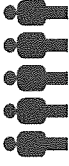


New South Wales Public Health

- NSW Health is the brand name given for the portfolio of services and agencies responsible for public health in NSW.
- The Ministry of Health reports to two Ministers and is responsible for overall system management of public health.
- Health service delivery and support components of the public health system are diverted into separate statutory board governed corporations.
- This structure is allowed for under the NSW Health Services Act 1997.
- There are five Pillar organisations – each charged with a specific component of health system leadership.
- There are three state-wide support services.

Population size

7.5M




FTE Staff

108K




Hospital & Health facilities

230



Hospital separations

1.8M




ED presentations

2.7M




Births in public hospitals

74K



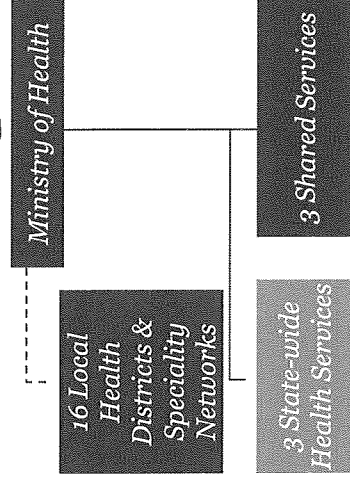
Budget spend

\$20.4b



Minister for Health and Medical Research

Minister for Mental Health

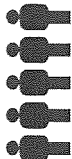




Victorian Public Health

- VIC Health is the brand name given for the portfolio of services and agencies responsible for public health in VIC.
- The Department includes both health and human service portfolios – thus reports to multiple ministers.
- The Department has undergone very recent restructure.
- Three other entities reporting to the Department.
- Devolved governance of direct hospital and health care service provision to over 87 independent health services (most governed by Boards and with Chief Executives).
- Contract and performance management with health services managed by the Department.

Population size *FTE Staff*

5.8M **1.2K**



  

Hospital & Health facilities **+**


87

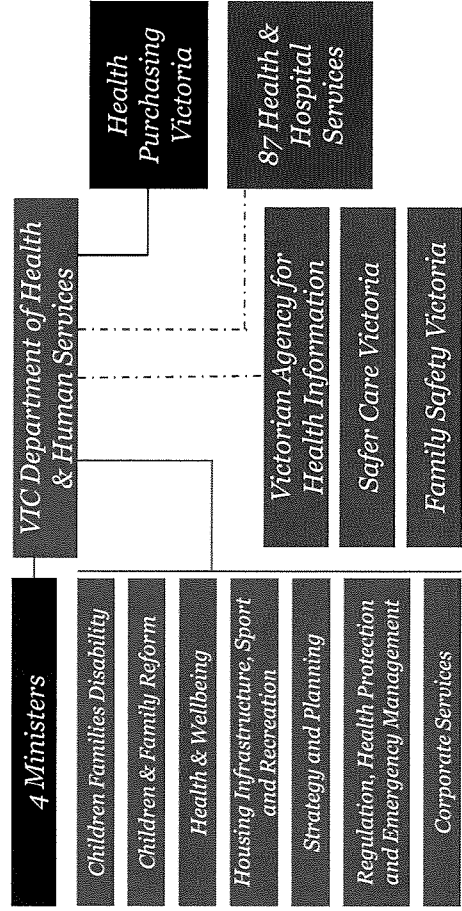
Hospital separations *ED presentations*

1.8M **1.7K**

Births in public hospitals **60K**





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 experienced 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:

