

## 8.1 Program areas

Program areas are clustered into two service program areas and one for operational services and one for people development:

QE II Family Centre Residential;

Community Development;

Corporate Services; and

People Development.

Each program area delivers a specific service or services and manages the different projects QEII has received from different funding sources. As program areas expand and additional projects are added, there is flexibility to adapt the programs areas based on best fit and workload of the area manager.

Program sustainability is an important consideration at the beginning of any new project. Some programs may not be designed to continue past the funding time limit. Best practice is to fund new initiatives into existing service budgets with recurrent funding. This practice supports the sustainability of the initiative and associated activities. However, many factors, such as the extent of community involvement, training, health providers and community member, implementing the new program as a health service activity and not as a vertical program, change management strategies and evaluation processes contribute to sustainability. Evaluation focus' on the effectiveness of interventions for individuals and families and of the community development strategies; the service's processes be monitored and the quality audited against agreed standards; client satisfaction; and short-term outcome measures.

### **8.1.1 QE II Family Centre clinical programs**

CMS offers clinical residential primary health care programs provided from QE II, a public hospital, located in Curtin, Canberra. All families, who meet the admission criteria as identified in the service Agreement<sup>115</sup> with ACT Health, with children up to 3 years of age are welcome at QEII. Clients admitted to the Centre must have already accessed primary or secondary primary health care services or other relevant social services and the issue remained unresolved before being admitted to QE II. The scope of care articulated in the CMS contract with ACT Health includes the provision of tertiary level Primary Health Care for clients experiencing one or more of the following:

- complex lactation and other feeding problems;
- failure to thrive;
- unsettled baby;

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- mood disorders;
  - child at risk;
  - special needs families;
  - parenting support; and
  - behavioural problems.

The QE II Family Centre is integrated into the ACT Government primary health program – the Women, Youth & Children Health Program <sup>115</sup>. As an integrated service the single Community Health Intake system is utilised for all referrals to QE II and from QE II for continuing community based care. This creates for clients from the ACT a seamless service and for other clients a single point of entry into ACT primary health services. CMS is committed to this model of integrated services that stay focused on the needs of clients.

### 8.1.2 Community development

Community development is the process of increasing the capacity of a community, strengthening and developing towards its full potential through identifying their own solutions to their own needs and priorities. It involves the principles of collaborative, collective action, participation, empowerment, equity and social justice. As facilitators, CMS through its community development programs works in partnership with local people, communities and organisations to meet identified needs <sup>116</sup>. CMS' purpose in community development is holistic people centered development.

Parenting skills are a major tool people use in meeting the needs of their children CMS' approach to community development is based upon identifying people's strengths and enhancing their capacity to parent effectively <sup>117</sup>. Thus, parenting projects are foundational development projects wherever CMS partners with communities and other agencies <sup>118</sup>. Responding to the specific needs of a community results in capacity building projects such as health promotion, strengthening relationships at the individual, family, community and intersectoral levels.

The process in community development is crucial to the project outcome. We seek to follow an ecological and incremental process through which individuals, families and communities gain power, insight and resources to make decisions and take action regarding their well being as they work together toward a common goal. In that process we have formulated ten key principles:

- start where the people are;
- build relationships, then introduce new ideas, showing how they may meet identified needs;
- keep projects simple;

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- involve as many community people as possible in all activities from the start – consult and collaborative ;
  - run programs as close as possible to peoples homes, and;
  - run programs in ways acceptable to the participants – act locally;
  - develop staff to educated others train trainers who can train others;
  - work in partnership/s wherever possible;
  - cooperate with government and other non government agencies – think globally; and
  - encourage interdependent relationships from an individual to public policy level.

### **8.1.3 Corporate services**

Corporate services provides function to the Organisation in the five key areas of:

- business development;
- finance;
- human resources;
- quality improvement and data management; and
- administrative support for service delivery (operations).

In the delivery of our corporate services CMS is particularly mindful of the profile and specific needs of our workforce <sup>119</sup>. As the complexion of the workforce changes we must learn more about each other so that a receptive work culture is maintained. The rapidity of change is another crucial force which we recognise. We are committed to understanding, accommodating and using change through continuous quality improvement principles and practices in order to improve corporate services <sup>120</sup>.

### **8.1.4 Organisational development**

CMS is committed to an appropriately qualified and competent workforce that demonstrate the traits of a learning organisation <sup>121</sup>. It is important that QEII staff acquire the knowledge, skill and attitude <sup>122</sup> required to address the complex, extensive range and ever-changing needs of clients/communities.

The provision of effective orientation, support and supervision for new staff to assist the transition from the familiar to a new or changing work environment will be provided to ensure quality services. QEII staff induction program provides a framework to ensure every new staff member becomes a fully

integrated and effective member of our organisation. Opportunities for continuing professional development will be continually explored and provided that meet the individual development needs of staff and those of the organisation in order that we meet our contractual service requirements and Strategic Plan.

## **9.0 Administration and operations management**

## 9.1 Senior management team

The Director of Nursing & Midwifery/Executive Officer, together with Operations Manager, Clinical Nursing & Midwifery Manager, Operations Manager; Community Development Officer and Staff Development Officer are responsible for: implementing CMS' Strategic Plan by developing and achieving the Business and Risk Management Plans; and formulating and monitoring the budget.

The team, led the Director of Nursing & Midwifery/Executive Officer, ensure:

- effective management with focused leadership and commitment for supporting QEII activities particularly through: advocacy for the importance of the work, the strategies used, the resource needs and workforce issues; facilitation of partnership building; and sharing decision-making with key stakeholders and the needs identified within communities; and
- they are able to: manage workers of all disciplines; manage material and financial resources; participate in health service management and planning; develop operational plans; develop and maintain partnerships; and organise services to meet client/community needs.

The quality of work-life and subsequent attraction and retention of staff is affected by workforce management practices. Realistic workloads, appropriate staffing levels and supportive management are crucial elements of successful service delivery.

## 9.2 Services, systems, partners and sustainability

The service and development program have been designed to provide an overarching function for QEII, guiding the senior management team to facilitate:

- a single service delivery model across services;
- consistency of practice;
- planning/coordination of services from initiation of projects to completion and integration;
- quality services;
- practice support and education individuals and teams;
- evidence-based approaches to service development and practice; and
- strong external links and partnerships.

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In relation to our services, systems, partners and sustainability we are committed to:

- effective coordination with clear role definitions are developed between paid employees and volunteers. Volunteers are provided with training and supervision;
- multi-disciplinary teams that work with an interdisciplinary approach;
- formal partnerships and agreements will be developed within the system of service provision and communities so that collectively, they can address the issues in the community;
- policy and policy development, planning, information requirements, research (qualitative and quantitative), service support will support the implementation and infrastructure required by services;
- changing service patterns that require new initiatives and specified outputs will be built from existing service;
- change management strategies will be implemented to ensure organisational actual change occurs; and
- continuous quality improvement and risk management practices will be inherent within all of our systems and services.

## **10. Research and practice development**



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Research can and does play an important role in services and decision-making at QEII. The trend toward greater research use has been attributed to: pressure for evidence concerning 'what works'; the need to justify funding for the implementation and continuation of programs and initiatives; and the need to make informed decisions to safeguard the safety of children where there is the potential for harm <sup>123</sup>.

A number of factors which may inhibit the use of research by practitioners in the social services, such as: limited access to research; an organisational or workplace environment that does not encourage continued learning and personal or individual factors, including one's own values, beliefs and assumptions, and a lack of individual motivation. Barriers to research use appeared to relate to workload and workplace issues. Most respondents stressed the importance of reading and research as being legitimate forms of professional development. They also emphasised the need for management and colleagues to be supportive of research use, in order for their workplace to be conducive to accessing and applying research.

QEII is committed to exploring ways to contribute to bridging the research and policy/practice gap and finding ways to encourage practitioners to be involved in research activities. Planning will be done in partnership with key university faculties to increase the capacity of interdisciplinary research in early parenting and early childhood.

## **11.0 Continuous improvement**

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CMS is committed to continuous improvement in service delivery and management practices. Our approach to quality improvement is:

- based upon the participation of the Board and staff;
- aimed at long term success through client and staff satisfaction; and
- benefits both society and the organisation.

Programs and processes are constantly evaluated and improved in the light of their efficiency, effectiveness and flexibility. It is important for CMS to consider and determine whether or not the services being offered are actually achieving better outcomes for children and their families. It is essential to have a clear understanding at all levels of the organisation on the outcomes that are to be achieved.

Informed by The National Safety and Quality Health Service Standards (NSQHS)<sup>126</sup> and using the Quality Improvement Council *Plan, Do, Check, Act* cycle feedback from clients, staff and systems are evaluated against organisational goals and evidence based practice. The purpose of the cycle is the identification, reduction and elimination of suboptimal practices and process through the use of reflection and the implementation of best practice through continuous evolution of our systems and practices. The emphasis of our evolutionary approach is on incremental and continuous steps.

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**Emerson, Marc (Health)**

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**From:** Emerson, Marc (Health)  
**Sent:** Wednesday, 2 January 2019 11:53 AM  
**To:** [REDACTED] (Health)  
**Subject:** Request for Tender documentation

UNCLASSIFIED

Hi [REDACTED]

Happy new Year, I hope you has a good break over the Christmas period.

I have been asked to pass on some questions regarding the QEII services from the team putting together the request for tender documents. I was hoping you could answer the following for me:

- Patient pathway
  - The current pathway a patient follows including pre-admission and discharge
  - Current treatment and discharge pathway
- Workflow and workforce
  - Describe how medical, nursing , allied health and other direct care providers deliver their care
  - List members of the current team by profession or occupation
  - How many FTE currently required to run the service
  - How many administrative required to run the existing service
- What essential equipment and technology requirements are required for service delivery – what care and service delivery, communication, clinical and non-clinical support activities are required.

I understand there request is quite urgent, if you could respond ASAP that would be great.

Please don't hesitate to get in touch if you have any follow up.

Thanks

Marc

Marc Emerson | Manager  
Phone: 02 5124 9716 | Email: [marc.emerson@act.gov.au](mailto:marc.emerson@act.gov.au)  
Policy, Partnerships and Programs | ACT Health Directorate | ACT Government  
2-6 Bowes Street, PHILLIP ACT 2606



**Briones, Danielle (Health)**

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**From:** Emerson, Marc (Health)  
**Sent:** Wednesday, 2 January 2019 11:53 AM  
**To:** Wall, Megan (Health)  
**Subject:** RE: Information regarding QE11

UNOFFICIAL

Thanks Megan,

I have sent an e-mail to [REDACTED]

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**From:** Wall, Megan (Health)  
**Sent:** Wednesday, 2 January 2019 11:39 AM  
**To:** Emerson, Marc (Health) <Marc.Emerson@act.gov.au>  
**Subject:** Information regarding QE11

UNOFFICIAL

Good morning Marc

As per our discussion, to aid in the completion of the current Model of Care required for the RFT I require the following information please:

- Patient pathway
  - The current pathway a patient follows including pre-admission and discharge
  - Current treatment and discharge pathway
- Workflow and workforce
  - Describe how medical, nursing , allied health and other direct care providers deliver their care
  - List members of the current team by profession or occupation
  - How many FTE currently required to run the service
  - How many administrative required to run the existing service
- What essential equipment and technology requirements are required for service delivery – what care and service delivery, communication, clinical and non-clinical support activities are required.

Please do not hesitate to contact me if further clarification is required.

Kind Regards  
 Megan

**Megan Wall** | Senior Project Co-ordinator

Health System Strategies & Program Support Unit | Health System Planning & Evaluation Division

(02) 5124 9674 | [megan.wall@act.gov.au](mailto:megan.wall@act.gov.au)

2-6 Bowes Street | Woden ACT 2606 | GPO Box 825, Canberra ACT 2601

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**Briones, Danielle (Health)**

---

**From:** Chatham, Elizabeth (Health)  
**Sent:** Friday, 21 December 2018 5:49 PM  
**To:** Wall, Megan (Health); Henry, Patrick (Health); Emerson, Marc (Health); Nolan, Julie (Health); Jelbart, Merryn (Health); Southwell, Hoami (Health)  
**Cc:** Bartholomew, Carolyn (Health); Grace, Karen (Health)  
**Subject:** RE: Reference group QE11 [SEC=UNOFFICIAL]

Please include Karen Faichney

---

**From:** Wall, Megan (Health)  
**Sent:** Friday, 21 December 2018 2:54 PM  
**To:** Chatham, Elizabeth (Health) <Elizabeth.Chatham@act.gov.au>; Henry, Patrick (Health) <Patrick.Henry@act.gov.au>; Emerson, Marc (Health) <Marc.Emerson@act.gov.au>; Nolan, Julie (Health) <Julie.Nolan@act.gov.au>; Jelbart, Merryn (Health) <Merryn.Jelbart@act.gov.au>; Southwell, Hoami (Health) <Hoami.Southwell@act.gov.au>  
**Cc:** Bartholomew, Carolyn (Health) <Carolyn.Bartholomew@act.gov.au>  
**Subject:** Reference group QE11

UNOFFICIAL

Good afternoon everyone

This is to inform you that a reference group is being established to address the QE11 transition from Canberra Mothercraft Service to another service provider.

Carolyn Bartholomew has been appointed the lead for this project and would like to invite you to be a part of the reference group.

It is planned the reference group will meet fortnightly.

The Program Support Unit (PSU) will be providing all program coordination required of this project.

Please do not hesitate to contact me if there are any issues or concerns regarding this email.

Kind Regards  
Megan

**Megan Wall** | Senior Project Co-ordinator

Health System Strategies & Program Support Unit | Health System Planning & Evaluation Division

(02) 5124 9674 | [megan.wall@act.gov.au](mailto:megan.wall@act.gov.au)

2-6 Bowes Street | Woden ACT 2606 | GPO Box 825, Canberra ACT 2601

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**Cramond, Sarah (Health)**

---

**From:** Attridge, Vanessa  
**Sent:** Wednesday, 19 December 2018 2:54 PM  
**To:** McGregor, Leonie (Health)  
**Cc:** ACT Health DLO; Pulli, Tracey (Health)  
**Subject:** CMS Transition [SEC=UNCLASSIFIED]  
**Attachments:** CMS Communication Strategy - V1 - Oct 2018.pdf

Hi Leonie,

May I please ask that someone get in touch with [REDACTED] at CMS this week to discuss options for getting on the front foot with publishing some communications very soon, about CMS transitions? I have let [REDACTED] know someone will get back to her. I also spoke with Marc Emerson about this yesterday.

CMS are also anxious to receive an update on plans for transition, procurement etc as soon as possible.

Many thanks,

Nessa

**Vanessa Attridge** | Chief of Staff  
**Office of Meegan Fitzharris MLA**  
Member for Yerrabi  
Minister for Health and Wellbeing  
Minister for Higher Education  
Minister for Medical and Health Research  
Minister for Transport  
Minister for Vocational Education and Skills

P. (02) 6205 3502 | E. [vanessas.attridge@act.gov.au](mailto:vanessas.attridge@act.gov.au)



## MINISTERIAL BRIEF

ACT Health Directorate

UNCLASSIFIED

To: Minister for Health and Wellbeing

Tracking No.: MIN18/2138

Date: 17 December 2018

From: Michael De'Ath, Director General

Subject: Update on Queen Elizabeth II Family Centre and Negotiations with Canberra Mothercraft Society

• DG .../.../...

