



ACT
Government

ACT Health

FOI18-77



Dear [REDACTED]

Freedom of information request: FOI18/77

I refer to your application under section 30 of the *Freedom of Information Act 2016* (the Act), received by ACT Health on 27 August 2018.

In your application you requested:

"Copies of all estimates briefs prepared in 2018 as well as any other ministerial briefs that were prepared by ACT Health in relation to the estimates hearing in 2018 for the Minister for Health and Wellbeing."

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

ACT Health was required to provide a decision on your access application by 19 October 2018.

Decision on access

Searches were completed for relevant documents and 105 documents were identified that fall within the scope of your request.

I have included as Attachment A to this decision the schedule of relevant documents. This provides a description of each document that falls within the scope of your request and the access decision for each of those documents.

I have decided to grant full access to 100 documents and partial access to 5 documents.

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

I have decided to grant access, under section 50 of the Act, to copies of documents with redactions applied to information that I consider would be contrary to the public interest to disclose.

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

- the FOI Act, particularly schedule 1, section 1.1, Schedule 1, section 1.6 and Schedule 2;
- the content of the documents that fall within the scope of your request;
- the views of relevant third parties; and
- the *Human Rights Act 2004*

My reasons for deciding not to grant access to the identified documents and components of these documents are as follows:

Folios 86 and 62 of the identified documents contain information that is considered to be contrary to the public interest under schedule 1 of the Act;

- Schedule 1 1.1 (a) be in contempt of court.
- Schedule 1 1.6 (d) disclosure of which would reveal any deliberation of cabinet (other than through publication of a cabinet decision).

The information contained in folio 86 is about a coronial investigation. Under schedule 1, section 1.1 (a) I have decided to not disclose this information as the inquest is still ongoing.

The information contained in folio 62 is information subject to budget cabinet consideration. Under schedule 1, section 1.6 (d) I have decided to not disclose this information as it is yet to be considered by cabinet.

Folios 22, 105 and 118-119 of the identified documents are composed of, or contain information that I consider, on balance, to be contrary to the public interest to disclose under the test set out in section 17 of the Act.

The information contained in folios 22, 105 and 118-119 is personal identifiable information about individuals.

I have identified that there are no factors favouring disclosure of this information under Schedule 2, section 2.1 and I have identified that the following factor favours non-disclosure:

- Schedule 2 2.2 (ii) - prejudice the protection of an individual's right to privacy or any other right under the *Human Rights ACT 2004*.

On balance, the information identified is contrary to the public interest and I have decided not to disclose this information.

Charges

Processing charges have been waived for this request.

Online publishing – disclosure log

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

You may view ACT Health's disclosure log at <https://www.health.act.gov.au/about-our-health-system/freedom-information/disclosure-log>.

Ombudsman review

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

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

The ACT Ombudsman
GPO Box 442
CANBERRA ACT 2601

Via email: ACTFOI@ombudsman.gov.au

ACT Civil and Administrative Tribunal (ACAT) review

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

Further information may be obtained from the ACAT at:

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

If you have any queries concerning the ACT Health's processing of your request, or would like further information, please contact the FOI Coordinator on 6205 1340 or e-mail HealthFOI@act.gov.au.

Yours sincerely

A handwritten signature in black ink, appearing to read "K. Doran". The signature is fluid and cursive, with a long horizontal stroke at the end.

Karen Doran
A/g Deputy Director-General
Corporate Services

18 October 2018

FREEDOM OF INFORMATION REQUEST SCHEDULE

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

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

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

NAME	WHAT ARE THE PARAMETERS OF THE REQUEST	File No
[REDACTED]	Copies of all estimates briefs prepared in 2018 as well as any other ministerial briefs that were prepared by ACT Health in relation to the estimates hearing in 2018 for the Minister for Health and Wellbeing.	FOI18-77

Ref No	No of Folios	Description	Date	Status	Reason for non-release or deferral	Open Access release status
1	1 - 4	Minister for Health and Wellbeing 31 July – 2 August 2018 - Question Time Briefs	Undated	Full		Yes
2	5-14	2018 – 19 ACT Budget Estimates – headline remarks	Undated	Full		Yes
3	15-16	Minister's Fact Sheet – Item 1 – as at 30 April 2018	April 2013	Full		Yes

4	17-19	Insights – Minister’s monthly fact sheet as at 30 April 2018	Undated	Full		Yes
5	20-23	Question Time Brief – Issue: Accreditation	23/05/2018	Partial	Schedule 2, section 2.2 (a) (ii)	Yes
6	24-25	Question Time Brief – ACT Health Accreditation - Clinical Handover/Discharge Summaries	02/05/2018	Full		Yes
7	26-27	Question Time Brief – ACT Health Accreditation - Cleanliness (linen and kitchen)	14/06/2018	Full		Yes
8	28-29	Question Time Brief – Issue: ACT Health Accreditation - Electronic Surgical Safety Checklists	12/06/2018	Full		Yes
9	30-31	Question Time Brief – Issue: ACT Health Governance	23/05/2018	Full		Yes
10	32-33	Question Time Brief – Issue: ACT Health Accreditation - Infection Control (Including Hep A Filters and Legionella)	21/05/2018	Full		Yes
11	34	Question Time Brief – Issue: ACT Health Accreditation - Medication Management/Drug Storage (Fridges)	02/05/2018	Full		Yes
12	35-39	Question Time Brief – Issue: ACT Health Organisational Update	04/06/2018	Full		Yes

13	40-41	Question Time Brief – Issue: ACT Health Publication of Data for Consumers	25/05/2018	Full		Yes
14	42-44	Question Time Brief – Issue: ACT Health System-Wide Data Review	21/05/2018	Full		Yes
15	45-47	Question Time Brief – Issue: Bed Numbers and Bed Occupancy	01/06/2018	Full		Yes
16	48-49	Question Time Brief – Issue: Emergency Department Demand	21/05/2018	Full		Yes
17	50-51	Question Time Brief – Issue: Report on Governance Services (RoGS)	01/06/2018	Full		Yes
18	52-54	Question Time Brief – Issue: Centenary Hospital for Women and Children Aluminium Composite Panel Replacement Project Update	08/06/2018	Full		Yes
19	55-57	Question Time Brief – Issue: University of Canberra Hospital	12/06/2018	Full		Yes
20	58-59	Question Time Brief – Issue: UMAHA Update	29/05/2018	Full		Yes
21	60-63	Question Time Brief – Issue: ACT Health Infrastructure Planning	14/06/2018	Partial	Schedule 1, section 1.6	Yes

22	64-65	Question Time Brief – Issue: Drug Strategy Action Plan	15/06/2018	Full		Yes
23	66	Question Time Brief – Issue: National Alcohol Strategy	15/06/2018	Full		Yes
24	67-68	Question Time Brief – Issue: Ngunnawal Bush Healing Farm	09/05/2018	Full		Yes
25	69-70	Question Time Brief – Issue: Opioid Treatment Guidelines	24/04/2018	Full		Yes
26	71	Question Time Brief – Issue: Pill Testing	15/06/2018	Full		Yes
27	72-73	Question Time Brief – Issue: Support for Bulk Billing General Practitioners	29/05/2018	Full		Yes
28	74-76	Question Time Brief – Issue: End of Life	22/05/2018	Full		Yes
29	77-78	Question Time Brief – Issue: Gay Conversion Therapy	29/05/2018	Full		Yes
30	79	Question Time Brief – Issue: Calvary Hospital Contract Negotiations	21/05/2018	Full		Yes
31	80-82	Question Time Brief – Issue: Calvary Ward Management	21/05/2018	Full		Yes
32	83-85	Question Time Brief – Issue: Canberra Hospital Codes for Capacity Escalation Procedures and Emergencies	21/05/2018	Full		Yes

33	86	Question Time Brief – Issue: Coronial Inquest into Suicides at the Canberra Hospital	21/05/2018	Partial	Schedule 1, section 1.1 (a)	Yes
34	87-88	Question Time Brief – Issue: Elective Surgery Waiting List	14/06/2018	Full		Yes
35	89-91	Question Time Brief – Issue: Gastroenterology Waiting List Management	21/05/2018	Full		Yes
36	92-94	Question Time Brief – Issue: Influenza Season	15/06/2018	Full		Yes
37	95-98	Question Time Brief – Issue: Maternity Services at Centenary Hospital at Capacity	20/06/2018	Full		Yes
38	99-101	Question Time Brief – Issue: Territory-Wide Health Services Framework 2017-2027	25/05/2018	Full		Yes
39	102-104	Question Time Brief – Issue: Wait Times to see a Specialist and Access to Elective Surgery	02/05/2018	Full		Yes

40	105-106	Question Time Brief – Issue: HEPA Filters	14/05/2018	Partial	Schedule 2, section 2.2 (a) (ii)	Yes
41	107-109	Question Time Brief – Issue: Hydrotherapy Pool	14/06/2018	Full		Yes
42	110-111	Question Time Brief – Issue: ACT Health Staff Culture Survey	15/06/2018	Full		Yes
43	112-114	Question Time Brief – Issue: Industrial Issues at the University of Canberra Hospital	19/06/2018	Full		Yes
44	115-116	Question Time Brief – Issue: Workplace Bullying and Harassment	23/05/2018	Full		Yes
45	117	Question Time Brief – Issue: ACT Health Medical Negligence Claims on the Increase	20/01/2018	Full		Yes
46	118-119	Question Time Brief – Issue: Death of Calvary Hospital Nurse and Alleged Bullying Claims	21/05/2018		Schedule 2, section 2.2 (a) (ii)	Yes
47	120	Question Time Brief – Issue: COAG Health Funding	22/05/2018	Full		Yes
48	121	Question Time Brief – Issue: Consultancy Contracts Led by ACT health	18/05/2018	Full		Yes
49	122	Question Time Brief – Issue: Decrease in Health Appropriation	13/06/2018	Full		Yes

50	123-124	Question Time Brief – Issue: 4.8M Reduction in Appropriation	16/06/2018	Full		Yes
51	125	Budget Estimates Brief – Issue: COAG Performance Reporting Dashboard	20/06/2018	Full		Yes
52	126-128	Budget Estimates Brief – Issue: Future of Building Spaces where Services has Transitioned to University of Canberra Hospital	18/01/2018	Full		Yes
53	129	Budget Estimates Brief – Strategic Indicator 1 – Reducing the Number of People Waiting Longer than Clinically Recommended Timeframes for Elective Surgery	04/06/2018	Full		Yes
54	130	Budget Estimates Brief – Strategic Indicator 2 – No Waiting Time for Access to Emergency Dental Health Services	21/05/2018	Full		Yes
55	131-132	Budget Estimates Brief – Strategic Indicator 3 – Improving Timeliness of Access to Radiotherapy Services	21/05/2018	Full		Yes
56	133-134	Budget Estimates Brief – Strategic Indicator 4 – Participation Rates for Breast Screening	21/05/2018	Full		Yes

57	135-136	Budget Estimates Brief – Strategic Indicator 7 – Percentage of Overnight Hospital Beds in Use	12/06/2018	Full		Yes
58	137	Budget Estimates Brief – Strategic Indicator 8 – Maintenance of the highest life expectancy at birth in Australia	23/05/2018	Full		Yes
59	138-139	Budget Estimates Brief – Strategic Indicator 9 – The proportion of the ACT population with heart or vascular disease, including stroke	22/05/2018	Full		Yes
60	140-141	Budget Estimates Brief – Strategic Indicator 10 – The proportion of the ACT population that are overweight and obese	22/05/2018	Full		Yes
61	142-143	Budget Estimates Brief – Strategic Indicator 11 – Immunisation Rates – ACT Aboriginal and Torres Strait Islander Population	18/01/2018	Full		Yes
62	144-145	Budget Estimates Brief – Strategic Indicator 12 – Two year participation rate in the Cervical Screening Program	22/05/2018	Full		Yes

63	146	Budget Estimates Brief – Strategic Indicator 13 – The mean number of teeth with dental decay, missing or filled teeth at ages 6 and 12	21/05/2018	Full		Yes
64	147	Budget Estimates Brief – Strategic Indicator 14 – Reduction in the rate of broken hips (fractured neck of femur)	21/05/2018	Full		Yes
65	148-149	Budget Estimates Brief – Strategic Indicator 15 – Percentage of persons aged 12 to 17 years who smoke regularly	21/05/2018	Full		Yes
66	150-151	Select Committee on Estimates 2018 – 2019 Budget – 57. 2018-2019 Budget Summary (Including summary of ACT Health Initiatives)	Undated	Full		Yes
67	152-156	Select Committee on Estimates 2018 – 2019 Budget – 58. Summary of 2018-19 Federal Budget – Impact on ACT Health	Undated	Full		Yes
68	157	Select Committee on Estimates 2018 – 2019 Budget – 59. Community Budget Consultations: Outcome	Undated	Full		Yes
69	158-160	Select Committee on Estimates 2018 – 2019 Budget – 60.	Undated	Full		Yes

		Community Budget Consultations: Non-Funding of Initiatives				
70	161	Select Committee on Estimates 2018 – 2019 Budget – 61. Savings Targets for Health	Undated	Full		Yes
71	162-163	Australia Capital Territory Budget 2018-19 Media Release	Undated	Full		Yes
72	164-166	Select Committee on Estimates 2018 – 2019 Budget – 63. Key Statistics and performance	Undated	Full		Yes
73	167-173	Select Committee on Estimates 2018 – 2019 Budget – 64. Health Directorate – Budget Paper 3: Recurrent Initiatives and Short Descriptions	Undated	Full		Yes
74	174-176	Select Committee on Estimates 2018 – 2019 Budget – 65. Health Directorate – Budget Paper 3: Capital Initiatives and Short Descriptions	Undated	Full		Yes
75	177	Select Committee on Estimates 2018 – 2019 Budget – 66. – Health Staffing – Movement in Budgeted FTE	Undated	Full		Yes
76	178	Select Committee on Estimates 2018 – 2019 Budget – 67. Basis of health funding from the	Undated	Full		Yes

		Commonwealth to ACT Government				
77	179	Select Committee on Estimates 2018 – 2019 Budget – 68. Funding of Election Commitments and items in the Parliamentary Agreement	Undated	Full		Yes
78	180	Select Committee on Estimates 2018 – 2019 Budget – 69. Increase in Total Health Expenses since Labor Government	Undated	Full		Yes
79	181	Select Committee on Estimates 2018 – 2019 Budget – 70. Movements in Total Cost and CRP by Output	Undated	Full		Yes
80	182	Select Committee on Estimates 2018 – 2019 Budget – 71. Summary of Rollovers – Controlled Recurrent Payments	Undated	Full		Yes
81	183	Select Committee on Estimates 2018 – 2019 Budget – 72. HEA E01a: Protecting Canberra’s Kids: Meningococcal ACWY	Undated	Full		Yes
82	184	Select Committee on Estimates 2018 – 2019 Budget – 73. HEA E02: Better healthcare for a growing community – Expanding Hospital in the Home	Undated	Full		Yes

83	185	Select Committee on Estimates 2018 – 2019 Budget – 74. HEA EA03: Chronic care Navigations and Improving Health Literacy	Undated	Full		Yes
84	186-187	Select Committee on Estimates 2018 – 2019 Budget – 75. HEA E13: Primary Care Integration Package	Undated	Full		Yes
85	188	Select Committee on Estimates 2018 – 2019 Budget – 76. HEA E29: Better healthcare for a growing community- early planning to expand alcohol and drug services	Undated	Full		Yes
86	189	Select Committee on Estimates 2018 – 2019 Budget – 77. HEA E38: Better healthcare for a growing community – New facility for Winnunga Nimmityjah Aboriginal Health Service	Undated	Full		Yes
87	190	Select Committee on Estimates 2018 – 2019 Budget – 78. HEA E39/40: Better healthcare for a growing community – more surgeries	Undated	Full		Yes
88	191	Select Committee on Estimates 2018 – 2019 Budget – 79. HEA E41/42: Better healthcare for a growing community – more	Undated	Full		Yes

		resources for acute hospital care				
89	192	Select Committee on Estimates 2018 – 2019 Budget – 80. HEA CW01: Weston Creek Region Community Health Infrastructure	Undated	Full		Yes
90	193	Select Committee on Estimates 2018 – 2019 Budget – 81. HEA CW03: Continuing Northside health care planning	Undated	Full		Yes
91	194	Select Committee on Estimates 2018 – 2019 Budget – 82. HEA CW04: Surgical Procedure Interventional Radiology and Emergency Centre	Undated	Full		Yes
100	195	Select Committee on Estimates 2018 – 2019 Budget – 83. HEA CW05: Expansion of the Centenary Hospital for Women and Children	Undated	Full		Yes
101	196-197	Select Committee on Estimates 2018 – 2019 Budget – 84. HEA CW06/07: UMAHA Stage 2	Undated	Full		Yes
102	198-199	Select Committee on Estimates 2018 – 2019 Budget – 85. HEA CW08 – ACT Pathology LIS Replacement Project	Undated	Full		Yes

103	200-201	Select Committee on Estimates 2018 – 2019 Budget – 86. HEA CW09 – ACT Health Care IT Systems to align with the Digital Health Strategy	Undated	Full		Yes
104	202	Select Committee on Estimates 2018 – 2019 Budget – 87. HEA CW12, 13 & 14: Better healthcare for a growing community – Better facilities for Calvary Public Hospital	Undated	Full		Yes
105	203-212	Ministerial Brief to Minister for Health and Wellbeing to Michael De’Ath, Interim Director General, ACT health	6/08/2018	Full		Yes
Total No of Docs						
105						

**Minister for Health and Wellbeing
31 July – 2 August 2018
Question Time Briefs**

Hot Issues	
1.	Minister's Fact Sheet
Accreditation	
2.	ACT Health Accreditation
(i)	Clinical Handover and Discharge Summaries
(ii)	Cleanliness (Linen and Kitchen)
(iii)	Electronic Surgical Safety Checklists
(iv)	Governance
(v)	Infection Control (including Hep A Filters and Legionella)
(vi)	Medication Management/Drug Storage (Fridges)
Hospital Performance	
3.	ACT Health Organisational Reform
4.	ACT Health Publication of Data for Consumers
5.	ACT Health System Wide Data Review
6.	Bed Numbers and Bed Occupancy
7.	Emergency Department Demand
8.	Report on Government Services (RoGS)
Hospital Infrastructure	
9.	Cladding – Centenary Hospital for Women and Children
10.	University of Canberra Hospital
11.	UMAHA
12.	Infrastructure (including SPIRE)
Health Policy	
13.	Drug Strategy Action Plan
14.	National Alcohol Strategy
15.	Ngunnawal Bush Healing Farm
16.	Opioid Treatment Guidelines
17.	Pill Testing
18.	Support for Bulk Billing GPs
19.	End of Life
20.	Gay Conversion Therapy

*SPIRE
+ data
to come*

Clinical Issues	
21.	Calvary Hospital Contract Negotiations
22.	Calvary Ward Management
23.	Canberra Hospital Codes for Capacity Escalation Procedures and Emergencies
24.	Coronial Inquest into Suicides at Canberra Hospital
25.	Elective Surgery Waiting List
26.	Gastroenterology Waiting List Management
27.	Influenza Season
28.	Maternity Services at Centenary Hospital at Capacity
29.	Territory-Wide Health Services Framework
30.	Wait Times to see a Specialist
31.	HEPA Filters
32.	Hydrotherapy Pool
People and Culture	
33.	ACT Health Staff Culture Survey Update
34.	Industrial Issues at University of Canberra Hospital
35.	Workplace Bullying and Harassment
36.	ACT Health Medical Negligence Claims
37.	Death of Calvary Hospital Nurse and Alleged Bullying Claims
Funding	
38.	COAG Health Funding
39.	Consultancy Contracts Led By ACT Health
40.	Decrease in Health Appropriation
41.	\$4.8M Reduction in Appropriation
Other	
42.	COAG Performance Reporting Dashboard - Productivity Commission
43.	Future of building spaces where services has transitioned to UCH

Strategic Objectives

No.	Title
44.	Strategic Indicator 1 Reducing the number of people waiting longer than clinically recommended timeframes for elective surgery
45.	Strategic Indicator 2 Percentage of assessed emergency clients seen within 24 hours
46.	Strategic Indicator 3 Percentage of Radiotherapy Patients who commence treatment within standard timeframes –
47.	Strategic Indicator 4 Participation rate for breast screening
48.	Strategic Indicator 7 Percentage of overnight hospital beds in use
49.	Strategic Indicator 8 Maintenance of the highest life expectancy at birth in Australia
50.	Strategic Indicator 9 The proportion of the ACT population with heart or vascular disease, including stroke
51.	Strategic Indicator 10 The proportion of the ACT population that are overweight and obese
52.	Strategic Indicator 11 Immunisation rates – ACT Aboriginal and Torres Strait Islander population
53.	Strategic Indicator 12 Two year participation rate in the Cervical Screening Program
54.	Strategic Indicator 13 The mean number of teeth with dental decay, missing or filled teeth at ages 6 and 12
55.	Strategic Indicator 14 Reduction in the rate of broken hips (fractured neck of femur)
56.	Strategic Indicator 15 percentage of persons aged 12 – 17 years who smoke regularly

Budget Specific

No.	Title
57.	2018-19 Budget Summary (including summary of ACT Health Initiatives)
58.	Summary of 2018-19 Federal Budget – Impact on ACT Health
59.	Community Budget Consultations – Outcome
60.	Community Budget Consultations – Non-Funding of Initiatives
61.	Savings Targets for Health – 2018-19

General Information

No.	Title
62.	Health Budget Media Release
63.	Key Statistics – ACT Health
64.	Health Directorate – Budget Paper 3: Recurrent Initiatives and Short Descriptions
65.	Health Directorate – Budget Paper 3: Capital Initiatives and Short Descriptions
66.	Health Staffing Breakdown

Finance

No.	Title
67.	Basis of Health Funding from the Commonwealth to ACT Government
68.	Funding of election commitments and items in the Parliamentary agreement – summary
69.	Increase in Total Health Expenses since the Labor Government in 2001
70.	Movements in Total Cost and Government Payment by Outputs
71.	Summary of all rollovers

Fact Sheets – Recurrent Budget Initiatives

No.	Title
72.	HEA 01a: Protecting Canberra's Kids
73.	HEA E02: Expanding Hospital in the Home
74.	HEA E03: More support for people with chronic illness
75.	HEA E13: Primary Care Integration Package
76.	HEA E29: Alcohol and Other Drug
77.	HEA E38: New facility for Winnunga Nimmityjah Aboriginal Health Service
78.	HEA E39/40: More surgeries
79.	HEA E41/42: More resources for acute hospital care

2018-19 ACT BUDGET ESTIMATES – headline remarks

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Intro remarks

The delivery of high quality healthcare and creating a healthy future for Canberrans is one of the most fundamental and important areas of service provision for the ACT Government. The ACT Government has a proud and solid record of investment in our health system.

We want our citizens to be healthy and well. And underpinning this, is access to high quality health care where and when people need it, to improve the health and wellbeing of Canberrans and our regional neighbours who rely on our acute care services.

This year's Budget will boost Canberra's public healthcare with major new investments in hospitals and local health services – right from the community level through to the delivery of acute and emergency care. This boost focusses on meeting the needs of our growing city and our ageing population and creating and building a health system that puts Canberrans first.

The funding decisions that the Government has made in this Budget are about providing a responsible and sustainable way to fund our health system – targeting money to frontline services so that the system can react and respond to the needs of our community as appropriate. This is what’s needed for a modern health system. And this is what the Government is doing through this Budget.

18-19 Budget highlights

- This investment is continuing in this term of Government, with the 2018-19 ACT Budget committing \$7.8 billion over four years for Health.
- This funding will continue to strengthen the capacity of the ACT health system to deliver public health services to Canberrans – with funding for health to rise to about \$2 billion a year by 2021-22.
- \$64.7 million to increase the number of elective and emergency surgeries. This will help ACT Health to increase the number of elective surgeries per year to around 14,000, improving access to surgical care, reduce waiting times and growing elective surgeries by about 4,000 over the next four years;
- \$34.5 million to expand the Hospital in the Home program so that around 3,000 patients each year can receive the care they need in their own homes and community health centres and can be discharged from hospital sooner;
- \$25.9 million to resource more hospital beds including support for maternity services at the Centenary Hospital for Women and Children and more beds to cope with the annual winter surge that hits our hospitals during flu season; and

- \$21.2 million for more resources to help cut waiting times at Canberra Hospital Emergency Department – which is one of the top ten busiest EDs in the country.
- All of these new initiatives are about ensuring our core hospital services can respond to the growth in demand and enabling our workforce to better plan and respond to pressures in the system.

Infrastructure Overview

- I am focused on ensuring we have high quality health infrastructure across the territory to meet growing demand. And in talking about infrastructure, I want to point out the government's commitment to deliver the right care in the right place at the right time for our community. As part of this commitment, over the past ten years, we have invested over \$1 billion in new and upgraded health infrastructure right across the city.
- The Government and ACT Health are taking a very considered approach to the planning requirements for our health infrastructure – we will not be rushing into anything.
- Future infrastructure requirements become a significant investment for Governments, and therefore careful planning will be taking place and is completely justified.
- This planning will include any new information or opportunities that come to light, including for example building condition reports, demand projections etc. All viable options will be considered.
- The Government will also be taking into account its Government's commitment to the Woden Town Centre urban Renewal strategy – that will draw together community and recreation facilities, renewal of public areas etc.

- We have expanded the Canberra Hospital Emergency Department, refurbished wards and provided important upgrades to other parts of the Hospital, and we have built new community health facilities across the city.
- Now we're on the cusp of treating our first patients at the new University of Canberra Hospital when it opens its doors to patients in July – a very exciting time for our local health sector and a major milestone for ACT Health. Just last weekend we officially opened the new hospital and held a community open day to enable Canberrans to come and see the new facility and learn about the care and services that will be provided there.

2018-19 Budget Infrastructure highlights

- \$15 million for capital upgrades at Calvary Public Hospital, which will deliver additional treatment spaces, improved access and triage arrangements, enhanced waiting areas and an expanded Short Stay Unit, including additional paediatric beds, within the Emergency Department;
- \$12 million to construct a new health centre for Aboriginal and Torres Strait Islander people through staged payments to Winnunga Nimmityjah Aboriginal Health Service over the period 2017-18 to 2020-21; and
- \$2 million to continue Canberra's fourth Walk-in Centre in the Weston Creek region to add to the network and improve access to free healthcare for Canberrans.
- This Budget also includes \$561 million in provisions for major health infrastructure projects. ACT Health will continue to progress and plan the scope for the new SPIRE Centre and the expansion of the

Centenary Hospital for Women and Children as well as continue planning for future hospital options for Canberra's northside.

- These new investments confirm that delivering territory wide, accessible, high quality healthcare for our growing city is one of the ACT Government's top priorities.

Hospital admissions

This year we anticipate around 119,000 admissions to our public hospitals, 148,000 presentations to Canberra's Emergency Departments and deliver more than 10,700 emergency surgeries and around 13,000 elective surgeries this year.

Workforce

Our doctors, nurses, midwives and allied health staff are working hard every day to keep Canberrans healthy as our city grows. This Budget backs them up with a significant new investment in staff and services to enhance our frontline care services.

Recent Challenges

- As I have said recently in the Assembly, in recognising some of the recent challenges in the health portfolio, the Government, Minister Rattenbury as the Minister for Mental Health, with whom I work closely, and I remain steadfastly committed to delivering the government's health priorities.
- This includes, improving waiting times, completing and implementing the recommendations from the system-wide data review, clinical service planning to deliver truly territory-wide health services and drive design of future health infrastructure, improving consultation and engagement, and a strong and continuing focus on prevention.

- It includes work with our 7,000-plus workforce and dedicated stakeholders and the Canberra community to do everything we can to make our health system the best it can be.
- It also includes immediate attention on meeting accreditation in July – something ACT Health is urgently focussed on – and the separation of the Health Directorate into two distinct organisations later this year.

Patient Feedback

- For example, from January 2018 to April 2018, Canberra Hospital and Health Services have received 1090 items of feedback.
- Of this feedback, 61.5 per cent (so nearly two thirds) of this has been positive about the services provided through Canberra Hospital and Health Services.

Upcoming Consultation

- Over the coming months the ACT Government will begin a period of consultation on 'Your Healthy Future' – it's an opportunity for health staff, stakeholders and members of the public to have their say on the future of health care in Canberra.

Closing remarks

- Before concluding today, I want to take the opportunity as Minister to put on the record that I am proud of the quality of care that is provided to our community through our health system.
- I also want to emphasise that it is entirely appropriate that people scrutinise the health care that is provided through our public health system. And certainly, as the Minister, this feedback is important to help us to continue to improve our services.
- However, in amongst the rigorous debate around how to improve our services, it is important to remember that the majority of feedback that we do receive is from people who are grateful that our healthcare system has supported them in their time of crisis and that they are happy with the services that have received.

'Your Healthy Future' is on the YourSay website, and will be an ongoing process to engage the community in our health system to inform key projects and help us build the future health care system that Canberrans want.

Patient Quotes

One woman commented on the services that had been provided to her child, saying: *“Big thank you to the paediatric surgical staff at Canberra Hospital. Wonderful care for our toddler!”*

Another person said about Canberra Health and Hospital Services:

“Absolutely amazing place, all the staff are friendly and genuinely care about you. My experience with them over the past few weeks has been a pleasure and I could not fault one part of my journey from the beginning to end. A huge thank you!”

And this from another patient who had been treated in the ED:

“I was so happy with my treatment last night in emergency. From the triage staff, the front desk administrator, the medical staff, you were so polite and caring, all knew what you were doing and sure got it right. Thank you so much”

From the parent of a paediatric patient:

“In Australia and certainly the ACT, we have access to exceptional health care. I can't fault it. I've used emergency on multiple times for myself and my son and I haven't had a single negative experience.”

Minister's Fact Sheet—Item 1 - as at 30 April 2018

	2016–17	1 Jul 2017 to 30 Apr 2018	% change on previous FYTD (Jul 2016 to Apr 2017)	Percentage point change on previous FYTD
Walk-in Centres				
<i>Number of presentations to Walk-in Centres</i>	36,785	34,590	12.5%	n.a.
Emergency department				
<i>Number of presentations by hospital</i>				
Canberra Hospital	85,093	74,229	4.9%	n.a.
Calvary Public Hospital	58,767	50,025	1.9%	n.a.
Total	143,860	124,254	3.7%	n.a.
<i>Number of presentations by category</i>				
1—Resuscitation	642	652	18.8%	n.a.
2—Emergency	14,694	12,761	3.5%	n.a.
3—Urgent	55,380	51,810	13.6%	n.a.
4—Semi-urgent	58,524	48,604	0.0%	n.a.
5—Non-urgent	14,620	10,427	-18.0%	n.a.
Total	143,860	124,254	3.7%	n.a.
<i>Percentage of patients seen on time¹</i>				
1—Resuscitation	99%	100%	n.a.	0.4
2—Emergency	77%	77%	n.a.	0.3
3—Urgent	50%	37%	n.a.	-12.2
4—Semi-urgent	63%	49%	n.a.	-13.8
5—Non-urgent	92%	83%	n.a.	-8.6
Total	63%	50%	n.a.	-12.2
<i>Proportion of presentations with a length of stay of 4 hours or less²</i>				
Canberra Hospital	71%	60%	n.a.	-10.7
Calvary Public Hospital	76%	71%	n.a.	-3.1
Total			n.a.	

1. The benchmarks for seen on time are as follows:

- Triage category 1—100%
- Triage category 2—80%
- Triage category 3—75%
- Triage category 4, 5 and overall—70%

2. The performance benchmark for the National Emergency Access Target (NEAT) is 90% of all emergency department presentations with a length of stay of 4 hours or less.

“The data reported for 1 July 2017 to 30 April 2018 is preliminary data only and is not final. There are no known issues with the data contained in this report however ACT Health will continue working to ensure that the data contained within this report is fit for purpose. Prior to the publication of any data contained within this report, written approval must be sought from ACT Health”

	2016–17	1 Jul 2017 to 30 Apr 2018	% change on previous FYTD (Jul 2016 to Apr 2017)	Percentage point change on previous FYTD
Elective surgery waiting lists				
<i>Number of patients currently waiting longer than clinically recommended</i>				
Urgency 1 (see within 30 days)	8 (3%)	25 (8%)	>100%	n.a.
Urgency 2 (see within 90 days)	227 (18%)	171 (15%)	-17.4%	n.a.
Urgency 3 (see within 365 days)	200 (5%)	396 (10%)	80.8%	n.a.
Total	435 (8%)	592 (11%)	38.6%	n.a.
<i>Number of removals for surgery</i>	12,826	10,571	0.7%	n.a.
<i>Proportion of removals for surgery that were within clinically recommended timeframes</i>				
Urgency 1 (see within 30 days)	92%	92%	n.a.	0.1
Urgency 2 (see within 90 days)	81%	70%	n.a.	-12.0
Urgency 3 (see within 365 days)	88%	75%	n.a.	-12.8
Total	87%	79%	n.a.	-8.6
Separations from public hospitals				
<i>Number of inpatient separations</i>				
Same day	60,487	49,975	0.8%	n.a.
Overnight	54,431	46,123	2.3%	n.a.
Total	114,918	96,098	1.5%	n.a.
Breast screens				
<i>Number of breast screens performed</i>	17,176	15,002	7.0%	n.a.

"The data reported for 1 July 2017 to 30 April 2018 is preliminary data only and is not final. There are no known issues with the data contained in this report however ACT Health will continue working to ensure that the data contained within this report is fit for purpose. Prior to the publication of any data contained within this report, written approval must be sought from ACT Health"

Insights

Minister's monthly fact sheet as at 30 April 2018

Walk-in Centres

In March 2018, presentations to Walk-in Centres (WiCs) were 11.5% higher than the same time in the previous financial year (see T1). Growth in presentations has accelerated with the number of presentations now 12.5% higher than the same time last year. While both the Tuggeranong and Belconnen WiCs have experienced growth, growth at Belconnen has been double that of Tuggeranong (16.8% vs. 8.0%).

Tuggeranong WiC commenced operations in July 2014 with significantly more presentations per day than Belconnen. Tuggeranong WiC had an average of 1,570 presentations per month for the first year of operation, compared to 1,227 presentations per month at Belconnen WiC. While presentations have remained relatively stable for Tuggeranong, there has been steady growth for Belconnen. Belconnen WiC now constitutes 52% of all WiC presentations. It is possible that the opening of the Gungahlin WiC later this year will see a reduction in the growth of presentations to the Belconnen WiC.

Emergency departments

As at April 2018, the number of presentations to emergency departments was 3.7% higher than the same time last year (see T3), with much of this growth being driven by Canberra Hospital (4.9% higher than last year) rather than Calvary Public Hospital (1.9% higher than last year). The ACT continues to experience emergency department presentation growth above the rate that could be explained by population growth and demographic change (i.e. ageing).

The number of triage category 1 (resuscitation) presentations to emergency departments has increased by 18.8% on the same time last year (see T4). Urgent (triage category 3) presentations have also increased by 13.6% while non-urgent (triage category 5) presentations have declined by 18.0%.

The growth in presentation rates by triage category for hospitals in the ACT should be used with caution. The Australasian Triage Scale is intended as a clinical tool to determine the urgency for time-critical intervention and is not synonymous with severity. It is recognised that different triage nurses will have different ratings of similar patients and that different hospitals will have different proportions of triage category patients due to different standard operating procedures and policies. The trend towards increasing categorised urgency is not matched by a similar increase in admission rates, implying that categorised urgency is not reflective of increases in actual urgency and severity.

The Canberra Hospital is currently only meeting seen on time targets for triage category 5 (non-urgent) presentations (79% against a target of 70%) and triage category 1 (resuscitation) presentations (100%) (see T5). Seen on time for triage category 2 presentations are close to target (72% against a target of 80%). Triage category 3 (urgent) and 4 (semi-urgent) are substantially behind seen on time targets. Only 29% of triage category 3 presentations are seen on time (against a target of 75%) and 40% of triage category 4 presentations are seen on time (against a target of 70%). Seen on time performance for triage category 3 through 5 presentations has decreased substantially between 2016–17 and 2017–18.

Similarly, Calvary Public Hospital is meeting targets or close to meeting targets for all triage categories except triage category 3, where 48% of presentations are seen on time against a target of 75%. Seen on time performance has improved for triage category 1 and 2 presentations but has declined marginally for triage category 3 through 5 presentations.

Both Canberra Hospital and Calvary Public Hospital are performing poorly against NEAT/the 4 hour rule (see T7). The target for NEAT is to have 90% of all presentations to the emergency department with a length of stay of 4 hours or less. Currently, only 60% of presentations at Canberra Hospital and 71% of presentations at Calvary Public Hospital have a length of stay of four hours or less. For Canberra Hospital, this represents a 10.7 percentage point decline on the same time last year and, for Calvary Public Hospital, a 3.1 percentage point decline on the same time last year.

Similarly, performance against NEAT for presentations ending in admission is also poor at 36% for Canberra Hospital and 48% for Calvary Hospital (see T8). Relative to the same time last year, performance declined by 12.8 percentage points for Canberra Hospital (greater than the decline for all presentations which was 10.7 percentage points) and 1.9 percentage points for Calvary Public Hospital (a slightly lower decline than for all presentations which was 3.1 percentage points).

Poor performance against seen on time and the four hour rule targets are a result of growth in demand without similar growth in service capacity. Increased inpatient occupancy (particularly at Canberra Hospital) has also made it difficult to ensure that patients who are admitted from the emergency department are able to access an inpatient bed. This leads to patients being 'bed blocked' and reduces the number of treatment spaces in the emergency department, further increasing waiting times.

Elective surgery waiting lists

Relative to the same time last year, the number of removals from elective surgery waiting lists for surgery has remained stable at 0.8% growth (see T9). However, some surgical specialities have shown substantial change compared to the same time last year. These include urological surgery (+12.8%), general surgery (+6.1%), vascular surgery (-16.0%) and otolaryngology, head and neck surgery (this includes ENT) (-8.1%).

For ENT in particular, the numbers reflect the demand outstripping the ability for ACT Health to supply services. Currently 40% of all patients who have been waiting over a year are waiting for ENT surgery. This is due to a number of factors including difficulty in recruiting and retaining surgeons and limited theatre capacity.

It is worth noting that in February 2018 the ACT government committed \$6.4 million towards the more elective surgery initiative with a goal of 13,000 removals for elective surgery for 2017–18. As at 30 April 2018, there were 10,578 removals—a monthly average of 1,058 removals. At this rate, we would expect there to be 12,696 removals by the end of 2017–18. However, the last quarter of the financial year generally sees increased surgical activity and, as such, ACT Health has stated an expected outcome of 13,360 removals (as per recent work on the strategic and accountability indicators for the 2018–19 budget process).

Separations from public hospitals

The number of separations from Canberra Hospital and Calvary Public Hospital has remained relatively stable relative to the same time last year (see T11). Same day separations have increased by 0.8% while overnight separations have increased by 2.3%.

The proportion of separations attributed to patients with a usual place of residence of NSW has remained consistent at 17% over the past three years (see T12).

Breast screens

15,002 breast screens have been performed in the 2017–18 financial year to April. This was a 7% increase relative to the same time last year. However, the number of breast screens performed in the year to date is 3% below the target of 15,417. The participation rate for women aged 50 to 69 (strategic objective 4) are currently slightly below the 60.0% target at 54.8%.