Tasmanian Public Health

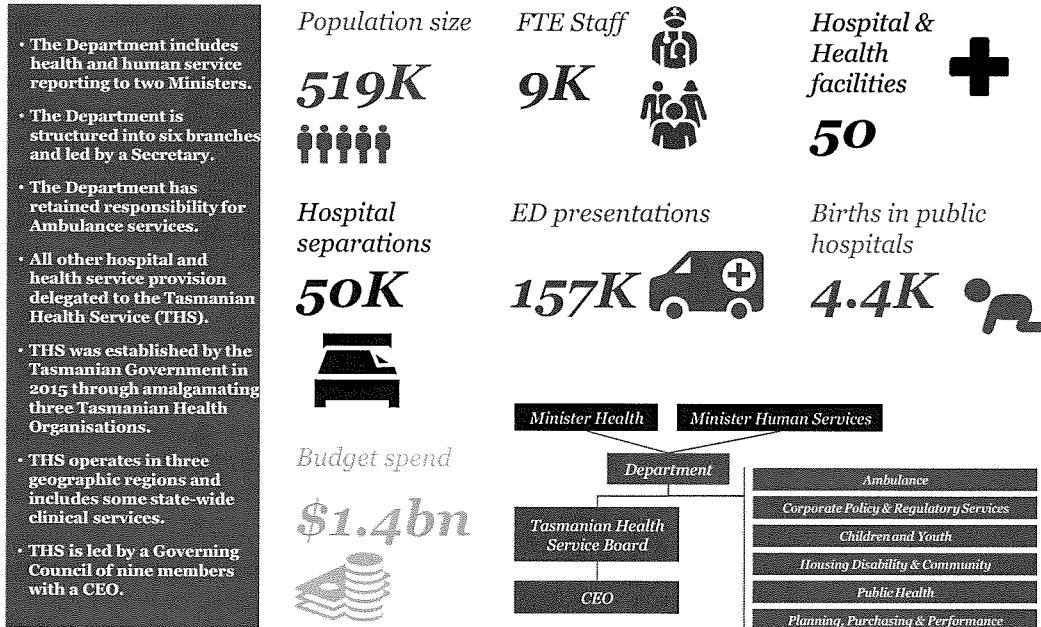


Figure 1 Tasmanian Public Health System

South Australian Public Health

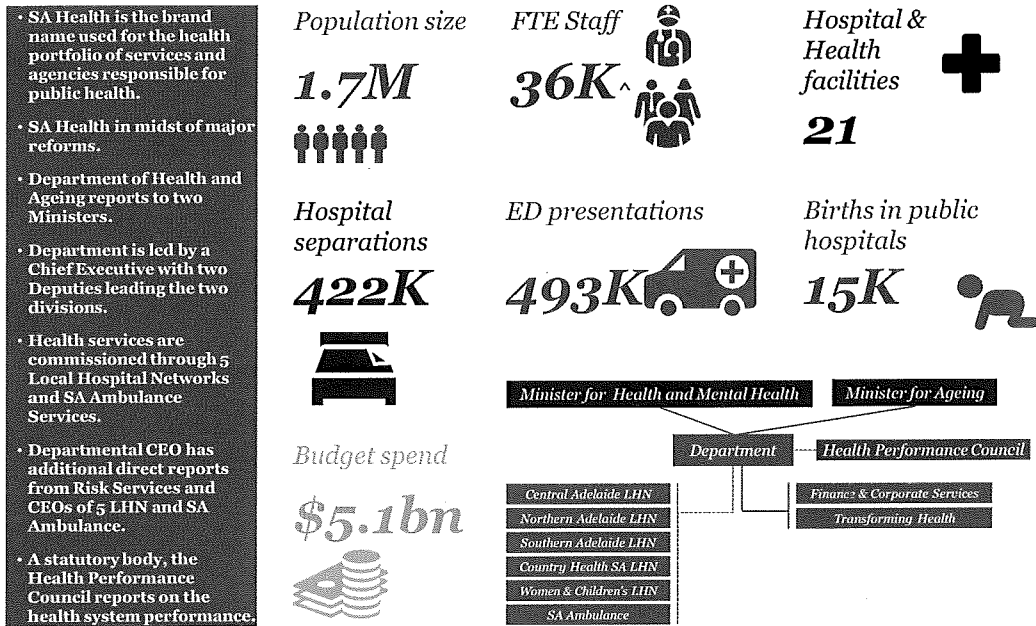


Figure 2 South Australian Public Health System

Northern Territory Public Health

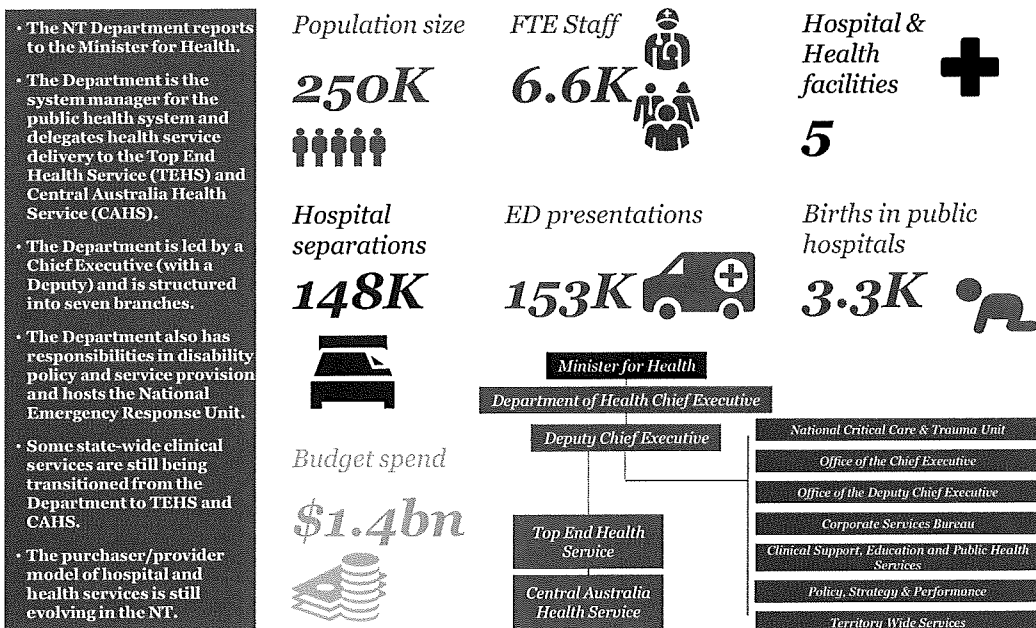


Figure 3 Northern Territory Public Health System

Western Australia Public Health

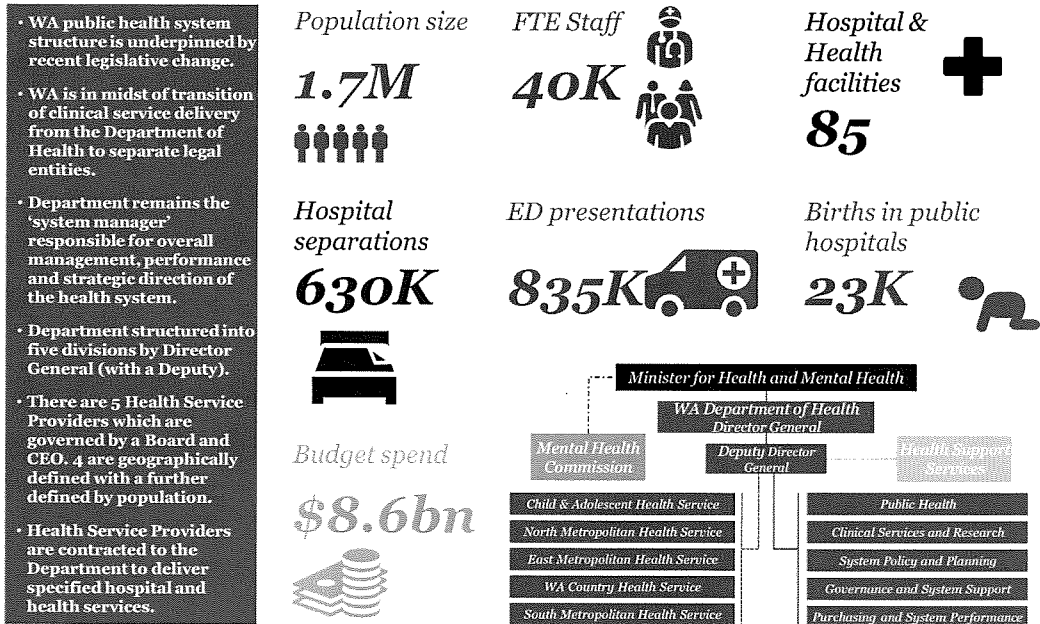


Figure 4 Western Australia Public Health System

Queensland Public Health

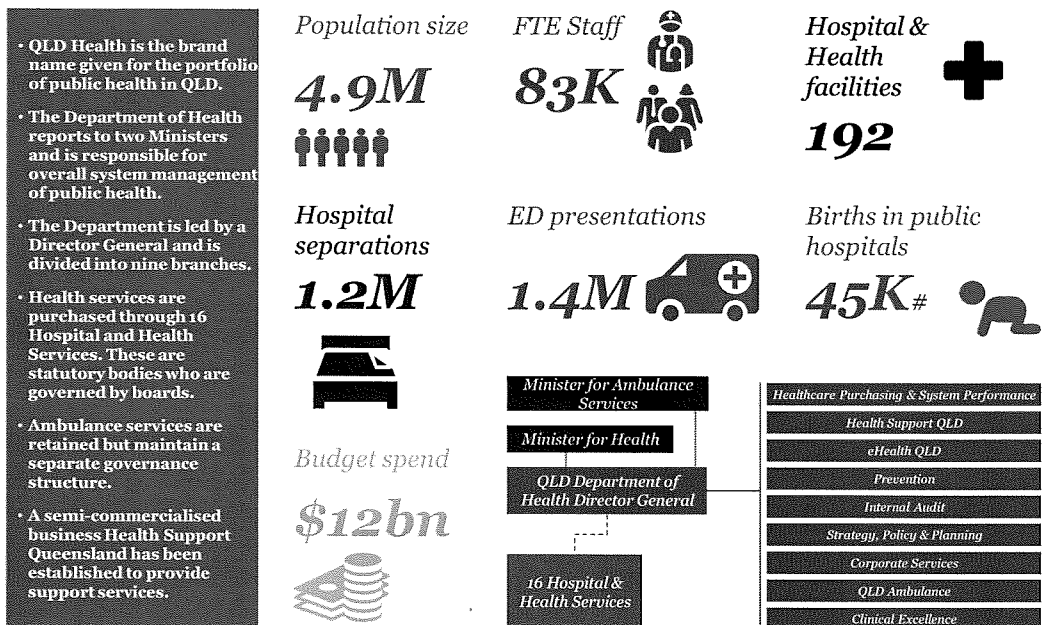


Figure 5 Queensland Public Health System

New South Wales Public Health

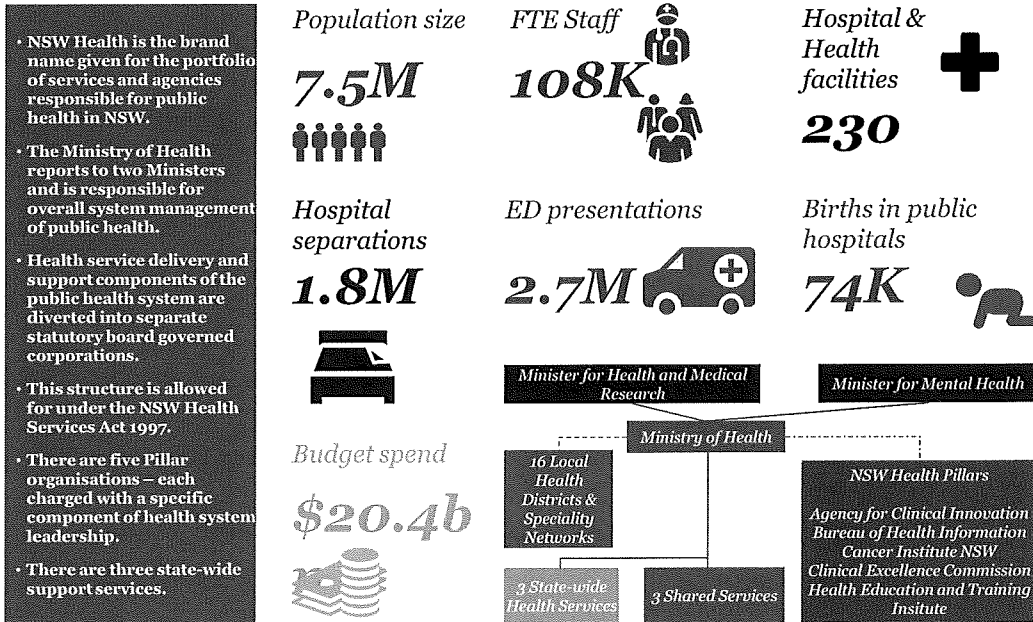


Figure 6 NSW Public Health System

Victorian Public Health

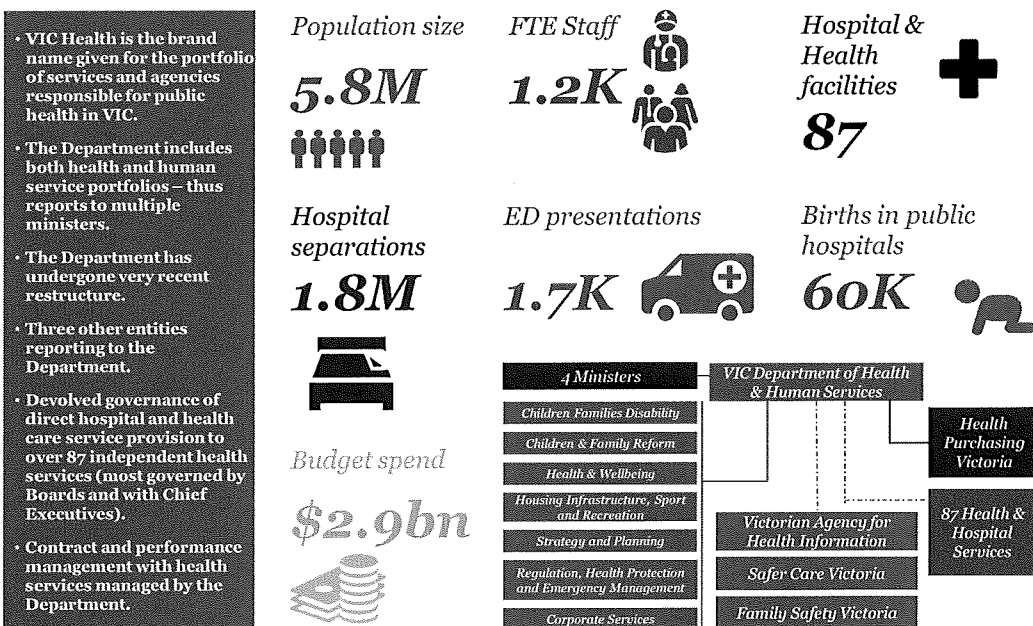


Figure 7 Victorian Public Health System

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*

Profile	Key Observations
<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 <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>Public Health System Structure</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>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>
Tasmanian Department of Health and Human Services	
<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"> 1. Ambulance Tasmania - 55 locations pre-hospital emergency and medical care, health transport and retrieval services. 2. Children and Youth Services - health and human services for children, youth and families. 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. 4. Housing, Disability and Community Services - human service policy and programs across housing disability and other community services. 5. Planning, Purchasing and Performance - strategy and planning functions, purchasing, performance management, monitoring reporting and analysis across the 	

health and human service system including direct service delivery organisations including the Tasmanian Health Service.

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).

Tasmanian Health Service

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.

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.

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.

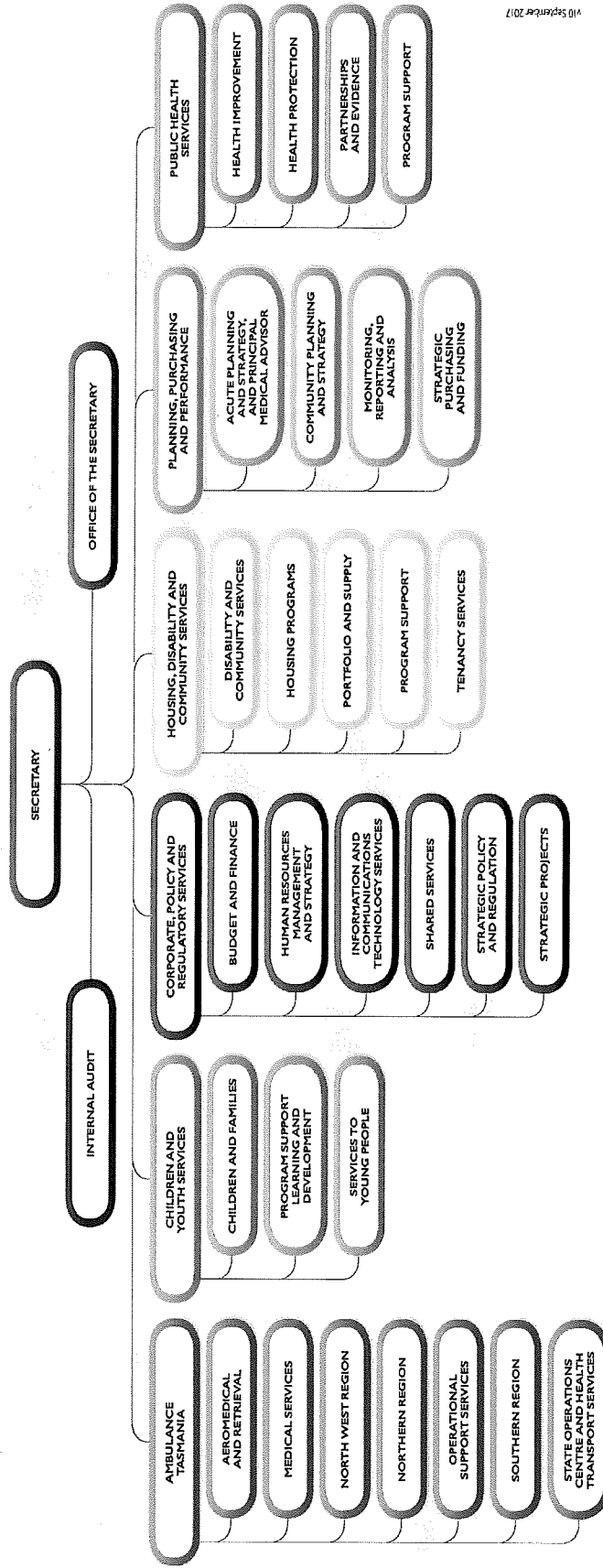
Allied health, community nursing (including specialised nursing), home care, palliative care, dementia services, specialised case management services, aids and appliances and health promotion programs are provided at the community level from community health centres and rural facilities.

Useful Resources¹

- Tasmanian Department of Health and Human Services <http://www.dhhs.tas.gov.au/>
- Tasmanian DHHS Annual Report 2016-2017
https://www.dhhs.tas.gov.au/about_the_department/publications/annual_reports
- Tasmanian Health Service http://www.dhhs.tas.gov.au/tho/area_health_services
- Tasmanian Health Service – Service Level Agreement
http://ths.tas.gov.au/service_agreements

¹ Those resources publically available to support this review.

DEPARTMENT OF HEALTH AND HUMAN SERVICES



10 September 2017



Department of Health and Human Services

Figure 8 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>The Department for Health and Ageing</p> <p>The Department is structured into two divisions:</p> <ol style="list-style-type: none"> 1. Finance and Corporate Services <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"> 2. Transforming Health <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>SA Local Health Networks</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"> • 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. • Northern Adelaide Local Health Network - Acute, sub-acute and mental health services provided through two hospitals and primary care through community health services. • 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. • 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. • 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. • 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. <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/>

2.4 Northern Territory Department of Health

Profile	Key Observations
<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>

Detailed Governance Profiles

<p>The NT Department of Health</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"> • 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. • 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. • 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. • 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. • 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. • 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. • 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. <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.

