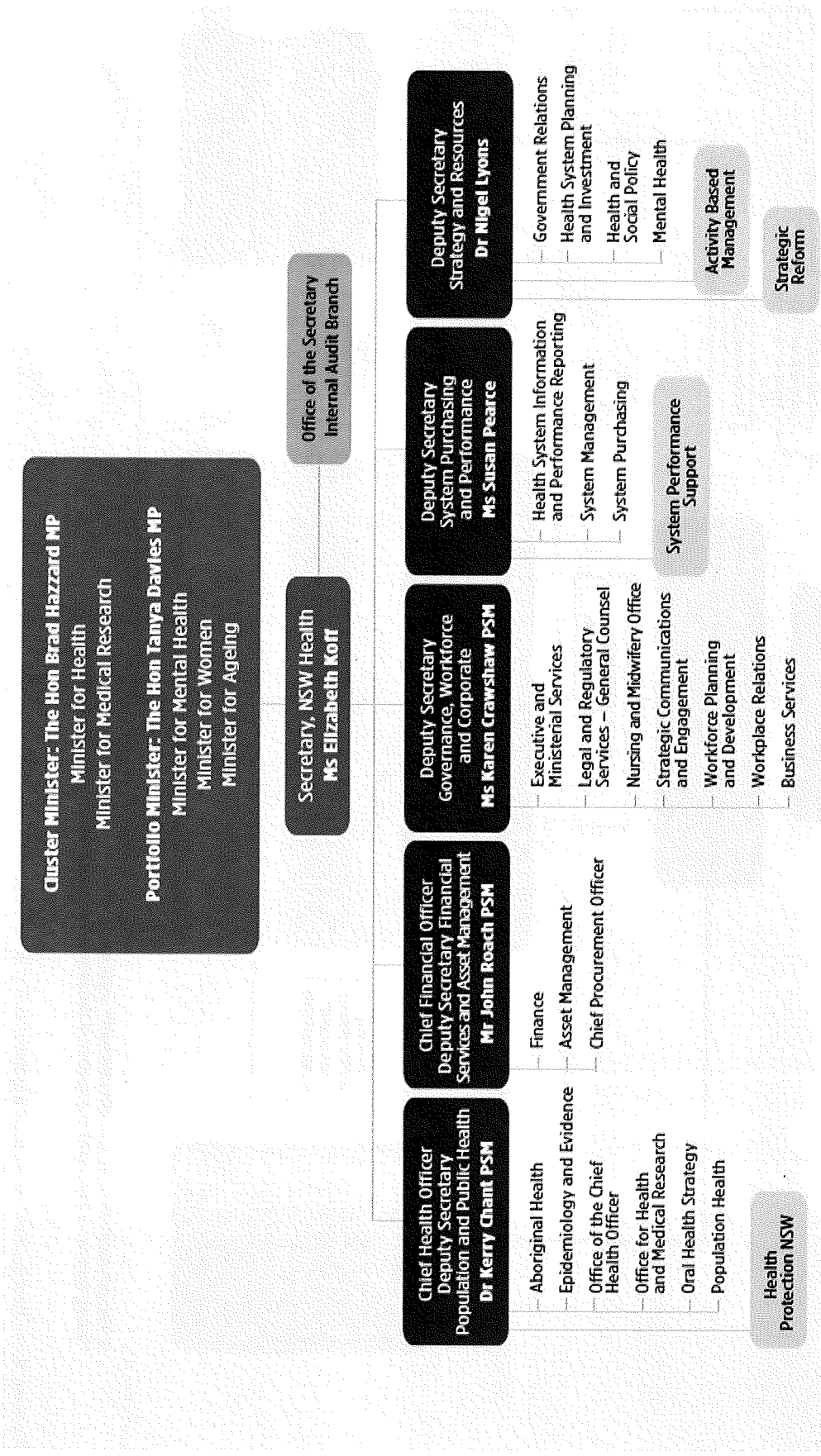


Figure 14 Structure of NSW Ministry of Health (as of 11 December 2017)