QUESTION TIME BRIEF

GBC18/408

Portfolio/s Health & Wellbeing

ISSUE: ACCREDITATION

Talking points:

- The Australian Council on Healthcare Standards completed a comprehensive assessment of ACT Health's compliance with the National Safety and Quality Health Service Standards from 19-23 March 2018.
- During the organisation wide re-accreditation assessment, Australian Council on Healthcare Standards assessed ACT Health's implementation of the National Standards. This involves awarding either a 'satisfactory met' or 'not met' to the actions within the National Safety and Quality Health Service Standards.
- ACT Health received the formal Australian Council on Healthcare Standards 'Not Met' Action report on 4 April 2018.
- The Australian Council on Healthcare Standards assessed ACT Health as having met 176 core criteria against the 10 National Standards.
- It assessed 33 of the core criteria across five of the 10 National Standards as not met in Standard 1 Governance, Standard 3 Preventing and Controlling Healthcare Associated Infections, Standard 4 Medication Safety, Standard 5 Patient Identification and Procedure Matching, and Standard 6 Clinical Handover.
- The Australian Council on Healthcare Standards provided ACT Health a remediation period of 90 days to address the 33 'Not Met' Core Actions. ACT Health will be reassessed on those 33 'Not Met' Core Actions through a process called Advanced Completion, with two Australian Council on Healthcare Standards surveyors conducting an Advanced Completion survey on-site at Canberra Hospital and Health Services during 3-5 July 2018.

Cleared as complete and accurate:	23/5/18	
Cleared by:	Deputy Director-General	Ext: 77880
Information Officer name:	Jane Murkin	
Contact Officer Name:	Josephine Smith	Ext: 50095
Lead Directorate:	Health	

QUESTION TIME BRIEF

- ACT Health will need to undertake improvement activity to ensure the four 'Not Met' developmental National Standards actions are met in the future. ACT Health will not be reassessed against these developmental actions during the Advance Completion process and the on-site survey in July 2018.
 - All Core Actions must be assessed as 'Satisfactorily Met' at the Advanced Completion survey for ACT Health to be awarded accreditation.
 - A National Standards Leadership Committee, chaired by the Interim Director-General with membership from the Deputy Director-General and Professional Lead cohort has been established to oversee development, progress and implementation of actions to meet the not met National Standards.
 - An ACT Health accreditation coordination team has been formed and has completed a master program, which consolidates all current actions against recommendations with timelines and critical milestones applied across all not met National Standards.
 - ACT Health is working at the most senior levels to ensure its Governance, policies and procedures are robust and that necessary structural changes are made to address feedback from Standard 1.
-
- ACT Health is working with and supporting staff to make the necessary improvements in Standards 3, 4, 5 and 6. This is being done through auditing across the organisation to review a number of practices. Immediate feedback and education is being provided to improve practice.
 - Quality Officers located at Canberra Hospital are undertaking audits and developing improvement processes to assist each division to address identified areas for improvement in the not met report.
 - ACT Health held an all staff forum on Monday 21 May 2018 targeted accreditation with a focus on Medication Safety, Patient identification and procedure matching and Safe Clinical Handover.

Cleared as complete and accurate: 23/5/18
Cleared by: Deputy Director-General Ext: 77880
Information Officer name: Jane Murkin
Contact Officer Name: Josephine Smith Ext: 50095
Lead Directorate: Health

QUESTION TIME BRIEF

Key Information

- The Australian Council on Health Standards (ACHS) surveyors presented an “Accreditation Summation” session to ACT Health staff on 23 March 2018. This gave clinical and operational staff an overview of what might be expected in the final survey report.
- At summation, the surveyors provided a brief overview of their findings against each action, highlighting areas of excellence including the ACT Health Quality Strategy, the positive patient centred care delivered to regional patients through the Renal telehealth service, and the rapid person centred care provided to unwell oncology patients through the Rapid Assessment unit in radiation oncology.
- ACT Health has received the draft comprehensive Accreditation Report from the Australian Council on Health Care Standards (ACHS) on 19 April 2018. ACT Health reviewed the report to ensure factual accuracy, although cannot change the recommendations or outcomes. Feedback was provided to ACHS on 3 May 2018 to enable finalisation of the report. The final report from ACHS is still pending.
- ACHS will submit the final report to ACT Health in the coming weeks. The outcomes will be used to continually drive quality and safety improvements in the health service.

Not Met report

- The Minister for Health and Wellbeing has commenced weekly meetings with ACT Health and has requested and is receiving weekly briefings on ACT Health’s progress in addressing the not met core actions.
- Two all staff forums have been convened by ACT Health’s Interim Director-General, with the forum held on 4 May attended by the Minister for Health and Wellbeing. The staff forums were held to provide an update on ACT Health’s key priorities including accreditation.
- The Interim Director-General has liaised with the Australian Commission on Safety and Quality in Health Care and Australian Council on Health Care Standards to discuss the outcomes of the accreditation survey and the monitoring processes ACT Health is taking to address the not met core action report.
- The Commission have provided ACT Health with their full support and confidence in the approach ACT Health is undertaking to address the Not Met Core Actions and in achieving re-accreditation
- [REDACTED] and [REDACTED] from the Australian Quality and Safety Commission met with ACT Health on 17 May 2018 to provide advice and guidance on progress towards meeting the not met recommendations.

Cleared as complete and accurate: 23/5/18
Cleared by: Deputy Director-General Ext: 77880
Information Officer name: Jane Murkin
Contact Officer Name: Josephine Smith Ext: 50095
Lead Directorate: Health

QUESTION TIME BRIEF

- ACT Health has been progressing work against all of the 'Not Met' criteria and specific recommendations, including three that relate to the ligature and self-harm risk in mental health units.
- Capital works to address ligature points in mental health inpatient units continues with 39 of 40 ensuite doors removed at the Adult Mental Health Unit as of 4 June 2018. Further work to minimise risk from ligature points is underway and will continue beyond accreditation.
- A joint workplace health and safety risk assessment with ACT Health and Justice and Community Services staff to address the Hume Health Centre passive smoking risk for staff has been conducted.
- ACT Health are actively engaging in overseeing major legionella remediation work at Canberra Hospital Campus.
- Industrial cleans have been undertaken in the Canberra Hospital kitchens and linen dock area as well as a review of the workflow in the kitchen with unidirectional work flows developed and implemented to increase food safety practices.
- ACT Health are on track to completing the outstanding 2017 discharge summaries with 82 per cent completed.
- Increasing compliance in the completion of Electronic Surgical Safety Checklist continues with completion rates at 94.87 per cent as at 21 May 2018. Ongoing work is occurring to ensure ACT Health sustains and builds on this improvement.

Cleared as complete and accurate: 23/5/18
Cleared by: Deputy Director-General Ext: 77880
Information Officer name: Jane Murkin
Contact Officer Name: Josephine Smith Ext: 50095
Lead Directorate: Health

QUESTION TIME BRIEF

GBC18/408

Portfolio/s Health & Wellbeing

**ISSUE: ACT HEALTH ACCREDITATION –
CLINICAL HANDOVER/DISCHARGE SUMMARIES**

Talking points:

Clinical Handover

- An education program in relation to clinical handover, including face-to-face simulated learning workshops has commenced.
- An audit plan has been developed to monitor compliance with Positive Patient Identification (PPID) and clinical handover. The plan includes resources to support staff to improve their practice in relation to clinical handover and PPID.
- In addition, audit tools have been developed to support real-time monitoring of clinical handover and PPID.
- Change champions across all disciplines have been identified in all clinical areas to support staff on a daily basis with clinical handover and PPID.
- An escalation process for non-compliant wards/areas has been developed.

Non-Mental Health Discharge Summaries

- A review of discharge summaries from the Emergency Department (ED) is being undertaken as the ED Information System (EDIS) has limited connection to other systems, making the finalisation and distribution of discharge letters problematic.
- ACT Health is working towards a technical solution to assist the clinical team finalise and distribute discharge letters.
- Processes are being reviewed in specific clinical areas to improve discharge summary completion rates so they will be completed within 48 hours.

Cleared as complete and accurate: 02/05/2018
Cleared by: Director Ext: 50893
Information Officer name: Jeff Fletcher
Contact Officer name: Barbara Reid Ext: 42728
Lead Directorate: Health

TRIM Ref: GBC18/408

QUESTION TIME BRIEF

- The Directorate has undertaken a large amount of work to address the backlog of incomplete discharge summaries. It is anticipated that the backlog will be complete by the end of June 2018.
- In order to ensure timely completion of discharge summaries over the long term, a comprehensive review and analysis is being undertaken to identify a sustainable approach to improvement.

Mental Health Discharge Summaries

- Timely completion of mental health discharge summaries is challenging due to a range of factors including medical workforce shortages, higher administrative demands with the implementation of the *Mental Health Act 2015*, and competing clinical demands.
- Canberra Hospital has undertaken work to streamline the discharge summary process including technological and administrative solutions that have expedited the completion of discharge summaries.
- Close ongoing monitoring of completion rates has occurred with accountability processes in place to ensure the improvement of the completion rates.
- A complicating factor in the completion of mental health discharge summaries is that the mental health electronic record system, MAJICeR, having limited interface with other systems.
- An IT solution was tested and implemented on 1 June 2018 to ensure the timely delivery of discharge summaries to MAJICeR, which will assist in the timeliness of completion and delivery of mental health discharge summaries.
- The 2017 backlog of discharge summaries was completed at the end of May 2018.

Cleared as complete and accurate: 02/05/2018
Cleared by: Director Ext: 50893
Information Officer name: Jeff Fletcher
Contact Officer name: Barbara Reid Ext: 42728
Lead Directorate: Health

TRIM Ref: GBC18/408

QUESTION TIME BRIEF

GBC18/408

Portfolio/s Health & Wellbeing

ISSUE: ACT HEALTH ACCREDITATION – CLEANLINESS (LINEN AND KITCHEN)

Talking points:

- The safety of patients, staff and visitors in our health facilities is the ACT Government's number one priority.
- Early in the survey process an issue with the build-up of soiled linen (after hours) was identified and immediate action was initiated to rectify this issue.
- Surveyors recommended a review of the storage and workflow of linen in the context of infection control/safety. Specific mentions related to the collection of soiled linen from the wards, management of the clean linen lift, Work, Health and Safety (WHS) standards, linen trolley covers and cleaning schedules for the loading doc.
- ACT Health has initiated several actions to address the surveyor recommendation including:
 - The implementation of additional soiled linen collections. This has resulted in a decrease of 50 percent of morning collection;
 - Implementation of improved practices regarding the use of the clean linen. Is now implemented and working well;
 - A WHS inspection has been undertaken with reviewed workflows;
 - In the linen room LED lights have been installed, and ceiling fans removed, to minimise the accumulation of dust within the clean linen room. The space within the room has also been maximised which has resulted in improved workflows and eliminates the short term storage of linen outside the room; and
 - Linen trolley covers are currently in place for all clean linen in transit.
- A new cleaning schedule for the linen area has been implemented.

Cleared as complete and accurate:	14/06/2018	
Cleared by:	Executive Director	Ext: 6244 3603
Information Officer name:	Girish Talaulikar	
Contact Officer name:	Barbara Reid	Ext: 6244 2728
Lead Directorate:	Health	

TRIM Ref: GBC18/408

QUESTION TIME BRIEF

- There has been an ongoing review to improve general cleaning in the kitchen following a Food Safety Audit in August 2017 with the report provided to Food Services in November 2017. This includes the implementation of cleaning schedules, audits and other actions in conjunction with Facilities Management.
- Food safety at the hospital is a priority and the actions from the audit is now completed with gantt charts outlining improvements for infrastructure.

Key Points

- ACT Health has contracted cleaning services for the past 18 years. ISS Health Services has been delivering these services since 2009, with the latest contract commencing in February 2017.
- The latest contract with ISS is a modern contract with performance-based quality outcome measures. This is to ensure that our health services are appropriately cleaned against health care standards for hygiene and infection control.

Cleared as complete and accurate: 14/06/2018
Cleared by: Executive Director Ext: 6244 3603
Information Officer name: Girish Talaulikar
Contact Officer name: Barbara Reid Ext: 6244 2728
Lead Directorate: Health

TRIM Ref: GBC18/408

QUESTION TIME BRIEF

Portfolio/s Health & Wellbeing

ISSUE: ACT HEALTH ACCREDITATION – ELECTRONIC SURGICAL SAFETY CHECKLISTS

Talking points:

- The Surgical Safety Checklist (SSC) was developed by the World Health Organization (WHO) to improve surgical safety and reduce mortality rates and the incidence of surgical complications.
- The surgeon or surgical registrar is responsible for initiating and leading SSC briefings while the patient is in the operating room and completion of the SSC form.
- An electronic platform for completion of the SSC was implemented at CHHS in 2016. Compliance with fully completing the Electronic Surgical Safety Checklist (ESSC) was reported as low across all surgical specialties in CHHS. A rate of 40 per cent was reported when data was first made available in August 2017.
- A Quality Improvement process was initiated in November 2017 with the aim of achieving 100 per cent compliance of all relevant and appropriate cases in all specialities by July 2018. ACT Health is conducting weekly audits to ensure compliance.
- Audit results and performance at the specialty and individual levels have been shared with clinicians.
- As of 3 June 2018, the overall compliance was at 95.27 per cent.
- There is ongoing communication between the Executive Director of the Division of Surgery and Oral Health and non-compliant surgeons to ensure this is further improved.

Cleared as complete and accurate: 12/06/2018
Cleared by: Deputy Director-General Ext: 6244 2728
Information Officer name: Chris Bone
Contact Officer name: Daniel Wood Ext: 6244 3515
Lead Directorate: Health

TRIM Ref: GBC18/408

QUESTION TIME BRIEF

Key points

- The SSC is completed electronically in the Clinical Portal by the medical officer in charge of the operating room and on completion is sent electronically to the Clinical Records Information System.
- The process starts with the commencement of the Pre-operative Checklist on admission to a clinical area. The patient confirms their identity, planned procedure and consent with staff prior to transfer from the admission area to the operating suite or procedure room.
- Before the induction of anaesthesia, a 'check-in' process is undertaken with the patient by the anaesthetic nurse and/or anaesthetist in the anaesthetic bay, or procedure room.
- Before the incision of the skin or commencement of surgical procedure, a 'time out' or 'team time out' is performed by the operating team in the operating room. The team comprises of surgeons, anaesthesia professionals, nurses, technicians and other operating room personnel all of whom play a role in ensuring the safety and success of an operation. Where appropriate the patient is included in this process. In emergency circumstances this step may be skipped.
- A 'sign out' or 'check out' process is performed by the operating team at conclusion of surgical procedure and prior to the patient leaving the operating room. Where appropriate the patient is included in this process.

Cleared as complete and accurate: 12/06/2018
Cleared by: Deputy Director-General Ext: 6244 2728
Information Officer name: Chris Bone
Contact Officer name: Daniel Wood Ext: 6244 3515
Lead Directorate: Health

TRIM Ref: GBC18/408

QUESTION TIME BRIEF

GBC18/408

Portfolio/s Health & Wellbeing

ISSUE: ACT HEALTH GOVERNANCE**Talking points:**

- Standard 1: Governance for Safety and Quality in Health Service Organisation is one area in which the Australian Council on Health Care Standards (ACHS) have identified as requiring improvement.
- It is important to emphasise that improving quality and safety is an ongoing process in the health system and that doesn't start or end with accreditation. There is significant work underway every day in our hospital that is focused on quality and patient safety.
- The re-accreditation process is an opportunity to identify areas of improvement to ensure we continue to deliver high quality and safe health care to the community. The improvements we are making as a result of this process will make our health services even better.
- The Interim Director-General has assured both myself and Minister Rattenbury that the issues and recommendations that relate to Governance will be dealt with as a priority, ensuring good governance is at the centre of all our important health care reforms moving forward.
- A new National Standards Leadership Committee has been established within the Directorate.
- The Committee is meeting weekly to specifically provide leadership and effective governance of the actions required to address the ACHS not met report.
- The Directorate's Governance Framework, Clinical Governance Framework and Corporate Plan have been reviewed and updated to provide staff with a clear outline of reporting and accountability. These documents are currently being reviewed by the Leadership Committee and will then be socialised with staff.

Cleared as complete and accurate: 23/05/2018
Cleared by: Deputy Director-General Ext: 52248
Information Officer name: Karen Doran
Contact Officer name: Sallyanne Pini Ext: 54689
Lead Directorate: Health

TRIM Ref: GBC18/408

QUESTION TIME BRIEF

- In addition, ACT Health's new Quality Strategy sets down the guiding principles and strategic priority areas for the next two, five and ten years.
- It will act as a platform to demonstrate ACT Health's improvements in safety and quality of care.
- A Quality Strategy Implementation Plan and Measurement Framework is currently under development and will be finalised in the second quarter of 2018.
- Once the implementation plan and measurement framework is developed, base line data will be collated to inform the specific percentages for each priority – person-centred care, safe care and effective care.

Key Information

- The issues identified in the report support the Government's decision to look at the overall governance of our health system and to separate ACT Health into two organisations.
- From 1 October 2018, there will be one organisation responsible for ACT Health's clinical operations and a second organisation responsible for strategic policy and planning.
- Both organisations will continue the reform work already underway to achieve ACT Health's commitment to the health of our community, as well as a commitment to quality, innovation, engagement and accountability.
- Separating the organisation reflects best practice and has already been done in larger jurisdictions interstate.
- I am confident that the creation of separate organisations will result in more robust governance and leadership across our entire health system.

Cleared as complete and accurate: 23/05/2018
Cleared by: Deputy Director-General Ext: 52248
Information Officer name: Karen Doran
Contact Officer name: Sallyanne Pini Ext: 54689
Lead Directorate: Health

TRIM Ref: GBC18/408

QUESTION TIME BRIEF

GBC18/408

Portfolio/s Health & Wellbeing

**ISSUE: ACT HEALTH ACCREDITATION – INFECTION CONTROL
(INCLUDING HEPA FILTERS AND LEGIONELLA)**

Talking points:

- The aim of the ACT wide Infection Prevention and Control Unit (IPCU) is to minimise infection risks for patients, health care workers, students and the general public.
- The IPCU is governed under the Australian Commission on Safety and Quality in Healthcare Standard 3 – Preventing and Controlling Healthcare Associated Infections.
- The intent of Standard 3 is to minimise the risk for patients in acquiring preventable infections and to enable the effective management of infections when they occur by using evidence based strategies.

Hand Hygiene

- Overall hand hygiene rates across Canberra Hospital and Health Services (CHHS) have improved and are significantly above the national benchmark. However, the rates for doctors are lower than other healthcare workers.
- Initiatives to increase hand hygiene rates for doctors have been introduced. This has resulted in improved rates for the first audit of 2018. Further audits are underway to ensure sustained improvement outcomes.
- Doctors will continue to be targeted throughout 2018 to ensure ongoing improvements.

Cleared as complete and accurate: 21/05/2018
Cleared by: Executive Director Ext: 6244 3603
Information Officer name: Girish Talaulikar
Contact Officer name: Barbara Reid Ext: 6244 2728
Lead Directorate: Health

TRIM Ref: GBC18/408

QUESTION TIME BRIEF

Hepa Filter Maintenance and Legionella

- To date, there have been no cases of legionella infection acquired at CHHS.
- ACT Health continuously undertakes works to upgrade and maintain the infrastructure assets on the Canberra Hospital campus. Works are prioritised in accordance with a strategic asset management plan and risk assessment processes.
- ACT Health Facilities Management (FM) regularly undertake testing for the control of legionella bacteria in building water systems at ACT Health facilities, in accordance with the Code of Practice for Cooling Towers, Evaporative Condensers and Warm Water Storage Systems. Any high counts are appropriately escalated and managed in accordance with the Code of Practice.
- FM produce environmental reports, including water sampling testing and results, and Hepa Filter (air quality) maintenance reports. These reports were previously sent to the Infectious Disease Threat Planning Committee, but following a recommendation from the accreditation report, FM now provides their environmental reports to the Healthcare Associated Infections (HAI) standard committee. This committee is the means for reporting and escalating issues related to Standard 3.
- In addition, a Legionella Risk Management Team meet monthly to review and manage required outcomes.
- A Water Quality Management Plan has been developed and includes recommendations on reduction of risks to Building 1 Level 4.

Cleared as complete and accurate: 21/05/2018
Cleared by: Executive Director Ext: 6244 3603
Information Officer name: Girish Talaulikar
Contact Officer name: Barbara Reid Ext: 6244 2728
Lead Directorate: Health

TRIM Ref: GBC18/408

QUESTION TIME BRIEF

GBC18/408

Portfolio/s Health & Wellbeing

**ISSUE: ACT HEALTH ACCREDITATION
MEDICATION MANAGEMENT/DRUG STORAGE (FRIDGES)**

Talking points:

- Weekly rounds by the Chief Nursing and Midwifery Officer are being conducted to review clinical medication storage areas to ensure legislative requirements are being met. Matters requiring improvement are provided immediately to clinical staff, and thereafter to the relevant Executive Director and Director of Nursing/Midwifery in a formal report. These executive staff are then responsible for communicating findings to their clinical teams.
- A procurement process for the supply and installation of secure medication cupboards in theatres has been approved by the Interim Director-General of ACT Health, and is due for completion prior to the end of June 2018.
- Canberra Hospital Medication fridges now have WiFi alarm connections which alert Pharmacy staff if the fridges move outside an acceptable temperature range.
- The 'go live' date for automated fridge checking is 13 June 2018. All relevant staff will be educated about the automated fridge checking system prior to the 'go live' date.

Cleared as complete and accurate:	02/05/2018	
Cleared by:	Executive Director	Ext: 42147
Information Officer name:	Margaret McLeod	
Contact Officer name:	Barbara Reid	Ext: 42728
Lead Directorate:	Health	

TRIM Ref: GBC18/408

QUESTION TIME BRIEF

GBC18/408

Portfolio/s: Health & Wellbeing**ISSUE: ACT HEALTH ORGANISATIONAL UPDATE****Talking points:**

- The proposal to restructure ACT Health was considered over a number of months and involved a range of conversations between myself and the Minister for Mental Health.
- The ACT Health Directorate Executive Leadership Team, the DG/DDG Strategy Group, will be overseeing the organisational restructure. This is the Group previously referred to as the “Organisational Reform Reference Group”.
- I can advise that in late December 2017, I received a report prepared by PwC outlining broadly the organisational and governance structures of Australia’s State and Territory health systems. This report confirmed that the ACT is an outlier in operating a single unified health structure.
- The changes to ACT Health I announced in March this year will bring ACT Health closer in line with other Australian jurisdictions, which have structurally separated their clinical services delivery from their departments of health which focus on policy, planning and regulatory functions.
- The ACT will look at these examples and develop a model that works for the ACT Health system – now and into the future. We will take into account the unique nature of the ACT in developing a model.
- This change is an essential evolution for our growing population and expanding health system, and will bring greater clarity about the distinct roles and responsibilities of frontline staff and corporate staff.
- Staff who deliver frontline health services to the Canberra community will come under the umbrella of the separate health services delivery organisation.
- There will be a second separate organisation responsible for strategic policy and planning which will set the strategic direction for health services in the ACT.

Cleared as complete and accurate: 04/06/2018
Cleared by: Director-General
Information Officer name: Michael De’Ath
Lead Directorate: Health

Ext: 79532

QUESTION TIME BRIEF

- Both organisations will continue ACT Health's commitment to the health of our community, as well as a commitment to quality, innovation, engagement and accountability.
- The separation will enable a clearer focus on efficiency and effectiveness for clinical operations, and free up capacity within the ACT Health Directorate to undertake core strategy and system management functions.

Governance and Consultation

- Work is already underway in preparation for the formation of two organisations, which are planned to commence on 1 October 2018.
- The interim Director-General has commenced a body of work around planning for and leading the transition process, which includes a review of the current organisation's form and functions.
- In addition, the Head of Service is leading planning work to define the principles that will underpin the establishment of the two new organisations, and their governance relationship. This work involves meeting with other jurisdictions to discuss their models in more detail, which will inform our planning.
- Most importantly, we are planning a strong staff and stakeholder communications and engagement process, to ensure that we deliver a model that will work on the ground for both staff and ACT Health consumers.
- The planning process will include developing recommendations on the relationship between the service delivery organisation and the planning and policy organisation. It is essential that this relationship supports a model providing effective governance, management and accountability.
- As I explained to ACT Health employees at two staff forums I attended, my goal is to enable and encourage staff, stakeholders and the community to invest in this change process.
- I am pleased to say that that process of engagement has started - with my discussions with staff and the conversations the Interim Director-General and his team are having across all parts of the organisation. This work continues.

Impacts for Patients/Consumers

- These proposed changes are primarily administrative in nature at this stage and are being developed with careful consideration to ensure that there will be no negative impacts on the services that we offer.

Cleared as complete and accurate: 04/06/2018
Cleared by: Director-General Ext: 79532
Information Officer name: Michael De'Ath
Lead Directorate: Health

QUESTION TIME BRIEF

- The organisational change will be implemented from 1 October 2018, and the transition will be a seamless one. People visiting one of the three public hospitals, our popular Walk-in Centres or in any way accessing the many community based health services that we offer will not experience any disruption as a result of this announcement.
- The organisational change will bring greater efficiencies for clinical and medical staff, and is being designed to improve service delivery and further reinforce the goals of the Territory-wide Health Services framework – person centric and community focused care, enhanced preventive health and improved Hospital services.

Impacts for Staff

- I would like to reassure all ACT Health employees that staff will be engaged in the development of the new structure.
- We are planning ongoing staff communications, including regular emails; regular staff forums and Executive Director briefings, and a dedicated transition page on the ACT Health intranet (launched on 6 April 2018). These initiatives will be aimed at ensuring that all staff are informed and engaged.
- We are working to ensure that any changes for staff members will be kept to the minimum required.
 - Should it be determined that there could potentially be direct changes for staff, appropriate consultation with affected staff and their unions will be undertaken before any final decisions are made.
 - The Interim Director-General has advised that, if required, any impacted staff will be personally advised prior to any formal release of a document for consultation.
 - Every possible opportunity will be provided to staff and unions to provide feedback on proposed changes to organisational reforms.
 - Final decisions on new organisational structures will only be taken once there has been full and appropriate consultation.
- Staff are also encouraged to email healthreferencegroup@act.gov.au with suggestions, questions or concerns.

Cleared as complete and accurate: 04/06/2018
Cleared by: Director-General
Information Officer name: Michael De'Ath
Lead Directorate: Health

Ext: 79532

QUESTION TIME BRIEF

Territory-wide Health Services Framework

- The clinical and service planning underway through the Territory-wide Health Services Framework will remain a key priority for government and we will continue to realign the governance of Canberra Hospital and Health Service (CHHS).
- This is a critical element of the overall Government priority to increase access to specialist health services in the ACT, both in the hospitals and in the community.
- The Territory-wide Health Services Framework aims to ensure ACT Health's delivery of an integrated and whole-of-system service delivery model to provide true person and family-centred care. The wider organisational reforms being considered will be well aligned with the Territory-wide Health Services Framework priorities.
- Due to the proposed timing of the organisational change (1 October 2018), it is anticipated that while work continues in refining the Specialty Service Plans and structure of CHHS, implementation of these Framework items will be phased in from late 2018 to take full advantage of the development of the two new organisations and the recruitment of a new leadership team.

Director-General Position

- Mr Michael De'Ath commenced in the role of interim Director-General, ACT Health Directorate on Monday 9 April 2018, while the recruitment process for a new Director-General and Chief Executive Officer, Canberra Hospital and Health Services is underway. These positions have been advertised nationally, and close on 24 June 2018.

Key Information

- On 23 March 2018 the ACT Government announced a decision to separate ACT Health into two distinct organisations. From 1 October 2018, the ACT Government will separate operational health services from policy and planning functions.
- There will be one organisation solely responsible for ACT Health's clinical operations. It will focus on the operational delivery of quality health services to our growing community.
- There will be a second organisation responsible for strategic policy and planning. This will set the strategic direction for health services in the ACT.

Cleared as complete and accurate: 04/06/2018
Cleared by: Director-General Ext: 79532
Information Officer name: Michael De'Ath
Lead Directorate: Health



QUESTION TIME BRIEF

Background Information – may not be suitable for public disclosure

- A recent freedom of information request may see the publication of reports prepared for ACT Health and for me outlining consideration of Directorate governance structures.
- The recent Accreditation Audit highlighted governance across the Directorate as an area for improvement.
- While not directly related, the Auditor-General has recently announced an audit into allegations of breaches of the *Public Sector Management Act 1994* inside ACT Health.

Cleared as complete and accurate: 04/06/2018
Cleared by: Director-General Ext: 79532
Information Officer name: Michael De'Ath
Lead Directorate: Health

QUESTION TIME BRIEF

GBC18/408

Portfolio/s: Health & Wellbeing

ISSUE: ACT HEALTH PUBLICATION OF DATA FOR CONSUMERS

Talking points:

- On 14 February 2017 I announced that ACT Health would undertake a System-wide Data Review (the Review), due to ACT Health being unable to provide data on emergency department performance, elective surgery waiting times and mental health for the 2017 Report on Government Services.
- The Review has been completed and the final Outcomes Report was delivered to me in the first week of April 2018. A consultation process is now underway so that key stakeholder feedback and views are incorporated into the Review's Implementation Plan.
 - As part of this Review, ACT Health was required to:
 1. Provide advice on the publication of data for consumers;
 2. Ensure consumers can easily understand the information published by ACT Health; and
 3. Develop options for real-time provision of information, for example live Emergency Department wait times, and elective surgery wait times.
 - ACT Health currently provides data on over 100 indicators. This data is published in a number of reports, including the Commonwealth's *Report on Government Services* and 'My Hospitals', a website that provides Australians with nationally comparable data on hospitals.
 - Data on elective surgery wait times by 'Urgency Category', 'Specialty of Surgeon' and 'Intended Procedure' for both Calvary Public Hospital and Canberra Hospital, can be found on the 'My Hospitals' website.
 - Consultation has been, and will continue to be, undertaken with the Health Care Consumers Association to fully understand consumer requirements.

Cleared as complete and accurate: 25/05/2018
Cleared by: Deputy Director-General Ext:77121
Information Officer name: Lynton Norris
Contact Officer name: Karen Chudleigh Ext:72324
Lead Directorate: Health

QUESTION TIME BRIEF

- ACT Health is continuing work with the Association to develop options for improving public reporting using innovative technologies moving forward.

Background Information

- On 14 February 2017, it was announced that an ACT Health System-wide Data Review would be undertaken. The Terms of Reference for the System-wide Data Review were released in late March 2017, and specified six pillars of work to be completed by 31 March 2018.
- Pillar six required ACT Health to “Provide advice on the publication of data for consumers that facilitates improved understanding of ACT Health information, performance, quality and safety, including options for real-time provision of information.” Pillar six was to be delivered by 30 September 2017.
- As part of the System-wide Data Review, ACT Health has put the publication of its *Quarterly Performance Reports* on hold. This has been done to allow the Performance, Reporting and Data Division time to review and develop new reporting processes to ensure that all data released has undergone a robust quality assurance process.

Cleared as complete and accurate: 25/05/2018
Cleared by: Deputy Director-General Ext:77121
Information Officer name: Lynton Norris
Contact Officer name: Karen Chudleigh Ext:72324
Lead Directorate: Health

TRIM Ref: GBC18/408

QUESTION TIME BRIEF

GBC18/408

Portfolio/s: Health & Wellbeing

ISSUE: ACT HEALTH SYSTEM-WIDE DATA REVIEW

Talking points:

- On 14 February 2017 I announced that ACT Health would undertake a System-Wide Data Review (the Review), due to ACT Health being unable to provide data on emergency department performance, elective surgery waiting times and mental health data for the 2017 Report on Government Services.
- The Review has now been completed and the final Outcomes Report was delivered to me in the first week of April 2018.
- The Review process involved a variety of stakeholders – for example:
 - consumers;
 - clinical and other health service providers;
 - non-clinical staff;
 - teaching, training and research groups;
 - national health agencies; and
 - the broader ACT Health Directorate and ACT Government.
- These discussions focused on the identification of data management and governance issues rather than how the resolution would be effected as part of a cohesive implementation plan.
- With the issues, key findings and recommendations now identified as part of the Outcomes Report, it is now appropriate to engage with all stakeholders on the Review outcomes.
- In particular, how the work program is developed and resourced, the areas of priority, and other considerations, which will inform a comprehensive Implementation Plan.
- This consultation process is underway so that key stakeholder feedback and views are incorporated into the Review's Implementation Plan.

Cleared as complete and accurate:	21/05/2018	
Cleared by:	Deputy Director-General	Ext:77121
Information Officer name:	Lynton Norris	
Contact Officer name:	Karen Chudleigh	Ext:72324
Lead Directorate:	Health	

QUESTION TIME BRIEF

- The delivery of high quality health services to the Canberra community continues to be a key priority of the ACT Government. High quality data and reporting are the foundations of an informed hospital and health care system that is accountable, transparent and responsive. This is why I called for this review to be undertaken.
- The System-Wide Data Review has enabled the Directorate to constructively learn, build capability and expertise, and address root cause and systemic issues.
- I look forward to making further comments about the Review as well as tabling the final Report, Government response and Implementation Plan in the August 2018 sitting period.

Key Information

- Notable outcomes of the Review include:
 - Meeting external reporting obligations such as the 2018 Report on Government Services (RoGS) and the 2016-17 ACT Health Annual Report;
 - Ensuring security and access policies are in place, so that personal information is kept confidential and is stored and released with the appropriate privacy safe guards;
 - Embedding strong governance models to ensure decisions regarding our data is made by those with appropriate skill and delegation;
 - Building enduring relationships with external data reporting agencies, such as the Australian Institute of Health and Welfare (AIHW);
 - Embedding a Directorate-wide front door 'Reporting Co-ordination Unit', so that both internal and external stakeholders have a centralised point of contact for data and reporting matters;
 - Engaging independent experts to review the System-wide Data Review activities to ensure they are comprehensive and that all systemic issues are addressed;
 - Embedding a number of key quality assurance processes to ensure the data is accurate and correct at the time of release;
 - Developing an annual audit program across our data collection and reporting systems to ensure that each year a sample of patient journeys will be followed from the initial collection point, to when the record is reported in a dataset. This process demonstrates confidence and transparency across the data and reporting systems;

Cleared as complete and accurate: 21/05/2018
Cleared by: Deputy Director-General Ext:77121
Information Officer name: Lynton Norris
Contact Officer name: Karen Chudleigh Ext:72324
Lead Directorate: Health

QUESTION TIME BRIEF

- Reaching an agreement with the AIHW to accredit ACT Health to use their metadata registry ‘MeTEOR’ as a data repository for all definitions and standards. Whilst this work has only just commenced, this is a major improvement and will ensure our existing and new standards and definitions are robust and consistent with national requirements;
- Investing in our staff, and embedding a culture of respect and innovation to ensure we attract and retain a skilled workforce;
- Developing end to end documentation for all national data collections, from collection point right through to reporting. Demonstrating transparency of data management processes and mitigating gaps in collection;
- Identification of over 130 performance indicators that are currently published. The System-wide Data Review is assessing and restructuring this consumer information so that it is informative, can easily be found and navigated through ACT Health websites and other media platforms. This will encompass the Quarterly Reporting arrangements and recommendations on format, structure and metric frequency for system performance reporting to consumers; and
- Rolling out a new data repository, an ‘Enterprise Data Warehouse’, that is innovative and a first for the ACT Government that has the potential to be expanded and adapt to changing community health needs.

Future work includes:

- Mental Health Services – implementing new performance indicators and reports across all services ranging from day to day operational reports to those presented in this place;
- Elective Surgery Waiting Lists – an analysis of the impact of activity based funding methodologies on the elective surgery management practices;
- University of Canberra Public Hospital – designing new performance metrics including the potential for automated costing;
- Consumers Information – developing options for improving public reporting and innovative technologies available moving forward; and
- Real-time data for Clinicians – trialling new technologies and analysis tools for clinicians to inform and improve patient outcomes.

Cleared as complete and accurate: 21/05/2018
Cleared by: Deputy Director-General Ext:77121
Information Officer name: Lynton Norris
Contact Officer name: Karen Chudleigh Ext:72324
Lead Directorate: Health

TRIM Ref: GBC18/408

QUESTION TIME BRIEF

GBC18/408

Portfolio/s: Health & Wellbeing

ISSUE: **BED NUMBERS AND BED OCCUPANCY**

Talking points:

- The current bed occupancy-rate for Canberra Hospital and Calvary Hospital for this financial year as at 31 May 2018 is 86 per cent, with Canberra Hospital at 94 per cent and Calvary at 69 per cent¹ which is consistent with previous years. The 2017-18 Strategic Indicator 7 target is 90 per cent and has been since 2013-14.²

Financial Year	Bed Occupancy		
	Canberra Hospital	Calvary Public Hospital	ACT public hospitals
2015-16	91%	75%	86%
2016-17	94%	71%	86%
As at 31 May 2018	94%	69%	86%

- Canberra Hospital experienced a busy winter season due to the largest influenza season since the 2009 pandemic year and successfully managed the occupancy through the Winter Beds Strategy.
- The Strategy enabled Canberra Hospital to deploy up to 34 additional beds in response to surges in demand. The additional beds used to meet winter demand closed on 29 November 2017.
- Canberra Hospital has commenced planning for the 2018 winter season.

¹ AIHW METeOR Definition:

Occupancy Rate – calculated by dividing total bed days in a period by the product of the available beds and the days in the period –

Funded beds – may equate to 'available beds' unless the necessary human resources cannot be provided (e.g. due to a strike or nursing shortage).

² Australian Capital Territory Budget, 2017-18

Cleared as complete and accurate: 01/06/2018

Cleared by: Deputy Director-General Ext: 77121

Contact Officer Name: Karen Doran Ext: 55248

Lead Directorate: Health

QUESTION TIME BRIEF

- The calculation of bed occupancy is based on beds available at Canberra Hospital and Calvary Public Hospital Bruce that are available to receive admissions from the Emergency Departments (ED), and is calculated in total minutes available per day. The calculation fluctuates depending on the level of demand being experienced across the hospitals.

Key Information

Occupancy calculation breakdown 2017 – 31 May2018			
	Canberra Hospital	Calvary Public Hospital	ACT Public Hospitals
Average Patient Bed Days (utilising overnight beds)	593	190	783
Average Overnight Beds Available	633	277	910
Occupancy %	94%	69%	86%

Background Information – may not be suitable for public disclosure

- Data for 2016-17 bed occupancy rate has been drawn from the source systems due to the ACT Health System-wide Data Review.
- Following the 2013-14 financial year, the methodology for counting bed occupancy was replaced with an updated methodology due to improved access to live hospital data. The historical methodology used a midnight census (people still in a bed at midnight) and only counted patients who had left the hospital. Patients with lengthy stays were attributed to the month they left which increased the occupancy figure.
- The current method attributes the minutes, days and months of bed utilisation to the period it occurred. The method captures daily peaks of high demand in the occupancy measure.
- The calculation of occupancy figures does not include:
 - Same day beds, theatre, procedure rooms, hospital in the home, home birth, and community dialysis; and
 - Down-time (such as cleaning following a patient discharge).
- Not all beds can be utilised for admission from the ED.
- ACT Government has traditionally allocated funding to opening specific beds within the ACT Budget process. ACT Health is transitioning to an Activity Based Funding (ABF) model.