**Purpose**

To provide you with information on the conclusion of negotiations with the Canberra Mothercraft Society (CMS) and the next steps of transition to a new service provider for the Queen Elizabeth II Family Centre (QEII).

**Recommendation**

That you note the information contained in this brief.

**Noted / Please Discuss**

Meegan Fitzharris MLA

19.12.2018

**Minister's Office Feedback**

As discussed, please revisit timeframes and need for immediate work on transition to ensure continuity of services, including immediate discussions with CHS on providing transitional care.

Also see recent work in Victoria.

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**Background**

1. You were recently briefed (MIN18/1670) on the status of negotiations with Canberra Mothercraft Society and the process for transitioning out.
2. In this brief, the ACT Health Directorate (ACTHD) indicated that the Directorate had provided a draft Deed of Variation (DoV) to CMS outlining changes in the Service Funding Agreement necessary to manage CMS' transition from service delivery at QEII.
3. At a meeting on Tuesday 9 October 2018, CMS verbally advised that it was happy with the DoV.

**Issues**

4. A final DoV was executed by CMS and ACTHD on 12 October 2018. This agreement will expire on 30 June 2019.
5. Officers from ACTHD met with CMS to undertake a service visit on Friday 26 October 2018. At this meeting, CMS informed ACTHD officers that it would commence informing its staff of the transition out of service delivery in the week commencing 30 October 2018, with the aim to have all staff informed by 1 November 2018.
6. CMS indicated that its messaging would be around the decision of CMS to exit service delivery because of economies of scale in health care, and that they would work proactively with ACTHD in the transition to provide certainty to staff and patients.
7. CMS also indicated that it had informed the Australian Nursing and Midwifery Federation (ANMF) of the transition and had developed agreed messages to staff. CMS indicated that the ANMF raised no issues with the proposed transition and was supportive of the messages.
8. CMS offered to provide ACTHD the agreed talking points and indicated that its messaging to staff was around the decision of CMS to exit service provide due to economies of scale. CMS also indicated that it would not be seeking to undertake proactive media. A copy of CMS' Communications Strategy is at Attachment A.
9. On the afternoon of Saturday 27 October 2018, CMS [REDACTED] provided your Chief of Staff a briefing on the talking points it would be providing to staff.
10. While CMS was not proposing to engage in proactive public commentary, ACTHD is proactively preparing a public statement and media FAQ. ACTHD also understands your Office is in discussions with CMS in relation to a potential public statement.
11. ACTHD will now commence work on a tender process to find a new service provider for QEII. This tender will be the second largest single contract for a health service provider in the ACT behind the contract with Little Company of Mary (LCM).
12. In addition, as a Gazetted public hospital, QEII is part of the ACT Local Hospital Network (LHN) and receives some funding through the National Health Reform arrangements in the same way as the ACT receives federal funding contribution for hospital services delivered by Canberra Health Services and Calvary Public Hospital Bruce.
13. The process of seeking a new service provider to integrate with the ACT LHN will require a range of steps to ensure that the commissioning of services delivered

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through ACT public hospitals reflect the needs of Canberrans and are complimentary to other services offered to primary care givers and their children in the ACT.

14. Initial analysis indicates that these scoping steps include but may not be limited to:

a. Model of Care (MoC)

Prior to tendering there would need to be detailed work undertaken to scope the desired services and their integration with the broader system.

Advice from clinical areas during negotiation with CMS indicated that the model of care in use at QEII was significantly out of date and would need to be brought into contemporary practice.

b. Public Announcement

Thought needs to be given to the public announcement, as any market testing and tender work would need to be made public. ACTHD understand CMS staff have been informed of the transition out, but it is understood there has been no broader public announcement.

c. Market Analysis

Partially concurrent with the development of the MoC, there would also be a requirement for a market analysis and sounding to test how many potential providers are available in the market who have the capability to run the service.

This analysis would need to focus on the demand for this service from both public and private patients, and there may also be a need to consider any issues of competitive neutrality in the MoC development and tendering.

As QEII receives federal funding for the provision of services, part of this analysis would have to include how the MoC fits within the Independent Public Hospital Pricing Authority (IHPA) guidelines for such services, as this would need to be factored into tendering and negotiations.

d. Facility and Leasing

The QEII facility is owned by ACT Health Directorate. Prior to tendering there would need to be an assessment of the state of the facility and whether it is fit for purpose for any new MoC. Conditions on the lease would need to be considered as part of tender negotiations.

e. Procurement Thresholds and Procurement Act

The last offer to CMS exceeded \$16 million for a four year term, even a single year of funding for this service would exceed the top threshold (\$200,000) for the *Government Procurement Act 2001* and would require a full open tender process.

The tender would need to be a national tender. To ACTHD knowledge, there is only one other provider in the ACT who is potentially capable of taking on the running of a hospital. This would be the LCM.

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ACTHD has not tested if LCM would be interested in taking on the service.

Whilst there are provisions for the DG to exempt ACTHD from the threshold requirements, given the complexity associated with commissioning a high cost public hospital service, there are risks associated with exercising such power in this instance. The Act only provides for exemptions in limited circumstances. In addition, the service has not been market tested or put out to tender for a significant period of time. Given this, there are significant risks associated with not fully considering the scope of this service in the wider context of the ACT Maternity Strategy.

15. Given the potential risk of delay and complication inherent with a public tender in order to ensure a smooth transition for patients and staff, it may be prudent to consider an interim transition to the Canberra Health Services as a fall back option.

#### **Financial Implications**

16. ACTHD has capped the cost of transition to a maximum of \$3 million in addition to the normal funding provided to CMS for service operations. Payment of transition costs require substantiated evidence to be provided by CMS.
17. CMS is currently funded through the LHN. However, there may not be funds within the LHN funding pool to cover the full extent of the transition costs. This may result in ACTHD seeking a Treasurer's advance to cover any funding shortfalls.

#### **Consultation**

##### Internal

18. The Corporate Services Division of ACTHD has provided input into this brief.

##### Cross Directorate

19. The ACT Government Solicitor's Office (ACT GSO) has provided extensive specialist legal advice relating to this matter. ACT GSO has noted substantial risks related to the transition of this service.

##### External

20. Officers of ACTHD continue to liaise with CMS in the operation of the service and will do so throughout the transition.

#### **Work Health and Safety**

21. None.

#### **Benefits/Sensitivities**

22. CMS has provided services to many women in Canberra over a long period of time, and this transition must to be handled carefully, and as much as possible in close collaboration with CMS.
23. The Australian Nursing and Midwifery Federation (ANMF) has recently written to the Director-General ACTHD, seeking answers and assurances in relation to the tender process for a new provider. Answering these questions may pre-empt and compromise the public tender process. As a result, ACTHD is unable to provide detailed assurances for reasons of public probity.
24. In relation to questions regarding employment conditions and continuity, while ACTHD

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will seek to ensure a smooth transition for patients and staff of QEII and CMS, as ACTHD is not the employer of CMS staff it cannot provide assurances regarding current and future employment conditions.

25. Throughout the negotiation process, ACT GSO provided extensive advice in relation to ACTHD obligations, potential liabilities, and risks associated with the transition of business.

**Communications, media and engagement implications**

26. CMS, through QEII, provides a service that is perceived as valuable by many Canberra families. It is likely that should CMS wish to make discussions with ACTHD a matter of public record, there would be some community support for CMS.
27. As part of any transition plan developed in consultation with CMS, ACTHD will also develop a comprehensive communication and media issues management plan to support the transition. This plan outlines the media approach and associated media materials to ensure effective management and monitoring of the issue by ACTHD and the ACT Government more broadly.
28. The plan includes strategies to provide appropriate information for reporters to ensure accurate reporting, and a community information strategy to ensure the ACT public can access necessary information about the impacts of any transition process.

Signatory Name:	Patrick Henry	Phone:	5124 9808
Action Officer:	Marc Emerson	Phone:	5124 9716



**Ritchie, Angela (Health)**

---

**From:** Chicco, Dee (Health) on behalf of De'Ath, Michael (Health)  
**Sent:** Friday, 14 December 2018 11:19 AM  
**To:** DGACTHealth  
**Cc:** Doran, Karen (Health); McGregor, Leonie (Health)  
**Subject:** FW: ANMF correspondence re Tendering process for QEII Family Centre's new provider  
**Attachments:** Correspondence re Tendering process for QEII FC 12122018.pdf  
**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

UNCLASSIFIED For-Official-Use-Only

Hi Ange

Please trim to Policy for appropriate action.

I have cc'd Karen Doran for information.

Regards  
Dee

**From:** anmfact@anmfact.org.au <anmfact@anmfact.org.au>  
**Sent:** Wednesday, 12 December 2018 12:45 PM  
**To:** De'Ath, Michael (Health) <Michael.De'Ath@act.gov.au>  
**Subject:** ANMF correspondence re Tendering process for QEII Family Centre's new provider

Good afternoon

Please see attached correspondence from ANMF ACT 

Kind regards





Australian  
Nursing &  
Midwifery  
Federation

AUSTRALIAN CAPITAL TERRITORY

12 December 2018

Mr Michael De'Ath  
Director-General  
ACT Health  
2-6 Bowes Street  
WODEN ACT 2606

*via email:* michael.de'ath@act.gov.au

Dear Mr De'Ath

*Michael*

**Re: Tendering process for the Queen Elizabeth II Family Centre's new provider**

The Australian Nursing and Midwifery Federation – ACT Branch (ANMF) understands ACT Health will soon commence a tendering process to obtain a new provider for the Queen Elizabeth II Family Centre (QEII), which is currently under the management of the Canberra Mothercraft Society (CMS) until June 2019.

As of the date of this letter, the ANMF has not received any official correspondence from ACT Health regarding this matter. The ANMF brings this to ACT Health's attention, as this matter involves the ACT nursing and midwifery professions and moreover, the majority of nurses and midwives employed at QEII are members of the ANMF with real concerns about their ongoing employment and for the future provision of the services they provide to the ACT and surrounding communities.

Subsequently, the ANMF would welcome all information ACT Health can provide on this matter, particularly in relation to the following issues:

1. Will the services currently provided by CMS become entirely publicly operated? If not, can ACT Health state the reasons why these services will not be entirely publicly operated?
2. Is the tender process open to for-profit and non-profit organisations? If so, what level of public control and public accountability will ACT Health have over any such organisation?
3. Will all current services provided by QEII be provided by a proposed provider?
4. Is it the intention of ACT Health to have the current services provided by QEII provided by a single provider?
5. What expectations will ACT Health require any potential provider to meet – and will such expectations include:
  - the maintenance of the high level of outcomes and outputs currently achieved by CMS in its service delivery;
  - the maintenance of the present model of care currently provided by QEII.



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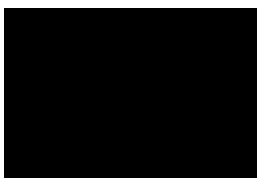
6. Further to Question 5, how will ACT Health ensure such expectations are met during the life of any agreement made with a provider?
7. What preliminary work, if any, has ACT Health conducted to scope the adequacy of the market to ensure there are potential providers who can continue providing the services currently provided by QEII, and at the same high level that the ACT and surrounding communities have become accustomed to?
8. How will any new service provider be required to facilitate growing capacity for the services currently provided by CMS?
9. What is the process of transfer of business which ACT Health will expect any successful provider of the tendering process to commit to – and will it include:
  - Whether the name 'Queen Elizabeth II Family Centre' will be kept;
  - Whether any leave entitlements QEII staff presently have will be carried over to the new provider; and
  - Whether any Enterprise Agreement the nursing and midwifery staff may currently be working under will be carried over to the new provider;
  - Whether services will continue to be provided from the current QEII facility at 129 Carruthers Street, Curtin ACT 2605;
  - Continuing the operation of all QEII's forms, policies and procedures and without making changes unless affected staff and their relevant union(s) are consulted first; and
  - Express affirmation that all nursing and midwifery staff will continue in their current roles and permanent employment at QEII for the life of the contract agreed to with the service provider?

#### Way Forward

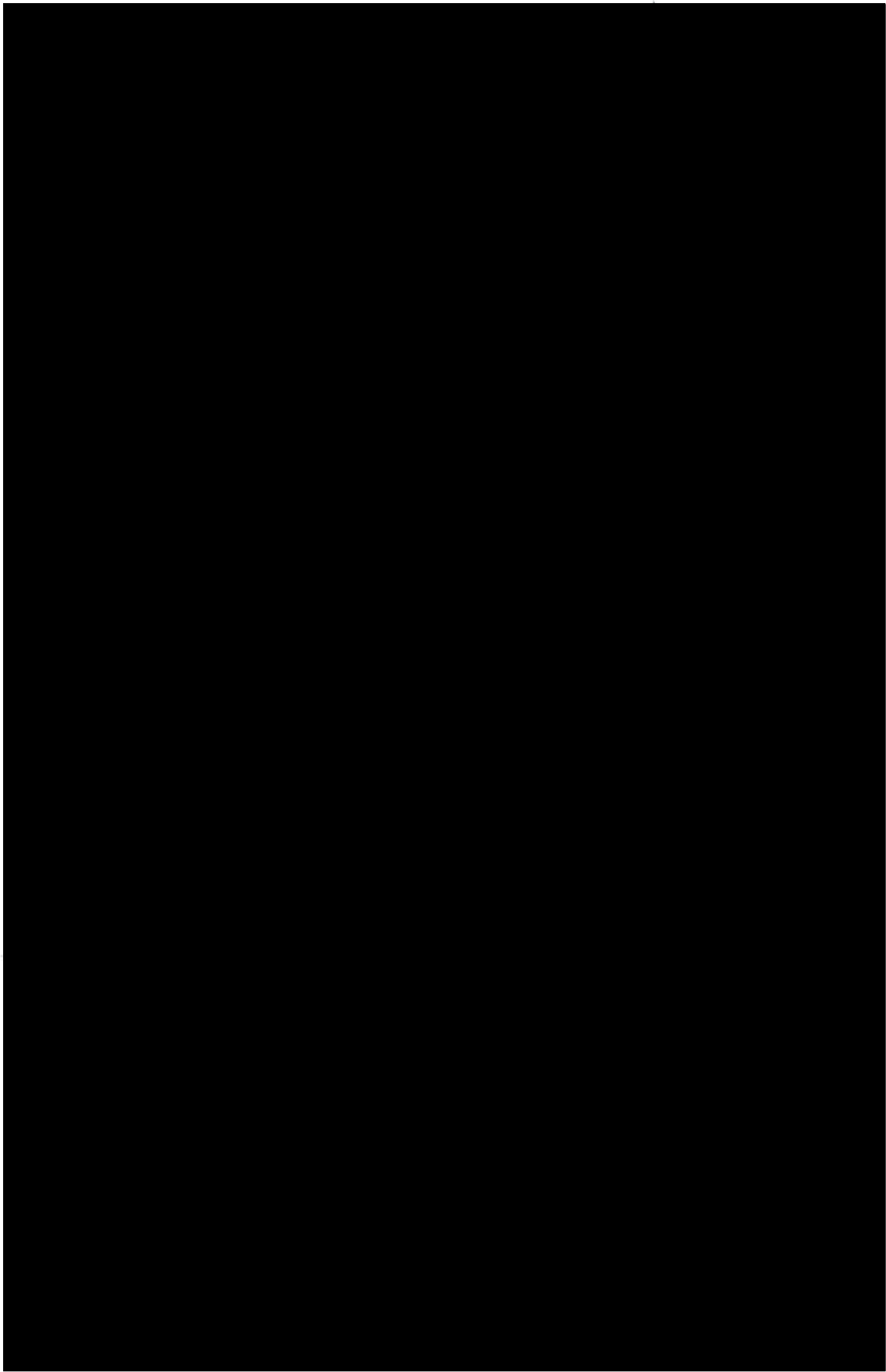
The ANMF understands that CMS' management of QEII will conclude as of 30 June 2019.