## 2.8 Victorian Department of Health and Human Services

Profile	Key Observations
<p>Victoria (VIC) has a population of approximately 5.8 million people. In 2016-2017, the public health system in Victoria managed 17000 Emergency Department attendances, 1.8 million hospital separations and 60,000 births.</p> <p>State health responsibilities lie with the Victorian Minister for Health and the state has a long history of devolution of health service delivery to independent health and hospital service providers.</p> <p>In 2016-2017, the expenditure for Victoria Department of Health and Human services (DHHS) was \$2.9billion.</p> <p>In 2016-2017 DHHS employed 12, 000 Full Time Equivalent staff.</p>	<p>VIC Health is the brand name given for the portfolio of services and agencies responsible for public health in VIC.</p> <p>The Department of Health and Human Services includes both health and human service portfolios and thus reports through to four Ministers.</p>
<p><b>The Department of Health and Human Services</b></p> <p>The DHHS underwent a significant restructure in July 2017. At present, the Secretary who heads the Department has close liaison with a time limited Organisational Redesign Unit that will work across the Department to embed the changed structure. The new structure involves a number of divisions reporting to the Secretary including:</p> <ul style="list-style-type: none"> <li>• Children, Families, Disability and Operations Division – dedicated portfolio for children, families and disability and provides human services directly through four operational divisions.</li> <li>• Children and Families Reform Unit- a time limited unit designed to accelerate family service reforms.</li> <li>• Health and Wellbeing Division – responsible for policy, strategy and commissioning of health services in Victoria. It include health prevention and promotion policy and services.</li> <li>• Housing, Infrastructure, Sport and Recreation – portfolio of housing, sport, recreation, infrastructure planning and project delivery.</li> <li>• Strategy and Planning – strategic policy advice, reform priorities and planning across health and human services. Leads corporate and budget strategy and has responsibilities for workforce planning and development, information development and reporting, analytics, research and evaluation.</li> <li>• Regulation, Health Protection and Emergency Management – includes a range of public protection responsibilities including infectious diseases, emergency incident management, drugs and poisons regulation and houses the epidemiological functions of the Department.</li> </ul>	<p>The Department has undergone a restructure mid-2017. It currently has seven divisions and two time limited units reporting to the Secretary.</p> <p>There are also three other entities reporting to the Department - focused on Family Violence, health care quality and safety and hospital and health information.</p> <p>Victoria has devolved governance of hospital and health services to independent health services (constituted under the Health Services legislation).</p> <p>The health services are (mostly) statutory entities governed by Boards.</p> <p>Health services need to meet statutory requirements but also requirements under a Statement of Priorities defined by the Minister which forms the basis of annual contracts.</p>

<ul style="list-style-type: none"> <li>• Corporate Services – integrated advisory and operational services to the Department and supports Ministers and cabinet. It includes centralised finance, human resources and industrial relations, IT, legal, and executive support functions.</li> </ul> <p>The Secretary also has reporting lines from a number of other entities:</p> <ul style="list-style-type: none"> <li>• The Victorian Agency for Health Information – responsible for providing data and information products to the Department and health services regarding health outcomes and health care performance.</li> <li>• Safer Care Victoria is the state authority for quality and safety improvement in health care.</li> <li>• Family Safety Victoria is a newly established agency focused on delivering family violence reform through operationalising 17 Support and Safety Hubs, a centralised information point and a Centre for Workforce Excellence.</li> </ul> <p>The Department also have four operational divisions across the state (each with a number of geographic area coverage) however they largely focus on human service delivery.</p> <p>Justice health policy and service delivery is not the remit of the Department of Health, it resides in the Department of Justice and regulation.</p>	<p>Performance and contract management for health services is performed by the Department. Advice is that contract management is contained to Departmental branches and rarely is attended to by the Secretary or Minister.</p>
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### **Health Services**

Victoria has a long established system of devolved governance for health care delivery to local network entities. Independent legal entities established under the *Health Services Act 1988* are classified as public health services, public hospitals or multipurpose services. The Act has different provisions regarding governance and operations for the different categories of services.