Cleared as complete and accurate: 01/06/2018
 Cleared by: Deputy Director-General Ext: 77121
 Contact Officer Name: Karen Doran Ext: 55248
 Lead Directorate: Health



QUESTION TIME BRIEF

- ABF incentivises hospitals to perform efficiently and maximise services provided for the available funds. ABF is patient-centred with funding tied to the treatment of patients. ABF is transparent, clear on what basis funding is provided, and increases hospital autonomy to deliver care within a clear funding and accountability framework. Furthermore, ABF will allow ACT Health to determine, and be accountable for, the overall level of funded services to meet operational requirements to be provided while requiring (and empowering) hospitals to deliver those services in the best possible way.
- The number of hospital beds in use will be controlled by public hospitals, allow them to be responsive to demand and remove the notion of 'funded beds'. The idea of occupancy as a function of funded beds will be less relevant and future strategic indicators to measure service supply and demand will be developed.

Cleared as complete and accurate: 01/06/2018
Cleared by: Deputy Director-General Ext: 77121
Contact Officer Name: Karen Doran Ext: 55248
Lead Directorate: Health

QUESTION TIME BRIEF

GBC18/408

Portfolio/s: Health & Wellbeing

ISSUE: EMERGENCY DEPARTMENT DEMAND

Talking points:

- Canberra Hospital and Health Services (CHHS) has a number of plans in place to manage the increased demand for services that occurs across the busy winter period.
- The number of presentations to the CHHS Emergency Department increased from 77,747 during 2015-16 to 85,093 during 2016-2017. This represents a 9.4 per cent increase in the total number of presentation to the Emergency Department year on year. It is expected based on current projections that the coming winter season will be busier than 2017.
- In the 2017 winter season, CHHS opened additional beds and deployed additional staffing in a number of key areas. This same strategy will be employed to meet increased demand during the 2018 winter season.
- Daily operational disciplines are used to ensure that the hospital is operating effectively. During the winter season there are up to 650 patients being discharged per week and there is a close operational focus on managing patient movement throughout the hospital.
- Planning is complete for the coming winter season. The plan covers the period from 1 July 2018 to 30 November 2018.
- Funding announced in the 2018-19 budget will provide for 54 full time equivalent frontline staff, including 35 nurses, 12 allied health workers and six doctors.
- The funding aligns with the CHHS winter bed strategy and will optimise the seamless transfer of patients to the most appropriate clinical environment.
- 72 more beds will be made available in winter this year. This is double the beds available compared to last year's winter period.

Cleared as complete and accurate:	21/05/2018	
Cleared by:	Deputy Director-General	Ext: 42728
Information Officer name:	Chris Bone	
Contact Officer name:	Narelle Boyd	Ext: 45802
Lead Directorate:	Health	

QUESTION TIME BRIEF

Key Information

- A media campaign has been developed to emphasise the use of alternative services to the Emergency Department (ED) at CHHS and will be released in advance of the flu season. The strategy has two parts:
 - Communication activities designed to educate the general public about the array of after-hours primary health care options available in the ACT.
 - A targeted social media campaign designed to educate parents and caregivers of '0-4 year olds (parents and carers) and 18-24 year olds about the role of emergency departments in the delivery of after-hours health care in the ACT and alternatives to ED services. The social media campaign will focus on addressing the factors that motivate 18-24 year olds and parents and caregivers of 0-4 year olds to present at an ED when they (or their child) have a non-urgent illness or injury after-hours.
- Parents and caregivers of 0-4 year olds will be directed to after-hours GP services, the Pregnancy, Birth and Baby telephone helpline and online service/Health Direct. Communication to this audience will focus on promoting the benefits of these services (accessibility, expertise, connections with other health services/health professionals).
- Messaging for 18-24 year olds will focus on promoting GPs, nurse-run walk-in centres and/or Health Direct, with a focus on promoting the benefits (convenience, affordability and accessibility) of these services.
- Secondary messages:
 - EDs are for emergencies. Please consider if your situation is a genuine emergency before going to the emergency department.
 - If you do have an emergency go to your closest ED. If you live on the north side, Calvary Public Hospital in Bruce is your closest option. If you live on the south side, The Canberra Hospital is your closest option.
 - If you or someone you know has an immediate life threatening condition, such as breathing difficulties, chest pain, severe trauma, allergic reactions, head or neck or eye injuries call '000' or go to the ED.
 - If your condition isn't serious or life threatening, see your GP or other health service.

Cleared as complete and accurate: 21/05/2018
Cleared by: Deputy Director-General Ext: 42728
Information Officer name: Chris Bone
Contact Officer name: Narelle Boyd Ext: 45802
Lead Directorate: Health

QUESTION TIME BRIEF

GBC18/408

Health & Wellbeing

ISSUE: REPORT ON GOVERNMENT SERVICES (ROGS)

Talking points:

Overview chapter

Positive Outcomes:

- The Report of Government Services shows that the ACT is the healthiest population in the country.
- Canberrans live longer than the national average. Latest data (2014–16) shows the life expectancy for males in the ACT is 81.3 years compared with 80.4 years nationally. The life expectancy for females is 85.2 years compared with 84.6 years nationally.
- The ACT has the lowest mortality rate across all jurisdictions. Since 2014, the ACT has been the only jurisdiction with a mortality rate below 500 deaths per 100,000 population.
- In 2016, the ACT had a much higher rate of employed medical practitioners and nurses and midwives when compared to the national average.
- Children in the ACT, along with Western Australia, have the lowest rates of obesity in the country.
- In 2014–15, the proportion of ACT children who were overweight and obese was on par with the Australian average and we had a lower proportion of obese adults than the Australian average.
- I am very pleased to report that our smoking rates are continuing to decrease and we have the lowest rates in the country.
- And this is flowing through to our Aboriginal and Torres Strait Islander community as we had fewer members who smoked daily compared to the total indigenous population of Australia.

Cleared as complete and accurate: 01/06/2018
Cleared by: Deputy Director-General Ext:
Contact Officer Name: Lynton Norris Ext: 76751
Lead Directorate: Health

QUESTION TIME BRIEF

- Our rates of risk of long term harm from alcohol in the ACT are generally on par with other major cities in Australia, however again, it was good to know that the ACT Aboriginal and Torres Strait Islander rate has been decreasing.
- And nearly all our cancer rates are lower than the national average with the ACT recording a lower incidence of all cancers.

Cleared as complete and accurate: 01/06/2018
Cleared by: Deputy Director-General Ext:
Contact Officer Name: Lynton Norris Ext: 76751
Lead Directorate: Health

QUESTION TIME BRIEF

GBC18/408

Portfolio/s: Health & Wellbeing

**ISSUE: CENTENARY HOSPITAL FOR WOMEN AND CHILDREN
ALUMINIUM COMPOSITE PANEL REPLACEMENT PROJECT
UPDATE**

Talking points:

- ACT Health were made aware of a fire risk posed by the type of Aluminium Composite Panel (ACP) cladding attached to the Centenary Hospital for Women and Children (CHWC) building following a desktop audit conducted in June 2017 on healthcare facilities constructed since 2008, and the subsequent assessment by independent fire safety consultants, Defire in early August 2017.
- The report Defire prepared, which is titled Combustible façade cladding – preliminary fire safety assessment Revision FSA 1.1, was presented to ACT Health on 3 August 2017. It recommended a portion of ACP panels on the CHWC be replaced with an alternative suitable material.
- On 15 September 2017 a façade consultant, Arcadis, was appointed to prepare a scoping document/Statement of Requirements (SOR) for the replacement of ACP attached to specified areas of the CHWC building.
- A two stage process to engage a suitable contractor to replace identified ACP cladding on the CHWC building commenced in October 2017 and concluded in December 2017 with the appointment of Manteena to undertake the required works as detailed in the Arcadis SOR.
- Concurrent with the contractor procurement process the Arcadis SOR was developed in consultation with key members of the Whole of Government (WHoG) ACP Review Group.
- Key members are:
 - ACT Fire & Rescue;
 - Environmental Planning and Sustainable Development Directorate;
 - Infrastructure Finance and Capital Works; and
 - ACT Health Directorate.

Cleared as complete and accurate: 08/06/2018
Cleared by: Deputy Director-General Ext: 52248
Information Officer name: Karen Doran
Contact Officer name: Colm Mooney Ext: 79186
Lead Directorate: Health

QUESTION TIME BRIEF

- Following a meeting of the above group on 10 November 2017 to confirm the Arcadis SOR the agreed content was issued to selected contractors to complete the concurrent Request for Tender process.
- The Arcadis SOR document outlined options for replacement panels to meet the latest Building Code requirements.
- The replacement material for the CHWC ACP panel replacement project is Vitracore G2.
- Physical ACP panel replacement works commenced in late February 2018 following final material selection in early February 2018.
- On 8 March 2018 an issue was raised by Manteena's fire consultant Defire about the compliance status of the chosen replacement material relative to possible future updates of the National Construction Code (NCC)- Building Code of Australia (BCA).
- To address this issue a meeting with key project stakeholders was convened on 15 March 2018, following which, confirmation of the acceptability of the chosen replacement material, Vitracore G2, was received from:
 - The Building Certifier, CBS;
 - ACT Fire & Rescue; and
 - Defire, (Manteena's fire consultant).
- Works are currently around 80 percent complete with construction completion remaining on program for July 2018.
- The current value of all committed works and consultancies for the project is \$1,206,593 (GST Excl).
- In parallel with the current CHWC ACP replacement work ACT Health is working with the WHoG ACP Review Group to prepare for a detailed risk assessment of other ACT Health buildings identified to contain ACP façade materials.
- ACT Health and IPCW representatives attended a meeting of the Cladding Review Group on 7 June 2018 to discuss the latest status of the ACT detailed building assessment process.
- The Review Group has previously undertaken an audit of government buildings and identified a number of buildings that would benefit from further assessment. The Victorian Government has shared (in confidence

Cleared as complete and accurate:	08/06/2018	
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QUESTION TIME BRIEF

and is not available for ACT to share) a draft risk assessment tool that the Review Group has been working with in order to develop a process and eventual tool that could be used for the ACT. The Victorian tool requires a range of inputs and decisions that influence the risk outcome. The Review Group has used this tool to develop a risk and building assessment process and consider it may be appropriate to trial this with one or two buildings that were identified in the initial audit.

- Actions arising from the meeting of 7 June 2018 include:
 - An initial trial of the ACT risk and building assessment process incorporating the Victorian Government's cladding risk assessment tool is proposed to start before the end of June 2018 (noting the first stage is collection and input of data).
 - The trial is proposed to include two of ACT Health buildings: Building 12 at the Canberra Hospital and Belconnen Community Health Centre.
 - The initial assessment does not produce mitigation measures. Following completion of the initial assessment of those two buildings, a summary of remediation/mitigation actions, if any, will be identified.
 - The trial may take up to a month given the level of information required to be filtered and assessed as part of the input. The expected date for completion of this assessment tool trial is end of July 2018.
 - A timetable for completion of the remaining Health buildings will be considered at the end of July 2018 based on the findings of the initial assessment trial and a better understanding of the process (inputs, outputs, resourcing).

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QUESTION TIME BRIEF

GBC18/408

Portfolio/s Health & Wellbeing

UNIVERSITY OF CANBERRA HOSPITAL

Talking Points:

- The University of Canberra Hospital: Specialist Centre for Rehabilitation, Recovery and Research (UCH) will provide a range of specialised sub-acute rehabilitation and recovery services for residents of the ACT and neighbouring NSW.
- To ensure the facility is able to support the delivery of safe and appropriate health care, it is projected that \$47.89 million is required to support the opening of 84 beds.
- ACT Health is committed to re-distributing \$34.573 million resources internally to support the establishment of UCH, however there is still a significant funding short-fall of \$13.97 million. Based on Treasury Cabinet feedback ACT Health has now committed to achieve further internal savings to offset this shortfall ie the difference between the \$10.665 million and \$13.97million.
- The majority of the increase in costs is attributable to the costs of supporting a new stand-alone facility.
- The majority of the short-fall can be attributed to the mobilization of the non-clinical support services contract with Brookfield Global Integrated Solutions (BGIS). This includes food services, distribution and patient support services, security, cleaning, materials distribution, pest control, grounds and garden maintenance, help desk and building engineering maintenance services.
- The annual cost of BGIS's contract is \$10.76 million, based on an occupancy of 84 beds. The offset from existing support services at Canberra Hospital is \$1.4 million. This contract has resulted in a net increase to operating costs of \$9.35 million per annum
- As part of a Digital Solutions Program of work, a deliverable for UCH is the procurement of new pieces of technology that are not replacing existing systems. An additional \$1.597M recurrent funding is required for payment of vendor licenses, support and maintenance fees, infrastructure and hosting charges, and system administration uplift to ensure the technology remains current.
- Considerable work has been undertaken to recruit an efficient clinical workforce that benchmarks comparably with other like services. The remaining \$3 million funding shortfall relates to the considerable increase in staffing costs which are directly attributed to the requirements of UCH as a stand-alone facility, including:

Cleared as complete and accurate: 12/06/2018

Cleared by: Executive Director

Ext:

Contact Officer Name: Linda Kohlhagen

Ext: 6244 2206

Lead Directorate: Health

QUESTION TIME BRIEF

- a. On-site, after-hours facility management. This is essential for ensuring effective clinical and corporate governance. The proposed UCH After-hours Nursing Management (AHNM) Service, a combination of the existing AHNM service and after-hours CNC roles at Canberra Hospital. This service will be provided 24 hours on weekends and public holidays and from 2pm to 7am on weekdays. It is estimated to cost an additional \$0.89 million.
 - b. UCH is a specialised sub-acute facility. With the increase in sub-acute bed numbers (associated with the transfer of 16 acute beds from Canberra Hospital), additional medical support is required to service the increased volume of sub-acute inpatients. An additional Geriatrician and Rehabilitation Registrar have been recruited. Combined with the need to provide 24-hour onsite medical support (RMO cover equates \$0.609 million per annum), the medical staffing costs have increased by \$1.21 million. Minimal medical savings will be achieved with the transfer of sub-acute activity in the acute inpatient units of Canberra Hospital, as only a small number of junior medical officers will be transferred to UCH.
 - c. Considerable thought has gone into the design of UCH to ensure ease of way-finding. There are two main entrances that lead directly to the front reception. The business case has included additional funding for customer service staff for both the main reception and the Brindabella Rehabilitation Centre from 7:30am to 8pm, 7 days. These costs are estimated at \$0.262 million.
 - d. Allied health costs have increased by \$0.374 million. These new costs are necessary to deliver sub-acute rehabilitation and recovery services reflective of the endorsed models of care for both mental health and rehabilitation services. Considerable work has been undertaken to compare the clinical workforce proposed for UCH against national benchmarks.
 - e. To ensure effective management of the BGIS contract a new Contract Manager position is required at an annual cost of \$0.164 million.
- Since ACT Health's discussions with Treasury, an additional \$1.126M is required. This can be attributed to the following:
 - a. Difficulty in recruiting to afterhours medical staff, locum medical staff to cover roster shortfalls: \$0.290 million.
 - b. The establishment of the Centres for CHHS is being reconsidered. An Assistant Director of Nursing (ADON) is required to support the Geriatric Nursing services being provided at Canberra Hospital: \$0.186 million.

Cleared as complete and accurate: 12/06/2018
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QUESTION TIME BRIEF

- c. Confirmation of the management costs associated with the multistorey car park at the University of Canberra Hospital: \$0.65 million per annum.

Cleared as complete and accurate: 12/06/2018
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QUESTION TIME BRIEF

GBC18/408

Portfolio/s: Health & Wellbeing

ISSUE: UMAHA UPDATE

Talking points:

- Upgrading and Maintaining ACT Health Assets (UMAHA) is a program of works valued at \$95.3 million over a period of three years which commenced in July 2016.
- UMAHA program of works is intended to minimise risks to interruption of the delivery of health services and to deliver remedial works efficiently on a planned basis. These objectives closely align with ACT Government policies around sustainable delivery of health services.
- Implementation of UMAHA scope will:
 - Minimise the risk of asset failure that would close Canberra Hospital or force decanting of patients;
 - Minimise risks to safety of patients, staff and visitors to ACT Health Assets;
 - Ensure cost effective delivery of essential remedial actions; and
 - Minimise the risk of reputational damage.
- Specific areas of focus for UMAHA program of works include the following areas:
 - Building electrical systems;
 - Building hydraulic systems;
 - Building heating ventilation and air conditioning systems;
 - Building façade;
 - Lifts;
 - Building fire protection;
 - ICT infrastructure; and
 - Building and infrastructure upgrade works.
- Projects associated with the UMAHA program will be delivered using a number of delivery models including Project Management Agreement, Construct only and Design and Construct contract forms.

Cleared as complete and accurate: 29/05/2018
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Lead Directorate: Health

QUESTION TIME BRIEF

- The UMAHA program of works developed from the AECOM report is not limited to Canberra Hospital but covers prioritised risk items across all ACT Health sites including Calvary Public Hospital.

Key Information

- The AECOM Report identified 583 issues associated with ACT Health infrastructure with risk ratings assigned to each issue in accordance with ACT Government risk rating guidelines.
- All extreme and high risks were included for action within the scope of the UMAHA appropriation.
- The extreme risk issues identified in the AECOM report are:
 - Electrical Main Switch Board (EMSB) replacements in Building 2 and Building 12;
 - Building 12 gas meter relocation;
 - Helipad structural upgrades; and
 - Building 1 windows.
- Of the four extreme risks, two were funded outside or partly outside of the UMAHA appropriation – Helipad (ACT Health Clinical Services Development) and Gas Meter (Continuity of Health Services Plan – Essential Infrastructure).
- UMAHA program of works scope includes the development of a strategic asset framework and strategic asset management plans for built assets, ICT assets, medical and non medical equipment assets.
- UMAHA program of works is a vehicle to consolidate all infrastructure activities under one organisation i.e. Health Infrastructure Services (HIS) to ensure alignment of planned/reactive maintenance, capital project delivery and strategic asset management.
- The scope of the UMAHA Business Case and expenditure of remaining funds except for the EMSB works is on track for delivery by June 2019.
- EMSB works are due to be completed in June (Building 2) and November 2019 (Building 12)

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TRIM Ref: GBC18/408

QUESTION TIME BRIEF

GBC18/408

Portfolio/s: Health & Wellbeing

ISSUE: ACT HEALTH INFRASTRUCTURE PLANNING

Talking points:

- SPIRE is a significant and inter-generational investment. The Government has committed \$500 million to the new facility that will provide coordinated, specialised acute and emergency care.
- ACT Health is progressing due diligence for the SPIRE project, including health planning requirements, feasibility studies and early design work. This has included the development of preliminary demand modelling forecasts; scope options analysis and high level engineering studies.
- ACT Health has undertaken early design and planning work exploring the options for the SPIRE, including site locations, service design options and opportunity for optimal integration with the existing Canberra Hospital infrastructure and services.
- We are working closely with our other Directorate partners, such as Environment Planning and Sustainable Development Directorate (EPSDD) and Transport Canberra and City Services (TCCS), to explore the full benefits of integrating the health precinct at Garran with the Woden Town Master Plan and other landmark proposals in the area.
- The ACT Health Territory-wide Health Services Framework 2017-2027 (TWHSF) seeks to improve health care delivery across the ACT through changes in service processes and clinical specifications. The outcome of this significant program of work is the development of Specialty Services Plans (SSPs). SSPs will provide the blueprint for the how our health services will evolve to meet the needs of the ACT community into the future.
- As part of the Territory-wide Health Services Framework, clinical services planning is validating data on the quantum of activity that our hospitals will be required to meet in the future, to ensure we future proof our health infrastructure solution.

Cleared as complete and accurate: 14/06/2018
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Lead Directorate: Health

QUESTION TIME BRIEF

- The recent announcement in May 2018, declared that the ACT Government and Calvary would commence negotiations around a new agreement for ongoing collaboration in the delivery of acute and palliative care services. This will further strengthen our commitment to enable a co-ordinated future investment strategy in infrastructure, which considers system-wide pressures and demands for the next 20- 30 years and directly responds to the Territory-wide Health Services Framework.
- We are working to ensure that whole of health system planning principles are considered in developing the infrastructure solution for SPIRE and the Canberra Hospital campus. Like many hospital campuses around Australia, the Canberra Hospital has a number of key facilities which are aged and nearing end of life, and the opportunity SPIRE presents to address some of these should not be missed.
- Shortly, we will be seeking to engage with the community about how we are planning for the future of our health system and how we are planning to invest in the right solution to serve our community's needs. This broad community engagement will provide a new and important dimension to the consultation process for this significant infrastructure project.
- The consultation and engagement process will be undertaken in parallel with the continuation of design and planning works to ensure that the estimated delivery dates for the project are not unduly delayed.
- The next phase of this project is to commence design work, in conjunction with the development of models of care which will align with the Specialty Service Plans, being developed as part of the Territory Wide Health Services Framework.
- Consistent with the 2017-18 Budget forecast, the project program estimates construction and commissioning to be complete in the 2023-24 financial year.

Cleared as complete and accurate: 14/06/2018
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Lead Directorate: Health

QUESTION TIME BRIEF

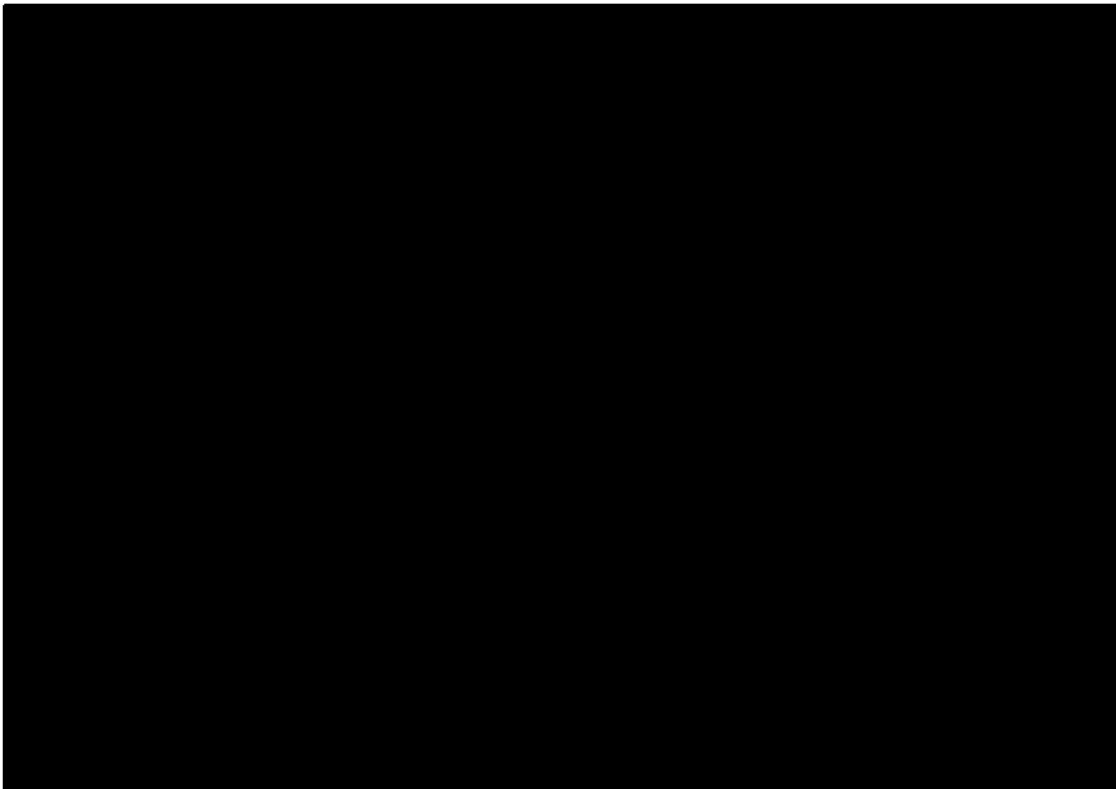
Key Information

- SPIRE is a commitment of this Government from the 2016 election.
- SPIRE received \$3.0 million in the 2017/18 Budget for feasibility (development of a strategic business case to seek funding for capital investment).
- The 2018-19 Budget has provided \$13.0 million to SPIRE to progress the next phase of design.

2018-19 Budget

	2017-18	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Capital Provision	0	0	20,000	200,000	200,000	420,000
Feasibility Expenses	3,000	13,000	0	0		16,000

Background information (may not be suitable for public release):



Cleared as complete and accurate: 14/06/2018
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QUESTION TIME BRIEF

- The current proposed site development location for the SPIRE has evidenced a number of logistical challenges through the early planning work. In particular, the immediate works required to replace the helicopter landing site and 350 car parks, which unlock the site for SPIRE construction to commence, is a challenge to both the delivery timeframes and costs of the project.
- The next design phase of the project will include an infrastructure master plan, which will investigate alternate site options. This will be informed by the Territory-wide clinical services activity data modelling and the Service Specialty Plans.
- The determination of the recurrent cost profile for SPIRE and the delivery model will form part of the Detailed Business Case.
- The SPIRE and Northside hospital projects are inter-related, with the need to consider optimal infrastructure design solutions that achieve an appropriate distribution of service capability and capacity across the two hospital campuses. An integrated strategic approach to the projects will be facilitated by the service demand modelling and infrastructure master planning project.

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QUESTION TIME BRIEF

GBC18/408

Portfolio/s: Health & Wellbeing

ISSUE: DRUG STRATEGY ACTION PLAN

Talking points:

- The draft Drug Strategy Action Plan 2018-2021 (the Action Plan) is expected to be released for public consultation via the Your Say website at the end of June 2018.
- ACT Health has revised the original draft of the Action Plan following feedback from a targeted consultation with key non-government stakeholders.
- The Action Plan will be finalised in the second half of 2018.
- An expert Advisory Group, including representation from community and consumer organisations, will be established to provide input and advice on implementation of the Action Plan.
- The Advisory Group will also play an important role in identifying emerging drug use patterns and informing future priorities.

Key Information

- A key priority of the Government is to deliver a new Action Plan which will re-affirm the ACT Government's commitment to the National Drug Strategy 2017-2026 (NDS).
- The Action Plan will replace the now expired ACT Alcohol, Tobacco and Other Drug (ATOD) Strategy 2010-2014, and will align closely with the Government's preventive health agenda and relevant clinical service plans.
- Key non-government stakeholders were invited to make submissions in March 2018 on the draft Action Plan. Government stakeholders had been previously consulted.
- A revised version of the Action Plan, taking into account the stakeholder feedback, was circulated to Directorates for comment.
- A meeting of key stakeholders, including members of the former ACT ATOD Strategy Evaluation Group, was convened on 20 June 2018 to provide feedback on the revised draft.

Cleared as complete and accurate: 15/06/2018
Cleared by: Executive Director Ext: 52245
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Lead Directorate: Health

QUESTION TIME BRIEF

Background Information – may not be suitable for public disclosure

- The Alcohol, Tobacco and Other Drug Association ACT (ATODA) wrote to the Chief Health Officer on 26 March 2018 requesting that the proposed new expert Advisory Group for the Action Plan is convened before the plan is finalised.
- Several stakeholders, including ATODA, repeated this request in their written submissions on the draft Action Plan.
- The 11 organisations which made submissions to the non-government consultation in March 2018 were:
 - ACT Ministerial Advisory Council on Women;
 - ATODA;
 - Canberra Alliance for Harm Minimisation and Advocacy (CAHMA);
 - Capital Health Network;
 - CatholicCare Canberra and Goulburn;
 - Families and Friends for Drug Law Reform (ACT);
 - Foundation for Alcohol Research and Education (FARE);
 - Health Care Consumers' Association (HCCA);
 - Mental Health Community Coalition (MHCC) ACT;
 - Public Health Association Australia (PHAA); and
 - Winnunga Nimmityjah Aboriginal Health Service.

Cleared as complete and accurate: 15/06/2018
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Lead Directorate: Health

GBC18/408

Portfolio/s: Health & Wellbeing**ISSUE: NATIONAL ALCOHOL STRATEGY****Talking points:**

- The Australian Government Department of Health is leading the development of the National Alcohol Strategy (the Strategy) 2018-2026.
- National public consultation on the draft the Strategy closed on 11 February 2018.
- The Ministerial Drug and Alcohol Forum (MDAF) considered feedback from the consultation on June 14 2018 and agreed a process to finalise the Strategy by late 2018.
- ACT Health and the Justice and Community Safety Directorate provided input into the development of the Strategy and will continue to play an active role in finalising the Strategy through the National Drug Strategy Committee (NDSC) and the MDAF.

Key Information

- The draft Strategy provides a national framework to prevent and minimise alcohol-related harms among individuals, families and communities.
- The Strategy is a sub-strategy of the National Drug Strategy (NDS) 2017–2026, which was finalised in 2017.
- It is anticipated that, once finalised, the Strategy may inform further local level activities to prevent and minimise alcohol-related harms in the ACT.
- Alcohol, tobacco and other drug governance arrangements in Australia reflect shared responsibility between health and justice/law enforcement portfolios.

Background Information

- The Australian Government Minister for Health wrote to you on 13 March 2018 proposing a revised timeline for the Strategy, with finalisation in late 2018.

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QUESTION TIME BRIEF

GBC18/408

Portfolio/s: Health & Wellbeing

ISSUE: NGUNNAWAL BUSH HEALING FARM

Talking points:

- The Ngunnawal Bush Healing Farm (NBHF) staff continue to offer both cultural, social and emotional support in addition to advocacy and case management for 2017 pilot program clients and new referrals.
- The second program has commenced, with a full complement (12) of clients beginning their orientation for the NBHF this week (4 June 2018). Clients have been sourced from a range of programs within the ACT and NBHF staff are currently working closely with key stakeholders.
- In addition to the formal program, staff have assisted 30 people by providing culturally appropriate support services.
- NBHF staff have supported a number of Aboriginal and/or Torres Strait Islander peoples experiencing crisis at Dhulwa, Alexander Maconochie Centre, and Adult Mental Health Unit. This support also includes a number of school visits as well as service visits from current and future NGO partners, including Gugan Gulwan.
- Programs to be included through the next program are:
 - Nutritional and food preparation;
 - Horticulture and bush tucker;
 - Blacksmithing and toolmaking;
 - Physical fitness and Wellbeing;
 - Music therapy;
 - Cultural walks and talks;
 - Horse therapy;
 - Relapse Prevention;
 - Leadership and self-empowerment training;
 - Outdoor Education; and
 - Cartoon therapy.

Cleared as complete and accurate:	09/05/2018	
Cleared by:	Executive Director	Ext: 79143
Information Officer name:	Patrick Henry	
Contact Officer name:	Oliver Kickett	Ext: 52672
Lead Directorate:	Health	

QUESTION TIME BRIEF

Key Information

- At this time, ACT Health will continue to oversee the operations of the NBHF. The Government hopes to transition the service to an Aboriginal community controlled organisation or non-government organisation at an appropriate time.
- ACT Health has engaged the Aboriginal and Torres Strait Islander Healing Foundation to deliver a Healing Framework for the Ngunnawal Bush Healing Farm. A series of Knowledge Circles is planned throughout 2018.

Background Information – may not be suitable for public disclosure

- Following the official opening of NBHF on 4 September 2017, ACT Health delivered a pilot program which commenced in November 2017 and ran for a period of five weeks. Programs were offered to male and female clients aged between 18-40 years who identified as an Aboriginal and Torres Strait Islander person and who were free from alcohol and/or other drugs.
- The program at the NBHF included: foundational skills, nutritional program, ACT Parks Healthy country program, and a relapse prevention program. Feedback from clients was overwhelmingly supportive of the programs.
- ACT Health conducted a desktop review of the pilot program which was completed in February 2018. The desktop review of the pilot program highlighted:
 - a strong interest from clients to come back and join the next program;
 - more flexibility required with the program to tailored to the individual needs was critical to clients;
 - clients formed positive relationships with NBHF staff and contracted service providers;
 - clients enjoyed the field trips, learning more about local Aboriginal history and sought further opportunities to learn more about other Aboriginal and/or Torres Strait Islander cultures; and
 - restrictions on the use of a 4WD vehicle during the program made it difficult to visit all areas of the NBHF property.

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Lead Directorate: Health

QUESTION TIME BRIEF

GBC18/408

Portfolio/s: Health & Wellbeing

ISSUE: OPIOID TREATMENT GUIDELINES

Talking points:

- On 31 July 2017 I requested that ACT Health undertake a review of the ACT Opioid Maintenance Treatment Guidelines as a matter of priority. This included looking at how they could operate in relation to the *National Guidelines for Medication-Assisted Treatment of Opioid Dependence 2014* (the National Guidelines).
- ACT Health has since completed a comprehensive review and consultation process with key stakeholders.
- On 21 February 2018, the National Guidelines were officially adopted under the Medicines, Poisons and Therapeutic Goods Regulation 2008 (MPTG Regulation).
- The changes also included:
 - updates to the Controlled Medicines Prescribing Standards to retain local unsupervised (take away) dosing limits, which were notified by the Chief Health Officer under the MPTG Regulation on 21 February 2018, and
 - publication of a new non-statutory document titled *Opioid Maintenance Treatment in the ACT: Local Policies and Procedures* (LPP) on the ACT Health website.
- The changes have been designed to improve governance of local guidelines, and to ensure ACT guidelines reflect nationally consistent clinical best practice.
- ACT Health is committed to ongoing consultation and engagement with the alcohol and other drug sector.
- ACT Health has committed to ensuring there remains an effective consultation mechanism for opioid maintenance treatment services in the ACT, and has commenced a process for reviewing ongoing arrangements for

Cleared as complete and accurate: 24/04/2018
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Information Officer name: Conrad Barr
Contact Officer name: Conrad Barr Ext: 51722
Lead Directorate: Health

QUESTION TIME BRIEF

the Opioid Treatment Advisory Committee in discussion with key stakeholders.

Background Information – may not be suitable for public disclosure

- ACT Health briefed you regarding a proposal to repeal and replace the current guidelines with the National Guidelines in September 2017. You requested further consultation with the OTAC be undertaken before approving the updates.
- ACT Health subsequently undertook two extensive consultation rounds with key stakeholders from September 2017- January 2018. This included three face to face meetings with stakeholders on 28 September, 4 December 2017 and 25 January 2018. At the 4 December 2017 meeting, it was agreed to extend the consultation period as consumer representatives felt more time was necessary to review the changes.
- All key stakeholders are generally supportive of the changes. Most of the deliberations during consultation related to details within the new LPP document.
- ACT Health met with key stakeholders on 27 March 2018 to review the ongoing role, functions and membership of the Opioid Treatment Advisory Committee.

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Lead Directorate: Health

QUESTION TIME BRIEF

GBC18/408

Portfolio/s: Health & Wellbeing

ISSUE: PILL TESTING

Talking points:

- Australia's first trial of a pill testing service went ahead at Groovin the Moo Canberra on Sunday 29 April 2018.
- The service was provided by the Safety Testing and Advisory Service at Festivals and Events (STA-SAFE) and was supported by the ACT Government, the festival promoters (Cattleyard Promotions) and the University of Canberra, where the festival was held.
- STA-SAFE have submitted their report on the trial, which is currently being reviewed by the ACT Government. The report indicates that potentially lethal substances were identified in two of the 85 samples submitted for testing. Following testing, a number of patrons utilised the amnesty bins to discard their pills instead of consuming them.
- Pill testing is a harm minimisation intervention that includes the chemical analysis of drugs surrendered by festival patrons, and the provision of relevant drug information and counselling by qualified personnel.
- The ACT Government reinforces that it is illegal to manufacture, possess, distribute and sell illicit drugs in the ACT. The ACT Government does not approve or condone illicit drug use. It is risky and dangerous to consume illicit drugs.
- The ACT Government is committed to harm minimisation, in line with the National Drug Strategy.
- The Government considers that pill testing as a component of harm reduction measures is a sensible approach to limiting the dangers of illicit drug use at ACT music festivals. This position is in no way softening the Government's stance on illegal drugs.

Cleared as complete and accurate: 15/06/2018
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Lead Directorate: Health

QUESTION TIME BRIEF

GBC18/408

Portfolio/s: Health & Wellbeing**ISSUE:** Support for bulk billing General Practitioners**Talking points:**

- In 2016, the ACT Government made an election commitment to deliver a grant scheme to support the establishment of bulk billing general practices in the ACT. The 2017–18 ACT Budget announced \$1.05 million (GST exclusive) over three years for the ‘Better care when you need it—Support for bulk billing GPs’ initiative.
- The Bulk Billing General Practices Grant Fund encourages the expansion or establishment of new general practices with a demonstrated commitment to bulk billing in the Tuggeranong and Molonglo areas. The aim of the Grant Fund is to provide residents in those suburbs and surrounding areas with better access to affordable, connected, quality primary health care with a view to improving health and wellbeing, particularly for vulnerable members of the population.

Progress to date

- On 12 February 2018, the Minister for Health and Wellbeing announced the opening of the Bulk Billing General Practices Grant Fund. Applications closed on 6 April 2018 and are currently being assessed.
- The assessment panel comprised members from ACT Health, the Capital Health Network, the Health Care Consumers’ Association and the Australian Medical Association ACT.

Cleared as complete and accurate: 29/05/2018
Cleared by: Deputy Director-General Ext: 51123
Information Officer name: Mary Wood
Contact Officer name: Catherine Eadie Ext: 71541
Lead Directorate: Health

QUESTION TIME BRIEF

Background Information – may not be suitable for public disclosure

- The ACT has the lowest rate of bulk billing for GPs in the country, with rates historically hovering around the 50 per cent mark. These have slowly improved, and the latest Medicare statistics¹ show that the bulk billing rate across the ACT was 58.2 per cent in the March quarter of 2018. The next lowest rate was in Tasmania, at 73.5 per cent, and the national average was 84.2 per cent.
- A lack of accessible primary health care affects the health of the ACT population, and may have an impact on hospital activity and therefore on the ACT Government budget.
- Although the funding of primary health care is a Commonwealth rather than an ACT Government responsibility, the ACT Government undertakes some primary health care activities in recognition of the fact that not all primary health care needs are being met by the Commonwealth or by the open market. The Bulk Billing General Practices Grant Fund aims to boost bulk billed primary health care services in Canberra's south, particularly for those population groups that can least afford care.

¹ The Department of Health 2018, *Medicare Statistics*. Viewed on 30 May 2018 at <http://health.gov.au/internet/main/publishing.nsf/Content/Quarterly-Medicare-Statistics>.

Cleared as complete and accurate: 29/05/2018

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Information Officer name: Mary Wood

Contact Officer name: Catherine Eadie Ext: 71541

Lead Directorate: Health

QUESTION TIME BRIEF

GBC18/408

Portfolio/s: Health & Wellbeing**ISSUE: END OF LIFE****Talking points:**

- The Commonwealth *Euthanasia Laws Act 1997* discriminates against ACT citizens by restricting the ability to introduce, through elected representatives, legislation to recognise the right to choose the manner and timing of one's death in certain circumstances.
- This is an issue not only for people who support euthanasia – it is a critical debate for all people who value the right of residents of the ACT to engage and participate in democratic processes to determine the laws that apply to them.
- The ACT Government Submission to the Select Committee Inquiry into End of Life Choices argues that the ACT Government should not be prevented from legislating for an assisted dying scheme, should it choose to do so, and that the states and territories should be treated equally in terms of their power to legislate.
- The ACT Government submission is not intending to hypothesise on possible end of life schemes that could be appropriate for the ACT at this point. This is a matter for extensive consultation with the ACT community, should the prohibitive Commonwealth laws be repealed.
- There is much sensitivity in the ACT community around voluntary assisted dying, with strong sentiments on both sides of the argument.
- The ACT Government believes all Canberrans are entitled to quality end of life care, which relieves pain and suffering, and provides empowering support to family, friends and carers.
- For most patients at the end of their life, pain and suffering can be alleviated through the provision of good quality end of life care, including palliative care that focuses on symptom relief, the prevention of suffering and improvement of quality of life.