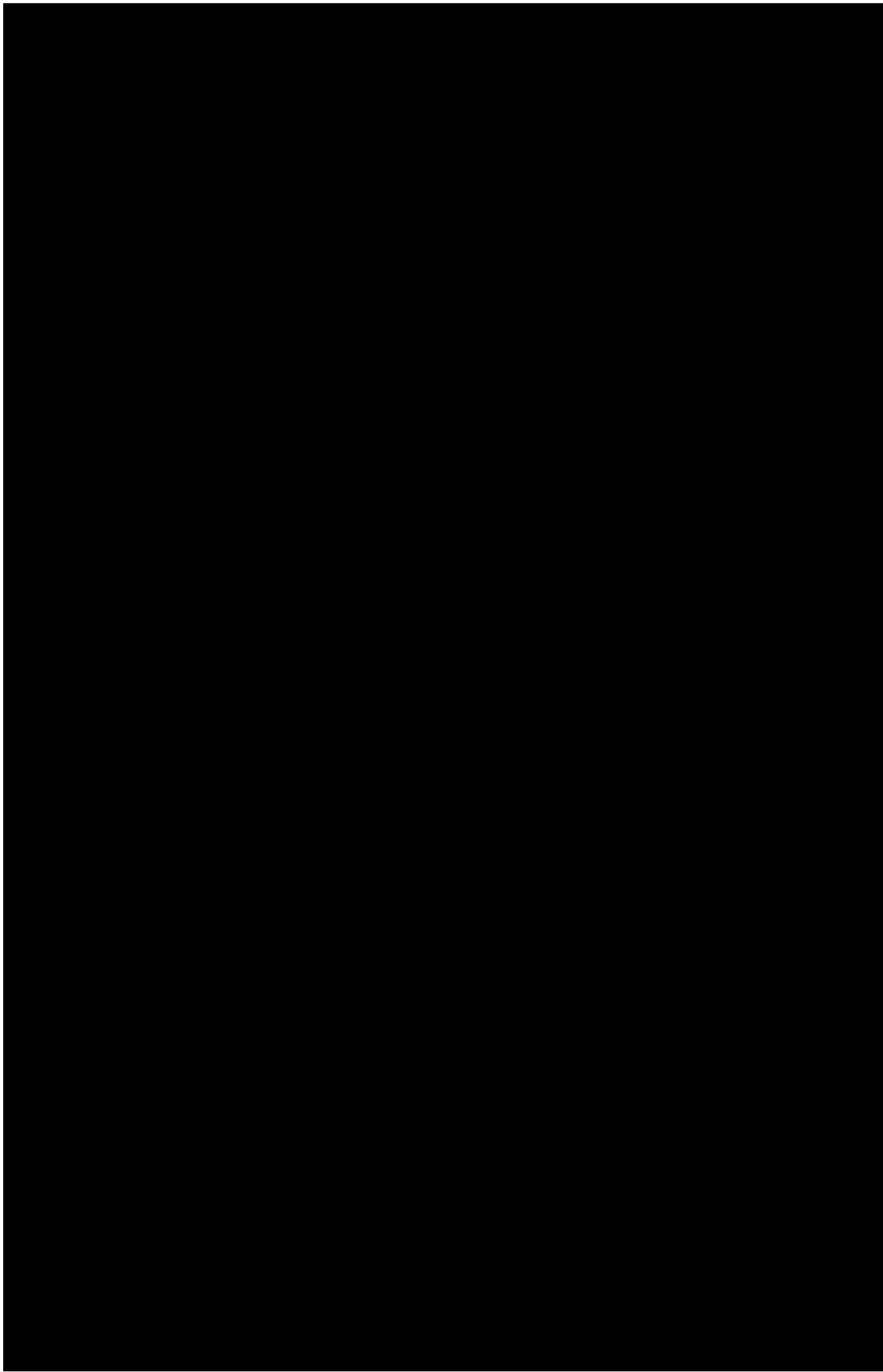
The ANMF would be grateful for a response to this letter from ACT Health no later than 7 January 2019.