The entities are governed by boards of directors, the members of which are appointed by the Governor-in-Council on the recommendation of the Minister for Health. For the largest of these 19 boards, appointment of board members occurs through Cabinet. Most have Chief Executive and/or Operating Officers who manage the day to day operations of the organisation.

The Act both provides flexibility in the types of organisations that can be funded to deliver public health services – but it also allows for considerable complexity in the number and type of entities with which the DHHS commissions services from. There are currently 87 health services responsible for delivery of public health and hospital services in Victoria. For example:

- 13 metropolitan health services and six major regional health services are ‘public health services’ governed by Boards of Directors.
- Three denominational hospitals deliver public health services and the boards for these entities must comply with the Act in terms of delivery of public health service but have different governance arrangements.
- Nine of the sub-regional health services, 11 local health services and 47 smaller rural health services are defined under the Act as ‘public hospitals’ and are governed by Boards.
- One privately owned hospital (Mildura Base) delivers public health services under contract with the DHHS but is not established under the Act.
- Seven smaller rural health services are deemed ‘multipurpose’ services and integrate health and aged care and are subject to a set of governance provisions under the Act similar to ‘public hospitals’ and are governed by Boards.
- Ambulance Victoria is established under a separate Act than that which applies to public health services and has different governance arrangement.

Boards of these Health Services formally report to the Minister for Health, to whom they are responsible for the effective and efficient governance of their health service. However, the DHHS interacts with boards and health service management to give effect to governance frameworks required under the Act and in relation to a Statement of Priorities – an accountability instrument for these health services between the DHHS and the services (with the exception of Mildura Base and multipurpose services). The Statement of Priorities is renewed annually and forms the basis of annual contracts.

The Governor-in-Council appoints and can remove board members from public Health Services on the recommendation of the Minister for Health. Under the governance framework, the Minister may direct a health service, may initiate reviews or request information in the public interest. The DHHS’s role is to advise government on health strategy, policy, planning, funding allocation and the performance of the health services.

### **Health Purchasing Victoria**

Health Purchasing Victoria is a statutory public authority designed to manage the collective purchasing power of Victorian public hospitals and health services. It is responsible for the procurement and distribution of clinical and health-related goods and equipment (including pharmaceuticals and prosthetics) and services (such as nurse agency and pathology services). HPV is constituted under the Health Services Act (similar to the Health Services) and is governed by a board which is accountable to the Minister.

**Key Resources**

- Vic Health <https://www2.health.vic.gov.au/>
- Victorian Department of Health and Human Services <https://dhhs.vic.gov.au>
- Victorian Health Services Governance Handbook  
<https://www2.health.vic.gov.au/hospitals-and-health-services/boards-and-governance/about-health-boards>
- Mildura Base Hospital 2017-2018 Statement of Priorities (agreement with DHHS)  
<https://www2.health.vic.gov.au/about/statements-of-priorities/mildura-sop-2017-18>