Cleared as complete and accurate: 22/05/2018
Cleared by: Deputy Director-General Ext: 51123
Information Officer name:
Contact Officer name: Peter Matwijiw Ext: 78445
Lead Directorate: Health

QUESTION TIME BRIEF

- However, there are some instances where palliative care is not enough to achieve satisfactory relief of suffering. Even with the best palliative care, patients sometimes ask for alternative approaches to relieve extreme suffering.
- The potential for difficult situations to arise towards the end of life was reinforced by evidence via submissions to the Select Committee.
- End of Life choices is an issue that is close to the heart of many in our community. As our city continues to grow and our community continues to age, there is need for a robust discussion on approaches for dealing with situations where palliative care is not enough to relieve extreme suffering.
- The establishment of the Select Committee on End of Life Choices in the ACT provides the ACT community with a valuable opportunity to discuss the important social policy and legal considerations relating to end of life choices in the ACT.
- End of Life choices is an important issue to many in the community. This was made evident by the number of submissions received by the Inquiry, with nearly 500 received.

Key Information

- On 30 November 2017, the ACT Legislative Assembly established a Select Committee to conduct an inquiry into End of Life Choices in the ACT (the Inquiry).
- The Inquiry was established following the Victorian Parliament passing the *Voluntary Assisted Dying Act 2017* (Victorian Act) on 29 November 2017, which introduced a voluntary assisted dying scheme for Victorian residents. Victoria is the first Australian state to legalise voluntary assisted dying.
- Currently, the ACT cannot legislate for voluntary assisted dying due to law making restrictions placed on the ACT Legislative Assembly by the Commonwealth Parliament.
- The Commonwealth laws discriminate against Territory citizens by restricting the ability to introduce, through elected representatives, legislation to recognise the right to choose the manner and timing of an individual's death in certain circumstances.
- Section 122 of the Australian Constitution enables the Commonwealth Parliament to override any Territory law, which it did by enacting the *Commonwealth Euthanasia Laws Act 1997* (also known as the Andrews Bill). This legislation precludes the Legislative Assembly from passing a voluntary assisted dying scheme similar to the Victorian Act.
- For the ACT to be able to legislate in relation to an assisted dying scheme similar to Victoria's, the Commonwealth Parliament must first repeal s23(1A) of the *Australian Capital Territory (Self-Government) Act 1988* and Schedule 2 to the *Euthanasia Laws Act 1997*.

Cleared as complete and accurate: 22/05/2018
Cleared by: Deputy Director-General Ext: 51123
Information Officer name:
Contact Officer name: Peter Matwijiw Ext: 78445
Lead Directorate: Health

Background Information – may not be suitable for public disclosure

- In 1995, the Northern Territory Legislative Assembly passed the *Rights of the Terminally Ill Act (1995)* (the RTI Act) which commenced operation on 1 July 1996. On 9 September 1996, Kevin Andrews MP introduced a Private Member's Bill into the Commonwealth Parliament.
- After a conscience vote in both Houses of the Commonwealth Parliament, the Bill was passed and became the *Euthanasia Laws Act 1997* (also known as the Andrews Bill). In the House of Representatives the votes to carry the Bill were 88 – 35 and in the Senate the Bill was passed with a vote of 38 – 33.
- The *Euthanasia Laws Act 1997* amended three Commonwealth laws—the self-government Acts of the Northern Territory, the ACT and Norfolk Island – by inserting identical provisions in each Act stating that the powers of the particular legislative assembly did not '*extend to the making of laws which permit or have the effect of permitting (whether subject to conditions or not) the form of intentional killing of another called euthanasia (which includes mercy killing) or the assisting of a person to terminate his or her life*'.
- The *Euthanasia Laws Act 1997* also amended the self-government Acts of the NT, the ACT, and Norfolk Island by inserting provisions which permitted each of these respective legislative assemblies to make laws with respect to:
 - the withdrawal or withholding of medical or surgical measures for prolonging the life of a patient but not so as to permit the intentional killing of the patient
 - medical treatment in the provision of palliative care to a dying patient, but not so as to permit the intentional killing of the patient
 - the appointment of an agent by a patient who is authorised to make decisions about the withdrawal or withholding of treatment, and
 - the repealing of legal sanctions against attempted suicide.

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Cleared by: Deputy Director-General Ext: 51123
Information Officer name:
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Lead Directorate: Health

QUESTION TIME BRIEF

GBC18/408

Portfolio/s: Health & Wellbeing

ISSUE: GAY CONVERSION THERAPY

Talking points:

- The ACT Government will ban gay conversion therapy.
- It is abhorrent and completely inconsistent with the inclusive values of Canberrans.
- The ACT Government isn't aware of these practices currently being undertaken in the ACT, and will ensure they cannot be offered in the future.
- I have asked ACT Health to provide the Government with advice about how to ensure that gay conversion therapy does not take place in the ACT.

Key Information

- ACT Health is currently exploring options for banning gay conversion therapy in the ACT.
- There has been interest in using implementation of the National Code of Conduct for Health Care Workers (the National Code) as the mechanism for doing so. This is one of a number of approaches being examined.
- In February 2017, Victoria implemented the *Health Complaints Act*, which effectively implements that National Code and gives their Health Complaints Commissioner powers to issue prohibition orders on health practitioners deemed to be a threat to public health.
- The Victorian Health Complaints Commissioner is also currently undertaking an inquiry into the practice of conversion therapy in Victoria.

Cleared as complete and accurate:	29/05/2018	
Cleared by:	Director	Ext: 76869
Information Officer name:	Yu-Lan Chan	
Contact Officer name:	Ashleigh Keeling	Ext: 76636
Lead Directorate:	Health	

QUESTION TIME BRIEF

Background Information – may not be suitable for public disclosure

- It may be found that, despite the National Code being legislated, that the banning of an entire practice (as opposed to individual practitioners) may not be possible, and other mechanisms to ban the practice will need to be explored.
- The majority of gay conversion therapy is offered under the umbrella of spiritual guidance or counselling through religious organisations (Christian, Jewish, Islamic and other). This tends to be offered internally within the organisation, and is generally not advertised specifically as gay conversion therapy.
- This also means that even if implemented, the National Code may not prevent conversion therapy from being offered, as those offering the practice might not meet the definition of health workers.
- There are human rights implications for banning gay conversion therapy which may only come to light after community consultation. For example, someone experiencing confusion about their sexuality, unwanted same-sex attraction, or internalised homophobia should be able to seek appropriate supportive counselling and support, which may or may not involve seeking to convert away from those feelings.
- There may also be implications for free speech and the rights of individuals to have the freedom to pursue their own goals within a confidential therapeutic environment.
- Care must be taken to ensure religious organisations in Canberra understand they are not under attack, rather, it must be communicated to them that conversion therapy practices never work and there is extensive evidence that they cause significant psychological harm.
- Protections for practitioners who are providing legitimate support to individuals may also be required in the event of a complaint made against them without sufficient evidence of conversion being attempted.
- It is therefore difficult to prohibit a practice which is not advertised, nor which may or may not be intended to “convert” an individual away from same-sex attraction.
- 14 jurisdictions in the USA have recently banned gay conversion therapy being offered by licenced mental health practitioners to minors. However, conversion therapy in the USA can still take place amongst unregistered practitioners or within religious institutions, and there are no protections in place for adults.

Cleared as complete and accurate: 29/05/2018
Cleared by: Director Ext: 76869
Information Officer name: Yu-Lan Chan
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Lead Directorate: Health

QUESTION TIME BRIEF

GBC18/408

Portfolio/s: Health & Wellbeing**ISSUE: CALVARY HOSPITAL CONTRACT NEGOTIATIONS****Talking points:**

- ACT Health has been working with Calvary Health Care ACT Ltd (Calvary) and the Little Company of Mary (LCM) Health Care Ltd on a range of contractual and funding matters for the 2018-19 financial year.
- On 4 May 2018 I made an announcement on the modernisation of Calvary Public Hospital Bruce. This included the ongoing negotiations with Calvary, and the strong partnership between LCM and ACT Health will continue into the future.
- I will be working closely with Calvary over the coming months to develop an agreement that ensures the best health outcomes for Canberrans.
- As negotiations and discussions are ongoing at this point in time, I am not able to comment any further.

Key InformationPerformance Plans and Activity Based Funding

ACT Health and Calvary have agreed the 2017-18 Performance Plan in February 2018, which is on a block funding basis.

ACT Health and Calvary have commenced discussions in relation to the Performance Plan for 2018-19. The 2018-19 Performance Plan will be on an ABF basis, and will align to the Territory-Wide Health Services Plan and Framework.

Cleared as complete and accurate:	21/05/2018	
Cleared by:	Deputy Director-General	Ext: 76751
Contact Officer Name:	Catherine Shadbolt	Ext: 70114
Lead Directorate:	Health	
TRIM Ref:	GBC18/408	

QUESTION TIME BRIEF

GBC18/408

Portfolio/s: Health & Wellbeing

ISSUE: CALVARY WARD MANAGEMENT

Talking points:

- The Calvary Bruce Private Hospital opened on 21 September 2017 and is a valuable addition to the health service network of the Territory.
- Previously, the private hospital at Calvary was co-located within the public hospital facility, and utilised 2.5 theatres.
- The new private hospital has created vacant clinical space in the public hospital, in the form of additional operating theatre capacity and vacant bed stock.
- Additionally, the Aged Care Rehabilitation Unit (ACRU) at Calvary will be transferring to the new University of Canberra Hospital (UCH). The UCH is scheduled to open in July 2018.
- Calvary and ACT Health have been working together to consider how the additional clinical space within the public hospital best be utilised.
- This will occur within the context of future planning for public hospital services within the Territory, to ensure vacant space is best utilised into the future for improved and sustainable access to acute public hospital services.

Key Information

Since 1987 the Calvary Bruce Private Hospital (Calvary Private) has been co-located within the Calvary Public Hospital Bruce (Calvary Public). Calvary Private has historically been located on Level 6 of the Xavier building, and utilised theatres within the public hospital.

On 21 September 2017, a new stand-alone hospital for Calvary Private was opened which has resulted in a number of clinical areas and administrative areas within Calvary Public being vacated.

Specifically, this includes the following:

- Xavier Building Level 6 Ward;
- Marian Building Level 3 Day Surgery Area;

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QUESTION TIME BRIEF

- Operating Theatres (equivalent to 2.5 theatres and associated recovery capacity);
- Endoscopy Suite Capacity; and
- Xavier Building Level 1 (small administrative area).

Calvary has provided ACT Health with a number of options for utilisation of the available space in the form of Business Cases for consideration through the 2018-19 Budget Process.

Xavier Building Level 6 Ward

A capital variation of \$2.59 million has been approved for a minor capital scope variation required for the Calvary Public Hospital – Expanded Hospital Services capital project. The variation will enable the delivery of maternity ward upgrades at Calvary Public (including 8 additional beds), improve facilities, aesthetics and space, to style the maternity facilities more appealing to patients and families.

You made a media announcement of the imminent commencement of this refurbishment, reconfiguration and expansion project on Friday 16 February 2018 at Calvary Public. The project commenced in late February 2018 and by July 2018 Calvary Public expects to be welcoming new mothers into the refurbished maternity facilities.

The maternity ward at Calvary Public is temporarily moving from the Marian Building to the Xavier Building whilst the maternity improvement project is being completed.

Operating Theatres and Endoscopy Suite Capacity

In 2015-16 Calvary Public were provided with capital funding to improve its Theatre Suite and replace associated equipment. This capital project is now complete and all areas are operational. The areas of work included Theatres 1 to 4, a new procedure room, holding bay, recovery room, day surgery, storage areas, reception and office zones. Now that this project is complete, consideration will be given on how best to utilise capacity in available operating theatres and endoscopy suites, with reference to Territory-wide Health Services Framework and its speciality service plans.

Vacant space due to ACRU relocating to UCH

Two business cases addressing vacant space due to the ACRU relocating to UCH are currently being considered through the business case process for the 2018-19 Budget:

- Mental Health Upgrade – Keaney Building: Upgrade of Calvary Public's Keaney Building to deliver a stand-alone Mental Health Inpatient unit with co-located older persons and inpatient adult mental health services.

Note, the older person's mental health service is located in the Keaney building. The inpatient adult mental health service will transfer to the Keaney building occupying the space vacated by the ACRU moving to UCH.

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QUESTION TIME BRIEF

- Calvary Expansion Emergency Department (ED): The expansion of the ED is to address current service constraints, accommodate interim and projected growth in ED presentations and improve both patient and work flow.

Note, the inpatient adult mental health service is located adjacent to the Calvary ED. Once vacated, this space will be utilised for the expansion of the ED. Hence, the above two capital projects are interdependent.

These proposed capital projects will address vacant space at Calvary Public which will result from the ACRU relocating to UCH in 2018 (estimated July 2018).

The small administrative space in Xavier Building level 1 has no proposed use at present.

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QUESTION TIME BRIEF

GBC18/408

Portfolio/s: Health & Wellbeing

ISSUE: CANBERRA HOSPITAL CODES FOR CAPACITY ESCALATION PROCEDURES AND EMERGENCIES

Talking points:

- Canberra Hospital and Health Services (CHHS) uses nationally recognised colour codes to prepare, plan, respond and recover from internal and external emergencies. Plans for responding to emergency codes define and describe the required management roles, responsibilities, strategies, systems and arrangements. Each plan has been prepared in accordance with national standards.
- CHHS uses the Capacity Escalation Procedure to describe patient flow pressures in a Level 1 to Level 3 numerical system. The procedure sets out the hospital's overarching approach to identifying and responding to capacity pressures during periods of high demand.

Key Information

- ACT Health uses emergency management codes based on Australian Standard 4083-2010 Planning for emergencies - Health care facilities and the *Emergencies Act 2004*. These codes form part of business as usual operations and can be activated whenever they are required.
- Emergency Codes are categorised as follows:
 - Code Yellow – Internal Disaster: any internal incident that threatens to overwhelm or disrupt services, typically due to a failure of key infrastructure or utilities.
 - Code Red – Fire: any fire or potential fire related emergencies. CHHS has several different types of alarm systems to notify of fire or smoke. When an alarm is raised, notification takes place through the fire panel system and the fire doors automatically close.
 - Code Black – Personal Threat: any incidence of violence or aggression, verbal, physical or psychological abuse, threats or other intimidating behaviour, intentional physical attacks, aggravated assault, threats with a weapon, sexual assault or illegal occupation of buildings and workplaces.

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Lead Directorate: Health

QUESTION TIME BRIEF

- Code Brown – External Disaster: any incident originating outside an ACT Health facility that threatens to overwhelm or disrupt operational capabilities. Canberra Hospital is a major receiving hospital for mass casualties in the ACT and south-eastern region of NSW. ACT Government emergency arrangements are described in a variety of ACT legislation and plans, including the ACT Emergency Plan and ACT Health Emergency Plan. These plans provide an overarching governance structure for large emergencies.
- Code Purple – Bomb Threat or suspicious package. Bomb threats directed at ACT Health facilities or suspicious packages received are handled in accordance with internationally recognised procedures. All threats are treated as genuine until an investigation proves otherwise.
- Code Orange – Evacuation: the movement of patients, staff, clients, carers and visitors away from areas at risk in a rapid, safe and coordinated manner. Evacuation of an area or building may be prompted by a range of events, such as storm damage, flooding, fire, bomb threat, hostage situations, or any event that presents an immediate risk to the health and safety of staff, patients and visitors.
- Code Blue – Medical Emergency: a medical situation that has the potential to be life threatening or cannot be managed with the available resources at hand. Can be activated on in-patients, visitors, staff members and members of the public. The mobile response team includes staff trained in advanced life support skills, equipment and pharmaceuticals.
- The Capacity Escalation Procedure outlines three levels of alert:
 - Alert Level 1: beds are available for new admissions and patient flow is being achieved. The trigger is two or more of the following:
 - Hospital at 90-94 per cent occupancy
 - Five or less bed booked patients in the Emergency Department (ED)
 - Intensive Care Unit (ICU) at funded capacity
 - Alert Level 2: limited availability of beds and patient flow is compromised. The trigger is two or more of the following:
 - Hospital at 95-99 per cent occupancy
 - Six to ten bed booked patients in ED
 - ED resuscitation room full
 - ICU over capacity
 - Isolation beds unavailable
 - Ambulance off loads in ED corridor

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QUESTION TIME BRIEF

- Alert Level 3: bed availability is critical despite use of surge beds and services are disrupted. The trigger is two or more of the following:
 - Hospital at 100 per cent occupancy
 - More than 11 bed booked patients in ED
 - All surge beds open
 - Unable to decant resuscitation room
 - Unable to admit patients from other hospitals
 - Isolation beds unavailable and cohorting not possible
 - ICU over funded capacity
 - Considering cancellation of elective surgery

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Information Officer name: Chris Bone
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Lead Directorate: Health

QUESTION TIME BRIEF

GBC18/408

Portfolio/s: Health & Wellbeing

ISSUE: CORONIAL INQUEST INTO SUICIDES AT CANBERRA HOSPITAL

Talking points:

- The ACT Government has sincere sympathy for the families and friends of people who have died by suicide.
- ACT Health is not able to comment about coronial matters while they are before the ACT Coroner.
- ACT Health works closely with the ACT Coroner to actively support the coronial inquest process. We strive and are committed to improving the quality of services we provide to patients and the community to support the delivery of these services.

Key Information

Cleared as complete and accurate: 21/05/2018
Cleared by: Deputy Director-General Ext: 42728
Information Officer name: Chris Bone
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Lead Directorate: Health

QUESTION TIME BRIEF

GBC18/408

Portfolio/s: Health & Wellbeing

ISSUE: ELECTIVE SURGERY WAITING LIST

Talking points:

- ACT Health is committed to reducing the number of people waiting beyond clinically recommended timeframes for surgery. Overall, there have been challenges in managing demand for elective surgery in the last twelve months, with more people being added to the waiting list than removed from it.
- ACT Health performed well in many specialties last year. High rates of timeliness for elective surgery were achieved in cardiac, thoracic, gynaecology, head and neck, obstetrics and vascular surgery.
- However, we are still seeing a growth in the need for more emergency and elective surgery. To build on the good work that has been done in recent years, we have announced that the ACT Government is funding more elective surgery this year.
- Workforce issues in the attraction and retention of surgeons and anaesthetists in the public sector are a key challenge, most notably in the specialities where wait times are longer.
- The ACT Government has committed to providing \$64.7 million to be invested in elective and emergency surgeries across the ACT. With certainty of this additional funding, ACT Health can increase the number of elective surgeries it can deliver to around 14,000 per year – growing elective surgeries by about 4,000 over the next four years.
- The funding of \$64.7 million over the next four years will also help ACT Health to improve access to surgical care and reduce wait times, which means better health outcomes for patients in the ACT and surrounding NSW region.

Key Information

- Nil

Cleared as complete and accurate: 14/06/2018
Cleared by: Deputy Director-General Ext:
Information Officer name: Chris Bone
Contact Officer name: Mark Dykgraaf Ext:45221
Lead Directorate: Health

QUESTION TIME BRIEF

Background Information – may not be suitable for public disclosure

- Between 1 July and 31 May 2018, 14,030 patients were added to and 14,065 patients were removed from the ACT Elective Surgery Waiting List (ESWL), bringing the total number of people waiting on 31 May 2018 to 5,170. This is a decrease of 150 patients on the number waiting at 31 July 2017.
- Of the 5,170 patients on the ESWL on 31 May 2018, 499 had waited longer than clinically recommended for their elective surgery. This is an increase of 35 patients compared to 30 June 2017, an improvement on last month's figures when the increase was reported as 108 patients.
- Under the 2017-18 Elective Surgery Plan, activity targets have been set to attempt to reduce the number of patients waiting longer than clinically recommended.
- These targets successes are limited by the availability of the necessary workforce, and specialist surgeons and anaesthetists.
- Comments against the performance indicators are as follows:
 - There are currently 499 patients waiting longer than clinically recommended, against a target of 144 by 30 June 2018;
 - Currently, 31 per cent of general paediatric surgery patients are waiting longer than clinically recommended with 16 longwaits against a target of zero by 30 June 2018;
 - Currently, 79 percent of patients added to the ESWL receive their surgery on time, against a target of 90 per cent by 30 June 2018. 80 percent of patients at Canberra Hospital Health Services and 77 percent at Calvary Public Hospital Bruce received their surgery one time, as of 31 May 2018.
 - Addressing longwait patients by doing their procedures drops the average percentage of on time surgeries, because these longer wait patients surgeries being completed are makes up a greater percentage of the total numbers in the calculation.
 - The percentage of on time surgeries is lower than this time last year, due to the greater backlog of longwait patients YTD compared with last year. Timeliness percentage is likely to drop further, as ACT Health continues to address the longwait backlog.
 - Monitoring and application of the Waiting Time and Elective Surgery Access Policy is ongoing.

Cleared as complete and accurate: 14/06/2018
Cleared by: Deputy Director-General Ext:
Information Officer name: Chris Bone
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Lead Directorate: Health

QUESTION TIME BRIEF

GBC18/408

Portfolio/s: Health & Wellbeing

ISSUE: GASTROENTEROLOGY WAITING LIST MANAGEMENT

Talking points:

- The Gastroenterology and Hepatology Unit (GEHU) at Canberra Hospital continues to experience high demand. There has been a significant increase, a doubling, in referrals from the National Bowel Cancer Screening Program over the past few years. A proportion of these patients, around 75 per cent, require an endoscopic procedure.
- ACT Health continues its work to improve waiting times for endoscopic procedures, including:
 - Working with the Southern New South Wales Local Health District to have some procedures undertaken at Queanbeyan District Hospital;
 - Improving the capacity of the current service by reviewing the way patient lists are booked, staff are rostered, and procedure rooms are utilised; and
 - Considering increasing activity through weekend endoscopy lists.

Key Information

- An endoscopic procedure means a colonoscopy or a gastroscopy (a scope being inserted through the mouth to the stomach). Patients on the endoscopic wait list could be waiting for one or both of these procedures.
- In order to manage demand and meet clinical guidelines, the GEHU has a waitlist for endoscopy. At the end of December 2017, the average wait time for the past 12 months across all ACT Public Hospitals (inclusive of Canberra Hospital and Calvary Public Hospital Bruce) for urgent colonoscopies was 76 days and for non-urgent colonoscopies was 413 days.
- Patients on the endoscopy wait list are allocated a triage category by a gastroenterologist, dependent on the urgency of their clinical condition. The categories are:
 - Category 1 – the procedure should be completed within 30 days (urgent);
 - Category 2 – the procedure should be completed within 90 days; and
 - Category 3 – the procedure should be completed within 365 days (non-urgent).

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Information Officer name: Chris Bone
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Lead Directorate: Health

QUESTION TIME BRIEF

- Patients are referred to the GEHU by their General Practitioner, specialist, or through the National Bowel Cancer Screening Program. The endoscopy waitlist is separate to the outpatient waitlist, which consists of any patient waiting for a clinic (non-procedural) appointment with a specialist and/or registered nurse.
- Referrals from the National Bowel Cancer Screening Program increased from 160 in 2014 to 333 in 2017. Referrals are expected to further increase as the uptake of the National Bowel Cancer Screening program broadens and Commonwealth recommendations of wider bowel screening in the population are introduced. Two more age cohorts were added to the program in 2017.
- The ACT had the third highest participation rate of the National Bowel Cancer Screening program in Australia at 41.8 per cent, behind Tasmania (44.3 per cent) and South Australia (45.8 per cent) and higher than the national average (38.9 per cent).
- The ACT had the second highest median time between positive screen and diagnostic assessment of people aged 50-74 in Australia at 64 days, behind South Australia at 65 days. National median time between positive screen and diagnostic assessment is 53 days.

Background Information – may not be suitable for public disclosure

- In 2017, ACT Health began negotiations with a private provider in the ACT for the outsourcing of endoscopic procedures, in order to reduce the waiting list. These negotiations have ceased due to pricing constraints. ACT Health continues to maximise internal capacity to assist in improving waiting times for endoscopic procedures.
- The following table shows (see next page) as of the end of December 2017:
 - the number of patients Ready for Care; and
 - the number of Patients waiting longer than clinically recommended time frames on the Gastroenterology Waiting list for the requested time periods.

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QUESTION TIME BRIEF

Period	Clinical Urgency	Clinically recommended time frames (days)	Ready for care Patients on Wait list	Patients waiting longer than clinically recommended time frames
30 June 2016	1	30	785	684
	2	90	1535	1108
	3	365	1536	586
31 December 2016	1	30	364	261
	2	90	1843	1613
	3	365	1779	871
30 June 2017	1	30	430	223
	2	90	1614	1340
	3	365	1741	1061
31 December 2017	1	30	695	506
	2	90	1595	1345
	3	365	1648	1147

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 Lead Directorate: Health

QUESTION TIME BRIEF

GBC18/408

Portfolio/s: Health & Wellbeing

ISSUE: INFLUENZA SEASON

Talking points:

- Due to an unprecedented demand for seasonal influenza vaccination this year, there are currently nationwide supply issues with some flu vaccines through both the National Immunisation Program (NIP) and the private market.
- This is good news as it means the community is understanding the dangers of influenza and importance of getting the flu shot.
- The Commonwealth Government has secured additional vaccines for the NIP and is working with jurisdictions to monitor and manage national supplies.
- The Immunisation Section at the Health Protection Service (HPS) has delivered more vaccines to date this year than for the entire 2017 influenza season. More than 82,000 vaccines have been distributed to date in 2018, compared with 57,000 for the whole of 2017.
- ACT Health has distributed enough vaccines for 85 per cent of people aged 65 years and over to be immunised.
- Based on the Australian Immunisation Register data, vaccination of under five years is also much higher than previously, already five times higher than in 2017.
- The ACT currently has sufficient stock to meet the demand for all high risk groups eligible for free, government-funded vaccine because of their increased risk of complications from influenza. These groups are:
 - pregnant women;
 - children aged six months to under five years;
 - adults aged ≥ 65 years;
 - Aboriginal and/or Torres Strait Islander persons aged ≥ 15 years; and

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Cleared by: Executive Director Ext: 54402
Information Officer name:
Contact Officer name: Conrad Barr Ext: 54402
Lead Directorate: Health

QUESTION TIME BRIEF

- all persons aged \geq six months who have certain medical conditions which increase the risk of influenza disease complications e.g. severe asthma, lung or heart disease, low immunity or diabetes.
- The ACT Health Immunisation Section is closely monitoring influenza vaccine stock for people who are eligible to receive free, government-funded vaccine.
- Two weeks ago, some excess NIP and ACT Government flu vaccines were brought back into our central store and 6000 doses have so far been redistributed according to demand.
- We encourage all people in high risk groups to make an appointment with their provider as soon as possible to get vaccinated.
- Supply constraints may still affect the private market for people who are not eligible for funded vaccine. People in this group are advised to check with their GPs and pharmacies regarding stock availability.
- Influenza is highly contagious, so individuals that are unwell should try to avoid spreading their infection to others. If you are unwell you can do this by seeking medical care and taking necessary precautions such as hand and cough hygiene and absenting yourself from public places such as school or work.
- Influenza is generally self-limiting and symptoms will resolve on their own with rest. If concerned, individuals can seek medical advice from their GP, ACT Health Walk-in-Centres or healthdirect Australia on 1800 022 222.

Key Information

- The 2017 ACT influenza season was larger and lasted longer than any influenza season in the previous five years.
- The seasonal increase in flu cases has not yet started in 2018. The timing of this increase varies from year to year, but usually occurs between about July and October.
- Vaccination is one of the best ways to prevent influenza infection.
- There are currently nationwide supply issues with some flu vaccines affecting both the National Immunisation Program and the private market.
- The Commonwealth Government has secured some additional supplies of the vaccine for the NIP.

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Lead Directorate: Health

QUESTION TIME BRIEF

- The ACT currently has sufficient stock to meet the demand for all high risk groups eligible for free, government-funded vaccine because of their increased risk of complications from influenza.
- ACT Health officials are working together with the Federal Department of Health and other jurisdictions to ensure vaccine supply is maintained.
- Due to changes in the circulating influenza virus, annual vaccination is required to ensure protection against the virus.
- People who are at risk of developing severe influenza can access the funded flu vaccine through their GP.
- ACT children aged six months to less than five years are eligible for free influenza vaccine through their GP or ACT Health Early Childhood Immunisation clinics during 2018.
- People who are not eligible for free vaccine can purchase it on prescription or through pharmacies, although some pharmacies are reporting issues with vaccine supply.
- People who are unwell with symptoms of the flu should not attend work, school or other public places to avoid spreading the disease to others. If required, medical advice can be sought from a GP, the ACT Health Walk-in Centres, or from healthdirect on 1800 022 222.

Background Information – may not be suitable for public disclosure

- Laboratory confirmed influenza is a notifiable disease in the ACT and nationally. Seasonal influenza causes annual epidemics of varying severity in the Winter and Spring months, with sporadic cases generally occurring outside of these times.

Cleared as complete and accurate: 15/06/2018
Cleared by: Executive Director Ext: 54402
Information Officer name:
Contact Officer name: Conrad Barr Ext: 54402
Lead Directorate: Health

QUESTION TIME BRIEF

GBC18/408

Portfolio/s: Health & Wellbeing

ISSUE: MATERNITY SERVICES AT CENTENARY HOSPITAL AT CAPACITY

Talking points:

- I would like to reassure you that the Centenary Hospital for Women and Children provides high quality care and safe services for women of the ACT and surrounding area.
- Maternity Services at the Centenary Hospital for Women and Children continues to experience high demand. Over the past two years, while births at Centenary have been increasing, births at Calvary have been decreasing.
- Canberra families have been attracted to Centenary's modern facilities, and more women are requiring access to tertiary level care.
- To ensure maternity services across the region are used effectively and efficiently, Calvary Public Hospital Bruce and Centenary actively encourage the community and General Practitioners to use the services on offer at Calvary and Queanbeyan Hospital where appropriate.
- Some people may be unaware that Calvary Public Hospital Bruce is a public hospital offering maternity services, with a comparable level of maternity care to that available at Centenary, with exception of high-risk maternity care.
- In order to ensure patient safety and manage this increased demand at Centenary, ACT Health has already taken actions including:
 - Following the Maternity Escalation Policy including using the Birth Centre for overflow;
 - Extending the hours of the Maternity Assessment Unit (MAU);
 - Rostering additional medical and midwifery staff, and introducing Assistants in Midwifery to maternity services;
 - Where necessary, activating the bypass policy that involves referring women to other ACT hospitals and NSW hospitals for care; and\
 - Implementing a midwifery attraction and retention strategy.

Cleared as complete and accurate: 20/06/2018
Cleared by: Deputy Director-General Ext: 42728
Information Officer name: Chris Bone
Contact Officer name: Elizabeth Chatham Ext: 47470
Lead Directorate: Health

QUESTION TIME BRIEF

- Calvary Public Hospital Bruce and Centenary have worked collaboratively to develop other short term strategies to try and balance demand on maternity resources across the territory by:
 - Increasing the numbers of low risk elective procedures at Calvary, such as caesarean sections and inductions; and
 - Referring women to the low risk continuity of midwifery care model at Calvary, which currently has capacity.
- The \$2.6 million upgrade of the Calvary Public Maternity Service will make the maternity facilities at Calvary more appealing, and increase Calvary's maternity capacity by 20 per cent, going from 15 to 18 maternity beds. Work is expected to be completed in July 2018.
- Through the 2018-19 budget, the number of maternity beds at Centenary will be also be increased by four beds (27 per cent increase), to strengthen Centenary's capacity to meet demand.
- In total, this additional funding will increase the number of maternity beds in the territory by an estimated 23 per cent.
- Further to this, the Government will soon announce a plan to update the way maternity services are delivered in the ACT. This new approach will be territory-wide, to better manage the demand between our hospitals, so that both public facilities share the delivery of maternity services.
- A single point of entry process is being proposed in order to achieve more balance in the system, by streaming women of lower clinical risk into their local maternity services, such as Calvary Public Hospital Bruce, Goulburn and Queanbeyan Hospitals, while ensuring capacity at Centenary for women of higher clinical risk.
- The single point of entry approach would not change the models of maternity care currently on offer at Centenary or Calvary Public Hospital Bruce, but rather would provide one entry point and process for women to access the model of care that is most appropriate for them.
- Both hospitals will continue to provide low and medium risk services to women who live close to them. Individual consideration would be given to women who are requesting access to models only available through Centenary, such as home birth and water birth.

Cleared as complete and accurate: 20/06/2018
Cleared by: Deputy Director-General Ext: 42728
Information Officer name: Chris Bone
Contact Officer name: Elizabeth Chatham Ext: 47470
Lead Directorate: Health

QUESTION TIME BRIEF

- ACT Health is confident that the increase in bed numbers and implementation of these short and long term strategies will be sufficient to ease the pressure at Centenary and meet maternity demand in the territory.

Key Information

- Births at Centenary have increased from 2,743 in 2010-11 to 3,561 in 2016-17, which is an annual growth rate of 4.5 per cent.
- There were 1,747 birthing events at Calvary Public in 2013-14, 1,804 in 2014-15, 1,791 in 2015-16 and 1,654 in 2016-17. The 2017-18 target is 1,760 birth events. This demonstrates the downward trend in the number of births at Calvary Public since the establishment of Centenary. Despite active encouragement by both hospitals with the community and General Practitioners to use Calvary Public where appropriate, births at Calvary Public have continued to decline. This is thought to be reflective of the community's preference for Centenary's state of the art services.
- Canberra Hospital is the only level three tertiary hospital for the ACT and surrounding regions, and accepts patients who are not appropriate for their local non-tertiary hospital due to clinical indications. Continued and increased occupancy, acuity and demand pressures impact on Canberra Hospital's capacity to provide tertiary level maternity care.
- Noting that birth activity is variable and not controllable, the Centenary Birth Suite (excluding the Birth Centre) is at capacity on a regular basis. The use of the Birth Centre and Paediatric Ward as overflow ensures Centenary is able to maintain a safe environment for mother and baby.
- On 17 April 2018, the Government and ACT Health received an anonymous letter which stated it was from staff at Centenary, raising concern about the impact of demand on patient safety and work environment for staff and non-specific claims about bullying and harassment. Following this, executive leadership at Centenary held several staff forums to reinforce staff supports already in place.
- The same letter was sent to the Canberra Times, which published an article on 26 April 2018. On 19 April 2018, Centenary executive wrote to all staff addressing concerns raised.

Cleared as complete and accurate: 20/06/2018
Cleared by: Deputy Director-General Ext: 42728
Information Officer name: Chris Bone
Contact Officer name: Elizabeth Chatham Ext: 47470
Lead Directorate: Health

QUESTION TIME BRIEF

Background Information – may not be suitable for public disclosure

- The continued increased occupancy, acuity and demand on CHWC's maternity services has impacted on its capacity to provide tertiary level care and has created clinical, industrial and reputational risk. This is particularly in the high risk areas of Birthing and Neonatology. Staff are overwhelmed by the demand and the impact of the anonymous letter and associated media has decreased their resilience. This situation is currently quite fragile.
- Centenary is provisioned with 15 post natal beds, a significant decrease from the previous Canberra Hospital birthing service. During the design phase of the building, clinicians and the Australian Nursing and Midwifery Federation were vocal that more postnatal beds were needed. In 2012, an external review of the model of care was commissioned by then Minister for Health Katy Gallagher, which confirmed that the number of beds was based on ambitious assumptions.
- Centenary has a strong quality and safety framework and commitment to continuous improvement. Adverse events are reviewed through departmental Morbidity and Mortality, and Quality and Safety meetings. Benchmarking indicates we are performing well against like organisations. We have also recently reduced the third and fourth degree tear rate working through a collaborative program with midwives and obstetricians.
- Where there is an adverse event, staff are encouraged to make use of a range of support services including Employee Assistance Program.

Cleared as complete and accurate: 20/06/2018
Cleared by: Deputy Director-General Ext: 42728
Information Officer name: Chris Bone
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Lead Directorate: Health

QUESTION TIME BRIEF

GBC18/408

Portfolio/s: Health & Wellbeing

**ISSUE: ACT HEALTH TERRITORY-WIDE HEALTH SERVICES FRAMEWORK
2017-2027**

Talking points:

- Work on the Territory-wide Health Services Framework (the Framework) is progressing and the Territory-wide Health Services Advisory Group has provided feedback resulting in a revised draft of the Framework.
- Once ready, the revised Framework will be put to the Advisory Group for endorsement. It is expected this will occur by mid July 2018.
- The timeframe for implementation of the Framework is currently under review following the announcement that ACT Health will be separated into two organisations from 1 October 2018.
- Feedback to date from ACT Health staff and the community sector indicates a high level of support for the stated objectives of the Framework, which aims to improve service integration to support better outcomes and experience for patients and clients.
- The development of the Specialty Services Plans (SSPs) is also progressing well.
 - In summary there are 46 SSPs in total in development. This includes 40 specialty services and 6 core services e.g pathology, pharmacy.
 - There are 4 distinct phases within this health planning process –
 - Collate information – end Aug 2018
 - Analyse information – end Aug 2018
 - Develop ACTH directions – Oct 2018, and
 - Develop the service's work plan – end Dec 2018.
- The current status is as follows:
 - **Phase 1** has involved profiling the current services. Work to date has included stakeholder engagement with the following service providers.
 - CHHS service providers – 100% complete

Cleared as complete and accurate: 25/05/2018
Cleared by: Executive Director Ext: 59010
Information Officer name: Jodie Chamberlain
Contact Officer name: Jodie Chamberlain Ext: 59010
Lead Directorate: Health

QUESTION TIME BRIEF

- Calvary – 100% complete
- ACT Health GPs – 75% complete
- Other GPs – not commenced, survey being developed
- NGOs – minimal to date, engagement process being finalised for differing NGO providers.
- There will be further opportunities for consultation in July and August to allow –
 - Clinicians to have the opportunity to provide further input and feedback as the format of the document has change
 - the bed demand projection data to be subject to clinican validation.
- **Phase 2** analysis is also underway and data that identifies current demand for inpatient and outpatient services is being collated.

Background

- SSPs provide a high level roadmap for each service capturing current service activity, information about service gaps, and opportunities for improvement and future innovation.
- Work commenced on SSPs in December 2017. There has been considerable consultation with clinical staff on development of the SSPs, including staff from ACT Health and Calvary.
- Initial consultation on the SSPs with the community and primary care sectors (including GPs) has also commenced, with further consultation still to occur. The Territory-wide Health Services Advisory Group has been contributing valuable input into how this process should be undertaken.