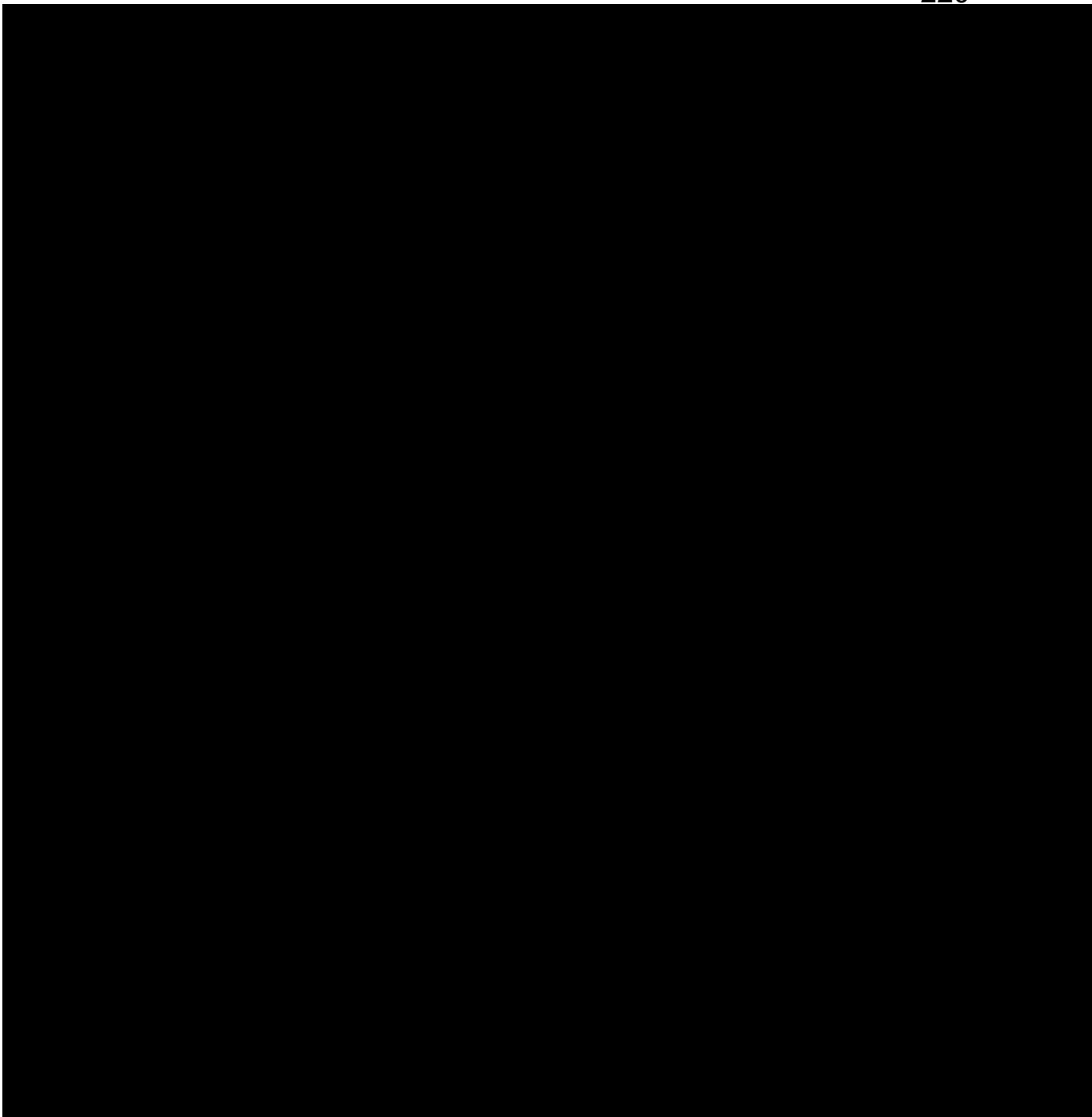
Yours sincerely



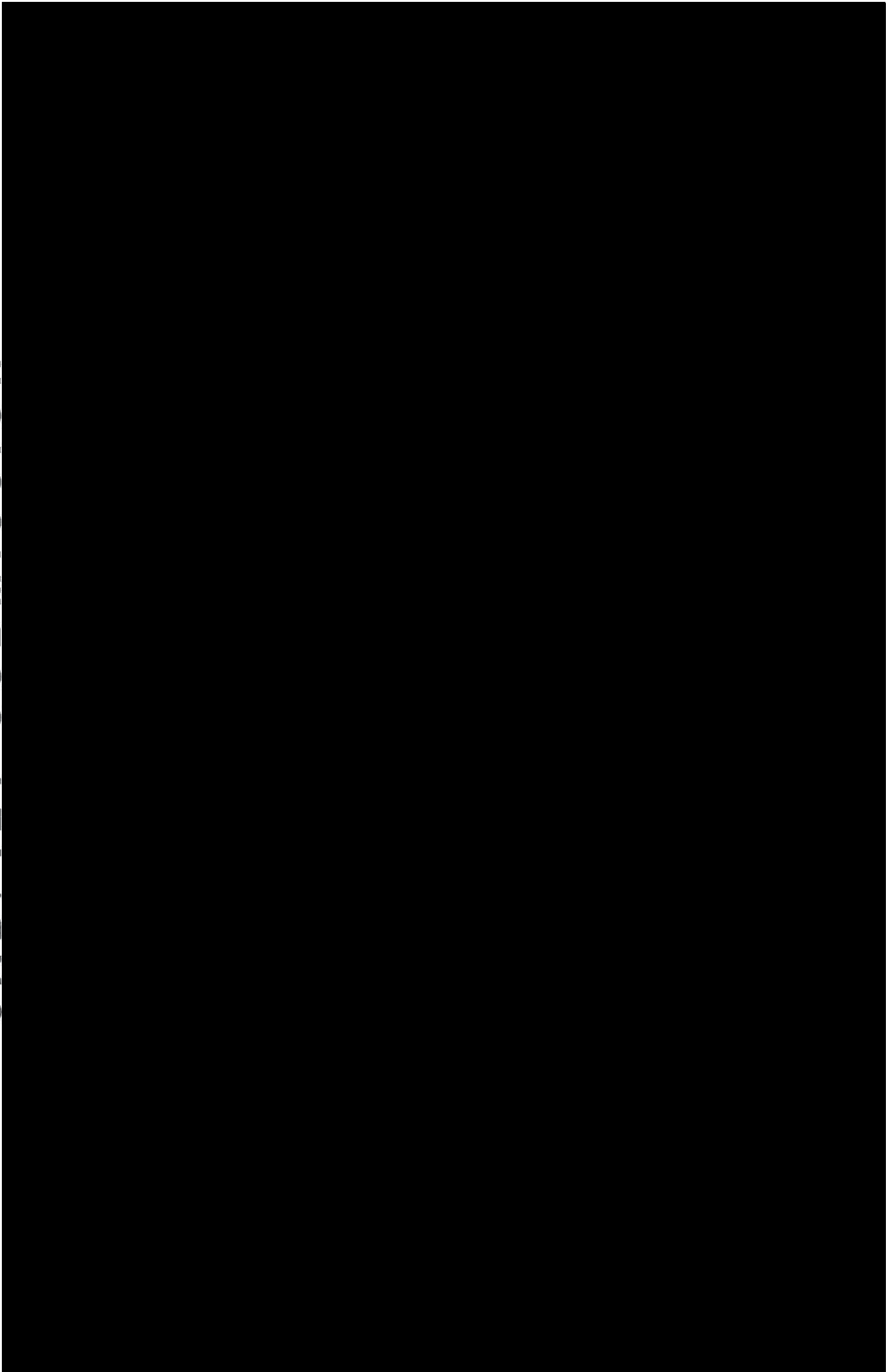
ANMF ACT

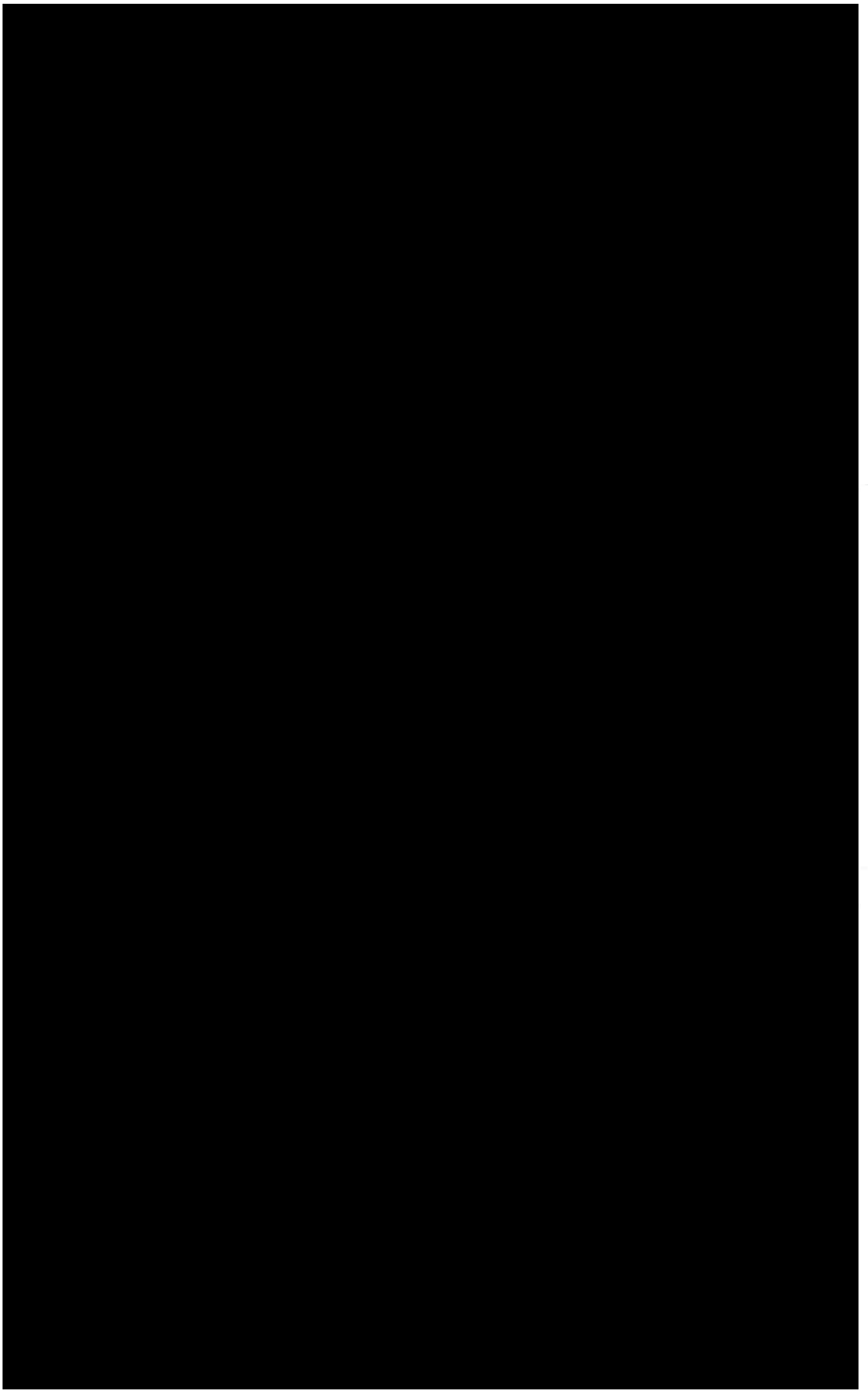




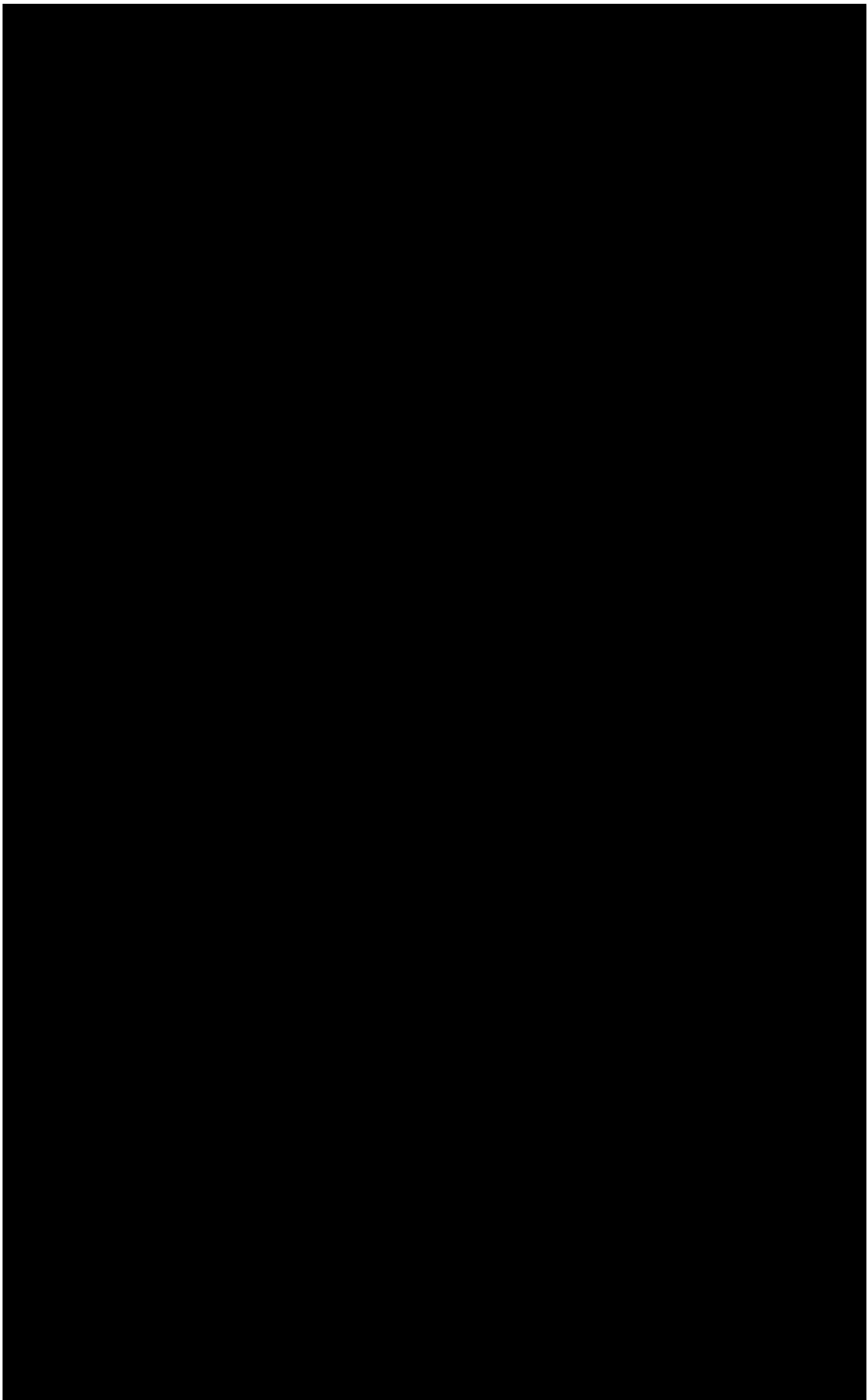


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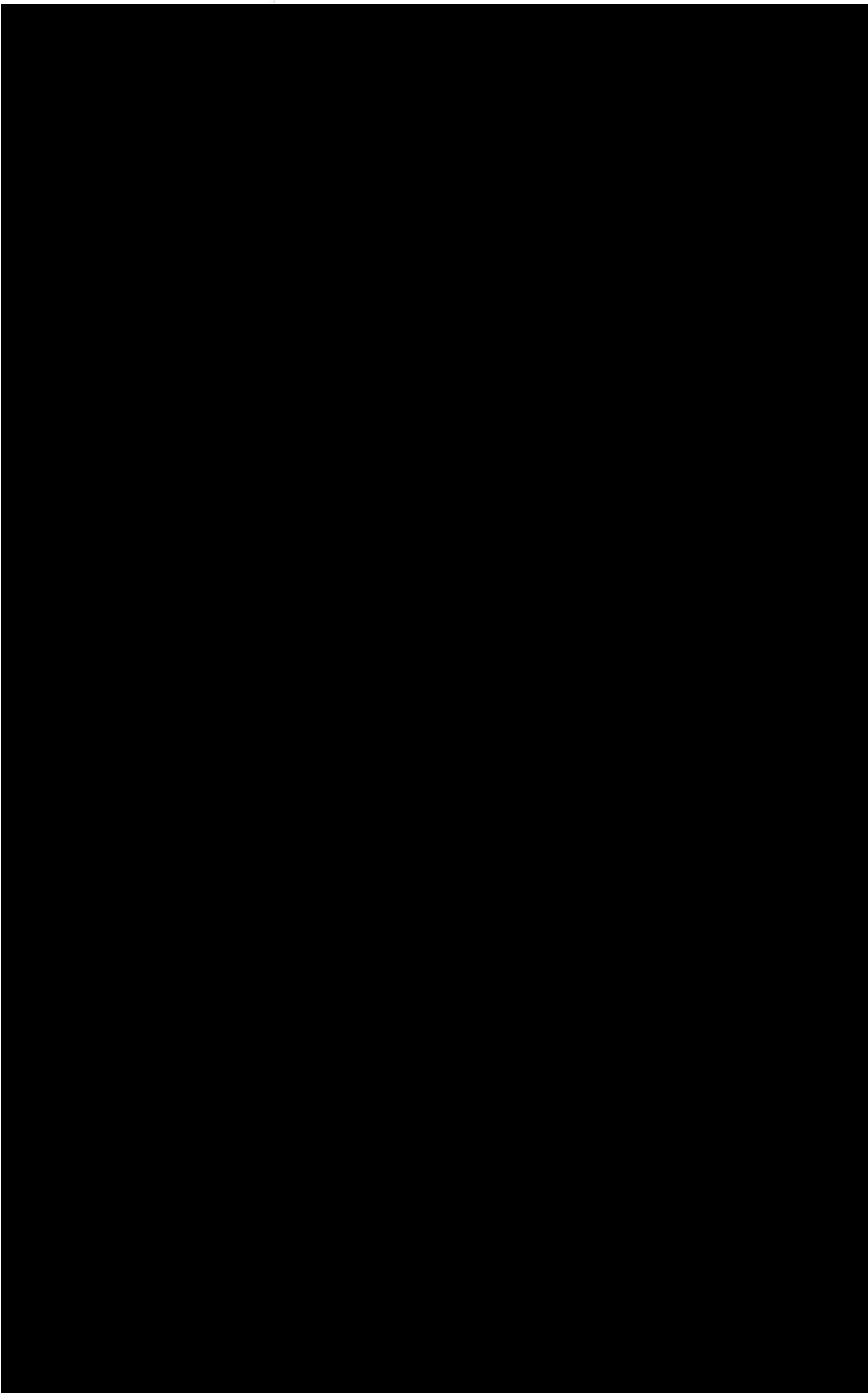