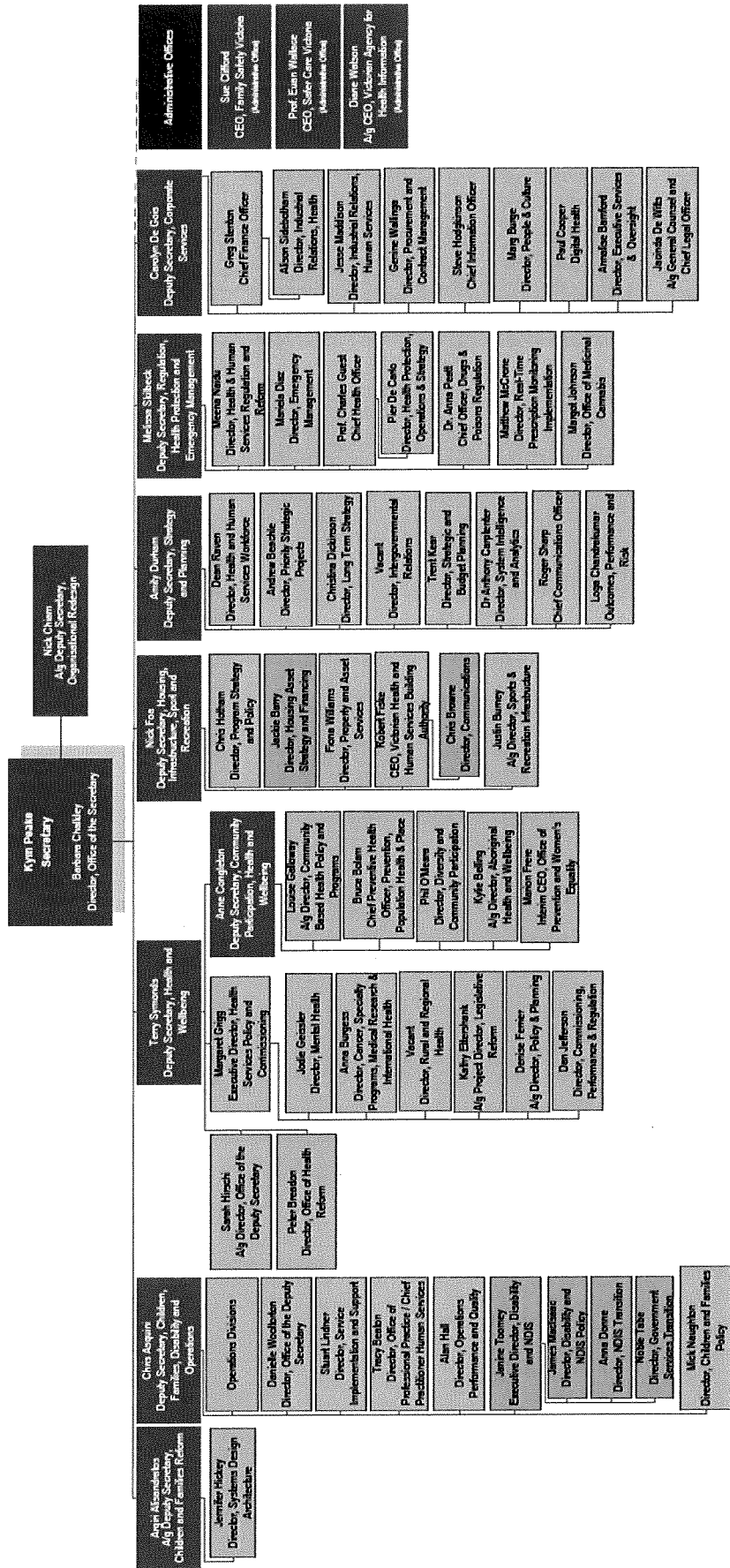


Figure 15 Structure of the Victorian Department of Health and Human Services (as of 11 December 2017)