Publicly 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*

Profile	Key Observations
<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>Department of Health</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"> • Public Health – Population health, prevention and early detection in the remits of environmental health, infectious disease, epidemiology, population health genomics and chronic disease prevention. • Clinical Services and Research– clinical policy development, workforce and health research (not clinical service delivery). • System Policy and Planning – strategic health system policies, plans and strategies. • Governance and System Support. • Purchasing and System Performance. <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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Detailed Governance Profiles

<p>Health Service Providers</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"> • Child and Adolescent Health Service • North Metropolitan Health Service • South Metropolitan Health Service • East Metropolitan Health Service • WA Country Health Service <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>Health Support Services</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>The Mental Health Commission</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>Key Resources</p> <ul style="list-style-type: none"> • WA Department of Health - http://ww2.health.wa.gov.au/About-us • WA Health Support Services - http://ww2.health.wa.gov.au/About-us/Health-Support-Services • WA Mental Health Commission https://www.mhc.wa.gov.au • Examples of Service Agreements 2016-2017 between Health Service Providers and the WA Department of Health http://ww2.health.wa.gov.au/About-us/Service-agreements

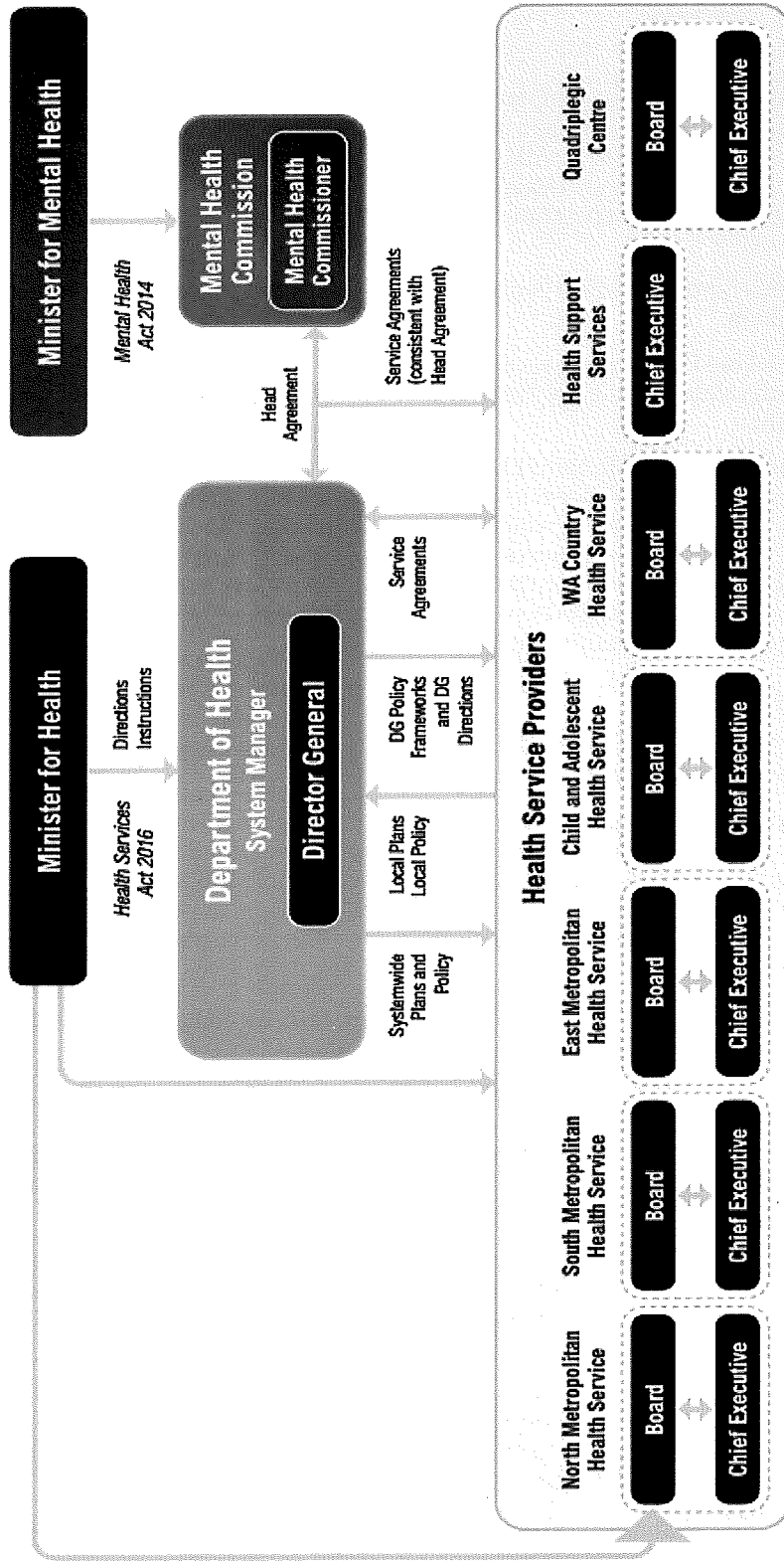


Figure 10 Structure of WA Public Health system (as of 11 December 2017)

2.6 Queensland Department of Health

Profile	Key Observations
<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>Department of Health</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"> • 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. • Corporate Services Division – Audit, risk and governance, capital and asset services, finance, human resources, communications and legal. • 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. • 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. • Prevention Division - including the Chief Health Office, healthcare regulation branch, communicable diseases, aeromedical retrieval and disaster management, preventative health and environmental health protection. • Strategy, Policy and Planning Division – strategic policy and planning leadership including Aboriginal and Torres Strait Islander Health, funding strategy and 	

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"> • 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. • 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. • eHealth Queensland – led by a Chief Executive Officer and provides leadership in digital health planning.
<p>Health Support Queensland</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"> • Pathology Queensland - 35 laboratories across the state. • Forensic and Scientific Services - forensic analysis for cross government programs and services. • Strategic Procurement and Supply – procurement, warehousing, distribution and supply of medical and consumables across the health system. • Central Pharmacy – pharmaceutical purchasing, distribution and manufacturing for QLD Health facilities. • Biomedical Technology Services. • Health Contact Centre – confidential online and phone health services to the public. • Payroll portfolio – workforce management and payroll for QLD health. • Group Linen Services – health care linen services. • Radiology Support – radiology informatics expertise. • ICT Support Services – ICT support services for state-wide and local clinical applications.
<p>Queensland Ambulance</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

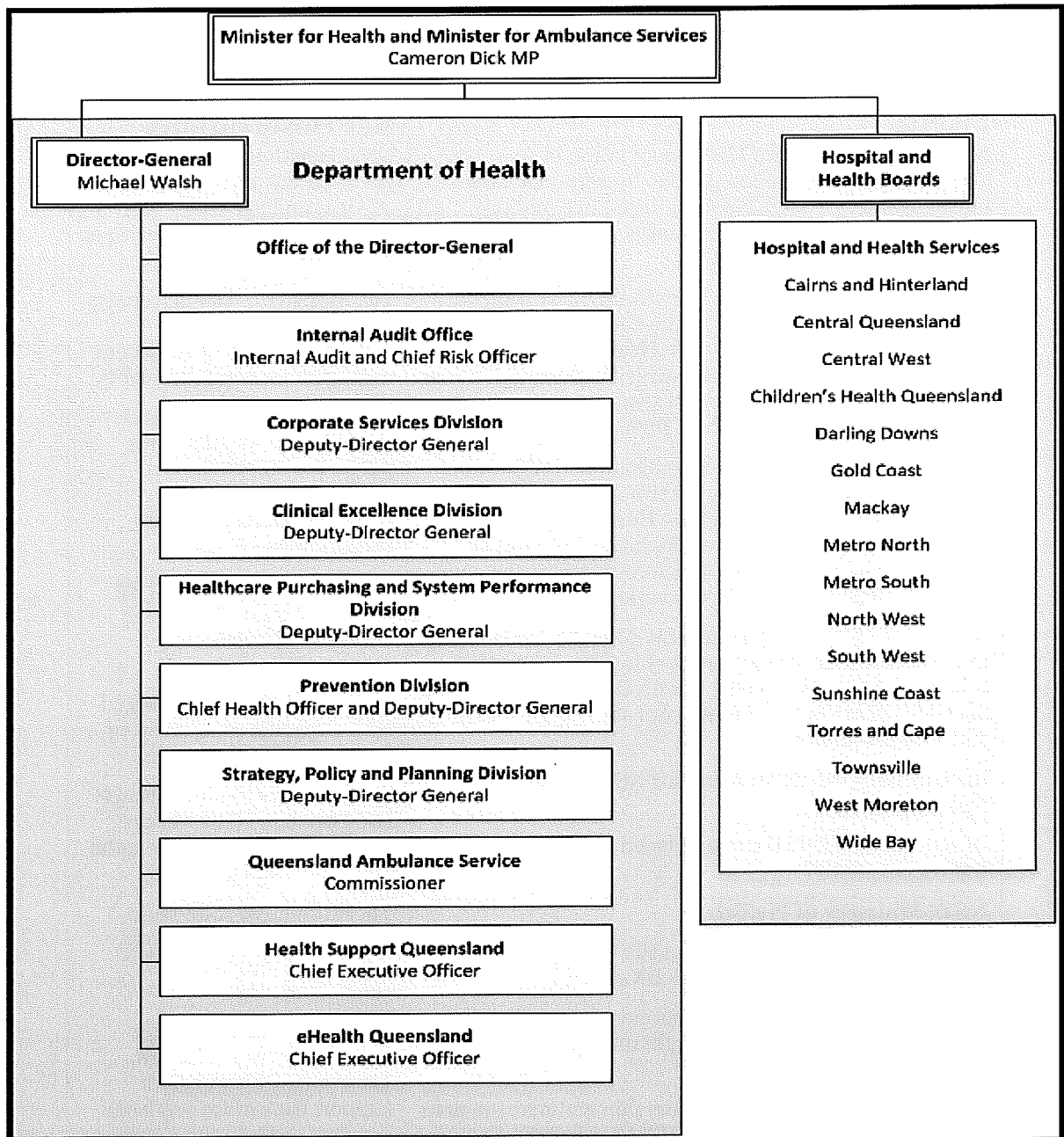


Figure 11 Structure of the QLD public health system (as of 11 December 2017)

2.7 NSW Ministry of Health

Profile	Key Observations
<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>NSW Ministry of Health</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"> 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 	<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

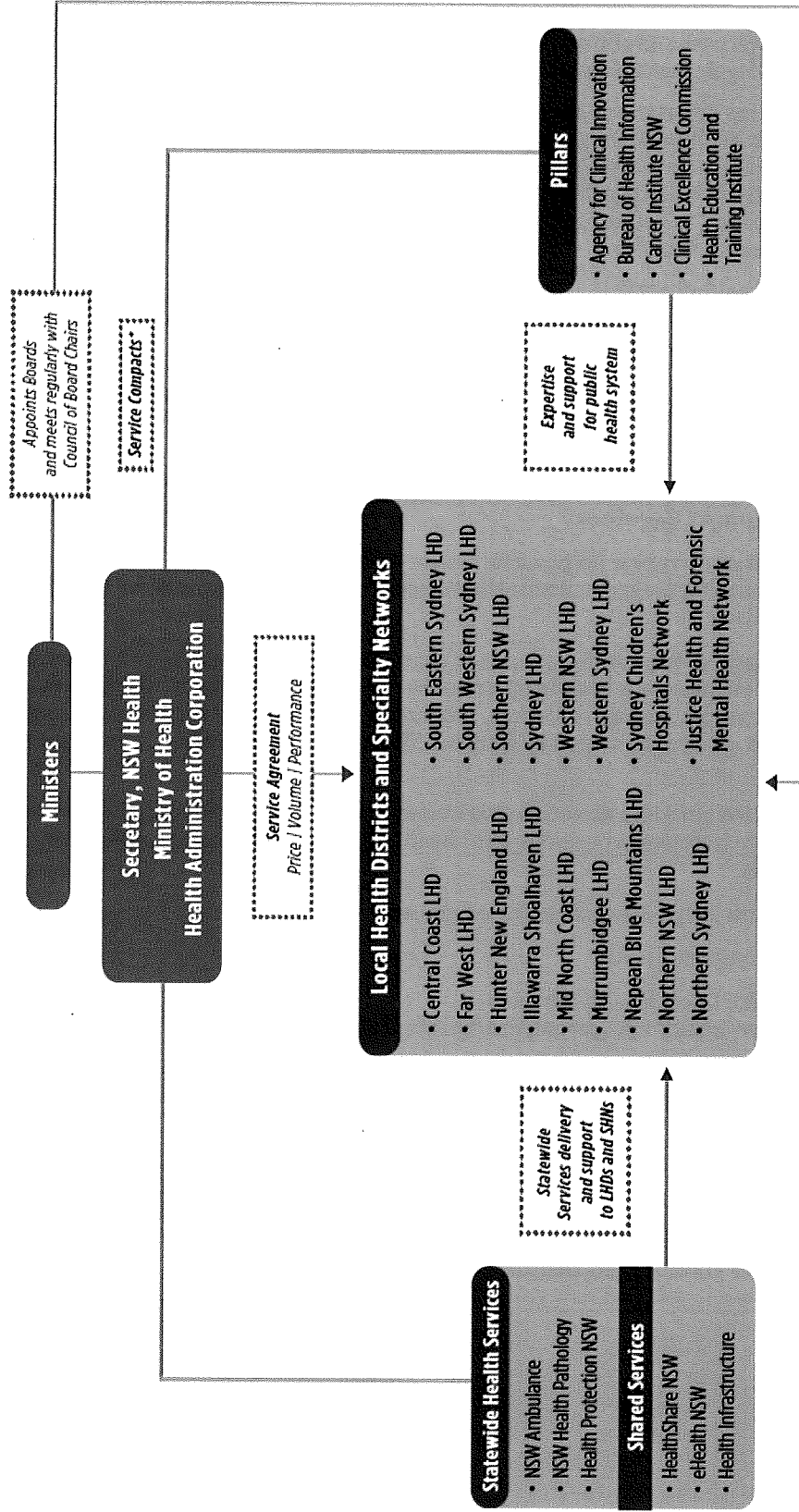
The NSW Health Services Act 1997 allows for the recognition of affiliated health organisations to be recognised as part of the public health system. St Vincent's Hospital Sydney Limited is an affiliated health organisation in respect to St Vincent's Hospital, Darlinghurst; Sacred Heart Health Service, 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>State-wide Health Services</p> <ul style="list-style-type: none"> • 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. • NSW Ambulance is responsible for providing clinical care in emergency situations, including pre-hospital care, rescue and retrieval. • NSW Health Pathology is responsible for providing pathology services to the NSW health system through five clinical and scientific networks.
<p>State-wide Support Services</p> <ul style="list-style-type: none"> • 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. • 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. • eHealth NSW provides direction and leadership in technology led improvements in patient care in consultation with local health districts and specialty networks.
<p>Key Resources</p> <ul style="list-style-type: none"> • NSW Health http://www.health.nsw.gov.au/ • NSW Ministry for Health • NSW Health Local Health Districts http://www.health.nsw.gov.au/lhd/boards/Pages/default.aspx • 2017-2018 Service Agreement template NSW LHD http://www.health.nsw.gov.au/Performance/Documents/service-agreement-generic.pdf • 2017-2018 St Vincent Health service agreement with Ministry Health – available from https://svhs.org.au/ • NSW Health Services Act 1997 (includes requirements for the constitution and reporting of Local Health Districts) https://www.legislation.nsw.gov.au/#/view/act/1997/154/chap3/part2/div2/sec29