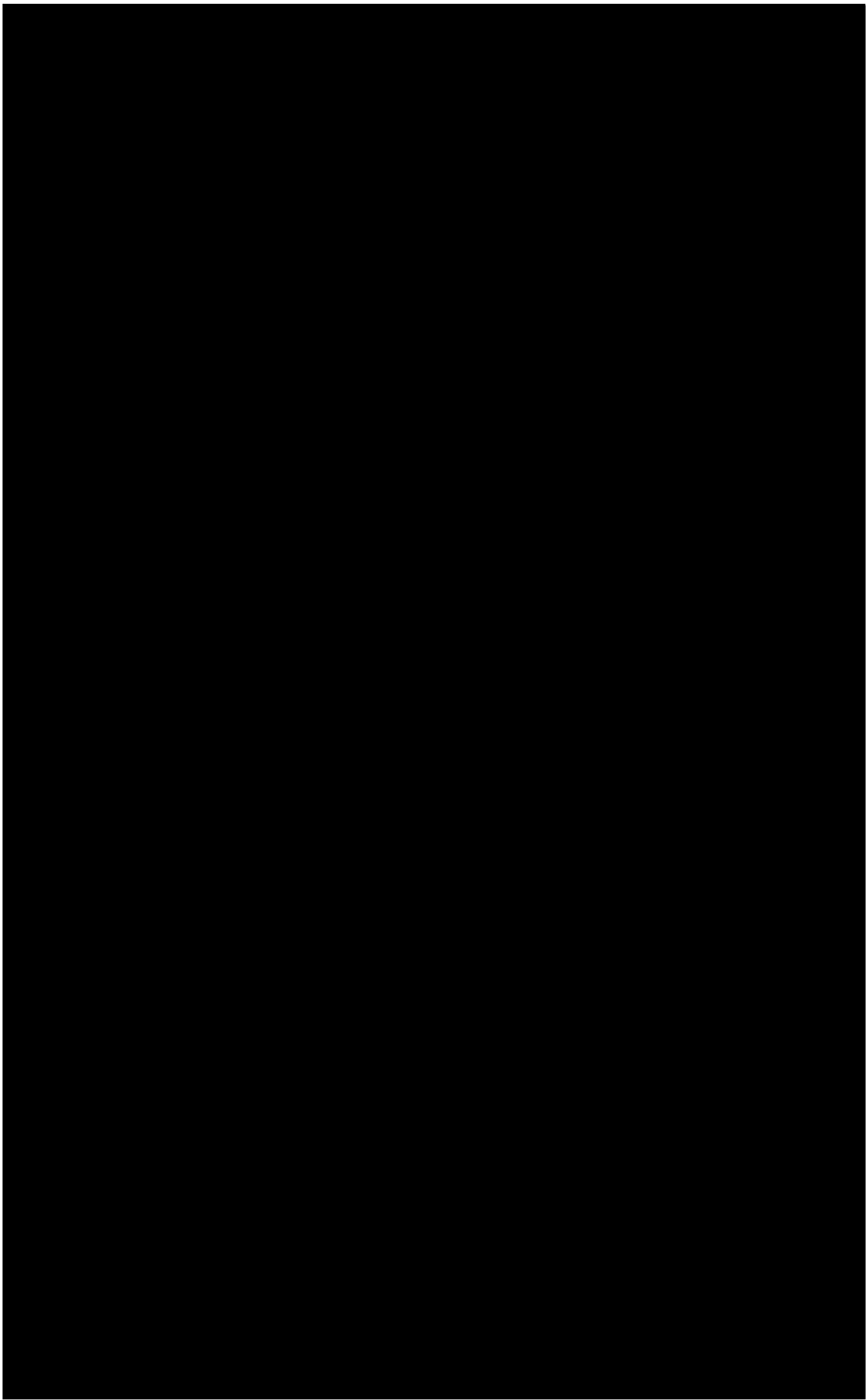
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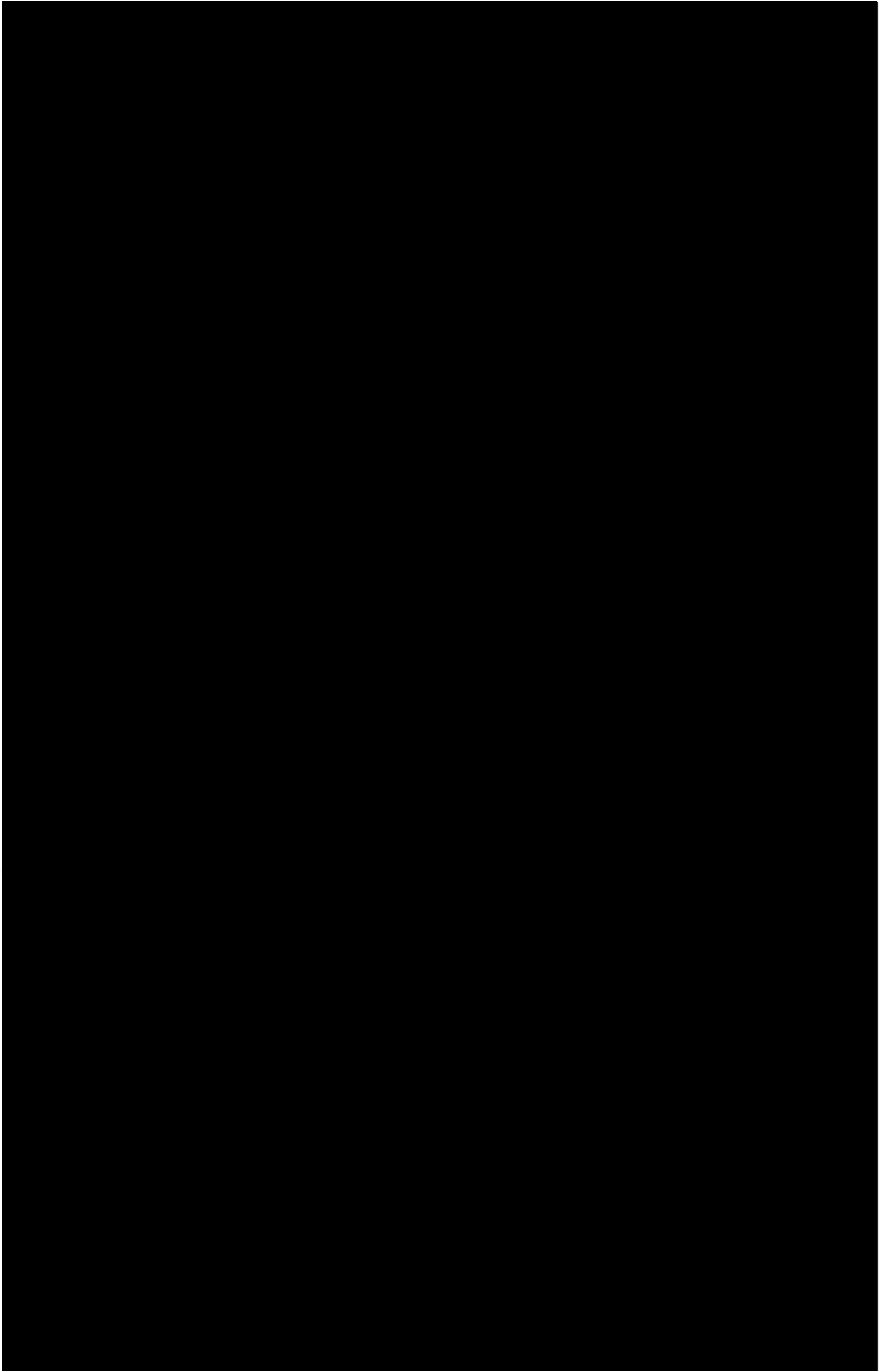
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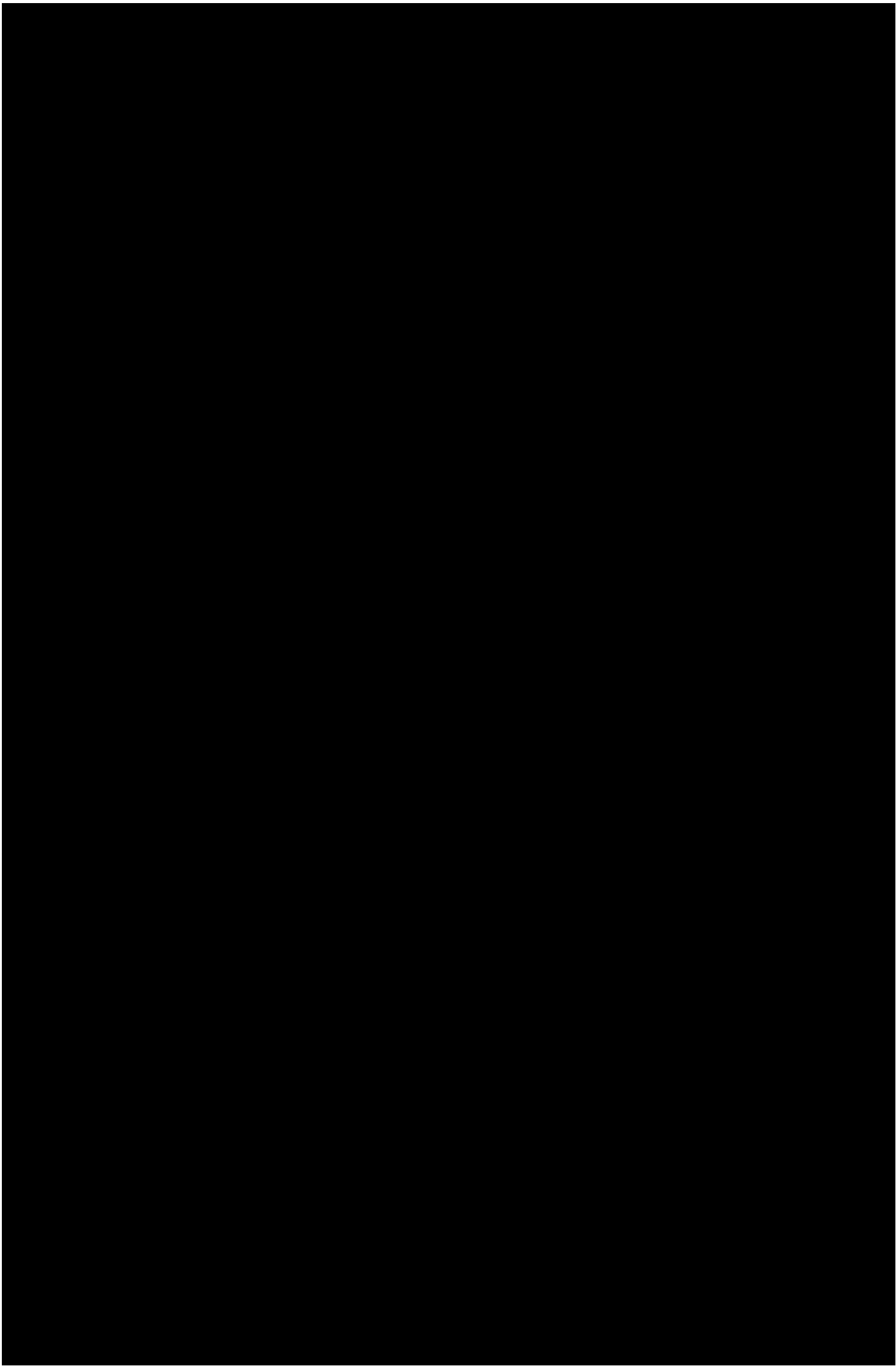