Cleared as complete and accurate: 25/05/2018
Cleared by: Executive Director Ext: 59010
Information Officer name: Jodie Chamberlain
Contact Officer name: Jodie Chamberlain Ext: 59010
Lead Directorate: Health

Key Points**Background Information – may not be suitable for public disclosure**

- The Territory-wide Health Services Framework will guide the development and redesign of health care services across the Territory over the next decade. I released the draft Framework on 19 September 2017.
- Under the Framework, ACT Health will establish new documented Specialty Service Plans (SSPs) and Models of Care. Combined, these documents will consider patient care requirements in the context of the needs of the population, current and future demand, prevention, other specialty services, advances in treatment and technology, and the responsible and efficient use of resources.
- A Territory-wide Health Services Advisory Group (the Advisory Group) has been established to inform the Territory-wide health services planning work. The Advisory Group comprises 11 members from a broad range of health and community organisations across the Territory. Membership of the Advisory Group was announced in December 2017 and the group has met twice, 31 January 2018 and 14 March 2018.
- The recent Accreditation process and subsequent responses being coordinated to address the NSQHS Standards Survey “Not Met” recommendations has created some delays in further progressing the SSPs as CHHS resources are focused on meeting the standards. Responding to the recommendations may also have implications for the final design of the future CHHS realignment.

Cleared as complete and accurate: 25/05/2018
Cleared by: Executive Director Ext: 59010
Information Officer name: Jodie Chamberlain
Contact Officer name: Jodie Chamberlain Ext: 59010
Lead Directorate: Health

QUESTION TIME BRIEF

GBC18/408

Portfolio/s: Health & Wellbeing

ISSUE: WAIT TIMES TO SEE A SPECIALIST AND ACCESS TO ELECTIVE SURGERY

Talking points:

Access to see a specialist

- It is important to acknowledge that not all people on the wait list to see a specialist will require surgery, because surgery is not the solution in all cases.
- Patients who don't require surgery may instead be treated through non-surgical means, either by a multi-disciplinary team, which may include a specialist, or referral back to a GP.
- The number of people waiting to see a specialist who eventually require surgery varies greatly according to speciality. The average across all specialities is around one third.
- There are a number of specialty-specific challenges that are impacting on waiting times, including workforce issues. To address this, ACT Health is:
 - developing a targeted workforce strategy to attract more doctors to the ACT;
 - developing and implementing specific strategies to improve on all areas where patients are waiting longer than the clinically recommended time for treatment;
 - examining better ways to ensure patients have had the best-possible management and investigation of their condition prior to referral to a specialist, by working with GPs to develop shared health pathways;
 - Improving referral information to better delineate patients in more urgent need of attention; and
 - Referring appropriate patients to hospital outpatients with clear referral indications and alternate treatment options for GPs, through health pathways.

Cleared as complete and accurate:	02/05/2018	
Cleared by:	Deputy Director-General	Ext: 42728
Information Officer name:	Chris Bone	
Contact Officer name:	Andrew Mitchell	Ext: 76277
Lead Directorate:	Health	

QUESTION TIME BRIEF

- ACT Health also knows it needs to better work with GPs to ensure they have the information they need to know what other treatment options are on offer for patients.

Elective Surgery wait times

- Like all jurisdictions, there are challenges in managing demand for elective surgery. In recent years, the Government has had a deliberate focus on reducing the number of patients who are waiting longer than clinically recommended for their surgery.
- To continue to manage demand, the Government is investing additional funding which will see more than 13,000 elective surgeries achieved in the current financial year. At the end of March 2018, 9463 surgeries had been completed.
- Another impact on our elective surgery waiting times is the increase in unplanned surgeries across the ACT as a result of emergency and trauma presentations.
- The rate of emergency surgery at Canberra Hospital is rising. The hospital performed 7,828 cases in the 2013-14 financial year and is forecast to perform 10,174 cases in 2017-18. This represents at least half of all surgery at Canberra Hospital, and is growing at nearly twice the rate of elective surgery.
- There is a need to maintain sufficient capacity at Canberra Hospital for emergency surgery. This is managed by performing elective surgery at other sites, such as Calvary and through purchasing services in the private sector.
- It is also notable that around 30 percent of patients waiting for surgery in the ACT are from NSW or other jurisdictions. There were over 1700 patients with a postcode other than the ACT out of more than 5300 patients on the ACT Health elective surgery waitlist.
- ACT is working in partnership with NSW to develop shared strategies and more diverse treatment options and streamlined pathways for both ACT and NSW patients. ACT receives remuneration for treating NSW patients through the crossborder agreement currently.

Cleared as complete and accurate:	02/05/2018	
Cleared by:	Deputy Director-General	Ext: 42728
Information Officer name:	Chris Bone	
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Lead Directorate:	Health	

QUESTION TIME BRIEF

Key Information

- Access to timely information for consumers is a priority for ACT Health. This is to ensure people have the information and knowledge they need to better manage their health.
- A key aspect of the System-wide Date Review, which I tabled in the Assembly in May, is to provide advice on the publication of data for consumers that facilitates improved understanding of ACT Health information and performance.
- ACT Health is working closely with the Health Care Consumers Association on best practice consumer reporting and expects to have an approach finalised in the coming months. This will include a new approach to publishing wait times to see a specialist.

Background Information – may not be suitable for public disclosure.

- Nil.

Cleared as complete and accurate: 02/05/2018
Cleared by: Deputy Director-General Ext: 42728
Information Officer name: Chris Bone
Contact Officer name: Andrew Mitchell Ext: 76277
Lead Directorate: Health

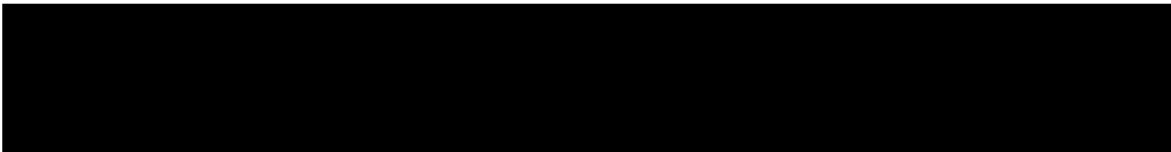
QUESTION TIME BRIEF

GBC18/408

Portfolio/s: Health & Wellbeing

ISSUE: HEPA FILTERS

Talking points:

- 
- More broadly, ACT Health can confirm there was no outbreak of scedosporium at Canberra Hospital in April 2016.
- However, scedosporium was identified in two patients being treated in the Canberra Hospital's cancer ward at that time. Scedosporium is a microbe found in soil.
- As part of a normal infection control response, ACT Health immediately established a multi-disciplinary management team to investigate the infection. A source of the infection was not confirmed as a result of the investigation, and no further cases have occurred since April 2016.
- Microbes in our everyday surroundings are not usually a problem for healthy people. Unfortunately, people who are severely immunocompromised, such as those being treated for cancer, can be very vulnerable to infections which may arise from contact with environmental microbes.

Key Information

- HEPA filters filter the air going into wards and treatment areas, and they are maintained according to our protocols and recognised standards for health care facilities. As part of the investigation which followed the identification of Scedosporium in two patients in 2016, there were no issues found with the HEPA filters.
- Investigation included analysis of sample specimens from patients, and patient records were reviewed to determine whether there were any common factors that may have explained the infection. In addition, wards were inspected for possible sources of contamination. The ward inspection included an extensive review of ward cleanliness and general maintenance, checking of the air conditioning systems and environmental testing.

Cleared as complete and accurate: 14/05/2018
Cleared by: Deputy Director-General Ext: 42728
Contact Officer Name: Chris Bone Ext: 42728
Lead Directorate: Health

QUESTION TIME BRIEF

- As a result of the investigation, the hospital undertook a thorough cleaning of the ward as a precaution and reinforced general advice to haematology patients at risk of infection about avoiding exposure to soils, and the use of masks while undergoing their treatment for cancer. These precautions were recommended for inpatients and patients at home.
- These investigations did not find any evidence of scedosporium contamination in the ward.

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Cleared by: Deputy Director-General Ext: 42728
Contact Officer Name: Chris Bone Ext: 42728
Lead Directorate: Health

QUESTION TIME BRIEF

GBC18/408

Portfolio/s: Health & Wellbeing**ISSUE: HYDROTHERAPY POOL****Talking points:**

- The University of Canberra Hospital in Bruce will feature a new, state-of-the-art hydrotherapy pool that will provide enhanced services and convenience for people when it opens in July.
- With the opening of the new hydrotherapy pool at the University of Canberra Hospital, the existing facility at the Canberra Hospital will cease operations.
- It has always been the ACT Government's intention to fully transition all rehabilitation services throughout Canberra to the new facility in Bruce.
- Bringing all of ACT Health's rehabilitation staff and facilities together in the one place would result in better outcomes for individuals, and the community.

Key Information

- The Canberra Hospital pool will close on Sunday 22 July 2018 with the UCH pool commencing operations on Monday 23 July 2018.
- The Canberra Hospital pool will continue to be available for existing users including the Arthritis Foundation until 22 July 2018.
- The new hydrotherapy pool at UCH will feature enhanced access compared to the current facility at the Canberra Hospital. It has a smoother entry, flat surrounding surface and hoist, less maintenance downtime and more accurate and stable temperature controls.
- Access to the facility, including parking, will also be improved.
- The new pool will be available for therapeutic use out-of-hours by non-ACT Health services, as is the case with the pool at Canberra Hospital.
- ACT Health is committed to working closely with community organisations and service providers who currently use facilities at Canberra Hospital to ensure the transition of these services for their clients is as seamless as possible.

Cleared as complete and accurate: 14/06/2018
Cleared by: Deputy Director-General Ext: 42728
Information Officer name: Chris Bone
Contact Officer name: Linda Kohlhagen Ext: 42206
Lead Directorate: Health

QUESTION TIME BRIEF

- Exercise Physiologists and Physiotherapists are the only ACT Health professionals who use the Canberra Hospital hydrotherapy pool. Hydrotherapy patients are usually booked in for a six week course of treatment of two sessions per week. In 2016/17, the reported number of hydrotherapy occasions of service was 703 for the Exercise Physiology Team and 1050 for the Physiotherapy Team.

Background Information – may not be suitable for public disclosure

- The current hydrotherapy pool operational budget (including staffing and maintenance) has been transferred to the UCH operating budget.
- A number of complaints have been received from individuals, Arthritis Foundation ACT (AFACT), and MLAs about the decision to close the pool at Canberra Hospital and the perceived loss of a public service to constituents located on the south side of Canberra.
- ACT Health has a Service Funding Agreement (SFA) with AFACT for the period 2016 – 2019 to provide educational programs and information sessions on self-management as well as supervised hydrotherapy sessions.
- Arthritis Foundation ACT is the only external user of the Canberra Hospital hydrotherapy pool, offering their members nine sessions per week.
- AFACT currently offers subsidised hydrotherapy at five pools, at Canberra Hospital and Calvary John James in Deakin in the south, and in O'Connor, Nicholls, and Belconnen in the north. Arthritis Foundation Members pay \$5.60 per session.
- AFACT has approached Malkara School in Garran to request access to their pool. It is understood Malkara has agreed in principle, but discussions are continuing with respect to cost. ACT Government schools can charge \$107 per hour for community use, with some discretion to vary that fee. AFACT is not charged to use the Canberra Hospital pool under the existing SFA.
- AFACT has proposed that they would keep the Canberra Hospital pool open by assuming responsibility for managing the pool on behalf of the community, with additional Government funding.
- There are a number of private hydrotherapy pools on the south side, but they are costly and/or their pool temperatures are lower than the temperature of the pool at Canberra Hospital. The optimal temperature for hydrotherapy is 33 degrees Celsius or greater. See list below.

Cleared as complete and accurate: 14/06/2018
Cleared by: Deputy Director-General Ext: 42728
Information Officer name: Chris Bone
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Lead Directorate: Health

QUESTION TIME BRIEF

- Private hydrotherapy pools (heated to 33°C or greater):

South side	North side
Hughes Hydro	Club MMM, CISAC Bruce
Kings Calwell	Private Hydrotherapy Pool, Dickson,
Kings Swim, Deakin	Kings Swim, Majura Park
Calvary John James Pool, Deakin	

- ACT Government schools with hydrotherapy facilities (heated to 33°C or greater):

South side	North side
Malkara Special School, Garran	Black Mountain Special School, O'Connor
	Turner School

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 Cleared by: Deputy Director-General Ext: 42728
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 Lead Directorate: Health

QUESTION TIME BRIEF

GBC18/408

Portfolio/s: Health & Wellbeing

ISSUE: ACT HEALTH STAFF CULTURE SURVEY

Talking points:

- Culture is complex and dynamic, particularly in large healthcare organisations such as ACT Health. Over many years ACT Health has been closely monitoring its workplace culture and utilising a range of methods drawn from best practice to encourage respectful and supportive environments for staff and patients.
- One of the current significant culture initiatives is supporting the transition to, and commissioning of, the University of Canberra Hospital (UCH). All UCH staff have been involved in workshops to contribute their ideas about the aspects of culture which will underpin success for staff and clients at UCH. Leaders will help embed and reinforce the desired culture from day one. Leaders have also been trained on leading and supporting staff through organisational change.
- ACT Health's Quality Strategy 2018-2028 was officially launched in March 2018. The Strategy supports the delivery of person-centred, safe and effective care, through three key enablers – Culture, Leadership and Communication. The inclusion of culture as a key enabler will further strengthen the implementation of the Strategy.
- Given the ACT Government's decision to create two organisations from October 2018, as well as the need to address other key organisational challenges, culture development is a central area of focus and will include a number of key elements. These include work on leadership, values and engagement, with planning underway.
- The next Staff Culture Survey for each organisation is likely to be held six months after they have been established.

Cleared as complete and accurate:

15/06/2018

Cleared by:

Executive Director

Ext: 51086

Information Officer name:

Janine Hammat

Contact Officer name:

Ric Taylor

Ext: 55320

Lead Directorate:

Health

QUESTION TIME BRIEF

Background Information – may not be suitable for public disclosure

- ACT Health has conducted organisation-wide workplace culture surveys in 2005, 2007, 2009, 2012 and 2015. These surveys have provided a rich source of information for executives, managers and staff, and have been used to drive a wide range of culture improvement initiatives.

Cleared as complete and
accurate:

15/06/2018

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Lead Directorate:

Health

QUESTION TIME BRIEF

GBC18/408

Portfolio/s Health & Wellbeing

ISSUE: INDUSTRIAL ISSUES AT UNIVERSITY OF CANBERRA HOSPITAL

Talking points:

- A Joint Consultative Council (JCC) between ACT Health and relevant unions was formed to support the establishment of University of Canberra Hospital (UCH).
- The unions, particularly United Voice and the Health Services Union, have raised concern about the use of a design, construct and maintenance procurement model. They claim they were not consulted regarding what they consider to be 'out-sourcing' of support services at UCH, and are of the view these services should be provided by ACT Government.
- ACT Health is engaging with the unions in an attempt to resolve their concerns. The JCC meets weekly for two hours. Unions, Medirest and Brookfield Global Integrated (BGIS) and ACT Health are also committed to quarterly tripartite meetings.

Key Information

- In November 2015, contracts were awarded to BGIS for hard and soft facilities maintenance and services at UCH. Unions have raised concerns over the management of the head contract by ACT Health.
- Medirest has submitted a proposed enterprise agreement with Fair Work Commission. United Voice contends Medirest has not followed the correct process and has identified the incorrect Award.
- Unions have raised concerns over the awarding of subcontracts, particularly to Medirest. Unions believe the manner in which Medirest is conducting itself with regard to a proposed enterprise agreement for staff at UCH is proof of their concerns.
- Medirest contend they have followed the correct process and referenced the correct Award.

Cleared as complete and accurate: 19/6/2018
Cleared by: Deputy Director-General Ext: 52248
Information Officer name: Karen Doran
Contact Officer Name: Linda Kohlhagen Ext: 42206
Lead Directorate: Health

QUESTION TIME BRIEF

- The unions also contend there was no consultation particularly with regard to the contracted services such as food services and distribution, and patient support services.

Role of wards person under Medirest contract

- HSU was specifically provided with the Patient distribution service description on 23 May 2018 and did not raise concerns until 13 June 2018.
- The JCC has been very constructive articulating issues, and receiving cooperative responses and comprehensive engagement to resolve issues.
- The HSU has constantly raised the issue of services being outsourced at UCH namely Distribution and Patient Support Services role.
- The distribution and support services scope and the deliverables under the DCM contract are output specifications. The delivery of the service model is required to comply with policy and procedures consistent with a hospital environment.
- BGIS and their subcontractors have utilised contemporary models applied in other health facilities like Frankston Hospital, Peninsula Health, Victoria and Flinders Medical Centre, South Australia to deliver the patient support service model
- The Patient Support and Distribution role is a hybrid role and suited to UCH due to nature of a sub-acute hospital with fewer beds and a different patient cohort from a rehabilitation perspective.
- The contemporary hybrid role will deliver efficiencies and improved patient experience as it removes traditional barriers that arise from multiple, singularly-specialised, highly delineated roles.
- The key issue from the HSU perspective is the multi-functional tasks to be undertaken by the patient support services role. Noting that the movement of patients and patient handling as well adhoc cleaning tasks have been raised as issues that could potentially harm patients.
- Infection control is an inherent risk across the entire span of service providers in any health care organisation. Those who work within a health care facility including the UCH Patient Support Service employees will comply strictly with all requirements set out in the National Safety Quality

Cleared as complete and accurate: 19/6/2018
Cleared by: Deputy Director-General Ext: 52248
Information Officer name: Karen Doran
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Lead Directorate: Health

QUESTION TIME BRIEF

Health Standards (NSQHS) Standard 3: Preventing and Controlling Healthcare Associated Infections.

- The UCH FM Contract Management Team will undertake regular audits that measure and ensure that effective governance and management systems for healthcare associated infections are implemented and maintained by contracted staff.
- All employees are suitably trained in the respective procedures including contracted staff where required utilise personal protective equipment to eliminate cross contamination.

Background Information – may not be suitable for public disclosure

- ACT Health is in the process of recruiting a dedicated Operations Manager for UCH, whose duties will include contract management. The UCH Operations Manager will have Industrial Relations support through ACT Health's People and Culture.
- United Voice has lodged Form F18 opposing the enterprise agreement proposed by Medirest. United Voice has indicated they may call ACT Health as an interested party should the matter go to hearing.
- Unions met with a representative of BGIS as the head contractor at the JCC on 16 May 2018, and have been provided with industrial relations contact information for BGIS and Medirest.
- Senior representatives of BGIS and Medirest met with unions on Thursday 24 May 2018.

Cleared as complete and accurate: 19/6/2018
Cleared by: Deputy Director-General Ext: 52248
Information Officer name: Karen Doran
Contact Officer Name: Linda Kohlhagen Ext: 42206
Lead Directorate: Health

QUESTION TIME BRIEF

GBC18/408

Portfolio/s: Health & Wellbeing

ISSUE: WORKPLACE BULLYING AND HARASSMENT

Talking points:

- Since 2011, ACT Health has embedded the principles of the ACT Public Service's Respect, Equity and Diversity (RED) Framework and has developed training programs to educate staff on respectful workplace behaviours and educate managers on how to manage complaints of inappropriate behaviour.
- Avenues for staff to raise incidents of bullying and harassment in the workplace include:
 - Staff can raise issues with People and Culture (HR), Employee Services who can provide advice on dealing with alleged instances of bullying;
 - Staff can discuss the alleged bullying with their Senior Manager;
 - Staff can raise incidents via ACT Health's electronic incident reporting system 'Riskman'. This system is also monitored by People and Culture (HR), Employee Relations Unit to ensure all matters related to bullying and harassment, reported through Riskman, are managed in accordance with the relevant Enterprise Agreements and workplace policies; and
 - ACT Health has an established network of over 100 RED Officers in all professions. Staff may contact their local RED officer to discuss alleged bullying claims.
- The launch of the new Quality Strategy presents a further opportunity to reinforce and emphasise the importance of achieving person-centred, safe and effective care and the importance of addressing unreasonable behaviours.
- In 2016-17, we have seen ACT Health take action on bullying claims, with 22 allegations being investigated.

Cleared as complete and accurate: 23/05/2018
Cleared by: Executive Director Ext: 51086
Information Officer name: Janine Hammat
Contact Officer name: Sean McDonnell Ext: 51090
Lead Directorate: Health

QUESTION TIME BRIEF

- Three employees resigned from ACT Health before the completion of the formal investigation.
- ACT Health has terminated two staff following the completion of the investigation process.
- Two alleged bullying cases are ongoing.
- The remaining 15 cases were deemed as instances of inappropriate behaviour and there was no evidence of bullying or harassment.
- ACT Health has in place a policy of zero tolerance towards bullying and harassment.

Cleared as complete and accurate: 23/05/2018
Cleared by: Executive Director Ext: 51086
Information Officer name: Janine Hammat
Contact Officer name: Sean McDonnell Ext: 51090
Lead Directorate: Health

Portfolio/s: Health & Wellbeing

ISSUE: ACT HEALTH MEDICAL NEGLIGENCE CLAIMS ON THE INCREASE

Talking points:

- I am advised from ACTIA that the figures published for Ultimate Claim numbers (increasing from 89 in 2018-19 to 109 in 2021-22) is derived from an actuarial assessment of the total number of claims expected to emerge from each insurance year. It is a complex methodology that analyses historical claim reporting rates and applies them to the observed claims reported to date in order to predict the timing and number of future claims reported.
- ACTIA advised that it is their view that the increase in Ultimate Claim numbers over the forward estimates is consistent with predicted growth in the Directorate relating to increases in patient numbers and services being provided over time.
- Notably the same methodology was used for the forecasting of the 2017-18 Ultimate Claims numbers of 93 in the 2017-18 Budget Papers. It is now indicated in Table 4 of ACTIAs Statement of Intent that the estimated outcome for 2017-18 is likely to decrease to 85 or 9% by the end of the financial year.
- ACT Health's focus is on improving safety and quality within our services which, over time, may reduce claims and reduce future insurance premiums. ACT Health enjoys a very good working relationship with ACT Insurance Authority (ACTIA) and work collaboratively to reduce the number and cost of claims for the Directorate.

Background Information – may not be suitable for public disclosure

- ABC Radio aired a story indicating that Insurance claims against the ACT government for medical negligence are expected to jump 20% over the next four years in response to a question from the 2018-19 Select Committee on Estimates to ACT Insurance Authority (ACTIA).
- The committee member referred to Table 3 within ACTIAs Statement of intent that shows Ultimate Claim numbers increasing from 89 in 2018-19 to 109 in 2021-22.

Cleared as complete and accurate: 20/01/2018
Cleared by: Executive Director Ext: 6207 7880
Information Officer name: Denise Lamb
Contact Officer name: Ext:
Lead Directorate: Health

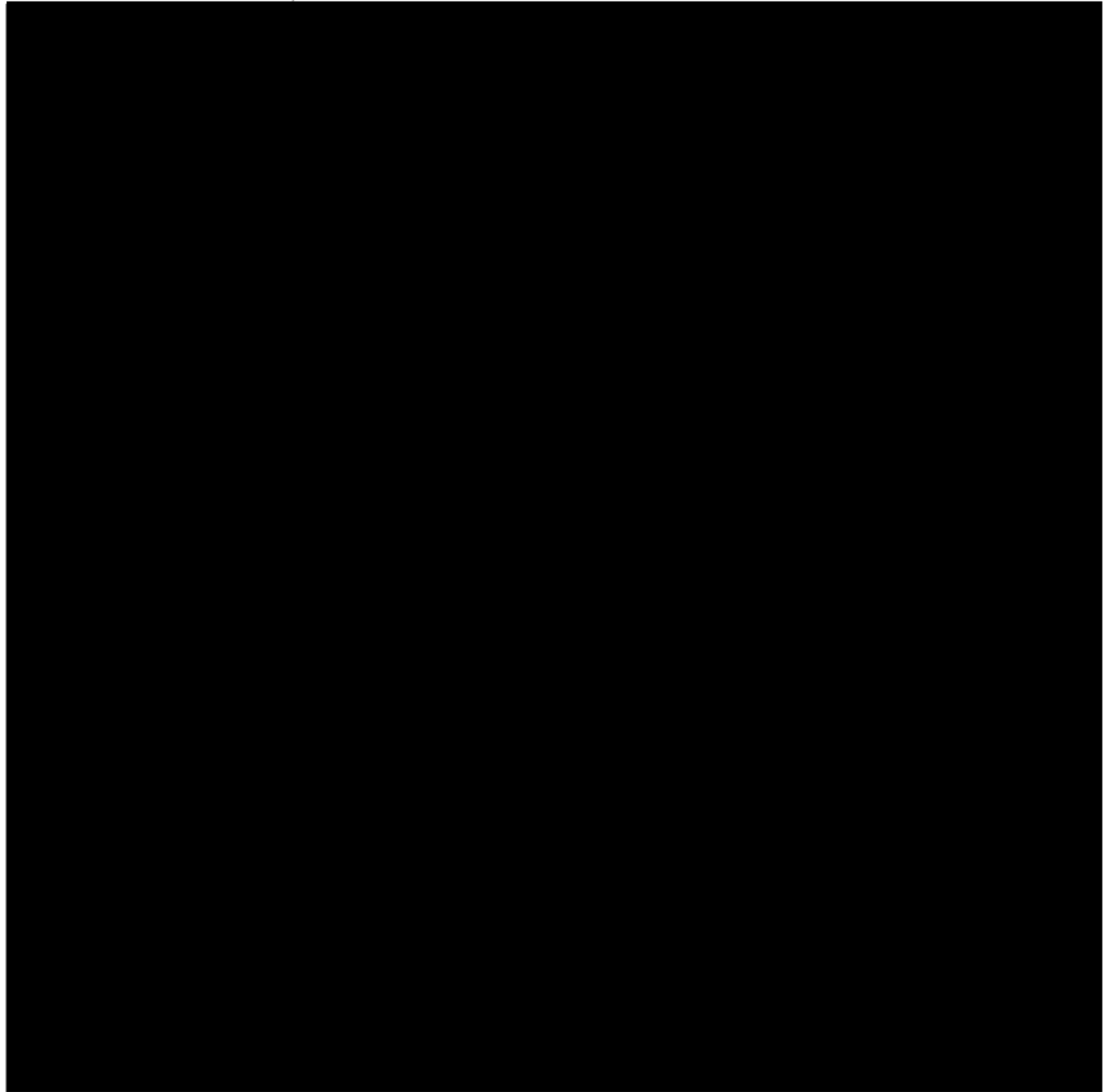
QUESTION TIME BRIEF

GBC18/408

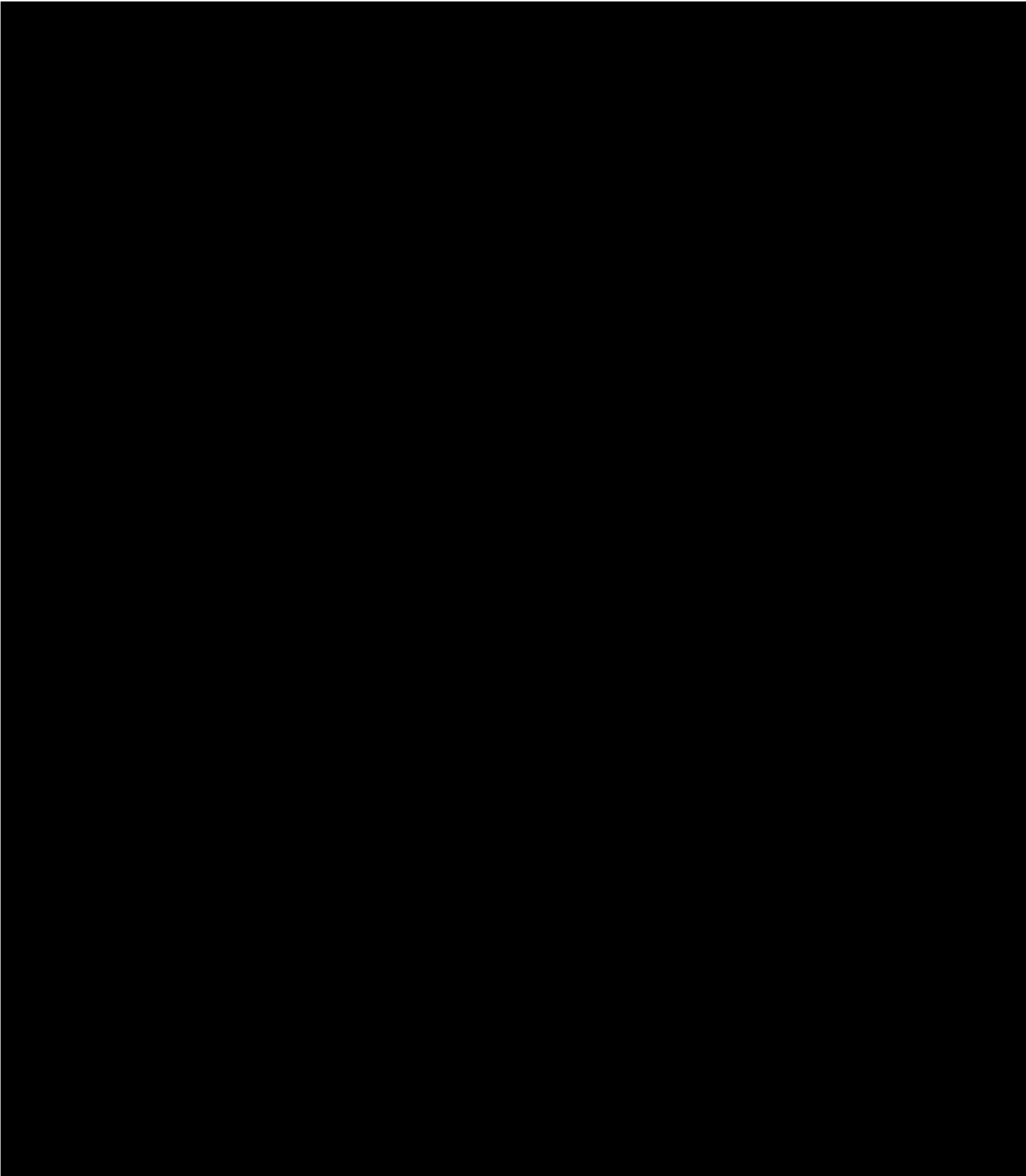
Portfolio/s: Health & Wellbeing

ISSUE: [REDACTED]

Talking points:



Cleared as complete and accurate: 21/05/2018
Cleared by: Deputy Director-General Ext:77121
Information Officer name: Catherine Shadbolt
Contact Officer name: Catherine Shadbolt Ext:70114
Lead Directorate: Health

QUESTION TIME BRIEF

Cleared as complete and accurate: 21/05/2018
Cleared by: Deputy Director-General Ext:77121
Information Officer name: Catherine Shadbolt
Contact Officer name: Catherine Shadbolt Ext:70114
Lead Directorate: Health

TRIM Ref: GBC18/408

QUESTION TIME BRIEF

GBC18/408

Health & Wellbeing

ISSUE: COAG HEALTH FUNDING

Talking points:

- The ACT Chief Minister signed the Heads of Agreement between the Commonwealth and the States and Territories on public hospital funding and health reform on 27 April 2018.
- The Heads of Agreement outlines the strategic priorities for health reform to be included in a new five year National Health Agreement.
- By signing the Heads of Agreement the ACT now has funding certainty for our public hospitals for 2020-2025.
- The Commonwealth has advised that the ACT will receive approximately \$2.6 billion in funding for our public hospitals over five years.
- This is an additional \$722 million above the preceding five year period.

Cleared as complete and accurate: 22/05/2018
Cleared by: Patrick Henry Executive Director
Contact Officer Name: Therese Gehrig
Lead Directorate: Health

Ext: 79143
Ext: 78734

QUESTION TIME BRIEF

GBC18/408

Portfolio/s Health & Wellbeing

ISSUE: CONSULTANCY CONTRACTS LED BY ACT HEALTH

Talking points:

- ACT Health engages consultants regularly to undertake work and provide expert advice in all areas of health care delivery and planning, including health infrastructure planning and design to meet the health care needs of our growing city.
- It is not unusual for Government Departments both Federal and State to engage consultants for this type of work.
- There are a number of different types of consultants ACT Health engages for specialist technical advice on projects such as these. They include:
 - Cost consultants including commercial and economic advisers;
 - Architects;
 - Master planners;
 - Health facility planners; and
 - Engineers including traffic and parking; structural; aeronautical (SPIRE), civil, geotechnical, façade and mechanical, electrical or hydraulic.

Key Information

- Spending on consultants varies for year to year.
- Based on what is labelled as a consultant (or similar) on the Notifiable Invoices Register, ACT Health spent \$9,698,788.92 on consultants in the 2017 calendar year. This was up from \$4,593,550.26 in 2016.

Cleared as complete and accurate: 18/05/2018
Cleared by: Deputy Director-General Ext: 52248
Information Officer name:
Contact Officer name: Emm Dale Ext: 71818
Lead Directorate: Health

TRIM Ref: GBC18/408

QUESTION TIME BRIEF

GBC18/408

Portfolio/s Health & Wellbeing

ISSUE: DECREASE IN HEALTH APPROPRIATION

Talking points:

- Controlled Recurrent Payments for ACT Health in 2017-18 have decreased from the original 2017-18 Budget of \$313.371 m to the the estimated outcome \$297.851 million as shown on page 25 of the Heath Budget Statements (C).

2017-18 Budget	2017-18 Estimated Outcome
\$'000	\$'000
Income	
Revenue	
313,371	297,851
Controlled Recurrent Payments	

- The decrease in Appropriation is explained in the Notes to the Budget Statements on page 30 as follows:
 - The decrease of \$15.520 million (5 per cent) in the 2017-18 estimated outcome from the original budget is mainly due to the transfer of appropriation to Territorial for capital grants to Calvary Hospital and Winnunga Nimmityjah Aboriginal Health Service and workers compensation premium savings. These are offset by appropriation provided through the 2017-18 Budget Review.

Background Information – may not be suitable for public disclosure

- A full list of Appropriation movements is contained in Table 28 'Changes to Appropriation' on pages 18 and 19 of the Health Budget Statements (C).

Cleared as complete and accurate: 13/06/2018
 Cleared by: Deputy Director-General Ext: 54689
 Contact Officer Name: Karen Doran Ext:
 Lead Directorate: Health

QUESTION TIME BRIEF

GBC18/408

Portfolio/s Health & Wellbeing

ISSUE: \$4.8M REDUCTION IN APPROPRIATION BETWEEN 2017-18 AND 2018-19

Talking points:

- Mr Coe, MLA asked in question time on 7 June 2018, “the combined figures for the Health Directorate and the ACT Local Hospital Network in the appropriation bill for 2018-19 compared to the appropriation act for 2017-18 show that the recurrent expenditure appropriations decrease by \$4.8 million. How will a decreased appropriation fund the expense initiatives for 2018-19?”
- The decrease in Appropriations is mainly due to a reduction in Territorial funding as shown below:

	2017-18	2018-19	Variance
Health Directorate			
- Controlled Recurrent Payments	313,371	310,654	-2,717
- Territorial	18,593	2,620	-15,973
LHN Directorate			
- Controlled Recurrent Payments	656,143	669,990	13,847
	988,107	983,264	-4,843

- Territorial Appropriation is used to fund capital grants to external organisations (such as Calvary Public Hospital). The reduction in 2018-19 is reflective of a smaller capital program in 2018-19.
- Excluding Territorial, the level of Appropriation to Health and the Local Hospital Network (LHN) is increasing by over \$11 million. This, coupled with increased Commonwealth funding through the LHN will fund expense initiatives in 2018-19.

Background Information – may not be suitable for public disclosure

- It could also be noted that there was one-off funding in 2017-18 for the Commissioning of the University of Canberra Hospital of \$14.9 million.

Cleared as complete and accurate: 16/06/2018
 Cleared by: Deputy Director-General Ext: 52248
 Contact Officer Name: Karen Doran Ext:
 Lead Directorate: Health

QUESTION TIME BRIEF

Cleared as complete and accurate: 16/06/2018
Cleared by: Deputy Director-General Ext: 52248
Contact Officer Name: Karen Doran Ext:
Lead Directorate: Health

GBC18/344

Portfolio/s: Health & Wellbeing**ISSUE: COAG PERFORMANCE REPORTING DASHBOARD****Talking points:**

- I have been advised the Productivity Commission will make the 2018 update of the Performance Reporting Dashboard (Dashboard) publicly available today at 11:00am.
- ACT Health provided input to the Dashboard and has reported well against the majority of the indicators, particularly in regards to Mental Health Reform with the completion of ACT projects under the National Partnership Agreement Supporting National Mental Health Reform.

Background Information – may not be suitable for public disclosure

- ACT Health provided input to the Dashboard against the following indicators:
 1. Aged Care places per 1,000 older people
 2. Increase in the proportion of children at a healthy body weight
 3. Reduce the prevalence of Type 2 Diabetes
 4. Waiting Times for Emergency Hospital Care
 5. Waiting Times for General Practitioners
 6. Increase the proportion of adults at a healthy body weight
 7. Reduce the rate of smoking amongst Indigenous Australians
 8. Reduce the rate of smoking
- Of these, only Indicator number 6 reflected a 'negative change.' However, overall the rates of ACT adults who were overweight or obese compares favourably with national averages.
- In the 2016/17 financial year, the ACT Health Promotion Grants Program funded 16 programs to a total value of approximately \$909,170 targeting adults about the importance of healthy eating and physical activity in maintaining health and wellbeing and reducing the harms of obesity.
- In addition, a range of programs targeting healthy weight have continued, with evaluations indicating positive progress towards improved rates.

Cleared as complete and accurate: 20/06/2018
Cleared by: Deputy Director-General Ext:
Information Officer name:
Contact Officer name: Gabrielle Sek Ext: 51123
Lead Directorate: Health

Portfolio/s: Health & Wellbeing

ISSUE: FUTURE OF BUILDING SPACES WHERE SERVICES TRANSITIONED TO UNIVERSITY OF CANBERRA HOSPITAL

Talking points:

- A mix of clinical and administrative spaces will become vacant when services relocate to University of Canberra Hospital (UCH) from July 2018.
- Where there is existing demand for these spaces, that demand will be accommodated.
- With regards to spaces where there is no immediate demand for occupancy, the spaces will be made safe and secured until future use is determined.

Key Information

- Spaces that will be vacated when services relocate to UCH include:
 - Areas at Canberra Hospital in buildings 3, 6, 15 and Gaunt Place;
 - Some areas at Brian Hennessy Rehabilitation Centre;
 - Spaces from Calvary Hospital;
 - Spaces at Belconnen, Phillip and City Community Health Centres, including clinic and therapy rooms, offices, workstations and gymnasium; and
 - Spaces at Village Creek Centre, including offices, workstations and consult rooms.
- Relevant staff from Canberra Hospital and Health Services, and Health Infrastructure Services have been working with Strategic Accommodation to collate requests for space and what will be able to be accommodated once relocations to UCH are complete. These and any outstanding requests will be processed in accordance with ACT Health's *Accommodation Policy – Office and Service Facilities*.
- In instances where utilisation of this space may be for growth in services, this is in accordance with Territory-wide health services planning.