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

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

Figure 12 Structure of the NSW Public Health System (as of 11 December 2017)

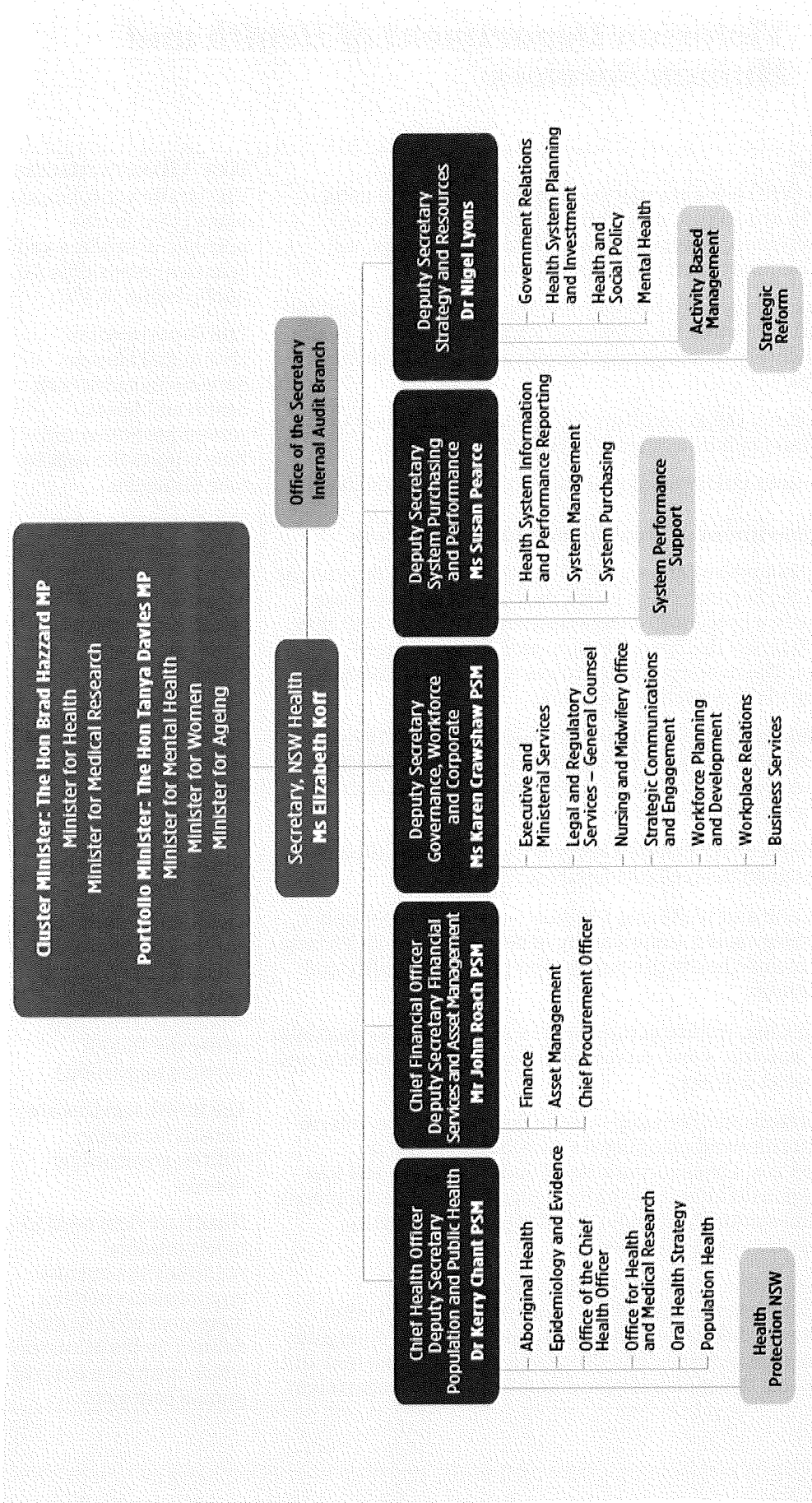


Figure 13 Structure of NSW Ministry of Health (as of 11 December 2017)

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>The Department of Health and Human Services</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"> • Children, Families, Disability and Operations Division – dedicated portfolio for children, families and disability and provides human services directly through four operational divisions. • Children and Families Reform Unit- a time limited unit designed to accelerate family service reforms. • Health and Wellbeing Division – responsible for policy, strategy and commissioning of health services in Victoria. It include health prevention and promotion policy and services. • Housing, Infrastructure, Sport and Recreation – portfolio of housing, sport, recreation, infrastructure planning and project delivery. • 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. • 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. 	<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"> • 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. <p>The Secretary also has reporting lines from a number of other entities:</p> <ul style="list-style-type: none"> • 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. • Safer Care Victoria is the state authority for quality and safety improvement in health care. • 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. <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>

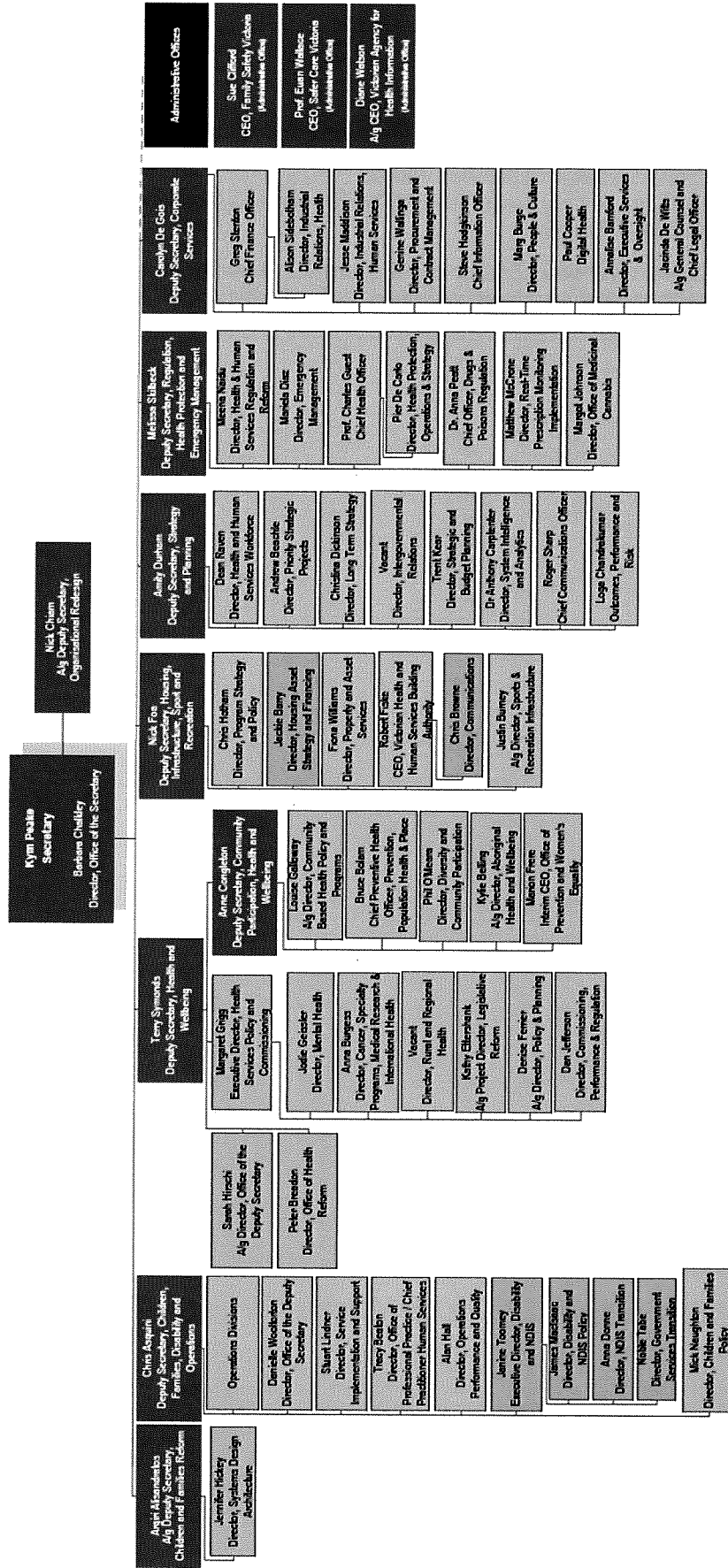


Figure 14. Structure of the Victorian Department of Health and Human Services (as of 11 December 2017)

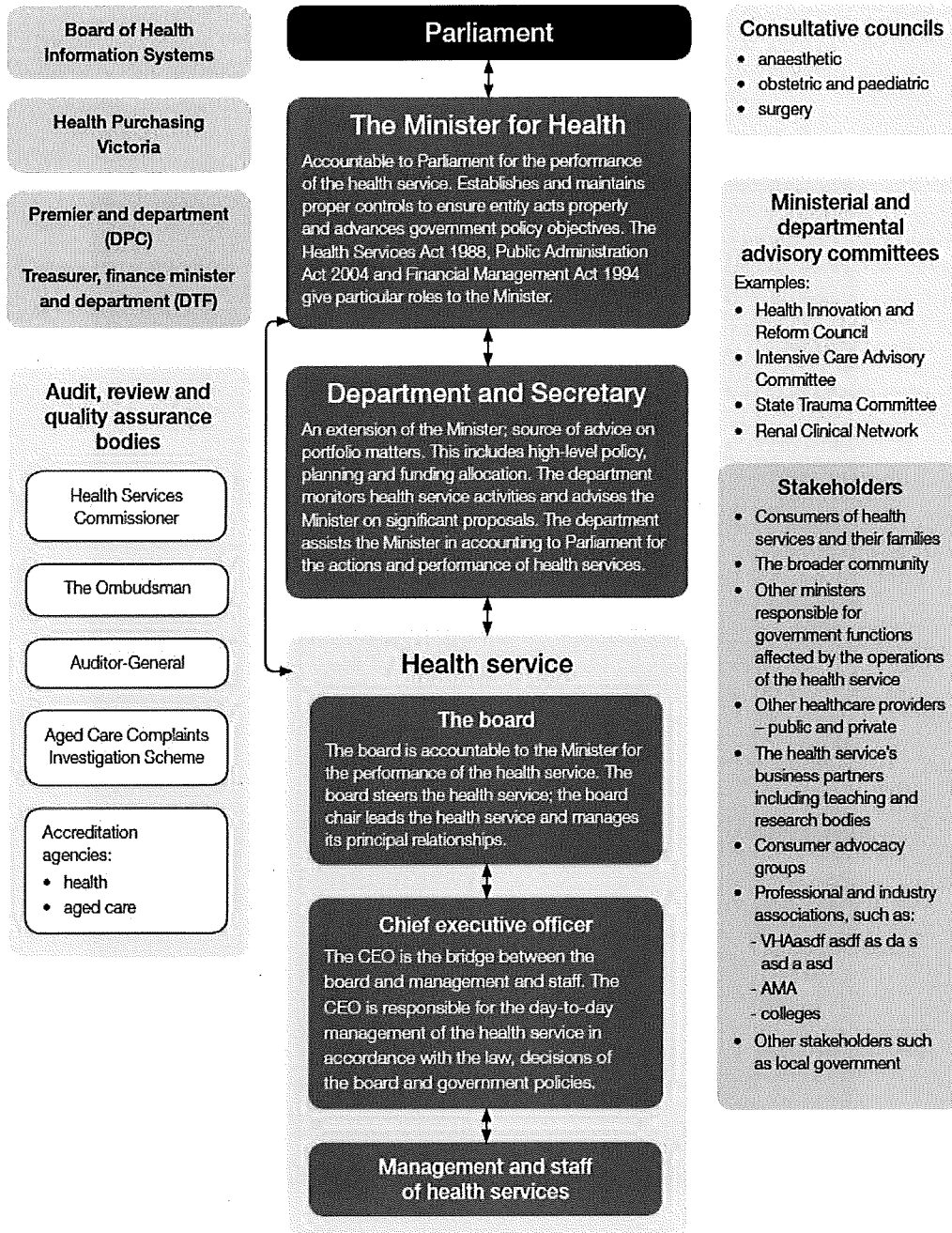


Figure 15 Structure of the Victorian Public Health System (as of 11 December 2017)

Use and distribution of Report

Our Report is intended solely for the information of the Directorate. Except as required by law, the Report may not be disclosed nor its contents published in any way (including on an internet website) without the prior written approval of PricewaterhouseCoopers. PricewaterhouseCoopers does not accept any responsibility to any party other than ACT Health.