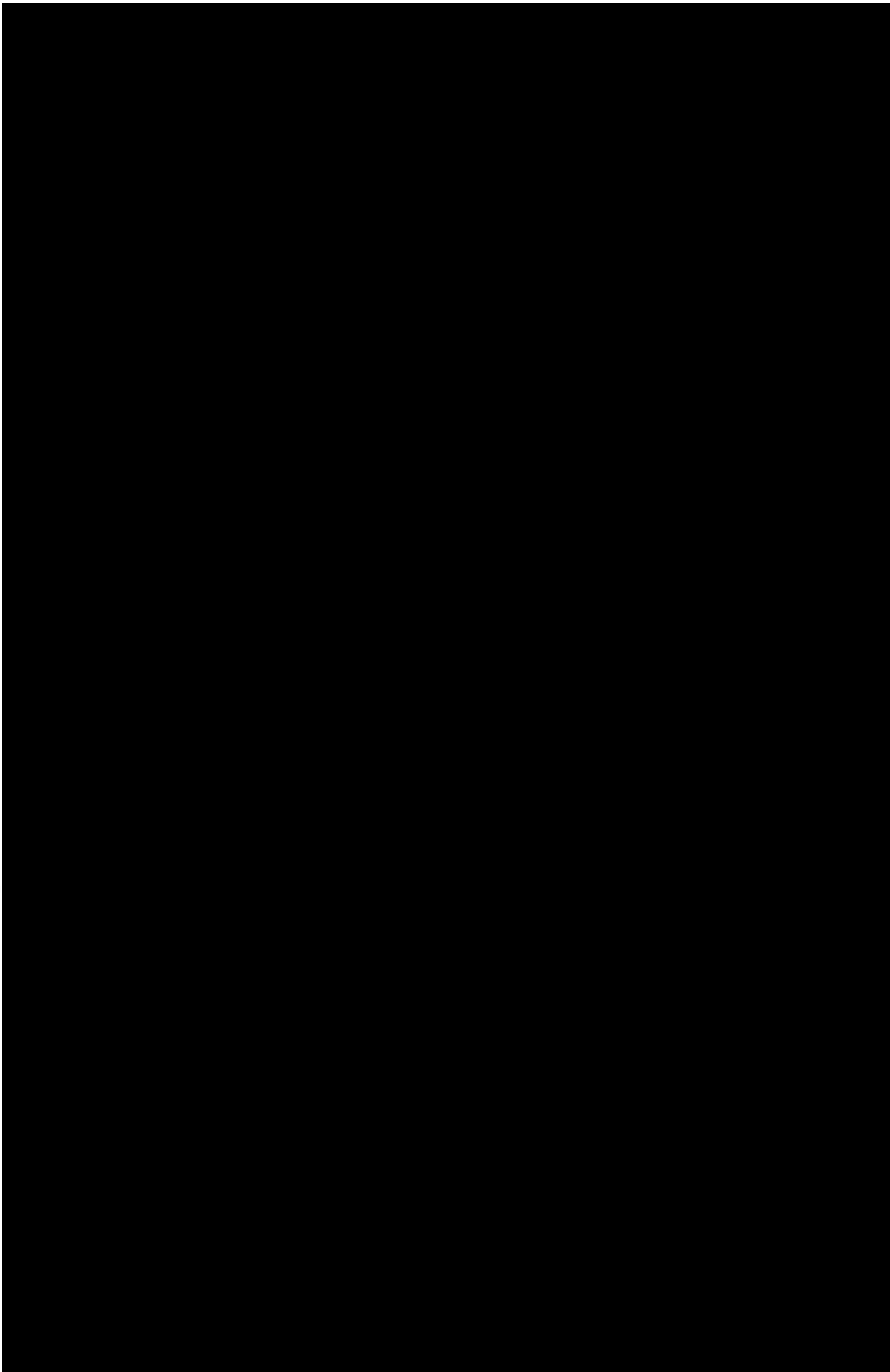


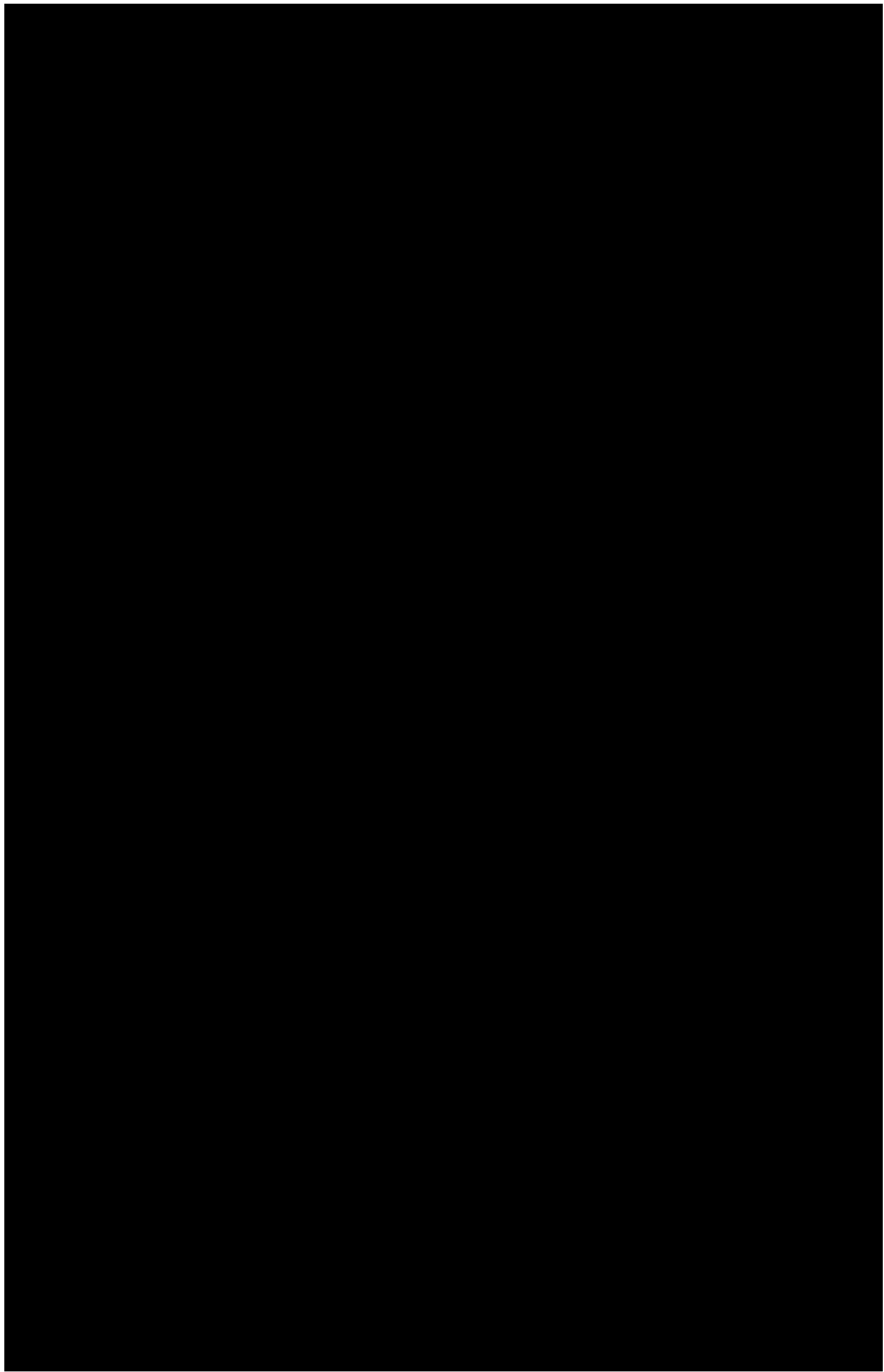
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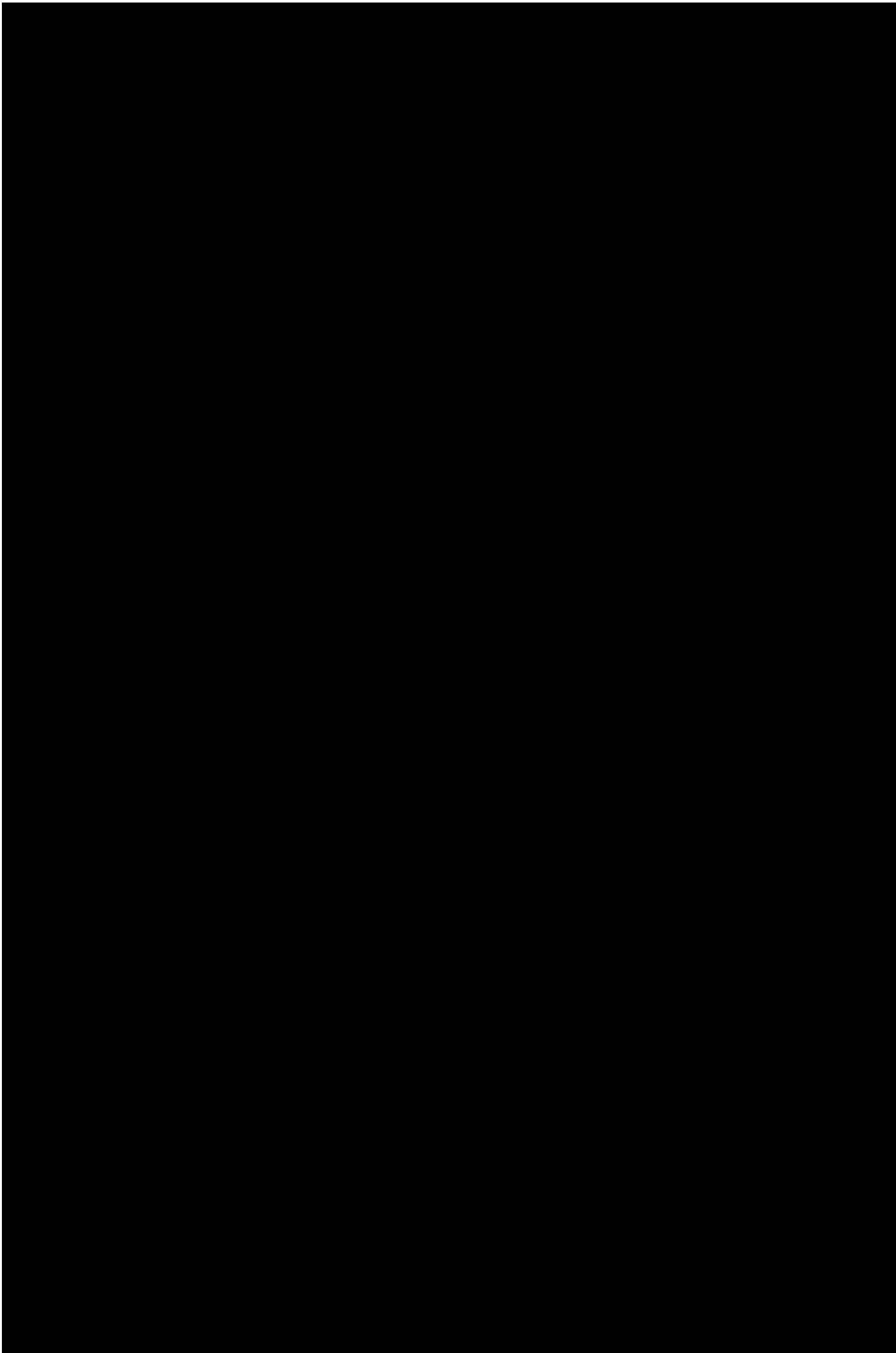
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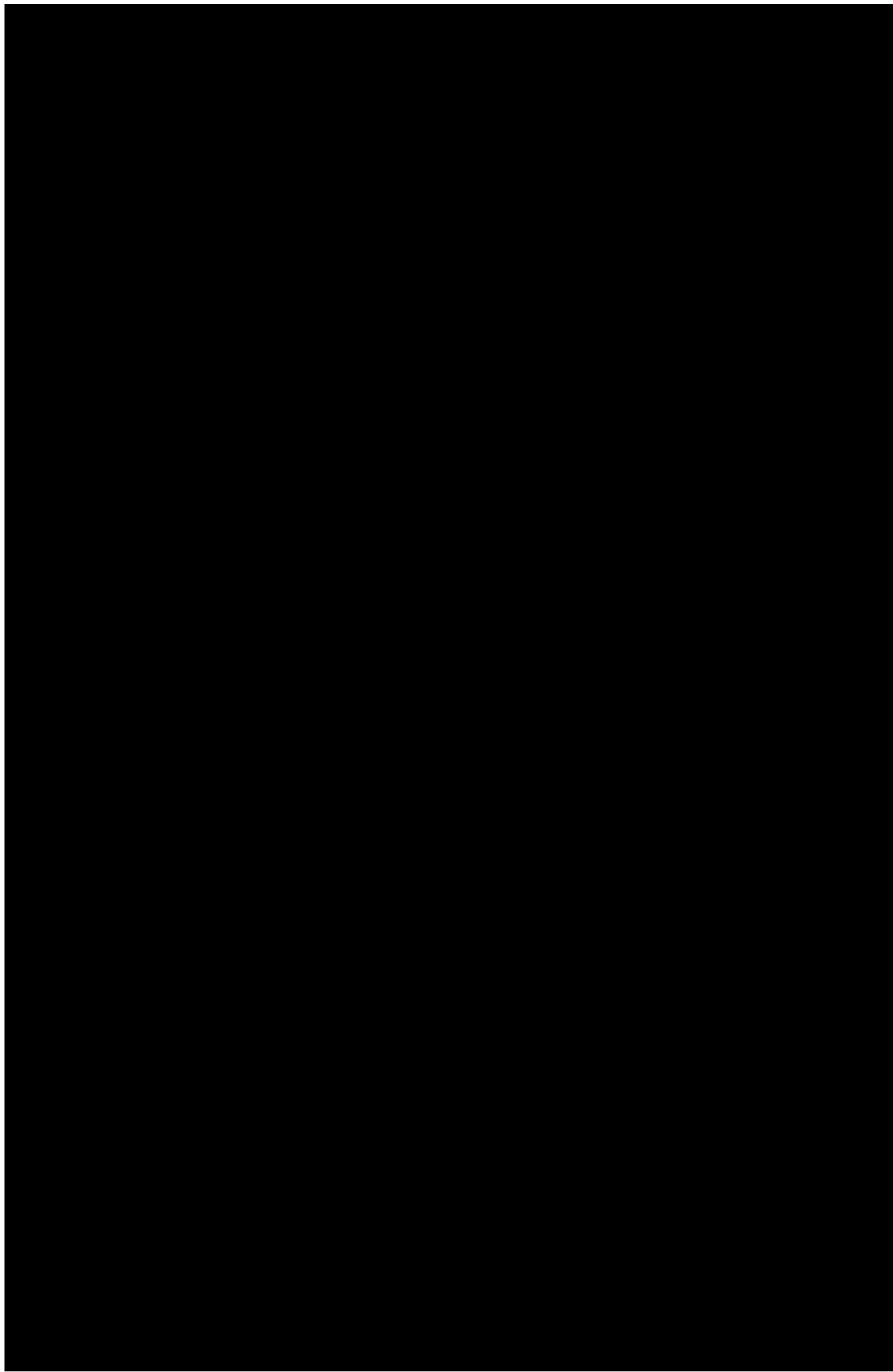