Cleared as complete and accurate: 18/01/2018
Cleared by: Deputy Director-General Ext:52248
Information Officer name: Karen Doran
Contact Officer name: Rosemary Kennedy Ext:50602
Lead Directorate: Health

BUDGET ESTIMATES BRIEF

Background Information – may not be suitable for public disclosure

- A summary of the spaces being vacated is as follows:

Site	Area	Service/Area Name
Canberra Hospital	Building 3, Level 1	<ul style="list-style-type: none"> • Rehabilitation Medicine Outpatients Clinics (note: some geriatric service outpatient clinics will continue to operate from this area) • Hydrotherapy pool
	Building 3, Level 2, 12A	<ul style="list-style-type: none"> • RACC Administration • Rehabilitation-at-Home Service (note: a number of geriatric service staff who occupy offices in this area will not be relocating to UCH)
	Building 3, Level 2, 12B	<ul style="list-style-type: none"> • RACC Ward
	Building 6, Level 3	<ul style="list-style-type: none"> • Aged Care Assessment Team (ACAT)
	Building 15, Level 1	<ul style="list-style-type: none"> • Acquired Neurological Clinic • Clinical Psychology Clinic • Degenerative Neurological Clinic • RACC Psychology and Counselling • Speech Pathology Clinics
	Building 15, Level 2	<ul style="list-style-type: none"> • RACC Occupational Therapy, Physiotherapy, Social Work • RACC Psychology • RACC Speech Pathology
Brian Hennessy Rehabilitation Centre	Villas C and D	<ul style="list-style-type: none"> • Residential Rehabilitation Program
	Administration Block	<ul style="list-style-type: none"> • Residential Rehabilitation Program Administration
	Central Hub	<ul style="list-style-type: none"> • Residential Rehabilitation Program Allied Health
Calvary Hospital		<ul style="list-style-type: none"> • Aged Care Rehabilitation Service

Cleared as complete and accurate: 18/01/2018
 Cleared by: Deputy Director-General Ext:52248
 Information Officer name: Karen Doran
 Contact Officer name: Rosemary Kennedy Ext:50602
 Lead Directorate: Health

BUDGET ESTIMATES BRIEF

Belconnen Community Health Centre	Level 1	<ul style="list-style-type: none"> The Adult Mental Health Day Service (activity hub, treatment room, consult room)
	Level 3, Gymnasium and Store	<ul style="list-style-type: none"> Community Rehabilitation Team (allied health equipment only)
	Level 4	<ul style="list-style-type: none"> The Adult Mental Health Day Service Administration
City Community Health Centre	Level 3	<ul style="list-style-type: none"> Falls Injury Prevention Program
Phillip Community Health Centre	Ground Floor	<ul style="list-style-type: none"> Gymnasium / Store Room / Office
	Level 1, Room 1.30	<ul style="list-style-type: none"> Community Rehabilitation Team Community Ambulatory Rehabilitation Service (CARS)
Village Creek Centre, Kambah		<ul style="list-style-type: none"> Rehabilitation Nurse Practitioner Clinic Spinal Clinic Vocational Assessment Rehabilitation Service Multi-Disciplinary Outpatient Clinics (including Spinal Injury Review Clinic, Amputee Clinic, Spasticity Clinic) Driver Assessment & Rehabilitation Service Transitional Therapy and Care Program Outreach service

Cleared as complete and accurate: 18/01/2018
 Cleared by: Deputy Director-General Ext:52248
 Information Officer name: Karen Doran
 Contact Officer name: Rosemary Kennedy Ext:50602
 Lead Directorate: Health

BUDGET ESTIMATES BRIEF

No. 44 - Budget Statement C Page 3

Portfolio/s: Health & Wellbeing

Strategic Indicator 1 – Reducing the waiting list for waiting longer than clinically recommended timeframes for elective surgery

Table 1: The number of patients waiting longer than clinically recommended timeframes for elective surgery

Strategic Indicator	2017-18		2018-19
	Target	Est. Outcome	Target
The number of patients waiting longer than clinically recommended timeframes for elective surgery ¹	144	668	430

Note:

The target in 2018-19 has been revised upward from the previous financial year.

Key points

- The 2017-18 target as calculated by Territory Wide Surgical Services for the number of elective surgeries was approximately 13,440 procedures across the territory. The target for the number of long waits was set at 144 for the 2017-18 financial year.
- It is estimated that 13,360 procedures will be achieved in 2017-18 but increased demand for both elective and emergency surgery time has effected the capacity to bring long waits down to 144 – the estimated number of people waiting over the clinically recommended waiting times (long waits) at the end of the financial year is 668.
- The current elective surgery waiting list is around 5,500. The 2017-18 target of 144 long waits represents approximately 2.5% of the current waiting list, with a revised target of 430 representing approximately 8% of the existing wait list. The long term target for ACT Health is to manage the waiting list, with an outcome of not more than 5% of people on the wait list waiting longer than clinically recommended.
- Revising the existing target for 2018-19 to 430 reflects the plan to move our estimated outcome over successive years to 5% of the elective surgery waiting list, and is consistent with the Government providing an additional \$10.2 million to increase the number of elective surgeries across the territory to around 14,000 procedures a year.
- To achieve the target of 430 long waits at the end of 2018-19 will require an additional number of elective surgeries to be undertaken of around 250 above the 14,000 procedures planned.
- Over the forward years, the capacity to increase the number of elective surgeries each year to above 14,000 procedures should come with certainty of funding and efficient planning.

Cleared as complete and accurate: 04/06/2018
 Cleared by: Deputy Director-General Ext: 52248
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 Lead Directorate: Health

BUDGET ESTIMATES BRIEF

No. 45 - Budget Statement C Page 3

Portfolio/s: Health & Wellbeing

Strategic Indicator 2: No waiting time for access to emergency dental health services

Table 3: The percentage of assessed emergency clients seen within 24 hours

Strategic Indicator	2017-18	2017-18	2018-19
	Target	Est. Outcome	Target
Percentage of assessed emergency clients seen within 24 hours ¹	100%	100%	100%

Note:

1. This does not include those clients who are offered an appointment within the required timeframe but do not accept that appointment.

Key points:

- 100 per cent of Dental Health Program clients triaged as an emergency are offered an appointment within 24 hours.
- The Dental Health Program definition of an emergency is a client who has visible facial swelling, is unable to open their mouth widely, bleeding from a recent extraction or an injury/accident to teeth in the last 72 hours.

Background Information – may not be suitable for public disclosure

Appointment books are structured to ensure adequate emergency appointment times are available to meet emergency triaged timeframes.

All staff are trained annually in the Dental Health Program Business Rules which includes the emergency triage process.

The emergency triage process is evaluated annually by management and clinical staff to ensure triage categories and timeframes are appropriate for the clinical need.

Each year the previous year's appointment demands are evaluated and the number of appointments available is adjusted to suit demand.

Cleared as complete and accurate: 21/05/2018
 Cleared by: Deputy Director-General Ext: 42169
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 Contact Officer name: Daniel Wood Ext: 43515
 Lead Directorate: Health

BUDGET ESTIMATES BRIEF

No. 46 - Budget Statement C Page 4

Portfolio/s: Health & Wellbeing

Strategic Indicator 3: Improving Timeliness of Access to Radiotherapy Services

Table x: The percentage of cancer patients who commence radiotherapy treatment within standard timeframes

Strategic indicator	2017–18 target	2017–18 est. outcome	2018–19 target
Category			
Emergency — treatment starts within 48 hours	100%	100%	100%
Palliative — treatment starts within 2 weeks ¹	90%	60%	90%
Radical — treatment starts within 4 weeks ¹	90%	60%	90%

Note:

1. The performance in radiotherapy wait times is impacted by the increasingly complex treatment techniques and related treatment delivery times. This consequently decreases access to radiotherapy services. See further information under key points.

Key points:

- Performance in radiotherapy wait times was impacted by the types of referrals and increasing complexity of treatment techniques that increase treatment delivery times, and by fluctuations in recruitment levels of radiation therapists.
- The introduction of new, contemporary, more complex techniques offers improved quality of outcomes for patients. These techniques require more planning and treatment time, which impacts on access to treatment for some patients on the Linear Accelerator machines (Linacs).
- Changes in the combination of referrals for urgent, palliative and radical (curative) treatment regimes have also impacted access. There have been periods of higher demand for radical patients requiring concurrent chemotherapy and radiation therapy protocols and this has changed the usual prioritisation and throughput of other categories of patients.
- The monthly average of new referrals has increased by 30 at April 2018, compared to 2016-17. The number of initial consults seen in clinics since January 2018 is up by 40%.
- Measures implemented to reduce wait times and improve throughput have increased the average monthly number of complex cases treated by 28 at April 2018, compared to 2016-17.
- Clinically urgent patients are being seen outside of routine clinics and urgent treatments are being provided in excess of routine workloads.
- A rapid turnaround planning team has been established for short course palliative cases to ensure full utilisation of Linac resources where patient cancellations with minimal notice may occur.

Cleared as complete and accurate: 21/05/2018

Cleared by: Deputy Director-General Ext: 42169

Information Officer name: Chris Bone

Contact Officer name: Cathie O'Neill Ext: 42738

Lead Directorate: Health

BUDGET ESTIMATES BRIEF

Background Information – may not be suitable for public disclosure

- The current four Linacs are at capacity. The operating hours on all four machines have been extended since 2017, providing additional access up to 11 hours per week. Further extension of operational hours with current FTE establishment is not recommended as patient safety may be compromised.
- Not all four Linacs are capable of delivering the new complex techniques. Two Linacs are due for replacement in 2018/19.
- A fifth Linac for ACT, being delivered in the private sector, is to be operational late 2018.
- NSW patients north of Batemans Bay are being redirected to the newly established Nowra Public Service.

Cleared as complete and accurate: 21/05/2018
Cleared by: Deputy Director-General Ext: 42169
Information Officer name: Chris Bone
Contact Officer name: Cathie O'Neill Ext: 42738
Lead Directorate: Health

Strategic Indicator 4: Participation Rates for Breast Screening

The proportion of women in the target age group (50 to 74 years) who had a breast screen in the 24 months prior to each counting period

Strategic indicator	2017-18 target	2017-18 est. outcome	2018-19 target
Proportion of women aged 50 to 74 who had a breast screen ¹	60%	55%	60%

Note:

1. This is a voluntary participation program and ACT Health continues to work with key stakeholders to encourage an increased participation rate for the target age group of 50 to 74. The target age group which was previously 50 to 69 has been increased to 50 to 74 in line with National Indicators.

Key points

- This is a voluntary participation program. ACT Health continues to work with key stakeholders to encourage increased participation rates in the target cohort.
- The most recent AIHW report on participation rates in this cohort indicates that the ACT participation rate is second in the country and exceeds the average rate for Australian participation by three percent.
- The estimated outcome for 2017-18 is 55 per cent, a decrease of 1 percent from last year. There was an increase in the ACT resident target age cohort of 487 women between April 2017 and April 2018.
- It is estimated that a total of 17,820 women will be screened this financial year, 1,161 below the annual target of 18,990 screens. This is an estimated six percent shortfall.
- Participation rates for 2017/18 financial year have been significantly impacted by a shortage of skilled mammographers. Since October 2017 there has been a deficit of 2.2 FTE radiographers. This equates to a potential screening deficit of 7,500 screens. Staffing recruitment strategies have included advertising on several national recruitment websites, and promotional stalls at professional conferences locally and nationally.
- Key strategies in the Participant Recruitment Plan include:
 - 300 letters inviting women to access the service for the first time. This was limited due to appointment availability.
 - 13,556 routine reminder letters to women due for their next mammogram, as of the end of March 2018.

Cleared as complete and accurate: 21/05/2018
 Cleared by: Deputy Director-General Ext: 42169
 Information Officer name: Chris Bone
 Contact Officer name: Cathie O'Neill Ext: 42738
 Lead Directorate: Health

BUDGET ESTIMATES BRIEF

- Research into the enablers and barriers for GPs referring women to the service, including three focus groups and 20 in depth interviews.
- Education and resources to health practitioners and the community.
- Development and revision of information brochures in seven languages.
- Promotion through social media.
- Displays at expos relevant to the target age cohort.

Cleared as complete and accurate: 21/05/2018
Cleared by: Deputy Director-General Ext: 42169
Information Officer name: Chris Bone
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Lead Directorate: Health

BUDGET ESTIMATES BRIEF

No. 48 - Budget Statement C Page 6

Portfolio/s: Health & Wellbeing

Strategic Indicator 7: Percentage of overnight hospital beds in use

Table 1: The mean percentage of overnight hospital beds in use

Strategic indicator	2017-18 target	2017-18 est. outcome	2018-19 target
Mean percentage of overnight hospital beds in use	90%	86%	90%

Key Points

- The bed occupancy rate for this financial year as at 31 May 2018, for Canberra Hospital and Calvary Hospital, is 86 per cent with Canberra Hospital at 94 per cent and Calvary at 69 per cent.
- This meets the 2017-18 Strategic Indicator 7 target of 90 per cent, and is consistent with previous years.
- Canberra Hospital experienced a busy winter season in 2017 and successfully managed the occupancy through the Winter Bed Strategy.
- The Strategy enabled Canberra Hospital to deploy up to 38 additional beds in response to surges in demand. The additional beds used to meet winter demand closed on 29 November 2017.
- The Winter Bed Strategy for the 2018 winter season will commence from 1 July 2018.
- Bed occupancy is calculated on the number of beds at Canberra Hospital and Calvary Public Hospital Bruce that are available to receive admissions from the Emergency Departments (ED), and is calculated in total minutes available per day. The calculation fluctuates depending on the level of demand being experienced across the hospitals.

Background Information – may not be suitable for public disclosure

- Data for 2016-17 bed occupancy rate has been drawn from the source systems due to the ACT Health System-wide Data Review.
- Following the 2013-14 financial year, the methodology for counting bed occupancy was replaced with an updated methodology due to improved access to live hospital data. The historical methodology used a midnight census, and patients with lengthy stays were attributed to the month they left which increased the occupancy figure.
- The current method attributes the minutes, days and months of bed utilisation to the period it occurred. The method captures daily peaks of high demand in the occupancy measure.

Cleared as complete and accurate: 12/06/2018
 Cleared by: Deputy Director-General Ext: 54689
 Information Officer name: Karen Doran
 Contact Officer name: Ext:
 Lead Directorate: Health

BUDGET ESTIMATES BRIEF

- The calculation of occupancy figures does not include:
 - Same day beds, theatre, procedure rooms, hospital in the home, home birth, and community dialysis; and
 - Down-time (such as cleaning following a patient discharge).
- Not all beds can be utilised for admission from the ED.
- ACT Government has traditionally allocated funding to specific beds in the budget process.
- ACT Health is transitioning to an Activity Based Funding (ABF) model.
- The move to ABF is complemented by the Budget Initiative allocating funding to the Bed Strategy. The number of beds available has increased by up to 80 beds – the number of beds in use will flex up and down in response to demand, allowing for more efficient management by the hospital.

Cleared as complete and accurate: 12/06/2018
Cleared by: Deputy Director-General Ext: 54689
Information Officer name: Karen Doran
Contact Officer name: Ext:
Lead Directorate: Health

BUDGET ESTIMATES BRIEF

No. 49 – Budget Statement C Page 6

Portfolio/s: Health & Wellbeing

ISSUE: Strategic Indicator 8 – Maintenance of the highest life expectancy at birth in Australia

Strategic indicator	ACT (years)	National (years)
Females	85.2	84.6
Males	81.3	80.4

Source: Australian Bureau of Statistics (ABS) 2017. Cat. no. 33302.0.55.001, ABS, Canberra.

Talking points:

- Australians are living longer and gains in life expectancy are continuing. The ACT continues to enjoy the highest life expectancy of any jurisdiction in Australia and the ACT Government aims to maintain this result.

Key Information

- ACT females have a higher life expectancy than ACT males (85.2 years compared with 81.3 years).

Background Information – may not be suitable for public disclosure

- Life expectancy at birth provides an indication of the general health of the population and reflects on a range of issues other than the provision of health services, such as economic and environmental factors.
- It is not just life expectancy that is important, health-adjusted life expectancy is a measure of the years that a population, on average, can expect to live in good health. Males in the ACT in 2011 could expect to live 72.3 years in good health, while for females that figure was 74.6 years. The percentage of life lived in full health in the ACT is similar to that of the rest of Australia. Population health initiatives aim to ensure that the period lived in good health is as long as possible.

Cleared as complete and accurate: 23/05/2018
 Cleared by: Deputy Director-General Ext: 50883
 Information Officer name: Dr Paul Kelly
 Contact Officer name: Emily Harper Ext: 52245
 Lead Directorate: Health

BUDGET ESTIMATES BRIEF

No. 50 – Budget Statement C Page 7

Portfolio/s: Health & Wellbeing

ISSUE: Strategic Indicator 9 – The proportion of the ACT population with heart or vascular disease, including stroke

Strategic indicator	ACT rate	National rate
Proportion of the population diagnosed with heart, or vascular disease, including stroke ¹	3.9%	4.7%

Source: Australian Bureau of Statistics 2015 National Health Survey: First Results, 2014–15. Cat no. 4364.0.55.001. ABS, Canberra.

Note:

1. The measure of heart or vascular disease includes angina, heart attack, other ischaemic heart diseases, stroke, other cerebrovascular diseases, oedema, heart failure, and diseases of the arteries, arterioles and capillaries.

Talking points:

- The main risk factor for circulatory disease is age. Population projections suggest that the ACT population is ageing faster than other jurisdictions, however the population is still younger than the national average having a median age of 35 years in 2015 compared with national median age of 37 years. While people of all ages can present with a chronic disease, the ageing of the population and longer life spans mean that chronic diseases will place major demands on the health system for workforce and financial resources.
- Other risk factors for circulatory disease are high blood pressure, overweight and obesity, high cholesterol, poor diet, insufficient physical activity and smoking. With increasing prevalence of some of these risk factors in younger cohorts, it is likely that chronic diseases will occur at younger ages.
- The ACT Government is committed to developing a preventive health strategy that will address a number of risk factors for chronic conditions, including circulatory disease.

Key Information

- The proportion of the ACT population with some form of heart or vascular disease, including stroke was 3.9 per cent, statistically similar to the national rate of 4.7 per cent. This rate has remained relatively stable over time.

Cleared as complete and accurate: 22/05/2018
 Cleared by: Deputy Director-General Ext: 50883
 Information Officer name: Dr Paul Kelly
 Contact Officer name: Emily Harper Ext: 52245
 Lead Directorate: Health

BUDGET ESTIMATES BRIEF

Background Information – may not be suitable for public disclosure

- The prevalence of circulatory disease is an important indicator of general population health as it is a major cause of mortality and morbidity.

Cleared as complete and accurate: 22/05/2018
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BUDGET ESTIMATES BRIEF

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Portfolio/s: Health & Wellbeing

ISSUE: Strategic Indicator 10 – The proportion of the ACT population that are overweight and obese

Strategic indicator	Rate	2018–19 target
ACT	63.5%	≤63.0%
National	62.8%	n/a

Source: Australian Bureau of Statistics 2015 National Health Survey: First Results, 2014–15. Cat no. 4364.0.55.001. ABS, Canberra.

Talking points:

- Excess weight, especially obesity, is a major risk factor for many chronic conditions, including cardiovascular disease, type 2 diabetes, some musculoskeletal conditions and some cancers. As the level of excess weight increases, so does the risk of developing these conditions. In addition, being overweight can hamper the ability to control or manage chronic conditions. Source: AIHW - <https://www.aihw.gov.au/reports-statistics/behaviours-risk-factors/overweight-obesity/overview>
- Based on data from the National Health Survey, overweight and obesity rates among adults in the ACT and nationally have stabilised. However, these figures may be masking more subtle changes as people move from being classified as overweight to obese.
- In 2013 the ACT government established the Healthy Weight Initiative (HWI). The HWI aimed to halt the rise in overweight and obesity across the ACT by making systemic improvements to the food and active living environments to support Canberrans to engage in healthier behaviour. Evidence suggests that this that will have positive effects on waistlines, productivity, and in the long-term reduce the burden of chronic disease and demand on health services.
- Building upon the HWI, the ACT Government is committed to developing a preventive health strategy that will address key risk factors including overweight and obesity.

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BUDGET ESTIMATES BRIEF

Key Information

- The proportion of the ACT population that are either overweight or obese is 63.5 per cent, similar to the national rate of 62.8 per cent.

Background Information – may not be suitable for public disclosure

- This indicator presents one of the major risk factors leading to Type 2 diabetes. The self-reported prevalence of diabetes in Australia has more than doubled over the past 25 years. Source: National indicators for monitoring diabetes" (2007), Australian Institute of Health and Welfare Canberra, AIHW cat. no. CVD 38 (<http://www.aihw.gov.au/diabetes/indicators/>).

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Portfolio/s: Health & Wellbeing

**ISSUE: STRATEGIC INDICATOR 11 – IMMUNISATION RATES – ACT
 ABORIGINAL AND TORRES STRAIT ISLANDER POPULATION**

Strategic indicator	2017–18 target	2017–18 est. outcome ¹	2018–19 target
Immunisation rates for vaccines in the national schedule for the ACT Indigenous population:			
12 to 15 months	≥95%	93%	≥95%
24 to 27 months	≥95%	90%	≥95%
60 to 63 months	≥95%	96%	≥95%
All	≥95%	93%	≥95%

Note:

1. The very low numbers of Aboriginal and Torres Strait Islander children in the ACT means that the ACT Aboriginal and Torres Strait Islander coverage data should be read with caution. This small population can cause rate fluctuations.

Talking points:

- The very low numbers of children identified as Aboriginal and/or Torres Strait Islander in the ACT means that immunisation coverage rates should be read with caution. This small population means immunisation coverage data for Aboriginal and Torres Strait Islander children in the ACT consistently fluctuates between quarters. One child missing one vaccine can make a difference of up to six percent in terms of overall coverage for the cohort.
- Immunisation coverage data is reliant on immunisation providers entering data on vaccines administered to a patient onto the Australian Immunisation Register (AIR). Inconsistencies or lack of data entry can therefore skew results.
- The Health Protection Service (HPS) actively pursues strategies to increase immunisation rates for Aboriginal and Torres Strait Islander children. Promotional campaigns were introduced during 2015/16 as a strategy to increase immunisation numbers. This includes reminder postcards sent to Aboriginal and Torres Strait Islander families prior to a

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child's vaccinations being due and indigenous specific promotional campaigns.

- Immunisation rates for Aboriginal and Torres Strait Islander children in cohorts two and three decreased dramatically in December 2014 and March 2016 respectively. This was primarily due to the change in definition of fully immunised which occurred in December 2014. Due to strategies undertaken by HPS the immunisation coverage rates for these cohorts has increased and is now on par or exceeding the national average.

Key Information

- Although the immunisation coverage rates had previously decreased for Aboriginal and Torres Strait Islander children the rates are now on par with national coverage rates.
- The very low numbers of children identified as Aboriginal and/or Torres Strait Islander in the ACT means that immunisation coverage rates should be read with caution. This small population means immunisation coverage data for Aboriginal and Torres Strait Islander children in the ACT consistently fluctuates between quarters and between cohorts.

Background Information – may not be suitable for public disclosure

- Immunisation coverage rates are measured at three milestones, cohort one (12 to 15 months of age), cohort two (24 to 27 months of age) and cohort three (60 to 63 months). Reports of immunisation rates on the above three cohorts are released by the AIR quarterly. These reports show coverage rates for all Australian children and for children who have a Medicare Aboriginal or Torres Strait Islander identifier.

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ISSUE: Strategic Indicator 12 – Two year participation rate in the Cervical Screening Program

Strategic indicator	ACT rate	National rate
Two year participation rate ¹	56.2%	56.9%

Source: Cervical Screening in Australia 2014-15, (Published: Australian Institute of Health and Welfare, 2017).

Note:

1. This is the age standardised participation rate for women aged between 20 and 69 years.

Talking points:

- The ACT Cervical Screening Program (CSP) captures and reports data over a two year period as recommended by the National Cervical Screening Program.
- The Australian Institute of Health and Welfare (AIHW) report: *Cervical Screening in Australia 2018* published in May 2018* placed the ACT in the top three jurisdictions in Australia for participation in the program by ACT resident women in the target group.
- In 2016-2017 the ACT CSP received 39,230 test results, an increase on the previous year of 2,341 tests.
- Downward tracking in participation rates continue to be a problem across all states and territories. The ACT has not seen such a significant downward trend and has maintained the third highest participation rate in the country.
- The general trend in downward participation has been due in part to a lack of communication to women and healthcare professionals regarding the need to maintain the two yearly screening before the current changes to the National Cervical Screening Program were implemented in December 2017 by the Commonwealth Department of Health.

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- Other issues affecting screening include the delays experienced in the rollout of the new program, as well as a lack of understanding that screening is still required following Human Papilloma Virus vaccination.
- In the last year the ACT CSP has continued efforts to promote screening to vulnerable groups, through community radio stations and translating the screening message to 21 different languages, as well as the same messages targeting the Indigenous community.
- The program has also increased promotion via social media channels and to health professionals in an effort to negate issues currently affecting screening participation.

* Following provision of data for the 2018-19 Budget Papers, updated data was released by AIHW. Below is the 2015-16 data.

Strategic indicator	ACT rate	National rate
Two year participation rate ¹	56.2%	56.0%

Source: Cervical Screening in Australia 2015-16, Cat No. CAN 111 (Published: Australian Institute of Health and Welfare, 2018).

Note:

1. This is the age standardised participation rate for women aged between 20 and 69 years.

Background Information – may not be suitable for public disclosure

- The two yearly cervical screening program participation rate in the past has provided an indication of the effectiveness of early intervention health messages and organised screening programs.
- As of 1 December 2017, the ACT Cervical Cytology Register ceased receiving test results. This is because the renewed National Cancer Screening Program and Register commenced on that date.
- The rescreening interval also changed from five yearly to two yearly intervals from 1 December 2017.
- Recent media reports suggest that at least 209 women in Ireland were given incorrect pap smear results through a national screening program, CervicalCheck, and were later diagnosed with cervical cancer between 2010 and 2014.
- Media reports have suggested that Clinical Pathology Laboratories, owned by Australian healthcare company Sonic Healthcare, was subcontracted by CervicalCheck to conduct testing in Ireland. Sonic Healthcare conduct about one third of testing in Australia, however the Department of Health has advised that it is confident in the quality of testing in Australia and that this incident should cause no concern for Australian women.

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BUDGET ESTIMATES BRIEF

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Portfolio/s: Health & Wellbeing

Strategic Indicator 13 – the mean number of teeth with dental decay, missing or filled teeth at ages 6 and 12

Strategic Indicator	ACT Rate ¹	National Rate
DMFT index at 6 years (indicates deciduous teeth)	0.90	1.30
DMFT Index at 12 years	0.30	0.90

Source: *Oral Health of Australian Children – The National Child Oral Health Study 2012-14*, (Published: University of Adelaide Press, 2016).

Key points:

- Based on the last National Published data from the National Child Oral Health Study, the index at six years for decayed, missing or filled deciduous teeth (DMFT) in the ACT was 0.90 compared with the national average for the same period being 1.30.
- Based on the last National Published data from the National Child Oral Health Study, the index at 12 years for decayed, missing or filled teeth (DMFT) in the ACT was 0.30 compared with the national average for the same period being 0.90. The ACT rate is the lowest nationally.

Background Information – may not be suitable for public disclosure

- ACT Government actions that have contributed to the achievement of lower than national average results on the DMFT index include:
 - Preventive programs and treatments, including the First Smiles Program, fissure sealants and fluoride therapies.
 - Health promotion targeting young families and education programs for parents.
 - Increased access to services by the recall system and increased dental therapy staffing.

¹ The ACT Rate in the table above is for ACT-wide, including private practitioner data, collected by Australian Institute of Health and Welfare (AIHW), for their most recent reporting period.

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BUDGET ESTIMATES BRIEF

No. 55 – Budget Statement C Page 9

Portfolio/s: Health & Wellbeing

**ISSUE: Strategic Indicator 14 – Reduction in the rate of broken hips
(fractured neck of femur)**

Strategic indicator	2015–16 ACT rate	Long term target
Rate per 1,000 people	6.6	5.3

Source: ACT Admitted Patient Care data

Talking points:

- Hip fractures are a serious injury and typically a consequence of falls and osteoporosis in older adults. Despite an overall downward trend, it remains a significant health burden that is expected to increase as our population ages. Fractures and their associated disabilities often result in premature death and are a significant cause of rising health costs, hence the need for policies to address their causes and outcomes.
- Preventing falls and other fracture risk factors, may reduce the prevalence of fractures among the elderly.

Key Information

- In 2015–16, the ACT rate of admissions in persons aged 75 years and over with a fractured neck of femur was 6.6 per 1,000 persons in the ACT population.
- This indicator provides an indication of the success of public and community health initiatives to prevent hip fractures. The 2015–16 ACT rate of admissions in persons aged 75 years and over with a fractured neck of femur was above the long-term target of 5.3 per 1,000 persons. However the rates fluctuates between 5.5 and 7.0 over a 7-year period (2009–10 to 2015–16) and following a generally decreasing trend.

Background Information – may not be suitable for public disclosure

- Population health policies and programs that aim to reduce the incidence of falls in the elderly can help to reduce the number of neck of femur fractures in the community.

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BUDGET ESTIMATES BRIEF

No. 56 - Budget Statement C page 10

Portfolio/s: Health & Wellbeing

ISSUE: Strategic Indicator 15 – Percentage of persons aged 12 to 17 years who smoke regularly

Strategic indicator	2014 ACT rate	2014 national rate	Long term target
Percentage of persons aged 12 to 17 who are current smokers	5.2%	5.1%	≤5%

Sources: Australian Secondary Students' Alcohol and Drug (ASSAD) Survey confidentialised unit record files 2014, ACT Health: Australian secondary school students' use of tobacco, alcohol, and over-the-counter and illicit substances in 2014 report, Centre for Behavioural Research in Cancer, Cancer Council Victoria, October 2016.

Talking points:

- Smoking rates among youth in the ACT have fallen significantly over the past two decades and continue to fall.
- While it is good news that smoking rates among ACT youths has fallen, we can't be complacent. There are still sections of the community with high smoking rates, while electronic cigarettes (e-cigarettes or personal vaporisers) are an emerging public health challenge. Currently, e-cigarettes are being marketed as a method to assist smokers to quit, or as a safer alternative to conventional cigarettes. However there is currently insufficient evidence to support these claims and growing concern about potential toxic effects and long-term health impacts.

Key Information

- The proportion of ACT students aged 12–17 years who stated that they were current smokers in 2014 was 5.2%. This was slightly lower than the 2011 rate (5.8%) and more than half the rate reported in 2002 (15.3%).
- The ACT rate (5.2%) was similar to the national figure for current smoking in youths in 2014 (5.1%).
- Although based on small numbers, the proportion of ACT students aged 12–17 years who stated that they had ever used e-cigarettes in 2014 (11.6%) was similar to that recorded nationally (13.2%).

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BUDGET ESTIMATES BRIEF

Background Information – may not be suitable for public disclosure

- The mean age at which people in the ACT report having had their first cigarette has continued to rise, while a greater number of Canberrans report that they have never smoked. It is thus important to continue to monitor the smoking patterns of younger Canberrans and establish policies that help these positive trends to continue.
- The Australian Secondary Students' Alcohol and Drug Survey (ASSAD) is conducted every three years in the ACT. Data from the latest collection (2017) will be available in July 2018. The survey collects information on the prevalence of alcohol and tobacco use and other health risk factors among secondary school students (aged 12 to 17 years of age).

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**Select Committee on Estimates
2018 – 2019 Budget**

June 2018

57. 2018-19 Budget Summary (including summary of Initiatives)

(Health Budget Statement)

Key points

- Health expenses grow to \$1.683 billion in 2018-19 (excluding Territorial capital grants).
- Mental Health, Justice Health and Alcohol and Drug Services (Output 1.2) expenses are expected to increase from \$187 million to \$195 million, an increase of 5%.
- Mental Health and Justice Health new initiatives contained in the 2018-19 Budget are listed at Attachment A. These initiatives total \$6.815 million in 2018-19 and account for 15% of new funding for ACT Health.
- Some initiatives are funded for one, two or three years only and ACT Health will need to consider re-bidding for these funds in future years.
- Recurrent and capital funding for 'Accommodation to Support people with Mental Health' is net of the funding provided in 2016-17 for the Mental Health Step-up Step-down facility.
- There are no significant new savings targets contained in this Budget. The 2017-18 Budget contained a deferred \$10 million saving target which commences in 2018-19. The Directorate will also be required to internally fund pay rises between 1.3% and 1.7% in 2018-19 (approximately \$4m) and there is a small (\$0.2m) contribution to the whole of Government Strategic Accommodation Project.

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ACT Health
2018-19 New Initiatives

Working Title (titles appear different in Budget Papers)	2018-19			2019-20			2020-21			2021-22			Capital (includes Provisions)			Total \$000's	
	\$000's	\$000's	\$000's	\$000's	\$000's	\$000's	\$000's	\$000's	\$000's	\$000's	\$000's	\$000's	\$000's	\$000's	\$000's		
Accommodation to support people with Mental Health	2,041	1,854	2,981	0	0	0	0	0	0	0	0	0	0	0	0	0	
Suicide after care and crisis care services (Way Back Support Service)	350	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Youth Mental Health Assertive Outreach	1,142	1,016	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Expansion of Older Persons Mental Health	744	757	776	0	0	0	0	0	0	0	0	0	0	0	0	0	
Mental Health Detention Exit Community Outreach	200	206	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Expansion of Justice Health Services at the Alexander Maconochie Centre	1,530	1,561	1,593	0	0	0	0	0	0	0	0	0	0	0	0	0	
Trial of an ACT Mental Health Recovery College	396	443	50	0	0	0	0	0	0	0	0	0	0	0	0	0	
Strengthening Community Based Counselling Services for children and young people	412	424	437	0	0	0	0	0	0	0	0	0	0	0	0	0	
	6,815	6,261	5,837				6,203					3,973			5,560	320	9,976

Select Committee on Estimates 2018 – 2019 Budget

June 2018

58. Summary of 2018-19 Federal Budget – Impact on ACT Health

Key Points

- Health systems across the country are managing increases in demand.
- There are many areas of health that are receiving new funding in this Budget. However, there is also a number of areas of health care delivery that the Commonwealth are seeking to drive efficiencies in.
- Further work will need to be undertaken to determine how this may impact on the health outcomes of those in our community who rely on these services.
- In the coming days, ACT Health will further examine the details of the Budget to determine the impact on the ACT and surrounding region.

National Health Reform funding

- The 2018-19 Federal Budget is the second year under the interim funding agreement for National Health Reform Funding which operates over three years from 2017-18 to 2019-20.
- The 2018-19 Commonwealth Budget estimates for the ACT are higher than the soft funding cap of 6.5 per cent, due to the redistribution of available funding under the national funding cap.
- The ACT Health 2018-19 Budget estimates is that National Health Reform Funding will continue at approximately 6.3 per cent in 2018-19, increasing to 6.5 per cent, per annum, over the forward estimates in line with expected increases in both activity and price.
- This 2018-19 Commonwealth Budget fully funds a new five-year public hospital agreement with the states and territories between 2020-21 and 2024-25. The increase in activity has been projected in line with the existing interim funding agreement.
- The ACT Government will now commence negotiations with the Commonwealth on the new agreement.
- The ACT Government look forward to these discussions and how this funding and the broader COAG Health Council reforms will have a positive impact on our public hospitals and other health services.
- The Government also welcome the confirmed funding that has been earmarked in tonight's Budget for specific areas identified as part of the Commonwealth offers to states and territories to sign the new health funding agreement.

Commonwealth Estimates				
17-18	18-19	19-20	20-21	21-22
\$m	\$m	\$m	\$m	\$m
362.9	385.7	411.4	438.8	468.0
	6.27%	6.66%	6.66%	6.65%
<i>*2017-18 includes a reduction due to rebasing from 2015-16 and 2016-17 of \$40.1m</i>				
ACT Health Estimates				
17-18	18-19	19-20	20-21	21-22
\$m	\$m	\$m	\$m	\$m
362.9	385.7	410.8	437.5	465.9
	6.28%	6.50%	6.50%	6.50%

Note on table above:

The 2018-19 Commonwealth Budget amount for 2017-18 was \$403.0 million. This figure has been adjusted by \$40.1 million to \$362.9 million to remove the impact of the outstanding 2015-16 and 2016-17 settlements for actual services delivered, so to reflect real year-on-year funding growth.

NDIS

- ACT Health remains focused on the eligibility criteria and pricing set by the NDIA as minor changes in these parameters can have significant impacts on the demand for health services.

Mental Health

- Mental health funding needs to be a priority area for all governments and it's pleasing to see the additional funding contained in this year's Federal Budget.
- There is \$82.5 million nationally over four years from 2018-19 for psychological services in residential aged care, and \$20 million over four years for a pilot led by mental health nurses to target mental health of older people in the community, particularly those at risk of isolation.
- The ACT Government already provides community mental health in-reach services to those older people in and out of residential age care facilities. These services include psychiatry, mental health nursing and allied health. We hope this Commonwealth commitment enhances access to additional services for these Canberrans.
- It is pleasing to see the \$125 million over 10 years nationally for the Mental Health Research Future Fund for new research to support an additional 1 million people with mental illness. The ACT has strong relationships with our tertiary institutions and medical research community and we will be looking to increase our ability to partner with these institutions to embed research in service delivery wherever possible.
- The Budget includes \$37.6 million nationally over four years for beyondblue for the Wayback Support Service for support to those discharged from hospital after a suicide attempt. This is not indicated as being contingent on matched funding from the ACT which is a positive, however, ACT

Health and beyondblue will be speaking in the coming days to look at this in more detail as it is hoped to be an enhancement to existing commitment of ACT.

- There are also extra funding for support services including \$33.8 million nationally over four years for Lifeline and \$1.2 million nationally in 2018-19 for SANE Australia to boost crisis hotlines and suicide awareness campaigns that all Canberrans can access.
- In addition, there is \$12.4 million nationally over four years to strengthen the National Mental Health Commission, which provides great leadership to the ACT mental health sector.

Alcohol and other drug

- We welcome the \$40 million over three years from 2018-19 nationally to support professional development in primary care for the treatment and support for alcohol and drug abuse and residential rehabilitation services.

Access to medicines

- The Budget includes new and amended listings on the Pharmaceutical Benefits Scheme (PBS).
- While overall funding for the PBS has increased, there are a number of new measures aimed at increasing efficiencies and reducing the costs of the PBS.
- It is unclear at this stage what impact these initiatives will have on those in our community who rely on PBS drugs to treat their conditions.
- ACT Health is particularly concerned with the \$40 million reduction in funding nationally for MedicineWise over four years. This is an important service for primary health care and we look forward to the Commonwealth's announcement to a replacement service.
- It is pleasing to see the addition of the HIV prevention drug, Pre-Exposure Prophylaxis (PrEP) to the PBS.
- A trial of PrEP trial commenced in the ACT in September 2017 as an expanded arm of the NSW PrEP trial (EPIC-NSW). The ACT Government provided just over \$112,000 in funding to support the trial locally.
- With PrEP now listed on the PBS, all medical practitioners, including general practitioners, are able to prescribe PrEP medications for individuals at high risk of HIV.

Indigenous health

- The Budget introduces a new funding model for indigenous primary health care.
- ACT Health understands that this new agreement may negatively affect Winnunga's ability to access funding as Winnunga has to date, had difficulty securing new primary health care funding from the Federal Government.

Medical research

- The ACT is leader in health research and we welcome the investment in medical research.
- We welcome the \$275.4 million nationally for the Medical Research Future Fund and the \$1.3 billion nationally for a national health and Medical Industry Growth Plan.
- In particular, initiatives that could benefit the ACT include the funding for Genomics research and the expanded clinical trials program

Palliative Care

- The Budget is providing \$32.8 million nationally over four years for palliative care for elderly Australians living in residential aged care facilities.
- This is contingent on matched funding from jurisdictions. The Government will look at the criteria for this and welcomes the opportunity to collaborate in this space.