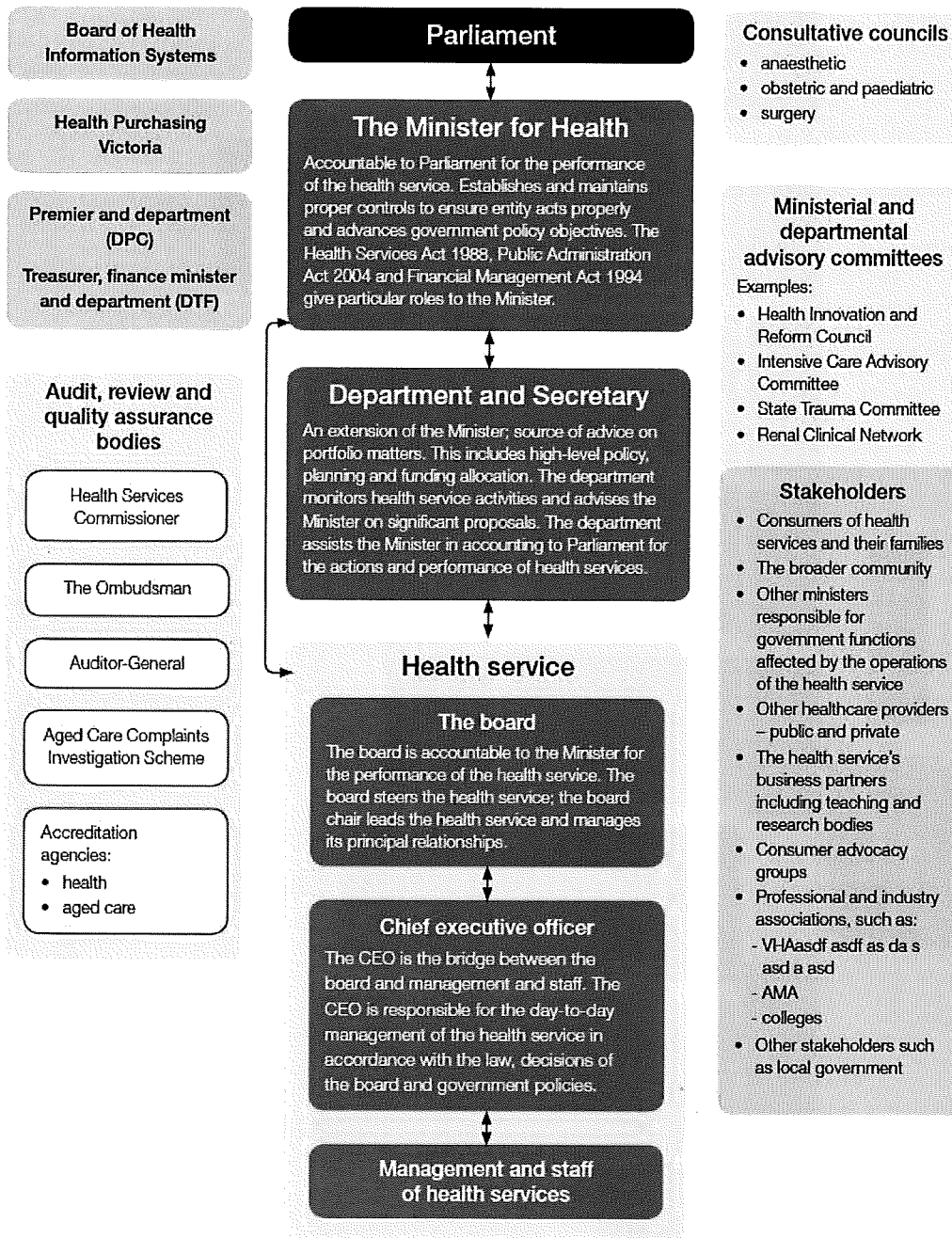


Figure 16 Structure of the Victorian Public Health System (as of 11 December 2017)

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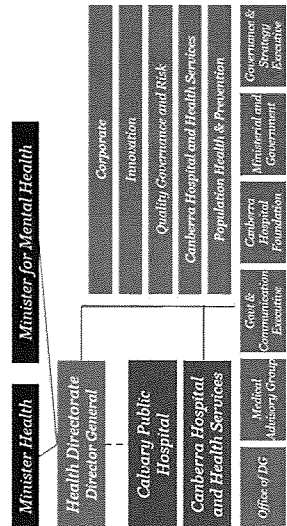
[www.pwc.com.au](http://www.pwc.com.au)