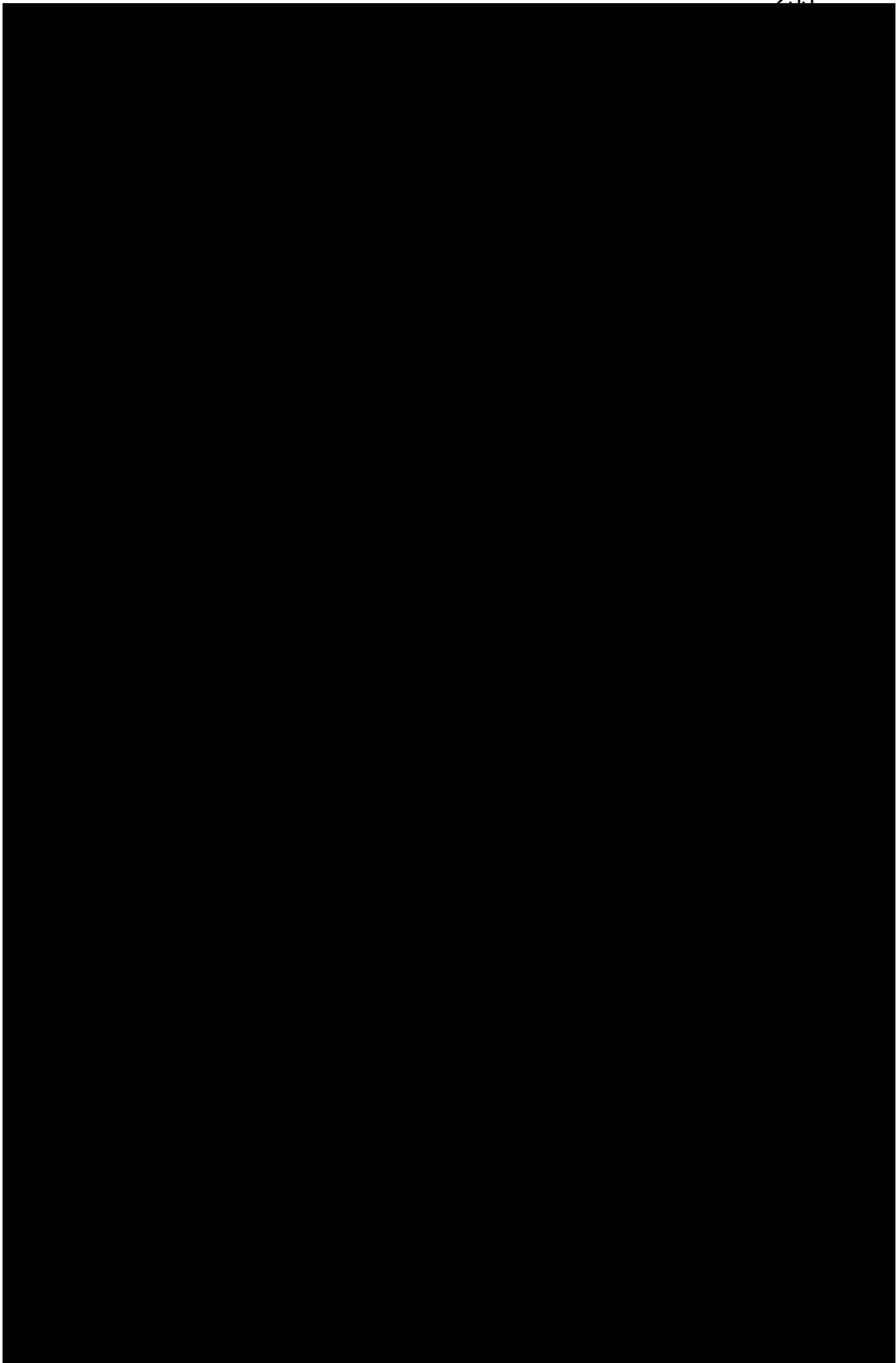






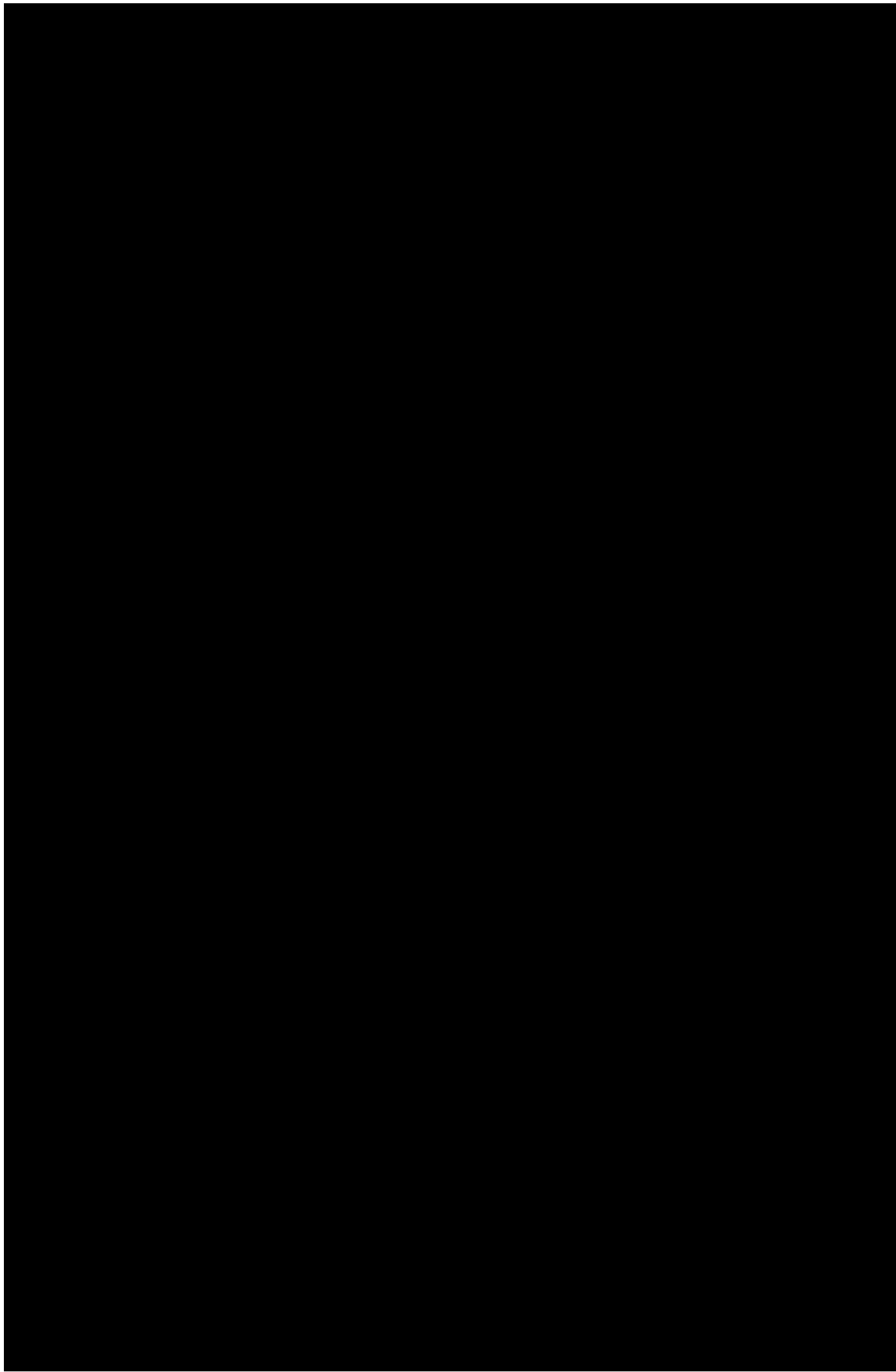


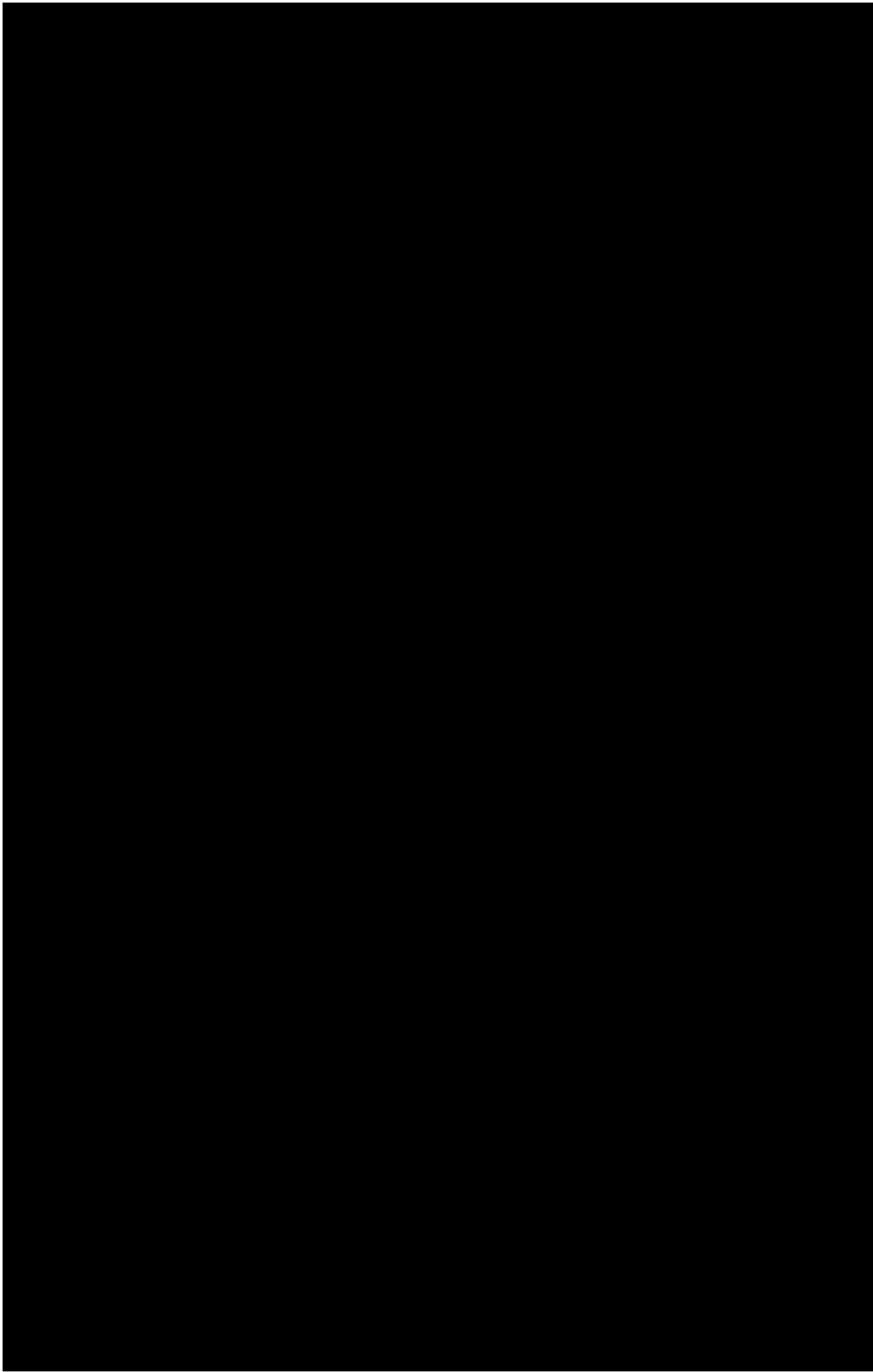


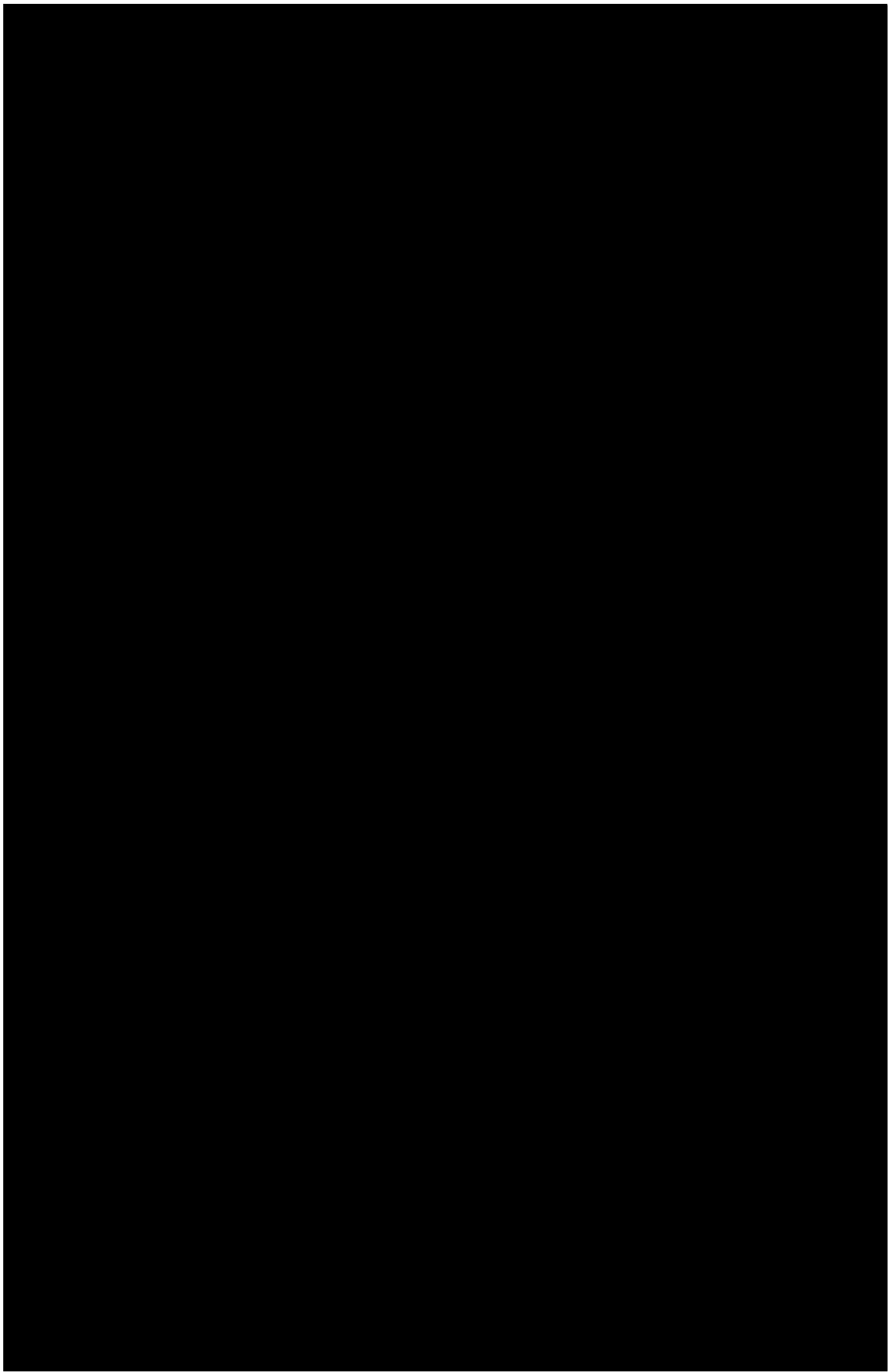


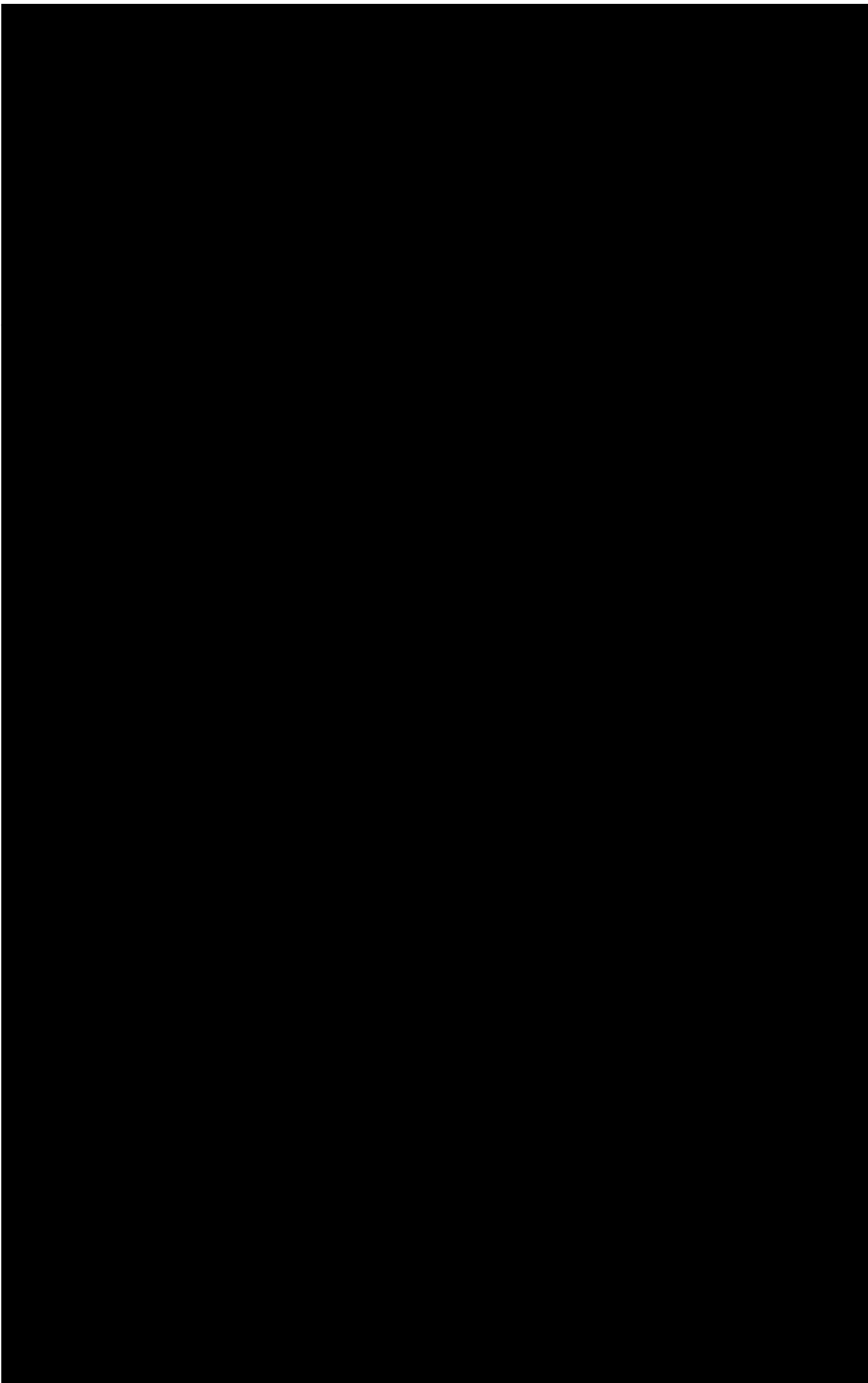
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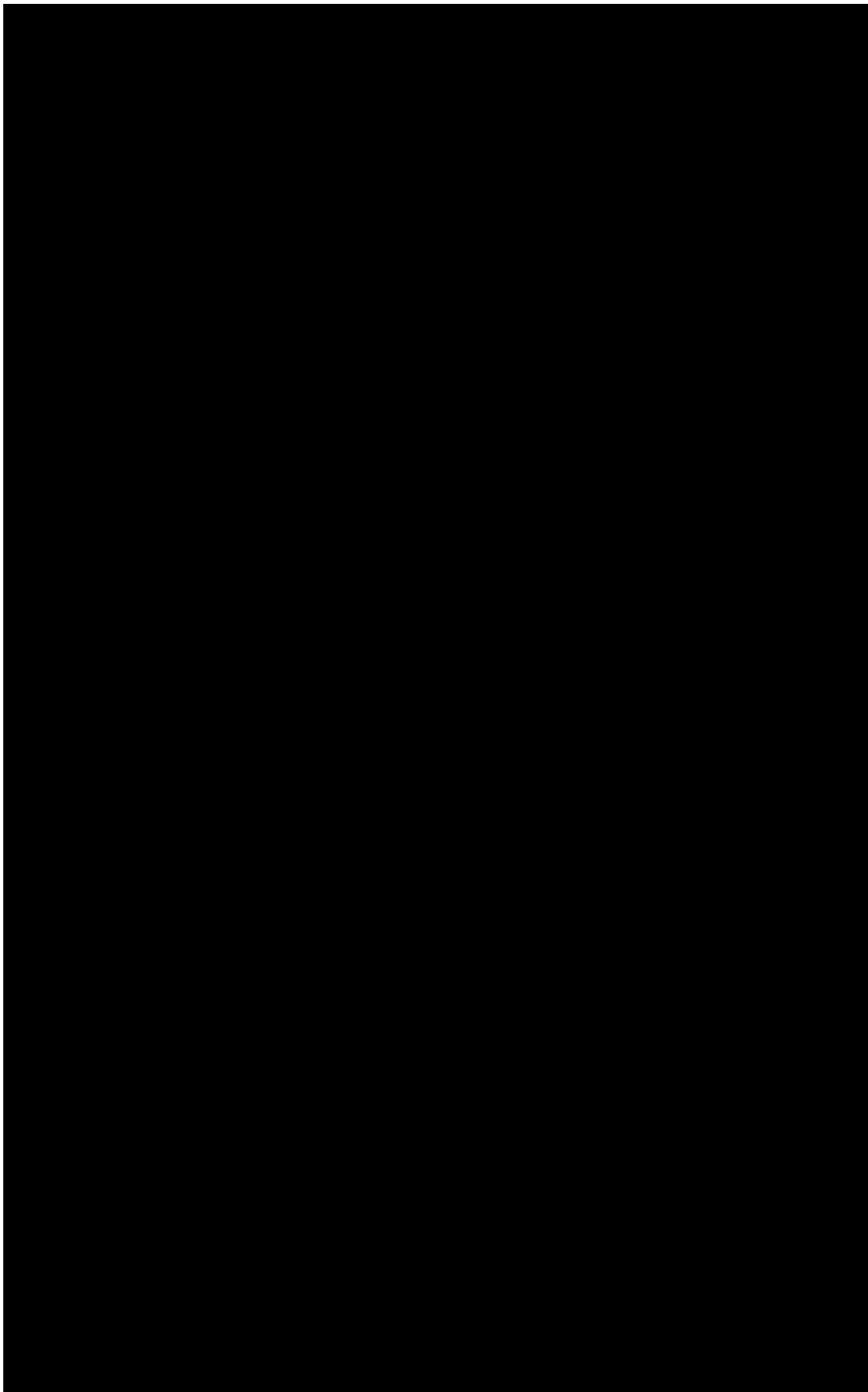
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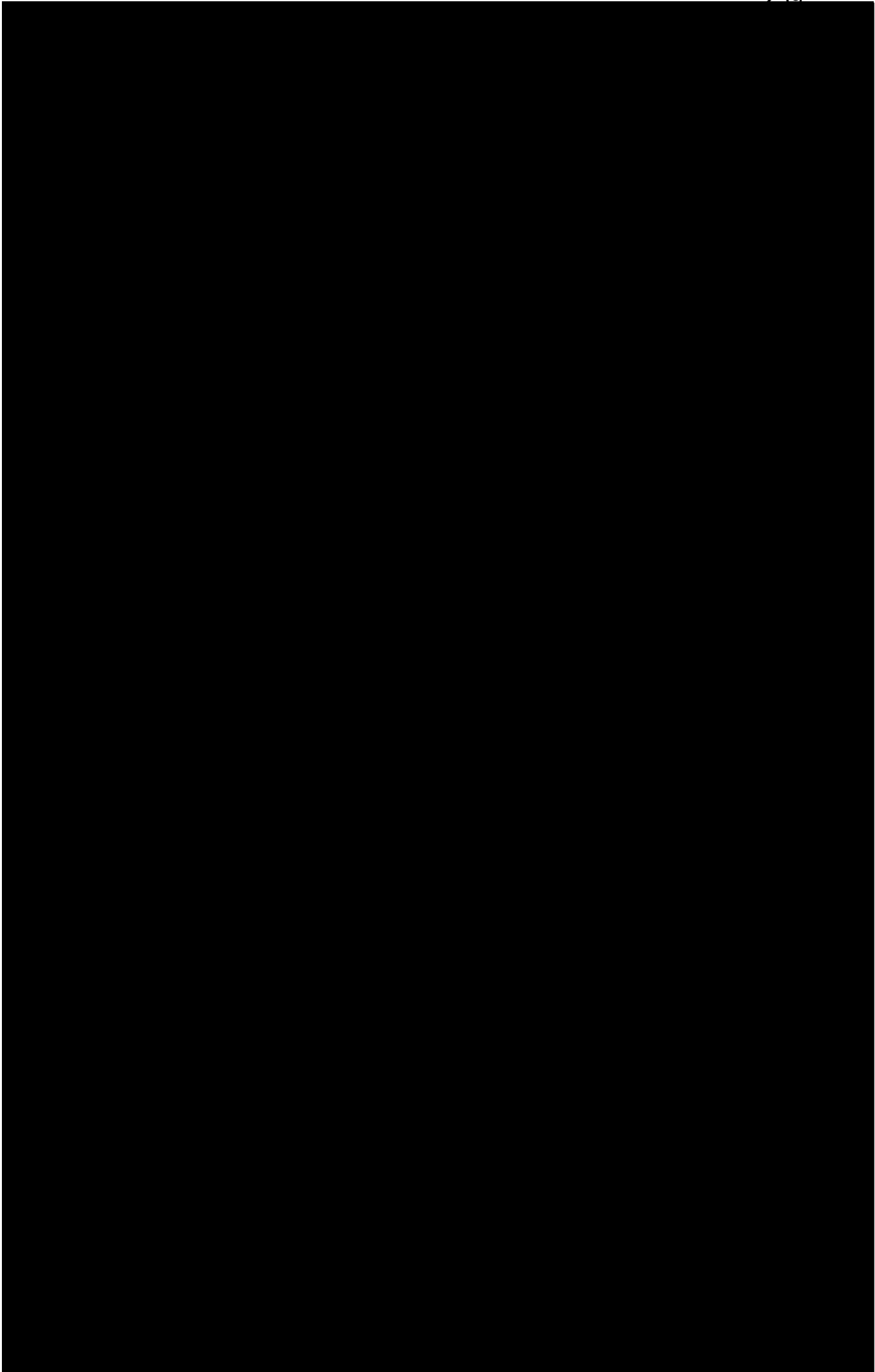












**Cramond, Sarah (Health)**

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**From:** anmfact@anmfact.org.au  
**Sent:** Wednesday, 12 December 2018 12:45 PM  
**To:** De'Ath, Michael (Health)  
**Subject:** ANMF correspondence re Tendering process for QEII Family Centre's new provider  
**Attachments:** Correspondence re Tendering process for QEII FC 12122018.pdf

Good afternoon

Please see attached correspondence from ANMF ACT 

Kind regards





Australian  
Nursing &  
Midwifery  
Federation

AUSTRALIAN CAPITAL TERRITORY

12 December 2018

Mr Michael De'Ath  
Director-General  
ACT Health  
2-6 Bowes Street  
WODEN ACT 2606

via email: michael.de'ath@act.gov.au

Dear Mr De'Ath *Michael*

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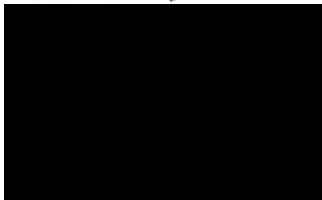
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#### **Way Forward**

The ANMF understands that CMS' management of QEII will conclude as of 30 June 2019.