Notwithstanding the above, with our prior written consent, you may use or incorporate the Report or sections of the Report provided that:

- a) a draft copy of any report or public disclosure which uses or incorporates any part of our Report is provided to PricewaterhouseCoopers for review and written approval prior to disclosure by the Directorate to any third party;
- b) any reference to or use of the Report is accompanied by the applicable disclaimers provided in writing by PricewaterhouseCoopers; and
- c) you do not make any reference to PricewaterhouseCoopers or the Report publicly and in any medium, or use PricewaterhouseCoopers' logo or branding without the prior written consent of PricewaterhouseCoopers.

PricewaterhouseCoopers may withhold its consent for the purposes of paragraphs (a) and (c) above at its sole discretion and may propose amendments to the publication prior to its release or disclosure to any third party.

Sek, Gabrielle (Health)

From: Sek, Gabrielle (Health)
Sent: Monday, 18 December 2017 10:39 AM
To: Power, Leanne
Cc: Kalleske, Sarah; Stevenson, Nicole (Health)
Subject: PwC Report [SEC=UNCLASSIFIED]
Attachments: ACT Health - Governance Scan Report 121217 updated.docx; Infographic comparison and ACT overview (1).pptx

Dear Leanne

I'm forwarding the above review undertaken by PwC to you on Nicole's behalf. Could I ask that you please provide to HoS for review.

Best regards
Gabrielle

Gabrielle Sek

*Executive Assistant and Executive Officer
to Ms Nicole Feely
Director-General
ACT Health*

Phone: 620 50823
Level 5 2-6 Bowes Street
Phillip WODEN
Email: gabrielle.sek@act.gov.au

Care ▲ Excellence ▲ Collaboration ▲ Integrity



Dal Molin, Vanessa (Health)

From: Dal Molin, Vanessa (Health)
Sent: Tuesday, 5 December 2017 12:57 PM
To: [REDACTED]
Cc: Stevenson, Nicole (Health)
Subject: RE: question on governance scan [DLM=For-Official-Use-Only]

[REDACTED]
 Thanks for your email. I've discussed with the DG and she has indicated that there is no need to look at the Federal Department of Health at this stage.

Regards
 Vanessa

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

Care ▲ Excellence ▲ Collaboration ▲ Integrity

From: [REDACTED]
Sent: Tuesday, 5 December 2017 8:53 AM
To: Dal Molin, Vanessa (Health) <Vanessa.DalMolin@act.gov.au>
Subject: question on governance scan

Vanessa

Just a quick question on our scope and if Nicole is looking for us to incorporate a scan of the Federal Dept of Health?

We have commenced on states and jurisdictions and just wanted to clarify this now rather than later....

Regards

Please consider the environment before printing this email

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

[REDACTED]
www.pwc.com.au
twitter.com/PwC_AU



[REDACTED]
 This email is sent by PwC. The email and any attachments may contain confidential and/or legally privileged material. You must not use or disclose the email if you are not the intended recipient. If you have received the email in error please let us know by contacting the sender and deleting the email. If this email contains a marketing message that you would prefer not to receive in the future please reply to the sender and copy your reply to

privacy.officer@au.pwc.com with "unsubscribe" in the subject line. Our liability is limited by a scheme approved under Professional Standards Legislation.

Dal Molin, Vanessa (Health)

From: [REDACTED]
Sent: Tuesday, 5 December 2017 8:53 AM
To: Dal Molin, Vanessa (Health)
Subject: question on governance scan

Vanessa

Just a quick question on our scope and if Nicole is looking for us to incorporate a scan of the Federal Dept of Health?

We have commenced on states and jurisdictions and just wanted to clarify this now rather than later....

Regards

Please consider the environment before printing this email

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

[REDACTED]
www.pwc.com.au
twitter.com/PwC_AU



[REDACTED]

This email is sent by PwC. The email and any attachments may contain confidential and/or legally privileged material. You must not use or disclose the email if you are not the intended recipient. If you have received the email in error please let us know by contacting the sender and deleting the email. If this email contains a marketing message that you would prefer not to receive in the future please reply to the sender and copy your reply to privacy.officer@au.pwc.com with "unsubscribe" in the subject line. Our liability is limited by a scheme approved under Professional Standards Legislation.

Dal Molin, Vanessa (Health)

From: [REDACTED]
Sent: Monday, 4 December 2017 2:17 PM
To: Dal Molin, Vanessa (Health)
Subject: Fwd: Canon attached image from AUCBR-201
Attachments: 1631_001.pdf

Vanessa
Please find the signed RFQ for the governance scan.
regards

Please consider the environment before printing this email

[REDACTED] • Partner
28 Sydney Ave • Forrest ACT 2603 • Australia
[REDACTED]
www.pwc.com.au
twitter.com/PwC_AU



Executive Assistant: [REDACTED]

----- Forwarded message -----

From: <AUCBR-201@au.pwc.com>
Date: 2017-12-04 14:15 GMT+11:00
Subject: Canon attached image from AUCBR-201
To: [REDACTED]

This email is sent by PwC. The email and any attachments may contain confidential and/or legally privileged material. You must not use or disclose the email if you are not the intended recipient. If you have received the email in error please let us know by contacting the sender and deleting the email. If this email contains a marketing message that you would prefer not to receive in the future please reply to the sender and copy your reply to privacy.officer@au.pwc.com with "unsubscribe" in the subject line. Our liability is limited by a scheme approved under Professional Standards Legislation.



Goods and/or Services REQUEST FOR QUOTATION UNDER \$25,000

This form must only be used to request quotations for purchases with a whole of life value of up to \$25,000 AUD (inclusive of GST). Prompts in red are for your information and should be deleted before sending this form to a potential supplier.

REQUEST FOR QUOTATION INFORMATION

The Territory as represented by the select your directorate would like to invite insert supplier's name to respond to this Request for Quotation (RFQ).

This RFQ comprises:

- Schedule 1 – Statement of Requirement;
- Schedule 2 – General Terms and Conditions for Purchase Orders (Goods and/or Services); and
- Schedule 3 – Supplier's Quotation, including Supplier's declaration.

SCHEDULE 1 - STATEMENT OF REQUIREMENT

RFQ Title:	Health Governance Structures – Scan		
RFQ Number:	To be provided	Territory Contact Officer:	For all matters relating to this RFQ contact: Vanessa Dal Molin at 620 79532 or Vanessa.dalmolin@act.gov.au
Purchasing Directorate:	Health Directorate	Section/Business Unit:	Office of the Director General
Issue Date:	27/11/2017	Closing Date:	01/12/2017
Supplies Required by:	12/12/2017	Note: When selecting a closing date, ensure the time allowed for preparing the quotation is appropriate for the requirement. Best practice is to allow at least two (2) weeks.	
Lodgement method:	Quotations should be lodged with Vanessa Dal Molin via email at Vanessa.dalmolin@act.gov.au in pdf format by the closing date specified above. Please note: due to system restrictions responses cannot exceed one file and 3MB.		
Questions	Any questions relating to this RFQ should be addressed to the Territory Contact Officer and sent via email.		

The Requirement

Item	Details
Description of Requirement (including warranties for goods):	ACT Health is seeking a consultant to undertake an urgent environmental scan of the health governance structures in place within health departments and directorates across Australia. The consultant will be asked to provide a report outlining the governance arrangements in place for health systems across all the jurisdictions. The aim is to assist ACT Health in understanding the governance structures deployed across other health jurisdictions.
Background Information:	Not applicable.

Item	Details
Delivery Instructions (for goods) or Service Timeframes/ Milestones (for services):	<p>Services are required to be undertaken urgently, with a report to be provided to the Director General, ACT Health by close of business on 8 December 2017.</p> <p style="text-align: center;">12</p>
Required insurance/s	<p>The Supplier must effect and maintain all insurances required to be effected by it by law and the following insurances:</p> <ol style="list-style-type: none"> 1. Public liability insurance with coverage in the amount of no less than \$10 million in respect of each occurrence; 2. For Supplies that include services, professional indemnity insurance with coverage in the amount of no less than \$10 million in the annual aggregate; and 3. For supplies that include goods, product liability insurance to a value of \$10 million in the annual aggregate. <p>The Supplier must provide evidence of the above insurances.</p>

SCHEDULE 2 - GENERAL TERMS AND CONDITIONS FOR PURCHASE ORDERS (GOODS AND SERVICES)

If this quotation is accepted and approved by the Australian Capital Territory (indicated at the end of the document), the following general terms and conditions for purchase orders (Goods and/or Services) will apply to the provision of the supplies.

1. Provision of Supplies

- 1.1 The Supplier must provide the goods and/or services specified in the Purchase Order (**Supplies**) according to the provisions of the Purchase Order and these terms and conditions (collectively, **Contract**) and to a high standard of care, skill and diligence.
- 1.2 Supplies that are goods must be new and unused, free from any security interest, defects in materials and workmanship, of acceptable quality and must conform to any specifications and descriptions set out in the Purchase Order.
- 1.3 If the Supplies contain hazardous substances, the Supplier must provide material safety data sheets for those hazardous substances.

2. Price of Supplies

- 2.1 Except if otherwise stated in the Purchase Order, the price for the Supplies is:
 - (a) payable within 30 days of receipt by the Territory of an Invoice;
 - (b) inclusive of GST and all other taxes, duties and charges; and
 - (c) inclusive of all disbursements, including out of pocket expenses incurred by the Supplier.
- 2.2 An Invoice may be issued by the Supplier upon the satisfactory completion of each milestone set out in the Purchase Order, or if no milestones are specified, on the satisfactory completion of all services and acceptance of all goods comprising the Supplies.

3. Delivery and Acceptance

- 3.1 Supplies that are goods must be delivered at the times and places detailed in the Purchase Order, in good order and condition and marked with the relevant Purchase Order Number and full delivery point details. Delivery will be free into store unless otherwise specified in the Contract.
- 3.2 The Territory may reject Supplies supplied incorrectly, damaged, in excess of or less than specified quantities or otherwise found not to be in accordance with the Purchase Order.
- 3.3 If the Territory rejects any Supplies, the Supplier must, at no cost to the Territory and within any

timeframe specified by the Territory, remove the Supplies (in the case of goods) and:

- (a) replace any rejected Supplies that are goods; and
- (b) re-perform any rejected Supplies that are services; or
- (c) refund any payment for the rejected Supplies.

- 3.4 If the Territory does not reject the Supplies within 14 days of receiving the Supplies, the Territory is taken to have accepted the Supplies.

4. Title and Risk

Risk of loss and damage and title in Supplies that are goods passes to the Territory on its acceptance of those goods.