*ACT Health*  
Health Governance  
Structures – Scan  
December 2017

# Comparison

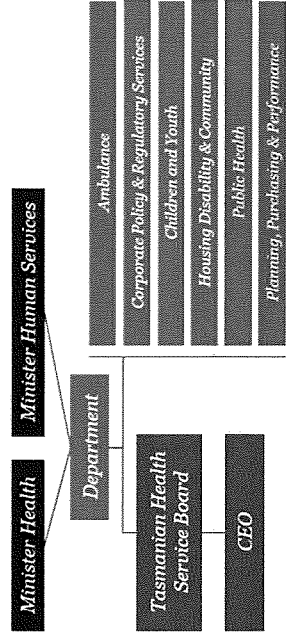


## ACT Public Health Governance

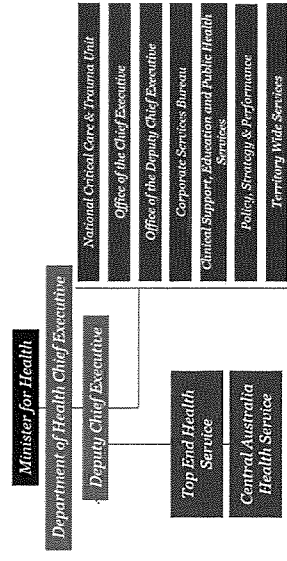


ACT Health  
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## TAS Public Health Governance



## NT Public Health Governance



December 2017  
2



# Australian Capital Territory Public Health

- ACT Health Directorate reports to two Ministers.
- ACT Health Directorate is led by a Director General and has five branches.
- In addition, the Director General has five other reports (including a medical advisory group and Canberra Hospital Foundation).
- There is one Local Hospital Network – comprising of Canberra Public Hospital and health services and reporting directly to the Directorate.
- Public hospital services are also provided by Calvary Public Hospital through a funding contract with the Directorate.

Population size *FTE Staff*

**409K** **6.5K**

Hospital separations *ED presentations*


**108K** **135K**


 

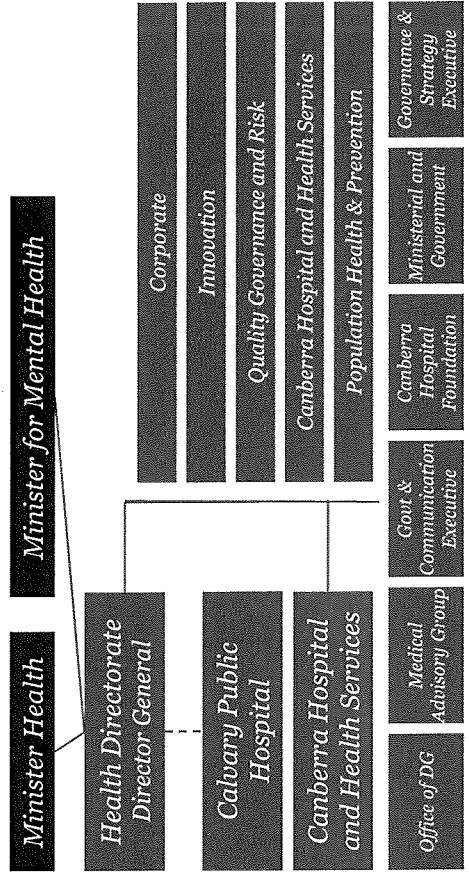
Budget spend

**\$3.3bn**



Hospital & Health facilities **4+** 

Births in public hospitals **5K** 







# Tasmanian Public Health

- The Department includes health and human service reporting to two Ministers.
- The Department is structured into six branches and led by a Secretary.
- The Department has retained responsibility for Ambulance services.
- All other hospital and health service provision delegated to the Tasmanian Health Service (THS).
- THS was established by the Tasmanian Government in 2015 through amalgamating three Tasmanian Health Organisations.
- THS operates in three geographic regions and includes some state-wide clinical services.
- THS is led by a Governing Council of nine members with a CEO.