Healthier ageing

- Our community is not only increasing in size, but our community is also getting older.
- The 14,000 nationally new high level home care packages is welcome.
- However, with only 74,000 residential aged care places expected to be available nationally by 2021-22, this increase in packages is not enough to manage demand – the waiting list for residential aged care places is currently around 100,000 nationally.
- The Budget is also funding \$105 million over four years nationally for the national Aboriginal and Torres Strait Islander Flexible Aged Care Program. It is good to see increased investments in this space. However, we need to be considering investing in all Aboriginal and Torres Strait Islander peoples, including those who live in urban and metropolitan areas.

Workforce and GPs and bulkbilling

- The Budget has \$83 million nationally over five years from 2017-18 to achieve stronger rural, regional and remote health outcomes by aligning the distribution of the health workforce to areas of greatest need and building the capability of Australia's medical practitioner workforce.
- Access to bulk billing and GPs is not just an issue for rural Australia, it is critically important for all health systems that the Commonwealth invest more in primary health care.
- Investment in primary health care and prevention not only improves the health and wellbeing of our community, but also reduces unnecessary hospitalisations and eases pressure on our hospitals.
- Another concern is the recalibration of the system for recruiting medical staff from overseas. These clinicians play a vital role in the ACT Health system.

Digital health measures

- The funding for My Health Record that will continue into 2018-19 is supplemented by an additional \$5 million nationally over two years to support national deployment of the child digital health record and a national pre-natal digital screening standard and digital tools.
- The breakdown is \$3.7 million in 2018-19 and \$1.3 million in 2019-20. The funding is part of a broader infant and maternal health package (\$77.9 million) to ensure our children get the best possible start in life.
- The child digital health funding recognises the work to date of the National Children's Digital Health Collaborative, which has involved every State and Territory. Led by NSW, the Collaborative has progressed a number of initiatives, with proof of concept projects being implemented in various jurisdictions to ensure each initiative is implementable and can be scaled nationally. The quantum of funding to be received by the ACT is yet to be determined.

Essential Vaccines

- We welcome the announcement that free antenatal pertussis (whooping cough) vaccines for pregnant women in their third trimester will be added to the National Immunisation Schedule.
- The ACT Government have been providing this vaccination free to ACT pregnant women since April 2015, with funding to continue to provide this vaccine allocated in the ACT Budget last year.
- Government also welcomes the listing of two new drugs for the prevention of Influenza in older people and a new drug to replace current Meningococcal vaccinations on the National Immunisation schedule.
- With these vaccines now being made available through the National Schedule from 1 July 2018, the Government will be looking at what this means for our programs and further announcements will be made in our Budget in June.

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**Select Committee on Estimates
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June 2018

59. Community Budget Consultations: Outcome

Key points

- The Community Budget Consultation process for 2018–19 attracted a range of proposals. Of those, the majority related to primary and community care, rather than to the acute sector.
- In total 92 submissions were received.
- Of these submissions, forty-two were related to health issues in some way. Sixteen of these submissions touched on issues in the Mental Health portfolio and thirty-nine of these submissions focused on issues in the Health and Wellbeing portfolio. Thirteen of the forty-five submissions had overlaps between both portfolios.
- Some submissions did not include specific funding requests. Others proposed one-off funding for a particular year; others detailed expenditure to be allocated to three or four year periods. One submission proposed the quarantining of 5 per cent of the total health budget for preventative health strategies.
- ACT Health did not support the development of additional business cases in relation to the Community Budget Submissions received.

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2018 – 2019 Budget

June 2018

60. Community Budget Consultations: Non-Funding of Initiatives

Key points

- ACT Health did not support the development of additional business cases in relation to the Community Budget Submissions received.
- Analysis of the Community Budget Submissions against the supported ACT Health Budget Business cases identifies some alignment in the area of Mental Health. Dot Points outlining alignment across the various Business Cases is provided below.

Stronger Support for Suicide Prevention

- The Way Back Support Service aligns with submissions advocating for increased suicide prevention services by the Mental Health Community Coalition, The Youth Coalition of the ACT (Youth Coalition) and Capital Health Network.
- The Way Back Support Service is an innovative suicide prevention service, developed to support people for up to three months after they've attempted suicide, which is when they are particularly vulnerable to making another attempt. This initiative will provide additional funding for Way Back support services to allow for the continuation of services, post-trial in the ACT, whilst the report on the trial is being finalised. The report is expected to be delivered in late 2018.
- This initiative is also consistent with the Minister for Mental Health's Cabinet endorsed strategic priority of the reduction of suicide.

Mental Health Detention Exit Community Outreach

- This initiative aligns with the Community Budget submission made by the Mental Health Community Coalition.
- The Government will continue its investment in the Detention Exit and Community Outreach (DECO) program, which is a joint initiative between ACT Health and the community sector mental health provider Wellways Australia (Wellways).
- In the DECO program Wellways works with the ACT Health Mental Health, Justice Health, Alcohol and Drug Services to provide the support services required to assist people with diagnosed mental health conditions leaving detention to re-establish themselves in the community.
- DECO provides support to a vulnerable population who, traditionally, do not receive the support services they require and are at high risk of their condition deteriorating without that support.

Trial of an ACT Mental Health Recovery College

- This initiative is directly relevant to the Community Budget submission by the Mental Health Consumers Coalition and represents funding of a concept this organisation has been advocating for some time.
- This budget initiative will fund the trial of a Recovery College in the ACT. The focus of a Recovery College in the ACT will be on improving the lives of people with mental illness through educating participants and sharing experiences of mental health.

- The Recovery College model has recently emerged as a new approach for providing mental health education. Co-design is central to this model, whereby educational courses are co-developed and co-facilitated by Peer Educators and Clinical Educators; and where consumers, carers and professionals participate together as students.
- A successful Recovery College in the ACT aligns with the Whole of Government priority to support early intervention, working to prevent crisis and supporting people to increase their capacity to take a greater role in the management of their health. This, in turn, has the potential to reduce the demand on more expensive acute and crisis level clinical services.

Strengthening Community Based Counselling Services for children and young people

- This initiative is relevant to submissions by the Youth Coalition, Capital Health Network and the Mental Health Community Coalition advocating for increased focus on early intervention models of mental health engagement with young people.
- The program also focuses on wider social determinants of health, a position which is advocated for by the Youth Coalition.
- This budget initiative will deliver on a Labor 2016 election commitment, as well as further Government investment in 2017-18, to enhance the clinical capacity of headspace Canberra (headspace).
- headspace offers an extremely important early intervention mental health service for those aged between 12 to 25 years with emerging mental health challenges.
- headspace fills an important service delivery gap for young people in the ACT and the increase in the clinical capacity of this service will continue to assist in providing an accessible and early intervention mental health service.

Menslink

- This initiative is relevant to the submission by Capital Health Network advocating for additional mental health services for children under 12 years of age.
- The ACT Government will provide \$100,000 over two years to support a Menslink counselling program for schoolboys aged 10 to 12 years. This initiative will assist boys who may have experienced family violence, trauma or peer relationship breakdowns and who may be at a greater risk of experiencing poor mental health.

Let's Talk

- This initiative aligns with submissions advocating for increased suicide prevention support by the Mental Health Community Coalition, The Youth Coalition and Capital Health Network.
- The ACT Health Let's Talk for Suicide Prevention initiative receives annual funding of \$50,000 and this year's funding has been used to establish a community grants program. Let's Talk Funding Grants will support local organisations and community group to conduct suicide prevention and awareness programs, events, activities and communication initiatives. The aim of the Let's Talk Funding Grants is to support targeted and innovative suicide prevention and awareness projects which are developed in line with evidence-based Lifespan strategies and best practise principles.
- This initiative is also consistent with the Minister for Mental Health's Cabinet endorsed strategic priority of the reduction of suicide.

Lifespan

- This Initiative aligns with submissions advocating for increased suicide prevention services by the Mental Health Community Coalition, The Youth Coalition and Capital Health Network.
- \$1.5 million in funding will be provided over 3 years to engage the Black Dog Institute to implement the Lifespan Integrated Suicide Prevention model in the ACT, commencing in 2018.
- LifeSpan is a systems approach to suicide prevention with 9 integrated framework strategies, including improving emergency and follow-up care for suicidal crisis, using evidence-based treatment for suicidality, promoting help-seeking, mental health and resilience in schools, and encouraging safe and purposeful media reporting.
- LifeSpan will be evidence based, and will have a particular focus on high risk groups, including young people and Aboriginal and Torres Strait Islander groups.

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**Select Committee on Estimates
2018 – 2019 Budget**

June 2018

61. Savings Targets for Health

(Health Budget Statements)

Key points

- There are no significant new savings targets incorporated into the 2018-19 Budget for Health. The Directorate will, however, be required to achieve the \$10 million savings target contained in the 2017-18 Budget (which commences in 2018-19).
- ACT Health will be required to internally fund \$3.752 million (in 2018-19 only) towards the Hospital in the Home (\$4.925m) new initiative. The outyear amounts (\$9.850m), however, are fully funded.
- The Directorate will also contribute \$0.2 million recurrently to the whole of Government Strategic Accommodation Project.
- While not shown in the ACT Budget Paper, ACT Health will be required to internally absorb the gap between 1.3 per cent and 1.7 per cent for the expected EBA pay rises in 2018-19. This is estimated to cost approximately \$4 million.

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Australian Capital Territory
BUDGET 2018-19
Media Release

Better healthcare for a growing community

\$1.7 billion investment in health 

\$561 million improving health infrastructure 

14,000 elective surgeries every year 

More beds across the ACT 

The 2018 Budget will boost Canberra's public healthcare with a major new investment in our hospitals and local health services.

The ACT Government already invests a third of the ACT Budget on healthcare. This year will see us step up that investment with more beds and surgeries, more resources for our emergency departments and more investment in new hospital infrastructure to meet the needs of our growing city.

This will see our investment in healthcare for Canberrans rise to about **\$2 billion** a year by 2021-22.

More staff and frontline care

Our doctors, nurses, midwives and allied health staff are working hard to keep Canberrans healthy as our city grows. This Budget will back them up with a significant new investment in staff and services, including:

- **\$64.7 million** to increase the number of elective and emergency surgeries (bringing elective surgeries to around 14,000 per year) to improve access to surgical care and reduce wait times
- **\$34.5 million** to expand the *Hospital in the Home* program so that around 3,000 more patients each year can receive the care they need in their own homes and community health centres
- **\$25.9 million** for more hospital beds including support for maternity services at the Centenary Hospital for Women and Children and more beds to cope with the annual winter surge that hits our hospitals during flu season
- **\$21.2 million** for more resources to help cut waiting times at Canberra Hospital Emergency Department
- **\$6.3 million** to expand health services at Alexander Maconochie Centre, with additional funding for dental, mental health and general practice services
- **\$500,000** over three years to the Health Care Consumers' Association for initiatives that will help patients better navigate our health system
- **\$250,000** for early planning to expand alcohol and drug services to develop options for future service models for withdrawal and early intervention, as well as link to the development of the ACT Drug and Alcohol Court.

Australian Capital Territory
BUDGET 2018-19
Media Release



More health infrastructure for our future

Since July 2008, the ACT Government has invested over **\$1 billion** in new and upgraded health infrastructure for Canberra. This has included the expansion of the Canberra Hospital Emergency Department and other upgrades to Canberra Hospital, and the brand new University of Canberra Hospital which will treat its first patients in July.

The 2018 Budget will continue our long-term investments in the hospitals and health facilities our city will need in the years ahead, including:

- **\$15 million** for capital upgrades at Calvary Public Hospital, which will deliver additional treatment spaces, improved access and triage arrangements, enhanced waiting areas and an expanded Short Stay Unit, including additional paediatric beds, within the Emergency Department
- **\$12 million** to construct a new health centre for Aboriginal and Torres Strait Islander people through staged payments to Winnunga Nimmityjah Aboriginal Health Service over the period 2017-18 to 2020-21
- **\$2 million** to continue Canberra's fourth Walk in Centre in the Weston Creek region to add to the network and improve access to free healthcare for Canberrans
- **Continue** progress on the planning and scoping of the new Surgical Procedures, Interventional Radiology and Emergency Centre (SPIRE), the expansion of the Centenary Hospital for Women and Children and future hospital options for Canberra's northside. The Budget includes **\$561 million** in delivery provisions for these major projects.

These new investments confirm that delivering territory wide, accessible, high quality healthcare for our growing city is one of the ACT Government's top priorities.

63. Key statistics and performance

Key points

General statistics

Key statistics	2016–17 outcome	2017–18 estimated outcomes	Percentage growth	Notes on movement in activity
ACT Health staff numbers				
Overall FTE	6,476	6,656	3%	Detail contained in notes below.
Count of Nurses and midwives (Headcount)	3,108	3,203	3%	Increase in graduates and temporary employment due to the Winter Flu Strategy being maintained throughout the year. Increase in activity in Women's, Youth and Children. Government election commitments including 12 new graduates and 12 nurse navigators.
Count of Doctors (Headcount)	914	994	9%	The majority of this increase has occurred in temporary employment with an increase in FTE for employment in the Emergency Department and an increasing number of junior medical staff availing themselves of part time employment. This has accommodated parents returning from leave following the birth of their children.
Count of Other (Headcount) (i.e. allied health workers)	1,201	1,246	4%	There has been a small increase in Extended Scope and Advanced Scope Physiotherapists (1.4 FTE) Increase in Allied Health Staff with the opening of the UCH based on transfer of function from Calvary Hospital and increase in Exercise Physiologist.

					Technical Officers have transitioned into the Allied Health Assistant classification. Opening of Dhulwa facility included an increase in OTs and Psychologists.
Hospital and Health Services					
Total public hospital separations (in the ACT)	114,930	115,479	0.5%		Canberra Hospital at capacity. Note that QEII is not included.
Emergency Department presentations (in the ACT – across both hospitals)	143,860	148,900	3.5%		Overall growth to Emergency Departments in the ACT has eased. The growth at Canberra Hospital continues to be greater than at Calvary Public Hospital Bruce.
Emergency Department presentations at Canberra Hospital	85,093	88,900	4%		Note that the rate of increase in presentations has eased compared to the previous financial year where the year on year increase was over 9%. However 3807 additional people presented to CHHS ED in 2017/18 compared to the year previous.
Emergency Department presentations at Calvary Hospital	58,767	60,000	2%		Calvary Public Hospital Bruce has increased presentations at a rate less than Canberra Hospital. There is increased acuity measured as a function of triage urgency and admission rates.
Elective surgery removals for surgery	12,826	13,360	4%		CHHS and CPHB performed very well, late acceptance of work orders for private providers means may be slightly under target +/- 100 (13250) = 3.3%pa
Elective surgery long wait numbers	464	500+	8%		Longwaits Peaked in April 593 and were down to 499 31st of May 2018 growth of only 8%pa
Number of patients who have received care through Hospital in the Home	1,314	1,500	14%		Hospital in the Home separations have increased at Calvary Public Hospital Bruce, whereas separations at Canberra Hospital have remained steady.
Patients accessing palliative care in-patient services	827	928	12%		This increase is multifactorial mainly due to general increase in demand, an increase in service and improvement in administrative processes which monitors the change in 'care types'
Walk-in Centres presentations	36,105	40,801	13%		A general increase in public awareness has subsequently increased presentations to the WiC year on year. There was

Maternity and child health			
Number of babies born (in the ACT)	5,291	5,230	-1%
Demand for maternity at Centenary (birthing occasions)	3,560	3,650	3%
Demand for maternity at Calvary (birthing occasions)	1,654	1,540	-7%
Paediatric separations <= 16 years	10,830	10,813	0%

also a significant increase in presentations during the influenza season 2017.

A small decline in the birthing rate. Note that this is subject to clinical coding.

The birthing events at CHWC have significantly increased, from 2,743 in 2010-11 to 3,561 in 2016-17, which is an annual growth rate of 4.5 per cent. Centenary Hospital is now at capacity.

Some patients are going to Centenary Hospital in preference to Calvary hospital.

Despite influenza season, number of paediatric patients remains static.

UCH Transition		
What	Number	Notes
Number of clients transitioning (breakdown of rehabilitation and mental health)	In the vicinity of 75 people	This includes people attending day program offered by Mental Health and RACC, sessional outpatient sessions, and hydrotherapy.
Number of Number of beds opening in July (include breakdown of those transitioning from Canberra Hospital and Health Services and Calvary in notes section)	84	Equivalent of 20 beds from Brian Hennessey Rehabilitation Centre 28 from Aged Care rehabilitation Unit, Calvary Healthcare Public, 36 From Canberra Hospital
Number of ACT Health staff expected	301FTE	This is nursing, allied health, medical, administrative and support staff.
Number of BGIS staff expected	79.4FTE	This includes both BGIS and their sub-contracting staff who are providing soft and hard facilities maintenance related support.
Number of UC staff expected	57	Number of staff moving from their current location into UCH.

64. HEALTH DIRECTORATE

A Health Funding Envelope is used to provide funding certainty for the Health Directorate and the Local Hospital Network (collectively referred to as ACT Health) regardless of changes in the Commonwealth funding contributions and other sources of income. The operating costs associated with new capital initiatives are also funded from the envelope. The envelope includes annual funding for price growth (indexation) and for growth in activity.

Better healthcare for a growing community – ACT Mental Health Recovery College Trial

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses	396	443	50	0	889

The Government will provide funding to establish the ACT Recovery College, which will provide non-clinical mental health training courses that support early intervention, helping to facilitate experience-based learning and peer support. The College will provide courses that are both mental health specific, such as navigating the mental health system, and holistic, encompassing broad topics that promote wellbeing.

Better healthcare for a growing community – Better facilities for Calvary Public Hospital

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses	0	0	0	0	0

The Government will provide a \$15 million grant in 2017-18 for Calvary Public Hospital to undertake significant upgrades including expanding the Emergency Department, refurbishing mental health inpatient facilities and replacing critical diagnostic equipment.

Better healthcare for a growing community – Continuing Northside health care planning

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses	1,000	0	0	0	1,000

The Government will continue to assess and scope requirements for expanded hospital services in Canberra's north.

Better healthcare for a growing community – Early planning to expand alcohol and drug services

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses	250	0	0	0	250

The Government will draw on the expertise of the specialist alcohol and other drug sector in the ACT and nationally to develop options for future service models for alcohol and drug withdrawal and early intervention to increase service delivery, as well as link to the development of the ACT Drug and Alcohol Court.

Better healthcare for a growing community – Expanding counselling services for children and young people

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses	412	424	437	0	1,273

The Government will continue to deliver on our election commitment by supporting *headspace*, which provides early intervention mental health services for 12 to 25 year olds and delivers educational initiatives promoting wellbeing for young people.

Better healthcare for a growing community – Expanding *Hospital in the Home*

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses	4,925	9,850	9,850	9,850	34,475
Offset – Expenses	-3,752	0	0	0	-3,752
Net Expenses	1,173	9,850	9,850	9,850	30,723

The Government will expand the capacity of the *Hospital in the Home* service so that around 3,000 more patients per year can be cared for in their own homes and through community health centres. This initiative combines the clinical resources of Canberra and Calvary public hospitals to deliver a territory wide *Hospital in the Home* service for Canberrans.

Better healthcare for a growing community – More mental health accommodation

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses	3,460	3,103	3,617	3,783	13,963
Expenses – Offset	-1,419	-1,249	-636	0	-3,304
Depreciation	0	371	371	371	1,113
Net Expenses	2,041	2,225	3,352	4,154	11,772
Associated Capital	123	6,233	5,560	320	12,236
Offset – Associated Capital – Provision	0	-2,260	0	0	-2,260
Net Capital	123	3,973	5,560	320	9,976

The Government will establish three community-based mental health accommodation facilities to provide long-term supported care for people who need 24-hour support. The Government will also establish a Step-Up-Step-Down facility on the south side of Canberra, to provide short-term residential and clinical treatment for people discharged from hospital, and refurbish the 10-bed Extended Care Unit at the Brian Hennessey Rehabilitation Centre, to help provide a secure facility for people to transition back into the community.

Better healthcare for a growing community – More mental health outreach for young Canberrans

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses	1,142	1,016	0	0	2,158

The Government will expand our investment in child and adolescent mental health services by establishing a recovery-focused, community-based outreach program for young Canberrans aged 12 to 18 years. The Government will also develop a young adult model of care for people aged 18 to 25 years.

Better healthcare for a growing community – More mental health services for older Canberrans

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses	744	757	776	795	3,072

The Government will continue our investment in the Older Persons Mental Health Intensive Treatment Service, which was initially funded as a pilot in the 2017 Budget. The service offers assertive case management and community based care for older Canberrans. This initiative will provide additional mental health support in residential aged care facilities and help to keep patients out of hospital.

Better healthcare for a growing community – More resources for acute hospital care

	2018-19 \$'000	2019-20 \$'000	2020-21 \$'000	2021-22 \$'000	Total \$'000
Expenses	11,521	11,700	11,887	12,079	47,187

The Government will invest in acute care at the Canberra Hospital, supporting the Emergency Department, Intensive Care Unit and additional in-patient hospital beds. This initiative will help improve hospital performance by investing in more acute care beds for admission, bring down emergency department wait times and support increased demand for maternity places and hospital beds during the annual winter flu season. This increase in services will be delivered by 54 full-time equivalent frontline staff, including 35 nurses, 12 allied health workers, and six doctors.

Better healthcare for a growing community – More support for people with chronic illness

	2018-19 \$'000	2019-20 \$'000	2020-21 \$'000	2021-22 \$'000	Total \$'000
Expenses	125	250	125	0	500

The Government will provide \$500,000 over three years to the Health Care Consumers' Association for initiatives that will help patients better navigate our health system. The funding will support the Association to engage with communities that experience poor chronic health outcomes, including Aboriginal and Torres Strait Islander Canberrans, people living with disability and the elderly, and help connect them with appropriate preventative health services.

Better healthcare for a growing community – More surgeries

	2018-19 \$'000	2019-20 \$'000	2020-21 \$'000	2021-22 \$'000	Total \$'000
Expenses	15,818	16,052	16,296	16,550	64,716

The Government will increase capacity for elective and emergency surgeries across the Territory. This initiative will lift the number of elective surgeries ACT Health can deliver to 14,000 per year, and will help improve access to surgical care and reduce wait times. Surgery resources of 29 full-time equivalents, including 22 nurses and seven medical professionals, will provide this expanded service.

Better healthcare for a growing community – New facility for Winnunga Nimmityjah Aboriginal Health Service

	2018-19 \$'000	2019-20 \$'000	2020-21 \$'000	2021-22 \$'000	Total \$'000
Expenses	1,165	2,435	7,700	0	11,300
Expenses – Offset ¹	0	0	-410	-413	-823
Net Expenses	1,165	2,435	7,290	-413	10,477

1. This initiative is being delivered as a grant to the Winnunga Nimmityjah Aboriginal Health Service, and is being funded from ACT Health's cash balances.

The Government is investing \$12 million to construct a new health centre for Aboriginal and Torres Strait Islander people through staged payments to Winnunga Nimmityjah Aboriginal Health Service over the period 2017-18 to 2020-21. The new centre will be used to deliver culturally appropriate health services which can help close the gap in health outcomes for Aboriginal and Torres Strait Islander Canberrans.

Better healthcare for a growing community – Primary care integration

	2018-19 \$'000	2019-20 \$'000	2020-21 \$'000	2021-22 \$'000	Total \$'000
Expenses	190	0	0	0	190

The Government will continue to support the HealthPathways service which is an online clinical referral portal used by health professionals to refer patients to local health services.

Better healthcare for a growing community – Protecting Canberra's kids

	2018-19 \$'000	2019-20 \$'000	2020-21 \$'000	2021-22 \$'000	Total \$'000
Expenses	801	0	0	0	801

The Government will continue the school-based immunisation program for Meningococcal strains A, C, W and Y. The program will be provided for year 10 students in all Canberra schools, with the option for people aged 16 to 19 to also be immunised through their general practitioner. This initiative will also undertake research into Meningococcal B.

Better healthcare for a growing community – Strengthening health services at the Alexander Maconochie Centre

	2018-19 \$'000	2019-20 \$'000	2020-21 \$'000	2021-22 \$'000	Total \$'000
Expenses	1,530	1,561	1,593	1,625	6,309

The Government will expand frontline health services at the Alexander Maconochie Centre, with additional funding for dental, mental health and general practice services.

Better healthcare for a growing community – Stronger support for suicide prevention

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses	350	0	0	0	350

The Government will continue to invest in suicide after care services, by extending the trial of the Way Back Support Service. The service will provide proactive after care support for people who have attempted suicide during a period of high risk and vulnerability.

Better healthcare for a growing community – Supporting mental health for people leaving prison

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses	200	206	0	0	406

The Government will extend our investment in the Mental Health Detention Exit Community Outreach program for another two years. The service provides treatment and support services to assist people leaving detention and re-establishing themselves in the community. The program will assist people to find employment, housing and education opportunities. A review of the program will be undertaken in 2019-20, to help inform options for ongoing service activity.

More jobs for our growing city – Aboriginal and Torres Strait Islander Arts Officer

See Chief Minister, Treasury and Economic Development Directorate expense initiative *More jobs for our growing city – Aboriginal and Torres Strait Islander Arts Officer* for further details.

More schools, better schools – Needs-based funding for students with disability

See the Education Directorate expense initiative *More schools, better schools – Growing school funding for students with disability* for further details.

More services for our suburbs – Aerial imagery for better planning

See the Environment, Planning and Sustainable Development Directorate expense initiative *More services for our suburbs – Aerial imagery for better planning* for further details.

More support for families and inclusion – Drug and Alcohol Court

See the Justice and Community Safety Directorate expense initiative *More support for families and inclusion – Drug and Alcohol Court* for further details.

More support for families and inclusion – Expanding CBR NightCrew

See the Justice and Community Safety Directorate expense initiative *More support for families and inclusion – Expanding CBR NightCrew* for further details.

More support for families and inclusion – Implementing the Commonwealth Redress Scheme for Institutional Child and Sexual Abuse

See the Justice and Community Safety Directorate expense initiative *More support for families and inclusion – Implementing the Commonwealth Redress Scheme for Institutional Child and Sexual Abuse* for further details.

Expenses associated with infrastructure and capital initiatives

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Better healthcare for a growing community – ACT Health critical assets upgrades	590	3,220	1,350	1,480	6,640
Better healthcare for a growing community – ACT Health ICT upgrades	770	4,323	4,336	4,140	13,569
Better healthcare for a growing community – ACT Pathology Laboratory information system replacement	2,554	2,789	6,230	423	11,996

Refer to Infrastructure and capital initiatives (Chapter 3.3) for more information.

65. HEALTH DIRECTORATE

Better healthcare for a growing community – ACT Health critical assets upgrades

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Capital	12,100	12,780	0	0	24,880
Depreciation	0	810	1,130	1,130	3,070
Associated Expenses	590	2,410	220	350	3,570
Total Expenses	590	3,220	1,350	1,480	6,640

The Government will continue to upgrade and maintain existing health infrastructure to ensure our hospitals and other health facilities can meet the ACT's future health care needs.

Better healthcare for a growing community – Expanding Centenary Hospital – more services for women and children

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Capital	2,500	0	0	0	2,500
Adjustments to existing provision	-6,000	3,500	0	0	-2,500
Net Capital	-3,500	3,500	0	0	0

The Government will continue planning and design to support the expansion of the Centenary Hospital for Women and Children, to provide additional capacity and support for maternity and paediatric services.

Better healthcare for a growing community – Surgical Procedures, Interventional Radiology and Emergency Centre (SPIRE)

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Capital	13,000	0	0	0	13,000
Adjustments to existing provision	0	-10,000	0	0	-10,000
Net Capital	13,000	-10,000	0	0	3,000

The Government will continue planning and design related to the Surgical Procedures, Interventional Radiology and Emergency (SPIRE) Centre to be based at the Canberra Hospital. The centre will help to meet growing demand for tertiary health services across the ACT, and will support the continued delivery of high quality health care.

Better healthcare for a growing community – Weston Creek Walk in Centre

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Capital – Provision	2,000	0	0	0	2,000

The Government will continue to plan for Canberra's fourth Walk in Centre in the Weston Creek region, to add to the network of existing centres across Canberra. This will build on previous design work with the Walk in Centre expected to open in 2019.

Information and Communication Technology

Better healthcare for a growing community – ACT Health ICT upgrades

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Capital	10,582	2,891	0	0	13,473
Depreciation	0	1,347	1,347	1,347	4,041
Associated Expenses	899	3,802	3,815	3,644	12,160
Offset – Associated Expenses	-129	-826	-826	-851	-2,632
Net Expenses	770	4,323	4,336	4,140	13,569

The Government will replace two core Health ICT systems: the purchasing and inventory control system, and the hospital clinical communication system. The Government will also assess cyber security vulnerabilities for ACT Health and develop a cybersecurity plan as part of the Digital Health Strategy.

Better healthcare for a growing community – ACT Pathology Laboratory information system replacement

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Capital	0	5,829	887	0	6,716
Depreciation	0	0	0	672	672
Associated Expenses	2,554	2,789	6,230	4,331	15,904
Offset – Associated Expenses	0	0	0	-4,580	-4,580
Net Expenses	2,554	2,789	6,230	423	11,996

The Government will replace the ACT Pathology Laboratory Information System. A new cloud-based system will support the entire process of pathology services, from ordering and specimen collection, through to testing, validation, reporting and billing. The new system will help improve the patient experience and increase efficiency across ACT Health services.

Expense initiatives with associated capital

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Better healthcare for a growing community – More mental health accommodation	123	3,973	5,560	320	9,976

Refer to Expense initiatives (Chapter 3.2) for more information.

**Select Committee on Estimates
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66. Health Staffing - Movement in Budgeted FTE

(Page 2, Health & LHN Budget Statements)

Key points

- The Health Directorate is reporting an increase in FTE in 2018-19 of 66. This represents an increase of 166 for new initiatives (as per the below table), offset by a reduction of 100 for planned efficiencies.
- The below table shows the increased FTE for each new initiative. The Mental Health and Justice Health initiatives are bolded.

	2018-19
Meningococcal AWCY Vaccinations	2.8
Accommodation to support people with Mental Health	19.6
Youth Mental Health Assertive Outreach	6.6
Expansion of Older Persons Mental Health	4.6
Expansion of Justice Health Services at the Alexander Maconochie Centre	8.2
Trial of an ACT Mental Health Recovery College	0.6
ACT Pathology LIS Replacement Project	4.85
ACT Health Core IT Systems to align with the Digital Health Strategy	17.4
Drug and Alcohol Court	1.0
Elective Surgery	15.4
Emergency Surgery	13.3
Emergency Department/Intensive Care Unit Pressure	14.4
Bed Strategy	39.3
Centre 4 Care at Home (Hospital in the Home)	18.3
	166.3

- A number of new initiatives do not have additional FTE attached to them because they either relate to services provided by non government organisations or Calvary Public Hospital (which are not counted in the Health Directorate FTE).
- The 2017-18 Estimated Outcome published in the 2018-19 Health Budget Statements shows an increase of 97 in FTE compared to the 2017-18 Budget. The increase is mainly associated with growth in demand during the winter months associated with the flu season and increased elective surgery.

Contact: Trevor Vivian

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**Select Committee on Estimates
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June 2018

**67. Basis of health funding from the Commonwealth to ACT Government
(Previously known as Variation in health funding from the Commonwealth
between ABF and SPP funding models)**

Key points

- The ACT Government expects to receive \$398.0 million in Commonwealth ABF funding in 2018-19. This amount is higher than the Commonwealth Budget 2018-19 published figure of \$385.7 million, as the Commonwealth amount is an estimate based on Commonwealth methodology and data at the time.
- Commonwealth funding to the States and Territories in respect of public hospital services delivery in 2018-19 will continue to be based on national Activity Based Funding and Block Funding system (collectively ABF).
- The National Health Reform Agreement 2011 (NHRA) and the *National Health Reform Act 2011* gave rise to the implementation of national ABF from 1 July 2012 and the creation of statutory bodies such as the Independent Hospital Pricing Authority (IHPA), Administrator of the National Health Funding Pool, and the National Health Funding Body.
- ABF is informed by the IHPA pricing model and pricing framework.
- A key element of the IHPA pricing model is the National Efficient Price (NEP) which for 2018-19 has been set at \$5,012 per National Weighted Activity Unit (NWAU). The NWAU is a patient activity measurement which reflects resource utilisation in the treatment of patients – the greater the medical complexity and treatment provided, the greater the unit value attributed to the patient.
- On 27 April 2018, ACT Chief Minister Barr signed a new Heads of Agreement between the Commonwealth and the States and Territories on public hospital funding and health reform.
- The Heads of Agreement outlines the strategic priorities for health reform to be included in a new five year National Health Agreement.
- This Heads of Agreement provides the ACT funding certainty for its public hospitals over the term 2020-21 to 2024-2025.
- The ACT is expected to receive \$2.6 billion in funding from the Commonwealth for providing public hospital services over this five year period.
- The ACT has also successfully negotiated a sign-on bonus of \$8 million for signing the Heads of Agreement, for future investment in health. The projects to be funded via this bonus payment will be agreed between the Commonwealth and the ACT at a later date.
- The actual funding to the ACT in any year will depend on delivered activity in the ACT and the operation of the 6.5 per cent National funding cap under the Agreement.

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Select Committee on Estimates 2018–2019 Budget

June 2018

68. Funding of Election Commitments and items in the Parliamentary Agreement

(Not reference in Budget Papers)

Key points

- Election and Parliamentary Agreement commitments funded in the 2018-19 Budget are:
 - Grant to Health Care Consumers' Association (More support for people with chronic illness) - \$500k over 3 years.
 - Youth Mental Health Assertive Outreach (More mental health outreach for young Canberrans) – \$2.158m over 2 years.
- The \$15m Investing in Calvary Public Hospital election commitment has been funded in 2017-18 from cash reserves.
- Two initiatives which were funded for one year in the 2017-18 Budget have been funded again in the 2018-19 Budget:
 - Headspace - \$1.273m over 3 years.
 - Older persons - \$3.072m over four years (recurrent)
- The following election commitments remain outstanding:
 - Health Research (\$3m over three years)
 - Family Assistance Fund (\$2m)
 - Walk in Centres - Following an audit of Walk-In-Centre client presentations, the Government has accepted the recommendation that existing service hours be maintained.
 - Nurse Safety Strategy – now referred to as 'Nurses and Midwives: Towards a Safer culture, the First Step. The Framework has been submitted to both Ministers for endorsement.
 - Dental Care Subsidies for Low Income Families – review of subsidised fees was undertaken in April 2017, concluding that the subsidised fees and charges were appropriate with some inclusions of new item numbers and fees as per the Australian Dental Association Schedule. New opening hours for dental clinics commenced 15 January 2018 to improve access for low income ACT residents.
 - Free vaccinations for Babies – (meningococcal B)

Contact: Trevor Vivian

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**Select Committee on Estimates
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June 2018

69. Increase in Total Health Expenses since Labor Government

(Not reference in Budget Papers)

Key points

- The following table shows the increases in total ACT Government health expenses since 2001-02. The table demonstrates a reduction in the growth percentage in recent years.

	Total Expenses \$000's	Increase \$000's	%
2001-02 Adjusted Actuals	472,184		
2002-03 Actual	511,892	39,708	8.4%
2003-04 Actual	562,953	51,061	10.0%
2004-05 Actual	636,206	73,253	13.0%
2005-06 Actual	697,102	60,896	9.6%
2006-07 Actual	762,187	65,085	9.3%
2007-08 Actual	838,964	76,777	10.1%
2008-09 Adjusted Actual	917,112	78,148	9.3%
2009-10 Actual	990,380	73,268	8.0%
2010-11 Actual	1,077,582	87,202	8.8%
2011-12 Adjusted Actual	1,167,062	89,480	8.3%
2012-13 Adjusted Actual	1,232,682	65,620	5.6%
2013-14 Actual	1,314,067	81,385	6.6%
2014-15 Actual	1,401,086	87,019	6.6%
2015-16 Adjusted Actual	1,497,790	96,704	6.9%
2016-17 Adjusted Actual	1,561,804	64,014	4.3%
2017-18 Estimated	1,624,697	62,893	4.0%
2018-19 Budget	1,683,201	58,504	3.6%

Notes:

- The 2001-02 and 2002-03 figures have been adjusted to account for the consolidation of ACT Health by including Canberra Hospital and ACT Community Care in 2002-03.
- The 2008-09, 2011-12, 2015-16 and 2016-17 figures have been adjusted to remove the effect of the present value impact on employee provisions.
- The 2012-13 figures have been adjusted to remove the one-off impact of building write-offs.
- From 2012-13 the above figures have been adjusted to include the ACT Local Hospital Network, specifically Calvary Public Hospital, Clare Holland House, QEII and Cross Border expenses.
- Figures do not include Territorial expenses as these are predominantly capital grants.

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**Select Committee on Estimates
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June 2018

70. Movements in Total Cost and CRP (Controlled Recurrent Payments) by Output

(Pages 12 to 14, Health & LHN Budget Statements)

Key points

- Since 2013-14, Controlled Recurrent Payments (CRP) for the Health portfolio is largely appropriated to the ACT Local Hospital Network (LHN) rather than the Health Directorate. This reflects the types of services deemed to be in-scope of Public Hospital services in accordance with the National Health Reforms. The funds are then used by the LHN to purchase services from the ACT Hospitals. When the LHN purchases services from the Health Directorate these services are classified as User Charges rather than as Controlled Recurrent Payments. Due to this, I suggest the committee focus on the movements in total cost to get a better understanding of the growth by output.
- Total movements by Output are shown below:

	2017-18 Projection		2018-19		Variance	
	CRP	Cost	CRP	Cost	CRP	Cost
Output 1.1 - Acute	114,557	872,076	116,477	915,942	2%	5%
Output 1.2 - Mental, Justice & A&D	59,226	186,931	63,282	195,377	7%	5%
Output 1.3 - Population Health	38,213	53,180	39,954	52,934	5%	0%
Output 1.4 - Cancer Services	9,259	84,845	10,881	85,570	18%	1%
Output 1.5 - Rehab, Aged & Comm Care	76,596	198,919	80,060	194,151	5%	-2%
	297,851	1,395,951	310,654	1,443,974	4%	3%

- The increase in Output 1.1 (Acute Services) of 5 per cent relates mainly to indexation and new initiatives including for more surgeries and more resources for acute hospital care.
- The increase in Output 1.2 (Mental Health, Justice Health & Alcohol and Drug) of 5 per cent relates mainly to indexation and new initiatives with a combined value of \$7.190m in 2018-19.
- Output 1.3 (Population Health) has had a zero per cent movement due to the reduction in essential vaccines funding (these are now purchased by the Commonwealth and provided free of charge to the Territory) and reduced expenses on Meningococcal W vaccines program (\$1.443m in 2017-18 and \$0.801m in 2018-19). These reductions have more than offset indexation for this output.
- The increase in Output 1.4 (Cancer Services) of 1 per cent relates mainly to indexation, offset by efficiencies.
- The decrease in Output 1.5 (Rehabilitation, Aged and Community Care) of 2 per cent relates mainly to one-off costs in 2017-18 related to the commissioning of the University of Canberra Hospital and the transfer of the old Belconnen Health Centre.