5. Warranty

For Supplies that are goods, the Supplier must:

- (a) during any warranty period specified in the Purchase Order, at no cost to the Territory, correct all defects in the Supplies by way of repair, replacement or such other means acceptable to the Territory; and
- (b) ensure, to the extent practicable and permitted by law, that the Territory receives the benefit of any warranty given by a third party with respect to any goods, however, this does not in any way relieve the Supplier of any obligation or warranty by it under the Contract and the Supplier is liable for all costs incidental to the discharge of any warranty under the Contract.

6. Insurance

The Supplier must effect and maintain for the Purchase Order term any insurances specified in the Purchase Order.

7. Indemnity

The Supplier indemnifies the Territory, its employees and agents against all liability in respect of all claims, costs and expenses in relation to all loss, damage, injury or death to persons or property caused by the Supplier, in connection with the provision of the Supplies, except to the extent that the Territory caused the relevant loss, damage or injury.

8. Cancellation

The Territory may cancel the Purchase Order in part or whole, at any time by notice to the Supplier, if the Supplier:

- (a) enters, or in the Territory's absolute opinion, is likely to enter, into any form of external administration or makes any arrangement with its creditors or takes advantage of any statute for the relief of insolvent debtors;
- (b) fails to provide the Supplies within, or to meet any other, timeframes or milestones specified in this Contract; or
- (c) is otherwise in breach of a provision of this Contract, where that breach:
 - (i) if capable of being remedied, is not remedied within the period specified in a notice by the Territory, or
 - (ii) is not capable of being remedied.

9. Assignment and Subcontracting

The Supplier must not assign or subcontract any of its rights or obligations under this Contract without the prior written consent of the Territory.

10. Applicable Law

The laws of the Australian Capital Territory apply to this Contract.

11. Variation

This Contract may be varied only by the written agreement of the parties prior to the expiration of the Contract.

12. Entire Agreement

The Contract constitutes the entire agreement of the parties in relation to the provision of the Supplies and all other agreements, warranties and representations are excluded.

SCHEDULE 3 - SUPPLIER'S QUOTATION FOR SUPPLIES (TO BE COMPLETED BY SUPPLIER)**Supplier's Details**

Full legal name:	PwC Australia
Registered office or postal address:	20 Sydney Avenue Barton, ACT
ACN/ARBN (if applicable):	Not applicable
ABN (if applicable):	52 780 433 757

Contact Officer for the Supplier

For all matters relating to this RFQ, including any notices, the Supplier's contact officer will be:

Name:	
Position title:	
Phone:	
Mobile:	
Email:	

Supplier's Quotation

Details of relevant qualifications and/or certifications held:	Not applicable
If insurances are required by the Statement of Requirements, please state the insurances held:	PwC confirms that we hold the necessary insurances.
Provide a brief summary of similar work undertaken/goods supplied in the past 12 months.	Not applicable

Scope exclusions



Use and distribution of Report

Our Report is intended solely for the information of the Directorate. Except as required by law, the Report may not be disclosed nor its contents published in any way (including on an internet website) without the prior written approval of PricewaterhouseCoopers. PricewaterhouseCoopers does not accept any responsibility to any party other than ACT Health.

Notwithstanding the above, with our prior written consent, you may use or incorporate the Report or sections of the Report provided that:

- a) a draft copy of any report or public disclosure which uses or incorporates any part of our Report is provided to PricewaterhouseCoopers for review and written approval prior to disclosure by the Directorate to any third party;
- b) any reference to or use of the Report is accompanied by the applicable disclaimers provided in writing by PricewaterhouseCoopers; and
- c) you do not make any reference to PricewaterhouseCoopers or the Report publicly and in any medium, or use PricewaterhouseCoopers' logo or branding without the prior written consent of PricewaterhouseCoopers.

PricewaterhouseCoopers may withhold its consent for the purposes of paragraphs (a) and (c) above at its sole discretion and may propose amendments to the publication prior to its release or disclosure to any third party.

Quality of service

It is our desire to provide you with a high quality service to meet your needs. If you believe that our service to you could be improved, or if you are dissatisfied with any aspect of our service, please raise the matter immediately with the engagement leader. If you would prefer to discuss these matters with someone other than that person, please contact [redacted] at PwC Canberra, 28 Sydney Avenue, Barton, ACT. This will enable us to ensure that your concerns are dealt with promptly and appropriately.

Key personnel (if applicable) and pricing	Name and Position (if applicable)				Expected Days allocated	Hourly Rate (including GST)	Daily Rate (including GST)
Please note: Total Cost field must be completed.	[redacted]				[redacted]	[redacted]	[redacted]
	[redacted]				[redacted]	[redacted]	[redacted]
	Total Cost (including GST)						[redacted]

SUPPLIER'S DECLARATION



I/We quote to provide the goods and / or services described in the RFQ (Supplies) at the prices specified in this Supplier's Quotation.

I/We understand that if accepted by the Territory, this Supplier's Quotation becomes the purchase order for the provision of the Supplies.

I/We declare I/We have read and, if this Supplier's Quotation is accepted by the Territory, agree to provide the Supplies on the basis of the General Terms and Conditions for Purchase Orders (Goods and/ or Services).

Prior to signing ensure you have the legal authority to be a signatory for this quote.

NB: physical signatures are not required for this document. Complete the information and return electronically to the email address provided in Schedule 1.

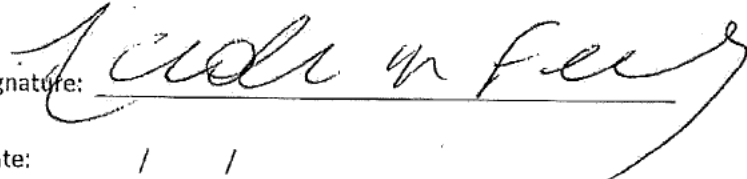
Signatory's Full Printed Name:	[REDACTED]	Signatory's Title/Position:	[REDACTED]
Signatory's Phone Number:	[REDACTED]	Signatory's email address:	[REDACTED]
Signatory's Signature:	[REDACTED]	Date:	31/11/2017 4/12/17

TERRITORY APPROVAL FORM (TO BE COMPLETED BY THE AUSTRALIAN CAPITAL TERRITORY)

By signing this form I, *Nicole Feely*, Director General representing the Health Directorate on behalf of the Australian Capital Territory, commit to purchasing the above specified *consultancy services* in accordance with the methodology and price specified in the Supplier's Quotation.

Signatory's Full Printed Name:	Nicole Feely	Signatory's Title/Position:	Director General
--------------------------------	--------------	-----------------------------	------------------

The Territory accepts the quotation and the Supplier is permitted to commence the provision of the Supplies.

Signature: 

Date: 1 1

Dal Molin, Vanessa (Health)

From: Dal Molin, Vanessa (Health)
Sent: Monday, 4 December 2017 2:02 PM
To: [REDACTED]
Cc: Stevenson, Nicole (Health)
Subject: Consultancy - Health Governance Structures - Scan [DLM=For-Official-Use-Only]
Attachments: 20171204124950982.pdf

Dear [REDACTED]

Please find attached the signed request for quotation documentation, for your information.

When you have a spare moment, I'd appreciate if you could call me to discuss further.

Many thanks
Vanessa



Goods and/or Services REQUEST FOR QUOTATION UNDER \$25,000

This form must only be used to request quotations for purchases with a whole of life value of up to \$25,000 AUD (inclusive of GST). Prompts in red are for your information and should be deleted before sending this form to a potential supplier.

REQUEST FOR QUOTATION INFORMATION

The Territory as represented by the select your directorate would like to invite insert supplier's name to respond to this Request for Quotation (RFQ).

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- Schedule 1 – Statement of Requirement;
- Schedule 2 – General Terms and Conditions for Purchase Orders (Goods and/or Services); and
- Schedule 3 – Supplier's Quotation, including Supplier's declaration.

SCHEDULE 1 - STATEMENT OF REQUIREMENT

RFQ Title:	Health Governance Structures – Scan		
RFQ Number:	To be provided	Territory Contact Officer:	For all matters relating to this RFQ contact: Vanessa Dal Molin at 620 79532 or Vanessa.dalmolin@act.gov.au
Purchasing Directorate:	Health Directorate	Section/Business Unit:	Office of the Director General
Issue Date:	27/11/2017	Closing Date:	01/12/2017
Supplies Required by:	12/12/2017	<i>Note: When selecting a closing date, ensure the time allowed for preparing the quotation is appropriate for the requirement. Best practice is to allow at least two (2) weeks.</i>	
Lodgement method:	Quotations should be lodged with Vanessa Dal Molin via email at Vanessa.dalmolin@act.gov.au in pdf format by the closing date specified above. Please note: due to system restrictions responses cannot exceed one file and 3MB.		
Questions	Any questions relating to this RFQ should be addressed to the Territory Contact Officer and sent via email.		

The Requirement

Item	Details
Description of Requirement (including warranties for goods):	ACT Health is seeking a consultant to undertake an urgent environmental scan of the health governance structures in place within health departments and directorates across Australia. The consultant will be asked to provide a report outlining the governance arrangements in place for health systems across all the jurisdictions. The aim is to assist ACT Health in understanding the governance structures deployed across other health jurisdictions.
Background Information:	Not applicable.

Item	Details
Delivery Instructions (for goods) or Service Timeframes/ Milestones (for services):	Services are required to be undertaken urgently, with a report to be provided to the Director General, ACT Health by close of business on 8 December 2017.
Required insurance/s	<p>The Supplier must effect and maintain all insurances required to be effected by it by law and the following insurances:</p> <ol style="list-style-type: none"> 1. Public liability insurance with coverage in the amount of no less than \$10 million in respect of each occurrence; 2. For Supplies that include services, professional indemnity insurance with coverage in the amount of no less than \$10 million in the annual aggregate; and 3. For supplies that include goods, product liability insurance to a value of \$10 million in the annual aggregate. <p>The Supplier must provide evidence of the above insurances.</p>

SCHEDULE 2 - GENERAL TERMS AND CONDITIONS FOR PURCHASE ORDERS (GOODS AND SERVICES)

If this quotation is accepted and approved by the Australian Capital Territory (indicated at the end of the document), the following general terms and conditions for purchase orders (Goods and/or Services) will apply to the provision of the supplies.

1. Provision of Supplies

- 1.1 The Supplier must provide the goods and/or services specified in the Purchase Order (Supplies) according to the provisions of the Purchase Order and these terms and conditions (collectively, **Contract**) and to a high standard of care, skill and diligence.
- 1.2 Supplies that are goods must be new and unused, free from any security interest, defects in materials and workmanship, of acceptable quality and must conform to any specifications and descriptions set out in the Purchase Order.
- 1.3 If the Supplies contain hazardous substances, the Supplier must provide material safety data sheets for those hazardous substances.

2. Price of Supplies

- 2.1 Except if otherwise stated in the Purchase Order, the price for the Supplies is:
 - (a) payable within 30 days of receipt by the Territory of an Invoice;
 - (b) inclusive of GST and all other taxes, duties and charges; and
 - (c) inclusive of all disbursements, including out of pocket expenses incurred by the Supplier.
- 2.2 An Invoice may be issued by the Supplier upon the satisfactory completion of each milestone set out in the Purchase Order, or if no milestones are specified, on the satisfactory completion of all services and acceptance of all goods comprising the Supplies.

3. Delivery and Acceptance

- 3.1 Supplies that are goods must be delivered at the times and places detailed in the Purchase Order, in good order and condition and marked with the relevant Purchase Order Number and full delivery point details. Delivery will be free into store unless otherwise specified in the Contract.
- 3.2 The Territory may reject Supplies supplied incorrectly, damaged, in excess of or less than specified quantities or otherwise found not to be in accordance with the Purchase Order.
- 3.3 If the Territory rejects any Supplies, the Supplier must, at no cost to the Territory and within any

timeframe specified by the Territory, remove the Supplies (in the case of goods) and:

- (a) replace any rejected Supplies that are goods; and
- (b) re-perform any rejected Supplies that are services; or
- (c) refund any payment for the rejected Supplies.

- 3.4 If the Territory does not reject the Supplies within 14 days of receiving the Supplies, the Territory is taken to have accepted the Supplies.

4. Title and Risk

Risk of loss and damage and title in Supplies that are goods passes to the Territory on its acceptance of those goods.

5. Warranty

For Supplies that are goods, the Supplier must:

- (a) during any warranty period specified in the Purchase Order, at no cost to the Territory, correct all defects in the Supplies by way of repair, replacement or such other means acceptable to the Territory; and
- (b) ensure, to the extent practicable and permitted by law, that the Territory receives the benefit of any warranty given by a third party with respect to any goods,

however, this does not in any way relieve the Supplier of any obligation or warranty by it under the Contract and the Supplier is liable for all costs incidental to the discharge of any warranty under the Contract.