Population size *FTE Staff*

**519K** **9K**





Hospital & Health facilities **+**

**50**


Hospital separations **50K**




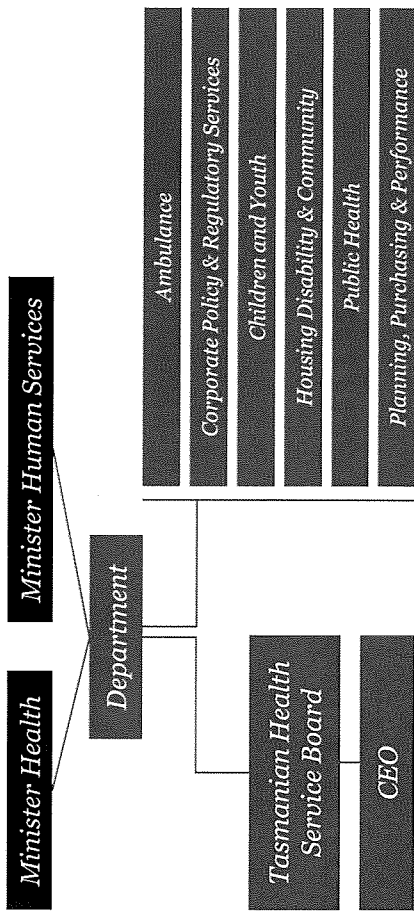
ED presentations **157K**



Births in public hospitals **4.4K**





Budget spend **\$1.4bn**





# South Australian Public Health

- SA Health is the brand name used for the health portfolio of services and agencies responsible for public health.
- SA Health in midst of major reforms.
- Department of Health and Ageing reports to two Ministers.
- Department is led by a Chief Executive with two Deputies leading the two divisions.
- Health services are commissioned through 5 Local Hospital Networks and SA Ambulance Services.
- Departmental CEO has additional direct reports from Risk Services and CEOs of 5 LHN and SA Ambulance.
- A statutory body, the Health Performance Council reports on the health system performance.

Population size  
**1.7M**  



FTE Staff  
**36K<sup>^</sup>**  


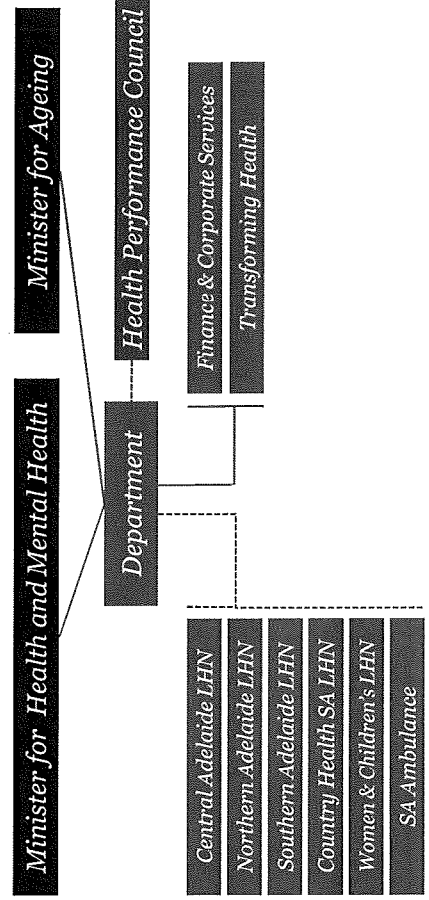
Hospital & Health facilities  
**21**  


Hospital separations  
**422K**  


ED presentations  
**493K**  


Births in public hospitals  
**15K**  


Budget spend  
**\$5.1bn**  




# Northern Territory Public Health

- The NT Department reports to the Minister for Health.
- The Department is the system manager for the public health system and delegates health service delivery to the Top End Health Service (TEHS) and Central Australia Health Service (CAHS).
- The Department is led by a Chief Executive (with a Deputy) and is structured into seven branches.
- The Department also has responsibilities in disability policy and service provision and hosts the National Emergency Response Unit.
- Some state-wide clinical services are still being transitioned from the Department to TEHS and CAHS.
- The purchaser/provider model of hospital and health services is still evolving in the NT.