Contact: Trevor Vivian

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**Select Committee on Estimates
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June 2018

71. Summary of Rollovers – Controlled Recurrent Payments

(Health Directorate and ACT LHN Directorate Budget Statements)

Key points

- The Health Directorate rolled over \$1.549m in Controlled Recurrent Payments from 2017-18 into 2018-19. This comprises of:

CRP Rollover	\$'000
University of Canberra Hospital Commissioning	640
Support for Bulk Billing GPs	350
Breastscreen National Partnership Agreement	87
More Nurse-led Walk-in-Centres	272
More mental health accommodation	200
Total	1,549

University of Canberra Hospital Commissioning

- This funding relates mainly to transporting of patient from Canberra Hospital to the University of Canberra Hospital including overtime costs for Ambulance drivers.

Support for bulk billing GPs

- This roll over will provide flexibility regarding awarding of bulk billing GP grants. In addition to the roll over from 2017-18, \$350k has been brought forward from 2019-20 to facilitate this flexibility. This will provide the Directorate with the ability to award all \$1.050m worth of grants in one financial year should the applications be of a suitable standard.

Breastscreen National Partnership Agreement

- This funding is required to be rolled over in order to complete the milestones contained within the Commonwealth Agreement. The delay is related to the timing of signing a new agreement which expired last financial year.

More Nurse-led Walk-in-Centres (Gungahlin Walk in Centre)

- New initiative funding appropriated in 2017-18 for setup costing in June of 2018. These have now been delayed until 2018-19. These include one-off costs for recruitment, relocation allowances and advertising.

More mental health accommodation

- These funds relating to the 2016-17 Step-up Step-down new initiative have been rolled over and returned to Government as an offset for this replacement project.

Contact: Trevor Vivian

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**Select Committee on Estimates
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June 2018

72. HEA E01a: Protecting Canberra's Kids: Meningococcal ACWY

(Budget Statement C, Page 18)

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses	801	0	0	0	801

The Government will continue the school-based immunisation program for Meningococcal strains A, C, W and Y. The program will be provided for year 10 students and includes a catch-up campaign.

Key points

- The Meningococcal ACWY Vaccination Program provides free vaccine to protect against the A, C, W and Y strains of meningococcal disease.
- The vaccine is administered through a school based program to all students in Year 10 at ACT schools.
- A catch-up program for people aged 16 to 19 years is also available through general practitioners until the end of 2018.
- Meningococcal disease is a rare but serious bacterial infection. Worldwide, the main strains of bacteria that cause meningococcal disease are A, B, C, W and Y.
- Adolescents are most likely to carry the meningococcal bacteria in their nose and throat, and to spread the bacteria to others. Therefore, vaccinating this group both protects immunised individuals, as well as interrupting transmission of the bacteria.

Background

- Since 2014 meningococcal W and meningococcal Y cases have increased in number across Australia.
- Most Australian states and territories have introduced a funded meningococcal ACWY vaccination program into schools, targeting adolescents.
- In 2016, the ACT Government made a commitment to make available free meningococcal B vaccinations for every Canberra baby. Due to the increasing public health threat of meningococcal W disease, the meningococcal ACWY vaccination program was implemented as a priority.
- In February 2018, the Federal Government announced the meningococcal ACWY vaccine will be added to the National Immunisation Program (NIP) for infants aged 12 months.

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**Select Committee on Estimates
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June 2018

**73. HEA E02: Better healthcare for a growing community – Expanding
Hospital in the Home**

(Budget Statement C, Pages 2, 18)

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses	4,925	9,850	9,850	9,850	34,475
Offset – Expenses	-3,752	0	0	0	-3,752
Net Expenses	1,173	9,850	9,850	9,850	30,723

Key points

- The Government will expand the capacity of the *Hospital in the Home* service so that around 3,000 more patients per year can be cared for in their own homes and through community health centres.
- 24 nurses and 3 doctors and seven allied health professionals will contribute in providing this expanded service - this program meets ACT Health's commitment to making care patient centred - providing the right care in the right place.
- The HITH program also contributes to relieving the demand pressure on the hospital system and so contributes, as part of a targeted package of Government funding support, to establishing a sustainable health system.
- This initiative combines the clinical resources of Canberra and Calvary public hospitals to deliver a territory wide *Hospital in the Home* service for Canberrans.
- Hub and spoke model with the hub at Phillip and the spokes at Belconnen and Tuggeranong.
- The offset will be funded from within existing resources.

Background

- The ACT Government will commit \$34.5 million over four years in Tuesday's territory budget to expand the Hospital in the Home service.
- The expansion was an election commitment and comes after an allocation of \$136,000 in the 2017-18 budget to review the program.

CONTACT: Karen Doran

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**Select Committee on Estimates
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June 2018

74. HEA EA03: Chronic Care Navigators and Improving Health Literacy

(Budget Statement C, Page 18)

	2018-19 \$125'000	2019-20 \$250'000	2020-21 \$125'000	2021-22 \$'000	Total \$500'000
Capital	0	0	0	0	0
Net Capital	0	0	0	0	0
Depreciation	0	0	0	0	0
Associated Expenses	0	0	0	0	0
Net Expenses	\$125,000	\$250,000	\$125,000	0	\$500,000

Key points

- The proposal will assist in promoting individual health literacy through community wide initiatives targeted at improving access to health related information as well as support development of tailored engagement strategies for Aboriginal and Torres Strait Islander people and people from culturally and linguistically diverse backgrounds.
- In addition to improved social and emotional wellbeing, improving health literacy amongst ACT residents can serve to reduce health admission costs through better use of primary health care services and increased access to, and participation in, preventative health services.
- Improved health literacy also contributes to more effective management of ongoing chronic health conditions thereby reducing the ongoing costs associated with preventable reactive treatment.
- The first component of this initiative (patient care navigators) is currently being implemented. This initiative is for the health literacy component.

Background

The Chronic Care Navigators and Health Literacy (CCNHL) Proposal seeks to finalise delivery of the ACT Government's election commitment to provide the Health Care Consumers Association with an investment of \$600,000 to develop clear information to help patients better understand the health system and to improve health literacy in the community.

CONTACT: Marc Emerson

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**Select Committee on Estimates
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June 2018

75. HEA E13: Primary Care Integration Package

(Budget Statement C, Page 18)

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Capital	0	0	0	0	0
Net Capital	0	0	0	0	0
Depreciation	0	0	0	0	0
Associated Expenses	0	0	0	0	0
Net Expenses	190	0	0	0	190

The Government will continue to support the HealthPathways service which is an online clinical referral portal used by health professionals to refer patients to local health services.

Key points

- Chronic conditions are now the leading cause of ill health, disability and death in Australia. In 2014–15, more than 50 per cent of Australians reported having at least one of eight common chronic conditions (arthritis, asthma, back problems, cancer, cardiovascular disease, chronic obstructive pulmonary disease (COPD), diabetes, and mental health conditions).
- Better coordination of health services to those with chronic conditions has a two-fold benefit:
 - consumers benefit because the right care can be provided in the right place at the right time, resulting in improved health outcomes, an improved quality of life, and reduced health expenses for the consumer
 - the ACT Government benefits because the resulting reduction in unnecessary utilisation of health services should reduce growth in costs to the health sector, both now and in the future.
- The Primary Care Integration Package aims to facilitate better coordination of care for those with chronic conditions, by supporting HealthPathways, an online health information portal used at the point of care by GPs, specialists, nurses, and allied health practitioners, providing information on how to access, manage and refer patients in a timely manner to available local services.
- Funding of \$190,000 covers ACT Health's contribution towards the HealthPathways partnership for ACT and south eastern NSW, for a period of one year. There are currently: 1098 registered users of HealthPathways in the ACT; an average of 6,085 page views per month over the last year; and over 390 localised pathways.

Background

- The original bid for funding for HEA E13 Primary Care Integration Package included a request for funding of 190,000 per annum ongoing for Health Pathways and funding of \$160,000 per annum for three years for the trial and evaluation of a Chronic Conditions Consumer Network, commencing in 2019–20.
- It is understood that funding is being provided for the HealthPathways component only, for a period of one year. HealthPathways is an ongoing project that commenced in the ACT and surrounding region in April 2015. It is joint funded by the Capital Health Network (\$337,000 p.a.), COORDINARE (\$332,000 p.a.), ACT Health (\$190,000 p.a.), and the Southern NSW Local Health District (\$100,000 p.a.). Ongoing funding through the out years is required to continue the development of localised pathways, and maintain the currency of established pathways.

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**Select Committee on Estimates
2018 – 2019 Budget**

June 2018

76. HEA E29: Better healthcare for a growing community – early planning to expand alcohol and drug services

(Budget Statement C, Page 18)

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Capital	0	0	0	0	0
Net Capital	0	0	0	0	0
Depreciation	0	0	0	0	0
Associated Expenses	250	0	0	0	250
Net Expenses	250	0	0	0	250

Key points

- The Government will draw on the expertise of the specialist alcohol and other drug sector in the ACT and nationally to develop options for future service models for alcohol and drug withdrawal and early intervention to increase service delivery, as well as link to the development of the ACT Drug and Alcohol Court.
- In order to develop options, the Government will work with the AOD sector to:
 - undertake an examination of the AOD treatment system on the ACT, with a focus on withdrawal services and how they fit into the wider system;
 - identify learnings from systems in other jurisdictions;
 - identify options to improve data collection; and
 - gain a better understanding of unmet need and specific service gaps.

Background

- This work will build upon a previous review into ACT AOD withdrawal services (conducted in 2016) and aligns with several Government Commitments and priorities (including the Territory-Wide Health Services Framework 2017-2027 and the implementation of a Drug and Alcohol Court).
- The previous review looked on the ACT treatment system with a specific focus on withdrawal services but did not examine systems in other jurisdictions, look at operating models in detail, or consider withdrawal services in the context of the whole treatment system.
- The ACT is the only Australian jurisdiction that does not have a formalised outpatient withdrawal service. This is widely acknowledged to be a significant gap in service.
- At present information on service utilisation is available, but data relating to unmet need is largely anecdotal and not validated. The proposal will lead to more robust data collection in relation to unmet need.

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**Select Committee on Estimates
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June 2018

77. HEA E38: Better healthcare for a growing community – New facility for Winnunga Nimmityjah Aboriginal Health Service

(Budget Statement C, Pages 18-20, 22-23, 30)

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses	1,165	2,435	7,700	0	11,300
Expenses – Offset ¹	0	0	-410	-413	-823
Net Expenses	1,165	2,435	7,290	-413	10,477

Key points

- The Government is investing \$12 million to construct a new health centre for Aboriginal and Torres Strait Islander people through staged payments to Winnunga Nimmityjah Aboriginal Health Service over the period 2017-18 to 2020-21.
- In 2017-18, \$700,000 will be provided, adding to the \$1.3m provided in last Budget, to continue the planning and design work on the new health centre.
- The new centre will be used to deliver culturally appropriate health services which can help close the gap in health outcomes for Aboriginal and Torres Strait Islander Canberrans.

Background

- This initiative is being delivered as a grant to the Winnunga Nimmityjah Aboriginal Health Service.
- The funding instrument proposed for the new Winnunga health facility is a Deed of Grant and Memorandum of Understanding (MOU), underpinned by robust governance arrangements, and the engagement of an Independent Cost Planner / Certifier (reporting to the ACT Government).
- The MOU between the ACT Government and Winnunga, will be developed and negotiated on behalf of the ACT Government, by an external party, with demonstrated experience and qualifications in similar type activities, including a similar type of construction project.
- A Project Steering Group comprising representatives from Winnunga, ACT Treasury, ACT Health as well as the Independent Cost Planner / Certifier will be established to oversee the project.

CONTACT: Mary Wood

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**Select Committee on Estimates
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June 2018

78. HEA E39/40: Better healthcare for a growing community – More surgeries

(Budget Statement C, Page 18)

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses	15,818	16,052	16,296	16,550	64,716

Key points

- The Government will increase capacity for elective and emergency surgeries across the Territory to respond to the growth in demand for these services as the population grows and ages.
- Through this initiative, the number of elective surgeries ACT Health can deliver will increase to around 14,000 per year, which is an increase of about 1000, contributing to managing the waiting lists for elective surgery and reducing the time people have to wait for surgery.
- This initiative will also help improve access to surgical care and reduce wait times.
- Surgery resources of 29 full-time equivalents, including 22 nurses and seven medical professionals, will provide this expanded service.
- By providing certainty of funding to support the demand pressure on the hospital system this initiative is part of a targeted package of Government funding support, which will contribute to establishing a sustainable health system which can meet the demands of our growing population.

Background

- In the Budget Review the Government provided \$6.4 million towards increased elective surgeries, to increase the number of surgeries to over 13,000 in 2017-18.
- In previous years the Government has supported various targeted efforts to reduce elective surgery waiting lists.
- However, this initiative is different in that it is sustained. It provides certainty of funding and a capacity to plan and manage surgery services – elective, emergency/ planned and unplanned – in an more efficient and effective manner.

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**Select Committee on Estimates
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June 2018

79. HEA E41/42: Better healthcare for a growing community – More resources for acute hospital care

(Budget Statement C, Page 18)

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses	11,521	11,700	11,887	12,079	47,187

Key points

- The Government will invest in acute care at the Canberra Hospital, supporting the Emergency Department, Intensive Care Unit and additional in-patient hospital beds.
- This initiative will help improve hospital performance by investing in more acute care beds for admission and bring down emergency department wait times.
- More generally, the capacity from increased funding support for additional in-patient beds, will allow a managed response within the hospital to respond to areas of highest demand. In particular the increased demand for maternity places will be addressed. Also the availability of more hospital beds during the annual winter flu season will be supported through this initiative.
- This will include increasing bed capacity by up to 80 beds over the next four years, with bed numbers flexing up and down as needed to respond to peaks in demand.
- This initiative is part of a targeted package of Government funding support. It is a commitment to funding the core services of our hospital and health system. It is a response to the demand pressure on the system from a growing population in the Territory and surrounding regions, and contributes to establishing a sustainable health system longer term.
- This increase in services will be delivered by around 54 full-time equivalent frontline staff, including 35 nurses, 12 allied health workers, and six doctors.

CONTACT: Karen Doran

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**Select Committee on Estimates
2018 – 2019 Budget**

June 2018

80. HEA CW01: Weston Creek Region Community Health Infrastructure

(Budget Statement C, Page 19,21,22,23)

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Capital Provision	2,000	0	0	0	2,000

Key points

- This capital provision of \$2.000 million is for the construction of a community health facility including a Walk-in Centre (WiC) in Weston Creek.
- Subject to further planning and design work, the facility will deliver at least 10 consult and treatment spaces to support the WiC and other community based health services, improving access to services for Canberrans in Weston Creek, Molonglo and surrounds.
- The space would be capable of delivering at least 27,000 occasions of service per annum.
- The existing \$0.500 million provided in the 2017-18 Budget will deliver planning and detailed design, to be completed in the 2018 calendar year. The provision will then be available for the construction phase.
- This project contributes to the Government's commitment to three new WiCs, along with the Gungahlin WiC which is already under construction, and the Inner North WiC to be considered in the next Budget.
- It is expected that the construction of the Weston Creek WiC will be completed in late 2019.
- A preferred location has been identified for the new facility and will be announced once due diligence has been completed.

Background

In the 2017-18 Budget, \$0.500 million was allocated for feasibility and early design of a new WiC in Weston Creek.

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**Select Committee on Estimates
2018 – 2019 Budget**

June 2018

81. HEA CW03: Continuing Northside health care planning

(Budget Statement C, Page 18, 24)

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses	\$1,000	0	0	0	1,000

Key points

- The 2018-19 Budget provides \$1 million for the continuation of feasibility and planning works for a Northside General Hospital.
- The Government is working closely with the Little Company of Mary to progress planning, and in particular to progress master planning for the Calvary Public Hospital Bruce campus.

Background

- The 2017-18 Budget announced \$3.25 million, including \$1.75 million in 2018-19, to commence planning for enhanced Northside hospital facilities.
- The objective and principle underpinning the Northside Scoping Study is that sub-acute, ambulatory and general hospital facilities should be provided in the community, delivering care closer to home and reducing demand and pressure on more expensive tertiary facilities.
- The Northside Scoping Study will provide the foundation for a capital investment project that will consolidate a broad range of services so that they can be accessed more easily by the local community.

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**Select Committee on Estimates
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June 2018

**82. HEA CW04: Surgical Procedures, Interventional Radiology and
Emergency (SPIRE) Centre**

(Budget Statement C, Pages 21, 23, 24, 31)

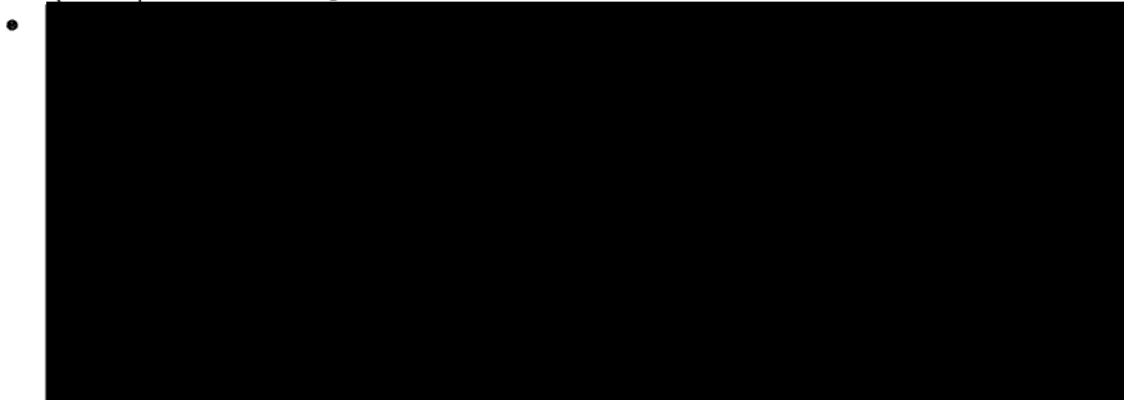
	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Capital	13,000	0	0	0	13,000
Adjustments to existing provision	0	-10,000	0	0	-10,000
Net Capital	13,000	-10,000	0	0	3,000

Key points

- The 2018-19 Budget provides a capital injection of \$13million for continuation of planning, design and minor works related to a Surgical Procedures, Interventional Radiology and Emergency (SPIRE) Centre.
- SPIRE is planned for completion in budget year 2023-24, with an estimated total capital cost of \$500 million.
- The next phase of this project is to commence design work, in conjunction with the development of models of care that will align with the Specialty Service Plans underway as part of the Territory Wide Health Services Framework.

Background

- SPIRE was announced as a \$500 million capital election promise in the 2016 election.
- Funding to the amount of \$3million was received funding in the 2017/18 Budget for feasibility (development of a strategic business case to seek funding for capital investment).



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**Select Committee on Estimates
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June 2018

83. HEA CW05: Expansion of the Centenary Hospital for Women and Children

(Budget Statement C, Pages 21, 23, 24)

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Capital	2,500	0	0	0	2,500
Adjustments to existing provision	-6,000	3,500	0	0	-2,500
Net Capital	-3,500	3,500	0	0	0

Key points

- The 2018-19 Budget provides a capital injection of \$2.5million to allow for the continuation of planning and design related to the expansion of the Centenary Hospital for Women and Children.
- Planning will include:
 - An increase in post and ante natal inpatient beds;
 - Enhancing our paediatric high care services;
 - Introducing an adolescent mental health inpatient service; and
 - Increasing the number of neonatal intensive care and special care nursery beds.

Background

- The 2017-18 Budget announced an estimated capital cost of \$70 million for the expansion of the Centenary Hospital for Women and Children (CHWC).
- The 2017-18 funding provided for feasibility and planning work to inform construction commencement in 2018-19.
- The expansion will improve the services and support for patients of maternity and paediatric services and provide new services, including a high dependency unit and adolescent mental health unit.
- The project is responding to the significant growth in demand for these services for the Canberra and surrounding NSW's communities.
- The expansion will include a 12-bed child and adolescent mental health unit, an adolescent gynaecology service, 12 new paediatric high-dependency units, and four paediatric intensive care beds.
- Construction of the expansion of the CHWC is expected to be completed in 2021-22.

CONTACT: Vanessa Brady

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Select Committee on Estimates 2018 – 2019 Budget

June 2018

84. HEA CW06/07: UMAHA Stage 2

(Budget Statement C, Pages 18, 20, 21, 22, 23, 24)

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Capital	12,100	12,780	0	0	24,880
Net Capital	12,100	12,780	0	0	24,880
Depreciation	0	810	1,130	1,130	3,070
Associated Expenses	590	2,410	220	350	3,570
Net Expenses	590	3,220	1,350	1,480	6,640

Key points

- The Upgrade and Maintain ACT Health Assets (UMAHA) program was originally conceived in 2016 to deal with extreme and high risks across the ACT Health network and medium and low risks associated with the deferment of the Building 3 and 2 redevelopment project.
- Through the roll out of UMAHA works, the development of a Strategic Asset Management Plan (SAMP) and evolution of the Health Infrastructure Services (HIS) Risk Register, ACT Health are better informed now about the condition of their built asset base compared to 2016.
- The output of these elements has informed UMAHA Phase 2 works which primarily focuses investment activity on critical front line service buildings to maintain and extend the reliable service life of these buildings by addressing known extreme and high risks.
- These risks have been identified in critical buildings including 1, 2, 3, 10 and 12 at TCH in areas such as Heating, Ventilation and Air Conditioning (HVAC), fire risk mitigation, hydraulic and mechanical services.
- Funding is being provided over two years to ensure adequate funding is available to engage construction contractors in FY18/19 for completion of works over two financial years.
- Extensive planning and development of risk mitigation project(s) statement of requirements and implementation of appropriate sustainable mitigation will take place.
- Revised UMAHA Phase 2 business case works also includes mandatory compliance upgrades at the Central Sterilising Services Department in Mitchell as well as one extreme and eight high risk issues related to fire safety and Heating, Ventilation and Air Conditioning (HVAC) functions at the Calvary Bruce Hospital Bruce.
- Application of a strategic asset approach to medical equipment is also considered as part of the revised UMAHA Phase 2 business case.
- A medical equipment SAMP will inform future equipment prioritisation and align with the Master Plan and the output from the Territory Wide Services Framework.

CONTACT: Colm Mooney

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Select Committee on Estimates 2018 – 2019 Budget

June 2018

85. HEA CW08 – ACT Pathology LIS Replacement Project

(Budget Statement C, Pages 18, 21, 23)

	2018-19 \$'000	2019-20 \$'000	2020-21 \$'000	2021-22 \$'000	Total \$'000
Capital	0	5,829	887	0	6,716
Net Capital	0	5,829	887	0	6,716
Depreciation	0	0	0	672	672
Associated Expenses	2,554	2,789	6,230	4,331	15,904
Offset - Associated Expenses	0	0	0	-4,580	-4,580
Net Expenses	2,554	2,789	6,230	423	11,996

Key points

- ACT Pathology provides results for approximately 678,000 patient episodes per annum to support medical diagnosis including 70% of critical clinical decisions and 100% of cancer diagnoses.
- The current Laboratory Information System or LIS (Kestral PLS introduced in 1996) has been assessed as an *extreme* risk to the continued operation of the pathology service. This assessment is based on:
 - Likely system failure resulting from the outdated and inflexible system architecture – which prevents the server even being physically moved from the Pathology building into a data centre; and availability of ongoing support due to a dramatically contracting user-base – we anticipate the software will only be present in two or three pathology services Australia-wide by 2020-21.
 - The project will deliver a modern pathology Laboratory Information System that will underpin the delivery of current and future pathology services in a more efficient, effective and timely manner. This will lead to improved client (clinical and laboratory staff and patient) satisfaction, improved patient safety, and will support the delivery of strategic ACT Health digital initiatives.

Background

- The ACT Pathology Laboratory Information System (LIS), currently provided by Kestral Pty Ltd, is at end-of-life and poses an extreme risk to this core health service. A replacement LIS is necessary to ensuring the effective functioning of ACT Pathology and to deliver improved patient outcomes. A major outage, especially a sustained one, will have significant impacts on patient care in the ACT with likely impacts to timeliness of results and an increased chance of error through manual processing.

Offsets

- Offsets totaling \$4,580,000/
- Offsets are outlined in the table below. Significant savings are due to removal of current vendor costs.
- Offsets are also claimed for opportunities to discharge patients from hospital earlier. This is based on an estimated average earlier discharge of 30 minutes due to earlier availability of pathology results.

Pathology	Reduced Manual Effort	\$0	\$0	\$0	\$427,126
	Earlier discharge of hospital patients	\$0	\$0	\$0	\$ 2,214,340
	Removal of current system vendor costs	\$0	\$0	\$0	\$ 1,938,599
Total offset Pathology					\$4,580,065

CONTACT: Peter O'Halloran

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**Select Committee on Estimates
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June 2018

86. HEA CW09 ACT Health Core IT Systems to align with the Digital Health Strategy

(Budget Statement C, Pages 18, 21, 23)

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Capital	10,582	2,891	0	0	13,473
Net Capital	10,582	2,891	0	0	13,473
Depreciation	0	1,347	1,347	1,347	4,041
Associated Expenses	899	3,802	3,815	3,644	12,160
Offset – Associated Expenses	-129	-826	-826	-851	-2,632
Net Expenses	770	4,323	4,336	4,140	13,569

Key points

This initiative will deliver:

- **Clinical Communications for critical messaging services** at Canberra Hospital and other ACT Health facilities for communication of code calls (all codes including code blue or medical emergencies), critical results (ie abnormal results from diagnostic imaging or pathology), clinical and non-clinical tasking and telephone calls. This will replace life-expired radio-based pagers, switchboard consoles and ancillary equipment with clinical-grade smartphones and supporting infrastructure.
- A new **Supply chain capability** including a cloud-hosted software solution and smartphone applications to process all orders, inventory management and deliveries of clinical supplies for all public hospitals across Canberra. This will replace a 27 year old existing bespoke system.
- A **cyber-security vulnerability assessment** across ACT Health. The nature of Health ICT systems and Health operations means that Health has additional specific vulnerabilities that are not necessarily experienced with the same degree of severity by other Directorates. Health will also appoint a Chief Information Security Officer to manage cyber-security matters in conjunction with the Shared Services ICT Chief Information Security Officer.
- **Improved clinical leadership of technology** within Health through appointment of a half-time Chief Medical Information Officer and a full-time Chief Nursing Information Officer within Health's Digital Solutions Division.

Background

ACT Health operates over 254 ICT systems that cover the full range of clinical, diagnostic and administrative functions undertaken by ACT Health that have been implemented over the past 30 years with a 'best of breed' approach.

ACT Health is currently finalising a 10-year Digital Health Strategy that aligns with the Territory Wide Health Services Framework and will deliver patient-centric technology solutions in an integrated manner. The Strategy proposes a significant consolidation of ICT systems based on an integrated system model. The Strategy has been developed through extensive consultation within ACT Health and is currently being reviewed by a range of external stakeholder groups prior to finalisation and publication later this year.

Offsets

- Offsets totaling \$2,623,000
- Offsets are outlined in the table below. Offsets increase throughout the forward estimates as savings are achieved following implementation of the new solutions.
- Offsets are predominately vendor costs. There are also offsets for some SSICT costs that will be achieved through moving to cloud hosting.
- Supply chain offsets are estimated at 0.025% of stock orders

Offsets		2018-19	2019-20	2020-21	2021-22
Core IT systems	PICS vendor costs	\$129,000	\$500,000	\$500,000	\$500,000
	Wastage reduction through improved supply chain management	\$0	\$83,964	\$83,964	\$83,964
	Paging vendor costs	\$0	\$63,725	\$63,725	\$63,725
	SSICT costs	\$0	\$178,311	\$178,311	\$203,311
Total offset Core IT systems		\$129,000	\$826,000	\$826,000	\$851,000

CONTACT: Peter O'Halloran

PHONE: 6205 1100

**Select Committee on Estimates
2018 – 2019 Budget**

June 2018

**87. HEA CW 12, 13 & 14: Better healthcare for a growing community –
Better facilities for Calvary Public Hospital**

(Budget Statement C, Pages 20, 30, 36)

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses	0	0	0	0	0

Key points

- The Government will provide a \$15 million capital grant in 2017-18 for Calvary Public Hospital to undertake significant upgrades including expanding the Emergency Department, refurbishing mental health inpatient facilities and replacing critical diagnostic equipment.
- The upgrade will create additional treatment spaces, improved access and triage arrangements, enhanced waiting areas, along with a reconfigured setting that will facilitate the introduction of new models of care for ED presentations with a goal to reduce the waiting times to be seen and reduce duration of stay in the ED.
- The works are expected to commence in July 2018, facilitated by the opening of the University of Canberra Hospital - Rehabilitation, Recovery and Research and the transfer of patient cohorts from Calvary Public Hospital. The works are expected to be complete around September 2019.
- Additional staff will be bought on in mid-2019 as the renovations near completion.

Background

- This funding meets a 2016 election commitment to invest in hospital services in the North.

CONTACT: Karen Doran

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MINISTERIAL BRIEF

Health Directorate

SENSITIVE: CABINET

To: Minister for Health and Wellbeing Tracking No.: GBC18/467

From: Michael De'Ath, Interim Director General, ACT Health

Subject: ACT Health's input into ACT Government response to the recommendations of the Select Committee on Estimates 2018-19 Report on the Appropriation Bill 2018-19

Critical Date: 6 August 2018

Critical Reason: ACT Health input is due to Treasury by 12 noon on 6 August 2018

• DG *3/8/18*

Purpose

To seek your agreement to ACT Health's input into the ACT Government response to the recommendations of the Select Committee on Estimates 2018-19 Report on the Appropriation Bill 2018-19.

Recommendations

That you:

1. Note the information contained in this brief; and

Noted / Please Discuss

2. Agree to ACT Health's responses to recommendations at Attachment A.

Agreed / Not Agreed / Please Discuss

Ms Meegan Fitzharris MLA

M. Fitzharris

6/8/18

Minister's Office Feedback

SENSITIVE: CABINET

SENSITIVE: CABINET

Background

1. On 31 July 2018, the Select Committee on Estimates 2018-19 tabled its Report on the Appropriation Bill 2018-19 (the Report) (Attachment B).
2. The Report contains 27 recommendations for Output Class 1: Health and Community Care.

Issues

3. There are 24 recommendations that relate to your *portfolio* of Minister for Health and Wellbeing. Recommendations 65 and 66 relate to the Minister for Mental Health.
4. Recommendation 74 was redirected to the Chief Minister, Treasury and Economic Development Directorate (CMTEDD) for response as it relates to the details of the hydrotherapy pool at the Mt Stromlo aquatic centre.
5. Recommendation 91 was redirected from the Justice and Community Safety Directorate (JACS) to ACT Health as it relates to ACT drug and alcohol services.
6. ACT Health will also be providing input into Recommendation 90 as it relates to the development and implementation of a Drug and Alcohol Court.
7. ACT Health's responses to the recommendations is set out in Attachment A.

Financial Implications

8. Nil.

ConsultationInternal

9. Relevant areas in ACT Health were consulted in responding to the recommendations.

Cross Directorate

10. Nil.

External

11. Nil.

Benefits/Sensitivities

12. Nil.

Communications, media and engagement implications

13. A speech for the debate of the Appropriation Bill 2018-19 will be provided to your Office separately.

Signatory Name: Naveen Wijemanne

Phone: 620 50829

Action Officer: Kate Bills

Phone: 620 50849

SENSITIVE: CABINET

SENSITIVE: CABINET

Attachments

Attachment	Title
Attachment A	ACT Health's input into the ACT Government response to the recommendations of the Select Committee on Estimates 2018-19 Report on the Appropriation Bill 2018-19
Attachment B	Select Committee on Estimates 2018-19 Report on the Appropriation Bill 2018-19

SENSITIVE: CABINET

Responses to recommendations for the Minister for Health and Wellbeing

Recommendation 54

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

Agreed.

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

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

Recommendation 55

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

Agreed.

This work will be done through the planning stages.

Recommendation 56

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

Agreed.

Information will be provided to the Assembly in due course.

Recommendation 57

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

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

Agreed.

Within the constraints of Commercial-in-Confidence.

Recommendation 58

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

Noted.

Where this can be done within planning and operational constraints of the projects.

Recommendation 59

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

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

Noted.

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

Recommendation 60

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

Agreed in Part.

UMAHA Stage 2 Business Case – Noted. A high level overview can be provided

Strategic Asset Management Plan – Noted. A high level overview can be provided.

Recommendation 61

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

Noted.

ACT Health currently undertakes all procurement activities and contract negotiations in accordance with the requirements of the ACT Government's *Procurement Act 2001* and *Procurement Regulation 2007* to ensure appropriate transparency and adherence with guidelines.

Recommendation 62

The Committee recommends that the Minister for Health and Wellbeing table the report on the system-wide data review, which was provided to the ACT Government prior to consultation with the Health Directorate. The Committee further recommends that the report on the system-wide data review, post consultation be tabled, noting any amendments between the two versions.

Agreed in principle.

The final System-Wide Data Review Outcomes Report will be tabled during the August 2018 sittings of the Legislative Assembly and will reflect a further round of consultation undertaken within ACT Health.

Recommendation 63

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

Agreed.

The Division of Medicine within the ACT Government has reviewed this issue previously and do not currently have the clinical space to run such a clinic at The Canberra Hospital Campus. However, this arrangement in no way impacts on patient access to a range of health professionals required to manage their condition. ACT Health will continue to review opportunities to relocate the current clinic at CHHS.

Recommendation 64

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

Agreed.

The ACT Government supports this recommendation and will continue to work with Cystic Fibrosis ACT as the major stakeholder for this service.

Recommendation 67

The Committee recommends that the ACT Government continue to support pill testing and consider future opportunities to run pill testing at events and locations across the ACT.¹

Agreed.

The pill testing trial at Groovin the Moo Canberra in April 2018 provided proof of concept that pill testing can be conducted at events in the ACT as a harm reduction measure. ACT Health recommends maintaining the supportive policy environment for third parties to conduct pill testing at future events in the ACT.

¹ Mr Wall MLA and Ms Lee MLA did not support this recommendation.

Recommendation 68

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

Not Agreed.

The pill testing trial conducted at Groovin the Moo Canberra was evaluated by Safety and Testing Advisory Service at Festivals and Events (STA-SAFE). ACT Health would support the conduct of an independent evaluation of pill testing services offered at future events.

Recommendation 69

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

Agreed in principle.

ACT Health supports additional research into the epidemiology of sexually transmissible infections in the ACT. Targeted research projects could investigate whether increased transmission of STIs is occurring in the community, and identify emerging trends and risk factors to inform the development and implementation of more targeted prevention and promotional activities. This research will be considered as part of future planning.

Recommendation 70

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

Agreed in principle.

ACT Health currently provides funding to non-government organisations including the AIDS Action Council of the ACT, Sexual Health and Family Planning ACT, and Hepatitis ACT to undertake a range of services related to prevention of sexually transmissible infections and promotion of safe sex. ACT Health has and will continue to work closely with these groups to develop targeted sexual health awareness campaigns based on known risk factors and emerging disease trends or issues in the ACT.

Recommendation 71

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

Agreed.

Free condoms are already available at many Government Health Clinics and non-government Organisations, including the Canberra Sexual Health Centre, the Tuggeranong, Phillip and Belconnen Health Centres, the ACT Alcohol and Drug Service, the AIDS Action Council of the ACT, SHFPACT, and Hepatitis ACT. ACT Health supports investigating the feasibility of other services which could provide

free condoms, including the ACT Health Walk-in Centres. ACT Health will collate information about current sources of free condoms and make this available on the ACT Health website.

Recommendation 72

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

Agreed in principle.

ACT Health supports the production of publicly available annual reports of surveillance data related to sexually transmissible infections.

Recommendation 73

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

Agreed.

The Canberra Hospital rehabilitation pool will close with the opening of the new facility at University of Canberra Hospital. Stakeholders including Arthritis ACT have requested continued access to the pool at Canberra Hospital. This relates to the availability of hydrotherapy facilities on the south side of Canberra.

ACT Health has entered into an agreement with Arthritis ACT to continue access to the pool at Canberra Hospital until June 2019. ACT Health does not intend to keep the pool at Canberra Hospital open past that time, nor we anticipate providing access to other groups. There are other options for hydrotherapy in the south side of Canberra, as outlined in the table below:

Private South side Hydrotherapy Pools (heated to 33°C or greater)	South side ACT Government Public Schools with Hydrotherapy Pools (heated to 33°C or greater)
Hughes Hydro - Hughes, ACT	Malkara Special School – Garran, ACT
Kings Calwell - Calwell, ACT	
Kings Swim - Deakin, ACT	
Calvary John James Pool - Deakin, ACT	

Recommendation 75

The Committee recommends that the ACT Government arrange for representatives of the Little Company of Mary to attend hearings of future Legislative Assembly estimates committees and Legislative Assembly committee hearings for annual reports on a basis similar to the Australian Federal Police.

Noted.

ACT Health will work with Calvary to discuss this moving forward.

Recommendation 76

The Committee recommends that the Health Directorate publish in each annual report a full account of (a) the money it receives from the Commonwealth government and (b) what the payments were for.

Agreed.

The Local Hospital Network Financial Statements already provide (a) the amount of funding received from the Commonwealth and (b) the detail on what the funding is for, described in the notes to the Financial Statements (for 2016-17 see pages 377 and 385 note 5 respectively).

Recommendation 77

The Committee recommends that relevant officials from the Health Directorate provide the Assembly with all the reasons for the downgrade in the accreditation status for the radiology department.

Agreed.

Information will be provided to the Assembly in due course.

Recommendation 78

The Committee recommends that the ACT Government provide a detailed plan to the Assembly on measures being implemented to ensure the radiology training accreditation moves back to an A grade accreditation rating within the next 12 months.

Noted.

Information will be provided to the Assembly in due course.

Recommendation 79

The Committee recommends the ACT Government provide advice to the Assembly on the current status of accreditation for ACT public hospitals and for each of the separate divisions and accreditation of services by individual medical colleges, including the anticipated dates for future accreditation inspections.

Agreed.

Information will be provided to the Assembly in due course.

Recommendation 80

The Committee recommends the ACT Government continue to work with Epilepsy ACT to develop clear sustainable funding options for the organisation.

Agreed.

ACT Health will engage with Epilepsy ACT and assess their proposal once it has been received. ACT Health is always interested in proposals which look to improve health outcomes for consumers, improve the health system, and help Canberrans to contribute to the social and economic fabric of the community.

Recommendation 91

The Committee recommends that the ACT Government ensure that ACT drug and alcohol rehabilitation services are adequately resourced to respond to demand, including any increased demand expected from the opening of the Drug and Alcohol Court.

Noted.

ACT Health is working with the Alcohol and Other Drug treatment service providers, the majority of whom are NGOs, to understand current demands on the treatment system and the impact the proposed DAC will have on services, and to identify solutions and mitigation strategies.

ACT Health input to recommendations for other Directorates**Recommendation 90**

The Committee recommends that the ACT Government prepare a detailed plan for the development and implementation of a Drug and Alcohol Court for the ACT for the Assembly, including firm deadlines for its implementation.

Input

ACT Health will work actively with JACS as they develop the implementation plan for the Drug and Alcohol Court.