6. Insurance

The Supplier must effect and maintain for the Purchase Order term any insurances specified in the Purchase Order.

7. Indemnity

The Supplier indemnifies the Territory, its employees and agents against all liability in respect of all claims, costs and expenses in relation to all loss, damage, injury or death to persons or property caused by the Supplier, in connection with the provision of the Supplies, except to the extent that the Territory caused the relevant loss, damage or injury.

8. Cancellation

The Territory may cancel the Purchase Order in part or whole, at any time by notice to the Supplier, if the Supplier:

- (a) enters, or in the Territory's absolute opinion, is likely to enter, into any form of external administration or makes any arrangement with its creditors or takes advantage of any statute for the relief of insolvent debtors;
- (b) fails to provide the Supplies within, or to meet any other, timeframes or milestones specified in this Contract; or
- (c) is otherwise in breach of a provision of this Contract, where that breach:
 - (i) if capable of being remedied, is not remedied within the period specified in a notice by the Territory, or
 - (ii) is not capable of being remedied.

9. Assignment and Subcontracting

The Supplier must not assign or subcontract any of its rights or obligations under this Contract without the prior written consent of the Territory.

10. Applicable Law

The laws of the Australian Capital Territory apply to this Contract.

11. Variation

This Contract may be varied only by the written agreement of the parties prior to the expiration of the Contract.

12. Entire Agreement

The Contract constitutes the entire agreement of the parties in relation to the provision of the Supplies and all other agreements, warranties and representations are excluded.

SCHEDULE 3 - SUPPLIER'S QUOTATION FOR SUPPLIES (TO BE COMPLETED BY SUPPLIER)**Supplier's Details**

Full legal name:	PwC Australia
Registered office or postal address:	20 Sydney Avenue Barton, ACT
ACN/ARBN (if applicable):	Not applicable
ABN (if applicable):	52 780 433 757

Contact Officer for the Supplier

For all matters relating to this RFQ, including any notices, the Supplier's contact officer will be:

Name:	
Position title:	
Phone:	
Mobile:	
Email:	

Supplier's Quotation

Details of relevant qualifications and/or certifications held:	Not applicable
If insurances are required by the Statement of Requirements, please state the insurances held:	PwC confirms that we hold the necessary insurances.
Provide a brief summary of similar work undertaken/goods supplied in the past 12 months.	Not applicable

SUPPLIER'S QUOTATION FOR SUPPLIES (CONTINUED...)

Goods (if applicable)

Item Number	Item Description	Quantity	Unit Price (excluding GST)	GST Component	Unit Price (including GST)	Total
1	Governance Scan	1	██████████	██████████	██████████	██████████
					Total (including GST)	██████████

Details of Warranties (if applicable)
 Insert the details of any warranty period that will be offered for these good/s.

Services (if applicable)

<p>Brief response to Statement of Requirements, including milestones (if applicable)</p>	<p>PwC will identify the deployed governance structures by undertaking and delivering the following:</p> <p>Scope of work The scope of work will include:</p> <div style="background-color: black; height: 100px; width: 100%;"></div> <p>Deliverables The deliverables and the expected timetable are set out below:</p> <div style="background-color: black; height: 100px; width: 100%;"></div>
---	--

<p>Use and distribution of Report</p> <p>Our Report is intended solely for the information of the Directorate. Except as required by law, the Report may not be disclosed nor its contents published in any way (including on an internet website) without the prior written approval of PricewaterhouseCoopers. PricewaterhouseCoopers does not accept any responsibility to any party other than ACT Health.</p> <p>Notwithstanding the above, with our prior written consent, you may use or incorporate the Report or sections of the Report provided that:</p> <ul style="list-style-type: none"> a) a draft copy of any report or public disclosure which uses or incorporates any part of our Report is provided to PricewaterhouseCoopers for review and written approval prior to disclosure by the Directorate to any third party; b) any reference to or use of the Report is accompanied by the applicable disclaimers provided in writing by PricewaterhouseCoopers; and c) you do not make any reference to PricewaterhouseCoopers or the Report publicly and in any medium, or use PricewaterhouseCoopers' logo or branding without the prior written consent of PricewaterhouseCoopers. <p>PricewaterhouseCoopers may withhold its consent for the purposes of paragraphs (a) and (c) above at its sole discretion and may propose amendments to the publication prior to its release or disclosure to any third party.</p> <p>Quality of service</p> <p>It is our desire to provide you with a high quality service to meet your needs. If you believe that our service to you could be improved, or if you are dissatisfied with any aspect of our service, please raise the matter immediately with the engagement leader. If you would prefer to discuss these matters with someone other than that person, please contact [REDACTED] at PwC Canberra, 28 Sydney Avenue, Barton, ACT. This will enable us to ensure that your concerns are dealt with promptly and appropriately.</p>	<p>Key personnel (if applicable) and pricing</p> <p>Please note: Total Cost field must be completed.</p>															
	<table border="1"> <thead> <tr> <th data-bbox="1093 123 1189 336">Name and Position (if applicable)</th> <th data-bbox="1093 336 1189 560">Expected Days allocated</th> <th data-bbox="1093 560 1189 784">Hourly Rate (including GST)</th> <th data-bbox="1093 784 1189 1008">Daily Rate (including GST)</th> </tr> </thead> <tbody> <tr> <td data-bbox="1189 123 1236 336">[REDACTED]</td> <td data-bbox="1189 336 1236 560">[REDACTED]</td> <td data-bbox="1189 560 1236 784">[REDACTED]</td> <td data-bbox="1189 784 1236 1008">[REDACTED]</td> </tr> <tr> <td data-bbox="1236 123 1284 336">[REDACTED]</td> <td data-bbox="1236 336 1284 560">[REDACTED]</td> <td data-bbox="1236 560 1284 784">[REDACTED]</td> <td data-bbox="1236 784 1284 1008">[REDACTED]</td> </tr> <tr> <td colspan="3" data-bbox="1284 123 1396 1008" style="text-align: right;">Total Cost (including GST)</td> <td data-bbox="1284 1008 1396 1008">[REDACTED]</td> </tr> </tbody> </table>	Name and Position (if applicable)	Expected Days allocated	Hourly Rate (including GST)	Daily Rate (including GST)	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Total Cost (including GST)		
Name and Position (if applicable)	Expected Days allocated	Hourly Rate (including GST)	Daily Rate (including GST)													
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]													
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]													
Total Cost (including GST)			[REDACTED]													

SUPPLIER'S DECLARATION

I/We quote to provide the goods and / or services described in the RFQ (Supplies) at the prices specified in this Supplier's Quotation.

I/We understand that if accepted by the Territory, this Supplier's Quotation becomes the purchase order for the provision of the Supplies.

I/We declare I/We have read and, if this Supplier's Quotation is accepted by the Territory, agree to provide the Supplies on the basis of the General Terms and Conditions for Purchase Orders (Goods and/ or Services).

Prior to signing ensure you have the legal authority to be a signatory for this quote.

NB: physical signatures are not required for this document. Complete the information and return electronically to the email address provided in Schedule 1.

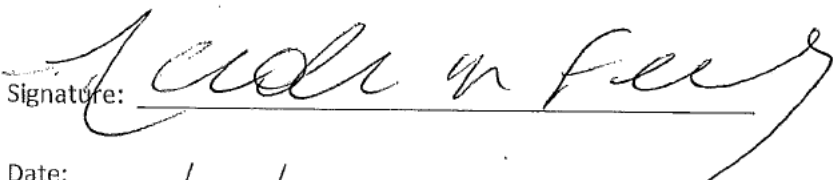
Signatory's Full Printed Name:	██████████	Signatory's Title/Position:	██████████
Signatory's Phone Number:	██████████	Signatory's email address:	██████████
Signatory's Signature:		Date:	31/11/2017

TERRITORY APPROVAL FORM (TO BE COMPLETED BY THE AUSTRALIAN CAPITAL TERRITORY)

By signing this form I, *Nicole Feely*, Director General representing the Health Directorate on behalf of the Australian Capital Territory, commit to purchasing the above specified *consultancy services* in accordance with the methodology and price specified in the Supplier's Quotation.

Signatory's Full Printed Name:	Nicole Feely	Signatory's Title/Position:	Director General
--------------------------------	--------------	-----------------------------	------------------

The Territory accepts the quotation and the Supplier is permitted to commence the provision of the Supplies.

Signature: 

Date: / /

Dal Molin, Vanessa (Health)

From: Leigh, Kathy
Sent: Sunday, 3 December 2017 10:45 AM
To: Feely, Nicole (Health)
Cc: Power, Leanne
Subject: Re: Review of structure

Follow Up Flag: Follow up
Flag Status: Completed

Thanks Nicole. Let's discuss once you have the scan.

Kathy

On 3 Dec 2017, at 10:21 am, Feely, Nicole (Health) <Nicole.Feely@act.gov.au> wrote:

I have asked PWC on a single select to undertake a scan of the governance models across Australia as a first step. That will be done by 5 December following which I was planning to discuss next steps with you. This scan step will be needed for any review regardless.

I need to get clarity from the Minister as to what precisely is concerning her about the current structure other than I have too many direct reports. My preference is we do not let history re Boards etc repeat itself without being clear as to the 'why' - Once this is clear, TOR for a review will then be able to be drafted. If you have any further insights, I would appreciate hearing them.

Happy to discuss of course.

Regards - Nicole

Nicole Feely
Director General
ACT Health
02 6205 0823

On 3 Dec 2017, at 10:07 am, Leigh, Kathy <Kathy.Leigh@act.gov.au> wrote:

Nicole

Just wondering if you have a view on how to proceed with the review.

Eg do you have a draft terms of reference?

Do you propose to go out to tender or is there a specialist in this area that would mean you would want to do a single select?

Thanks

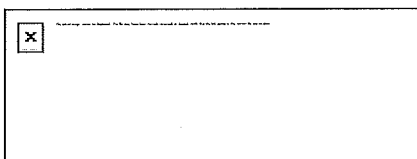
Kathy

Kathy Leigh | Head of Service and Director-General

Phone: [02 6205 0246](tel:0262050246) | Email: kathy.leigh@act.gov.au

Chief Minister, Treasury and Economic Development Directorate | ACT Government

Level 5 Canberra Nara Centre | GPO [Box 158 Canberra ACT 2601](mailto:Box158@act.gov.au) | www.act.gov.au



Dal Molin, Vanessa (Health)

From: Dal Molin, Vanessa (Health)
Sent: Friday, 1 December 2017 7:54 AM
To: [REDACTED]
Subject: RE: RFQ - Health Governance Structures - Scan [DLM=For-Official-Use-Only]

It would be appreciated if you could use the templates I sent through last night, if at all possible. These templates are for consultancies valued at under \$25k.

Thanks
 Vanessa

From: [REDACTED]
Sent: Thursday, 30 November 2017 7:42 PM
To: Dal Molin, Vanessa (Health) <Vanessa.DalMolin@act.gov.au>
Subject: Re: RFQ - Health Governance Structures - Scan [DLM=For-Official-Use-Only]

vanessa

ok - apologies - disregard my previous responses - I now assume we need to fill out the RFQ format?
 i will send updates tonight and you can let me know which format you use

Please consider the environment before printing this email

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

[REDACTED]
www.pwc.com.au
twitter.com/PwC_AU



On Thu, Nov 30, 2017 at 6:09 PM, Dal Molin, Vanessa (Health) <Vanessa.DalMolin@act.gov.au> wrote:

Dear [REDACTED]

As mentioned earlier, please see attached RFQ for your completion. Happy to discuss further if you have any questions.

Thanks for your assistance.

Regards
 Vanessa

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

Care π Excellence π Collaboration π Integrity

This email, and any attachments, may be confidential and also privileged. If you are not the intended recipient, please notify the sender and delete all copies of this transmission along with any attachments immediately. You should not copy or use it for any purpose, nor disclose its contents to any other person.

This email is sent by PwC. The email and any attachments may contain confidential and/or legally privileged material. You must not use or disclose the email if you are not the intended recipient. If you have received the email in error please let us know by contacting the sender and deleting the email. If this email contains a marketing message that you would prefer not to receive in the future please reply to the sender and copy your reply to privacy.officer@au.pwc.com with "unsubscribe" in the subject line. Our liability is limited by a scheme approved under Professional Standards Legislation.