Population size  
**250K**



FTE Staff  
**6.6K**



Hospital & Health facilities  
**5**



Hospital separations  
**148K**



ED presentations  
**153K**

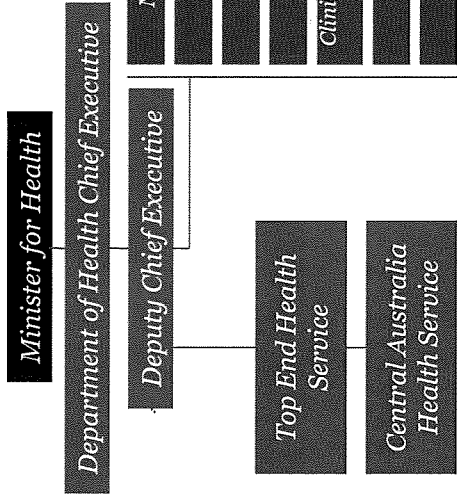


Births in public hospitals  
**3.3K**




Budget spend


**\$1.4bn**




# Western Australia Public Health


- WA public health system structure is underpinned by recent legislative change.
- WA is in midst of transition of clinical service delivery from the Department of Health to separate legal entities.
- Department remains the 'system manager' responsible for overall management, performance and strategic direction of the health system.
- Department structured into five divisions by Director General (with a Deputy).
- There are 5 Health Service Providers which are governed by a Board and CEO. 4 are geographically defined with a further defined by population.
- Health Service Providers are contracted to the Department to deliver specified hospital and health services.


Population size  **1.7M**


FTE Staff  **40K**

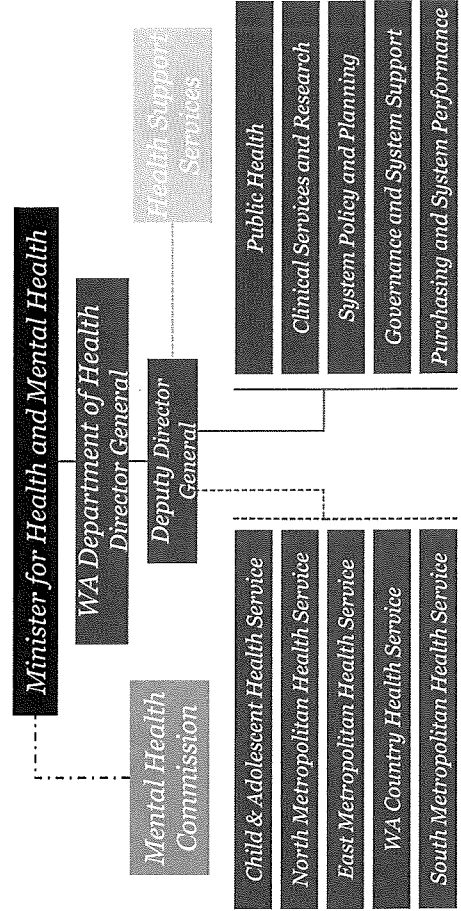
Hospital & Health facilities  **85**

Hospital separations  **630K**

ED presentations  **835K**


Births in public hospitals  **23K**


Budget spend  **\$8.6bn**




# Queensland Public Health

- QLD Health is the brand name given for the portfolio of public health in QLD.
- The Department of Health reports to two Ministers and is responsible for overall system management of public health.
- The Department is led by a Director General and is divided into nine branches.
- Health services are purchased through 16 Hospital and Health Services. These are statutory bodies who are governed by boards.
- Ambulance services are retained but maintains a separate governance structure.
- A semi-commercialised business Health Support Queensland has been established to provide support services.


Population size  
**4.9M**  


FTE Staff  
**83K**  


Hospital & Health facilities  
**192**  


Hospital separations  
**1.2M**  


ED presentations  
**1.4M**  


Births in public hospitals  
**45K#**  


Budget spend  
**\$12bn**  