Dal Molin, Vanessa (Health)

From: Dal Molin, Vanessa (Health)
Sent: Thursday, 30 November 2017 6:09 PM
To: [REDACTED]
Subject: RFQ - Health Governance Structures - Scan [DLM=For-Official-Use-Only]
Attachments: 20171130170438992.pdf; Request-for-Quote-GS-under\$25k.docx

Dear [REDACTED]

As mentioned earlier, please see attached RFQ for your completion. Happy to discuss further if you have any questions.

Thanks for your assistance.

Regards
Vanessa

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

Care  Excellence  Collaboration  Integrity



Office of the Director-General



PricewaterhouseCoopers
GPO Box 2650
SYDNEY NSW 1171

Dear 

LETTER OF INVITATION

Health Governance Structures – Scan

ACT Health invites PWC to provide a quotation to undertake an urgent environmental scan of health governance structures across Australian health systems, with a completion date of 8 December 2017

Attached please find:

- Request for Quotation Form (under \$25,000) including Statement of Requirements; and
- Purchase Order Terms and Conditions.

The Request for Quotations Form must be returned to the Requesting Officer by 2pm on 1 December 2017 at vanessa.dalmolin@act.gov.au.

If you are selected as the successful supplier/respondent, the territory will forward the completed Request for Quotation Form with a purchase order as the method of engagement to deliver the required goods/services.

Please do not hesitate to contact me on 620 79532 if you require clarification. I look forward to receiving a quotation from your organisation.

Yours sincerely

A handwritten signature in cursive script, appearing to read 'Nicole Feely'.

Nicole Feely
Director General
ACT Health

27 November 2017

Goods and/or Services REQUEST FOR QUOTATION UNDER \$25,000

This form must only be used to request quotations for purchases with a whole of life value of up to \$25,000 AUD (inclusive of GST). Prompts in red are for your information and should be deleted before sending this form to a potential supplier.

REQUEST FOR QUOTATION INFORMATION

The Territory as represented by the select your directorate would like to invite insert supplier's name to respond to this Request for Quotation (RFQ).

This RFQ comprises:

- Schedule 1 – Statement of Requirement;
- Schedule 2 – General Terms and Conditions for Purchase Orders (Goods and/or Services); and
- Schedule 3 – Supplier's Quotation, including Supplier's declaration.

SCHEDULE 1 - STATEMENT OF REQUIREMENT

RFQ Title:	Health Governance Structures – Scan		
RFQ Number:	To be provided	Territory Contact Officer:	For all matters relating to this RFQ contact: Vanessa Dal Molin at 620 79532 or Vanessa.dalmolin@act.gov.au
Purchasing Directorate:	Health Directorate	Section/Business Unit:	Office of the Director General
Issue Date:	27/11/2017	Closing Date:	01/12/2017
Supplies Required by:	08/12/2017	Note: When selecting a closing date, ensure the time allowed for preparing the quotation is appropriate for the requirement. Best practice is to allow at least two (2) weeks.	
Lodgement method:	Quotations should be lodged with Vanessa Dal Molin via email at Vanessa.dalmolin@act.gov.au in pdf format by the closing date specified above. Please note: due to system restrictions responses cannot exceed one file and 3MB.		
Questions	Any questions relating to this RFQ should be addressed to the Territory Contact Officer and sent via email.		

The Requirement

Item	Details
Description of Requirement (including warranties for goods):	<p>ACT Health is seeking a consultant to undertake an urgent environmental scan of the health governance structures in place within health departments and directorates across Australia. The consultant will be asked to provide a report outlining the governance arrangements in place for health systems across all the jurisdictions.</p> <p>The aim is to assist ACT Health in understanding the governance structures deployed across other health jurisdictions.</p>
Background Information:	Not applicable.

Item	Details
Delivery Instructions (for goods) or Service Timeframes/ Milestones (for services):	Services are required to be undertaken urgently, with a report to be provided to the Director General, ACT Health by close of business on 8 December 2017.
Required insurance/s	<p>The Supplier must effect and maintain all insurances required to be effected by it by law and the following insurances:</p> <ol style="list-style-type: none"> 1. Public liability insurance with coverage in the amount of no less than \$10 million in respect of each occurrence; 2. For Supplies that include services, professional indemnity insurance with coverage in the amount of no less than \$10 million in the annual aggregate; and 3. For supplies that include goods, product liability insurance to a value of \$10 million in the annual aggregate. <p>The Supplier must provide evidence of the above insurances.</p>

SCHEDULE 2 - GENERAL TERMS AND CONDITIONS FOR PURCHASE ORDERS (GOODS AND SERVICES)

If this quotation is accepted and approved by the Australian Capital Territory (indicated at the end of the document), the following general terms and conditions for purchase orders (Goods and/or Services) will apply to the provision of the supplies.

1. Provision of Supplies

- 1.1 The Supplier must provide the goods and/or services specified in the Purchase Order (**Supplies**) according to the provisions of the Purchase Order and these terms and conditions (collectively, **Contract**) and to a high standard of care, skill and diligence.
- 1.2 Supplies that are goods must be new and unused, free from any security interest, defects in materials and workmanship, of acceptable quality and must conform to any specifications and descriptions set out in the Purchase Order.
- 1.3 If the Supplies contain hazardous substances, the Supplier must provide material safety data sheets for those hazardous substances.

2. Price of Supplies

- 2.1 Except if otherwise stated in the Purchase Order, the price for the Supplies is:
- payable within 30 days of receipt by the Territory of an Invoice;
 - inclusive of GST and all other taxes, duties and charges; and
 - inclusive of all disbursements, including out of pocket expenses incurred by the Supplier.
- 2.2 An Invoice may be issued by the Supplier upon the satisfactory completion of each milestone set out in the Purchase Order, or if no milestones are specified, on the satisfactory completion of all services and acceptance of all goods comprising the Supplies.

3. Delivery and Acceptance

- 3.1 Supplies that are goods must be delivered at the times and places detailed in the Purchase Order, in good order and condition and marked with the relevant Purchase Order Number and full delivery point details. Delivery will be free into store unless otherwise specified in the Contract.
- 3.2 The Territory may reject Supplies supplied incorrectly, damaged, in excess of or less than specified quantities or otherwise found not to be in accordance with the Purchase Order.
- 3.3 If the Territory rejects any Supplies, the Supplier must, at no cost to the Territory and within any

timeframe specified by the Territory, remove the Supplies (in the case of goods) and:

- replace any rejected Supplies that are goods; and
- re-perform any rejected Supplies that are services; or
- refund any payment for the rejected Supplies.

- 3.4 If the Territory does not reject the Supplies within 14 days of receiving the Supplies, the Territory is taken to have accepted the Supplies.

4. Title and Risk

Risk of loss and damage and title in Supplies that are goods passes to the Territory on its acceptance of those goods.

5. Warranty

For Supplies that are goods, the Supplier must:

- during any warranty period specified in the Purchase Order, at no cost to the Territory, correct all defects in the Supplies by way of repair, replacement or such other means acceptable to the Territory; and
- ensure, to the extent practicable and permitted by law, that the Territory receives the benefit of any warranty given by a third party with respect to any goods,

however, this does not in any way relieve the Supplier of any obligation or warranty by it under the Contract and the Supplier is liable for all costs incidental to the discharge of any warranty under the Contract.

6. Insurance

The Supplier must effect and maintain for the Purchase Order term any insurances specified in the Purchase Order.

7. Indemnity

The Supplier indemnifies the Territory, its employees and agents against all liability in respect of all claims, costs and expenses in relation to all loss, damage, injury or death to persons or property caused by the Supplier, in connection with the provision of the Supplies, except to the extent that the Territory caused the relevant loss, damage or injury.

8. Cancellation

The Territory may cancel the Purchase Order in part or whole, at any time by notice to the Supplier, if the Supplier:

- (a) enters, or in the Territory's absolute opinion, is likely to enter, into any form of external administration or makes any arrangement with its creditors or takes advantage of any statute for the relief of insolvent debtors;
- (b) fails to provide the Supplies within, or to meet any other, timeframes or milestones specified in this Contract; or
- (c) is otherwise in breach of a provision of this Contract, where that breach:
 - (i) if capable of being remedied, is not remedied within the period specified in a notice by the Territory, or
 - (ii) is not capable of being remedied.

9. Assignment and Subcontracting

The Supplier must not assign or subcontract any of its rights or obligations under this Contract without the prior written consent of the Territory.

10. Applicable Law

The laws of the Australian Capital Territory apply to this Contract.

11. Variation

This Contract may be varied only by the written agreement of the parties prior to the expiration of the Contract.

12. Entire Agreement

The Contract constitutes the entire agreement of the parties in relation to the provision of the Supplies and all other agreements, warranties and representations are excluded.

SCHEDULE 3 - SUPPLIER'S QUOTATION FOR SUPPLIES (TO BE COMPLETED BY SUPPLIER)**Supplier's Details**

Full legal name:	
Registered office or postal address:	
ACN/ARBN (if applicable):	Insert your ACN or ARBN if applicable.
ABN (if applicable):	Insert your ABN if applicable.

Contact Officer for the Supplier

For all matters relating to this RFQ, including any notices, the Supplier's contact officer will be:

Name:	Insert the name of the contact officer.
Position title:	Insert the position title of the contact officer.
Phone:	Insert the work contact number for the contact officer.
Mobile:	Insert a contact mobile number if applicable.
Email:	Insert an email address for the contact officer.

Supplier's Quotation

Details of relevant qualifications and/or certifications held:	List any relevant qualifications or certifications held.
If insurances are required by the Statement of Requirements, please state the insurances held:	Confirm whether required insurances are held and attach supporting documentation.
Provide a brief summary of similar work undertaken/goods supplied in the past 12 months.	Please provide a summary of similar Supplies provided in the past 12 months. References may be included. If similar work has not been undertaken in the past 12 months, insert 'Not applicable.'

SUPPLIER'S QUOTATION FOR SUPPLIES (CONTINUED...)

Goods (if applicable)

Item Number	Item Description	Quantity	Unit Price (excluding GST)	GST Component	Unit Price (including GST)	Total
					Total (including GST)	

Details of Warranties (if applicable)

Insert the details of any warranty period that will be offered for these good/s.

Services (if applicable)

Brief response to Statement of Requirements, including milestones (if applicable)	Name and Position (if applicable)	Expected Hours/Days allocated	Hourly Rate (including GST)	Daily Rate (including GST)
			Total Cost (including GST)	

Please note: Total Cost field must be completed.

SUPPLIER'S DECLARATION

i *I/We quote to provide the goods and / or services described in the RFQ (**Supplies**) at the prices specified in this Supplier's Quotation.*

I/We understand that if accepted by the Territory, this Supplier's Quotation becomes the purchase order for the provision of the Supplies.

I/We declare I/We have read and, if this Supplier's Quotation is accepted by the Territory, agree to provide the Supplies on the basis of the General Terms and Conditions for Purchase Orders (Goods and/ or Services).

Prior to signing ensure you have the legal authority to be a signatory for this quote.

NB: physical signatures are not required for this document. Complete the information and return electronically to the email address provided in Schedule 1.

Signatory's Full Printed Name:	Insert your full name.	Signatory's Title/Position:	Insert you position or title.
Signatory's Phone Number:	Insert your phone number, including area code.	Signatory's email address:	Insert your email address.
Signatory's Signature:		Date:	Click here to enter a date.

TERRITORY APPROVAL FORM (TO BE COMPLETED BY THE AUSTRALIAN CAPITAL TERRITORY)

By signing this form I, Enter Delegate Name, within Enter Business Unit representing the Select your directorate on behalf of the Australian Capital Territory, commit to purchasing the above specified select procurement type in accordance with the methodology and price specified in the Supplier's Quotation.

Signatory's Full Printed Name:	Insert your full name.	Signatory's Title/Position:	Insert you position or title.
--------------------------------	------------------------	-----------------------------	-------------------------------

The Territory accepts the quotation and the Supplier is permitted to commence the provision of the Supplies.

Signature: _____

Date: / /

Dal Molin, Vanessa (Health)

From: [REDACTED]
Sent: Tuesday, 28 November 2017 7:06 PM
To: Feely, Nicole (Health)
Subject: Draft engagement letter - governance scan
Attachments: Engagement Letter - ACT Health Governance Structures Scan and Analysis 281117.docx

Follow Up Flag: Follow up
Flag Status: Flagged

Nicole

Please find attached the draft engagement letter for the national/jurisdictional governance scan on behalf of ACT Health.

As this draft is based on our quick conversation yesterday, can you confirm it addresses your requirements or provide feedback on additional areas of focus.

Once agreed on scope, I will sign for your processing.

Regards

Please consider the environment before printing this email

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

[REDACTED]
www.pwc.com.au
twitter.com/PwC_AU



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