The ANMF would be grateful for a response to this letter from ACT Health no later than 7 January 2019.

Yours sincerely



ANMF ACT

**Emerson, Marc (Health)**

---

**From:** [REDACTED] (Health)  
**Sent:** Wednesday, 14 November 2018 11:46 AM  
**To:** Sheehan, Lynton (Health)  
**Subject:** CMS Communications Strategy [SEC=UNCLASSIFIED]  
**Attachments:** CMS Communication Strategy - V1 - Oct 2018.pdf

Hi Lynton,  
The CMS Communications Strategy as promised.  
Regards,

[REDACTED]  
[REDACTED]  
Queen Elizabeth II Family Centre  
PO Box 126  
(129 Carruthers Street)  
Curtin ACT 2605  
Australia

Ph: +61 [REDACTED]  
Fax: + 61 2 62052344  
e mail: [REDACTED]@act.gov.au



***Towards Healthy Families***  
Ija Mulanggari, Goodtha Mulanggari  
Thriving Mothers, Thriving babies [*Ngunnawal meaning*]



## Canberra Mothercraft Society Communication Strategy

October 2018

## 1.0 Issue

CMS ceasing as the operator of the Queen Elizabeth II Family Centre on QEII after 30 June 2019

## 2.0 Background

- CMS and its staff have been leaders in the provision of social, maternal and child health services for families of the ACT and surrounding region from the early days of Federation.
- CMS is Canberra's longest serving health service provider and founded the ACT primary health care maternal and child health, child care & carers services that have evolved to what we know them as today.
- CMS has a long history of identifying the needs of the community, establishing services and assisting them to grow into the future under the management of another organisation.
- CMS is proud of the achievements of the service it has provided to families of young children at QEII through its staff. It enjoys a local, national and international reputation for the provision of a high quality service, demonstrated by exemplary accreditation results over the years.
- QEII staff demonstrate the vision and values of CMS every day with every family and increasingly reliable evidence shows this work makes a difference to the long term primary health and social health outcomes for families.
- A protracted period of negotiating an Agreement with ACT Health and CMS' due diligence exercise resulted in:
  - CMS affirming its respect for the Territory to demonstrate probity in the procurement of services and CMS' commitment to continuity of the service for the community;
  - CMS made the decision in August, in the best interest of the community, not to seek a further Agreement with ACT Health after 30 June 2019;
  - CMS' due diligence exercise confirmed, as a small community organisation, it does not enjoy the economy of scale required to effectively operate into the future in an increasingly complex service delivery environment;
  - CMS' commitment to working in partnership with the Minister and ACT Health to see a smooth transition to another provider; and
  - CMS striving to achieve continuing employment for as many staff as possible.

3.0 Situation analysis

<p><b>Strengths:</b>  <b>Members and staff:</b></p> <ul style="list-style-type: none"> <li>• have current, timely and accurate information</li> <li>• understand the goals and objectives of CMS</li> <li>• confidence is maximised</li> <li>• misinformation is minimised</li> </ul> <p>Adequate funding to cover:</p> <ul style="list-style-type: none"> <li>• Staff liabilities</li> <li>• Redundancies</li> <li>• Transition out and business run off activities</li> </ul>	<p><b>Weaknesses:</b>                  Loss of confidence due to uncertainty about:</p> <ul style="list-style-type: none"> <li>• the incoming provider</li> <li>• timing of the tender process</li> <li>• continuing employment</li> </ul>
<p><b>Opportunities:</b></p> <ul style="list-style-type: none"> <li>• CMS in partnership with ACT Health ensure clear and consistent messaging</li> </ul>	<p><b>Threats:</b></p> <ul style="list-style-type: none"> <li>• Inaccurate media interpretation of the messaging</li> <li>• Loss of community confidence</li> <li>• Loss of reputation</li> </ul>



## 4.0 Goals and objectives

### 4.1 Communications strategy goals

1. Community confidence in: the continuity of the service; CMS; ACT Government; and the incoming provider.
2. A seamless transition to an incoming provider by 30 June 2019.
3. Staff confidence in CMS as an employer and continuing employment for as many staff as possible
4. The reputation of CMS and the ACT Government be upheld.

### 4.2 Communication objectives

<ul style="list-style-type: none"> <li>• Maintain the trust of CMS members and staff through a transparent approach in the provision of factual and timely information</li> <li>• Ensure staff are aware of their rights</li> <li>• Staff have confidence in CMS' capacity and commitment to meet its responsibilities</li> <li>• Ensure QEI remains fully functional until 30 June 2019</li> <li>• Maintain community confidence in the service</li> <li>• Maintain the reputation of CMS and the ACT Government</li> </ul>
--

5.0 Target audience

<p>The communications need to reach.</p>	<ul style="list-style-type: none"> <li>• ACT Government</li> <li>• Canberra Mothercraft Society</li> <li>• Community</li> <li>• Staff</li> </ul> <p><b>Internal</b></p> <ul style="list-style-type: none"> <li>• CMS members</li> <li>• QEII staff</li> </ul> <p><b>External</b></p> <ul style="list-style-type: none"> <li>• ACT Health</li> <li>• ACT Minister for Health</li> <li>• Commonwealth Minister for Health</li> <li>• Community</li> <li>• Other Stakeholders – health and social service providers, universities</li> </ul> <p>Staff Associations - ANMF Suppliers and contactors</p>
<p>Additional communication requirements</p>	<ul style="list-style-type: none"> <li>• Congruency with messages sent by ACT Health and the Ministers Office.</li> <li>• Communication that meets legislative obligations</li> </ul>

## 6.0 Key messages

	Key Message
1.	When advised of an open tender process CMS reaffirmed to ACT Health its respect for the Territory to demonstrate probity in the procurement of services.
2.	As Service Agreement negotiations reached its final phase, CMS' due diligence exercise confirmed, as a small community organisation in an increasingly complex service delivery environment, it does not enjoy the economy of scale required to effectively operate into the future.
3.	In the best interest of the community and continuity of the service, CMS made the decision not to seek a further Agreement with ACT Health after 30 June 2019. CMS especially thanks Minister Fitzharris MLA for her understanding and support.
4.	CMS' is committed to working in partnership with the Minister and ACT Health to see a smooth transition of QEII to another provider.
5.	CMS will seek continuing employment for as many staff as possible with the incoming provider.
6	CMS as a public benefit institution, registered charity and incorporated association will continue to focus on the needs of the community through Community Development programs and the CMS Scholarship Scheme.

7.0 Budget  
\$5430

8.0 Implementation

Tactic	Target Audience	Timing	Cost \$	Responsibility
<i>Internal Communications</i> Letters & Email	CMS Members	Mon 29/10/18	\$430	FSdT JL <b>Complete</b>
	Staff	Wed 1/5/19		EOK MK JL
	Staff	Mon 29/10 09:30 Tues 30/10 10:30 Wed 31/10 10:30		FsdT & MK VK & MK LJ & MK <b>Complete</b>
Website	Community	Fri 31/5/19		CJ
Facebook	Community	Mon 3/6/19		CJ
CMS Newsletters	CMS Members	Fri 31/5/19		CJ <b>Ongoing</b>
QEII Staff Newsletter	QEII Staff	Monthly		EO'K & CJ <b>Ongoing</b>

Tactic	Target Audience	Timing	Cost \$	Responsibility
<i>ACT Government Communications</i>				
Minister	COS	Sat 28/10	Nil	MK
	Vanessa Attridge			Ongoing
ACT Health	Agreement Manager			
	Marc Emerson	Fri 27/10		MK
	DDG Leonie McGregor	Sat 28/10		Ongoing MK Ongoing
<i>External Communications</i>				
Meeting	Staff Associations - ANMF	25 Oct 2018	\$5000	MK
Letter	Commonwealth Minister for Health	Wed 1/4/19		Complete MK
	Service Users	Fri 31/5/19		MK & EOK
	Health & social service providers	Mon 1/5/19		MK & EOK
	Universities	Mon 1/5/19		MK & EOK
	Suppliers & contractors	Mon 1/5/19		MK & EOK
	TBA	TBA		MK & EOK
	CMS members & staff	AGM		MK & EOK
				MK & C.J
Other networks				
Events				

## 9.0 Evaluation

Objective	Measure	How to measure
Maintain the trust of CMS members and staff through a transparent approach in the provision of factual and timely information	Engagement in process Transition out newsletters	Satisfaction expressed in communications. Strikes on Website and Social Media pages. Newsletters regularly provided.
Ensure staff are aware of their rights	Staff rights are communicated. Transition out newsletters Staff express satisfaction with the process Staff Associations are informed and kept up to date on progress.	Number of forums held. Attendance at communication forums. Number of positive & negative comments received. Newsletters regularly provided
Staff have confidence in CMS' capacity and commitment to meet its responsibilities	QEII operates with full staffing complement until 30 June 2019.	Number of positive & negative comments received.
Ensure QEII remains fully functional until 30 June 2019	Retention of an appropriately qualified and skilled workforce.	Workforce data. Meet all contractual obligations.
Maintain community confidence in the service	QEII operates until 30 June 2019.	No negative press. Positive community feedback on services.
Maintain the reputation of CMS and the ACT Government	QEII operates until 30 June 2019.	No negative press. Positive community feedback on services.

## 10.0 Possible Questions

Question	Answer
Why did CMS decide to cease operating the QEII Family Centre?	<p>During the final phase of a complicated, protracted and expensive contract negotiation process, it became increasingly clear to CMS that it no longer enjoyed the economy of scale required to operate a high quality service at QEII into the future.</p> <p>CMS also knew that in a climate of falling revenue its capacity to operate as a going concern was not guaranteed.</p> <p>In recognition of the potential implications of an open tender for QEII and the staff, CMS undertook a due diligence review and explored all of its options.</p>
What was basis of the decision?	<p>This decision of CMS was based upon:</p> <ul style="list-style-type: none"> <li>- the advice of an open tender process;</li> <li>- CMS' governance findings in the due diligence process;</li> <li>- the protracted and complicated nature of the negotiations;</li> <li>- with falling revenue its capacity to remain a going concern into the future; and</li> <li>- the increasing complexity of the ACT health service delivery environment.</li> </ul>

Question	Answer
When was the decision first shared?	<p>In late August 2018, CMS advised Minister Fitzharris MLA of its commitment to the people of the ACT for an accessible, acceptable, affordable and quality service at QEII. The Minister was also advised that CMS had formed the view that the service required the resources of an organisation with a larger economy of scale in order to be effective into the future.</p> <p>CMS informed the Minister that it would not seek to sign a Service Agreement beyond the expiration of the 2016–2019 Agreement. Further, CMS affirmed its commitment to work with the Minister and ACT Health to see a smooth transition to the Territory or another provider.</p>
What was the Ministers response?	<p>The Minister expressed her disappointment and acknowledged the contribution that CMS has made to the ACT community, CMS' decision was respectfully accepted. She agreed that CMS and ACT Health would work together on a seamless transition to another provider.</p>
What will be the impact for the Canberra Community?	<p>It is our intention that there will be no impact for the ACT community.</p> <p>There will be no interruption to the provision of services.</p> <p>The service will continue after 30 June 2019 under new management.</p> <p>Health records will be transferred to the incoming provider to enable continuing care.</p> <p>CMS and ACT Health are working in partnership to achieve a smooth transition to the incoming provider.</p>
When will CMS hand over to the incoming provider?	<p>30 June 2019.</p>



Question	Answer
What changes will there be during the transition?	<p>CMS will continue business as usual until 30 June 2019.</p> <p>Transition to the incoming provider will commence three months prior to CMS ceasing management of the service.</p> <p>CMS will share QEII resources, including the name of the service, with the incoming provider.</p>
Can CMS meet its obligations?	<p>CMS has the funds available and will fully comply with all of its legal, Enterprise Agreement, Award obligations and contractual arrangements.</p>
Are funds available to cover staff entitlements?	<p>CMS has the funds to cover all staff entitlements.</p> <p>CMS will comply with the Fair Work Act and relevant EB Agreements and Awards.</p> <p>CMS will do everything it can to see continuing employment with the incoming provider for as many staff as possible.</p>
What will happen to the facility and its contents?	<p>CMS understands the service will continue from this facility. The facility and the fitout are the property of the ACT Government. The furnishings and most of the equipment are the property of CMS.</p> <p>CMS have advised ACT Health delegates that relevant QEII intellectual property will be made available to the incoming provider which may include: service information; service data; health records; documentation/forms; policies; and procedures will also be provided to enable continuing care.</p>
Will CMS continue after it ceases operating QEII?	<p>Yes. CMS as a public benefit institution, registered charity and incorporated association will continue to focus on the needs of the community through Community Development programs and the CMS Scholarship Scheme.</p>

11.0 Approval

<b>This strategy was approved by:</b>	[REDACTED] DON&M/EO
<b>on:</b>	19 October 2018
<b>Further information/Contact details</b>	[REDACTED]

## QUESTION TIME BRIEF

GBC18/821

**Portfolio/s:** Health and Wellbeing**ISSUE: QEII (MOTHERCRAFT MATTER)****Talking points:**

- ACT Health is committed to ensuring that Canberra families continue to have access to the services provided at the QEII Family Centre.
- ACT Health has recently concluded negotiations with the Canberra Mothercraft Society (CMS). I look forward to being able to jointly announce the terms of that agreement shortly.

**Key Information**

- ACT Health Directorate has concluded negotiation with CMS, and a new agreement was executed on 11 October 2018. The terms of this agreement are confidential until CMS and ACT Health agreed on a joint communication protocol.
- CMS informed ACT Health Directorate that they have provided staff information on the planned transition on 29 October 2018, 30 October 2018 and 1 November 2018.

Cleared as complete and accurate:	12/11/2018	
Cleared by:	Executive Director	Ext: 79143
Information Officer name:	Patrick Henry	
Contact Officer name:	Marc Emerson	Ext: 50693
Lead Directorate:	Health	

## QUESTION TIME BRIEF

GBC18/580

**Portfolio/s:** Health & Wellbeing**ISSUE: QEII (MOTHCRAFT MATTER)****Talking points:**

- ACT Health Directorate is committed to ensuring that Canberra families continue to have access to the services provided at the Queen Elizabeth II (QEII) Family Centre.
- ACT Health Directorate has recently concluded negotiations with the Canberra Mothercraft Society (CMS). I look forward to being able to jointly announce the terms of that agreement shortly.

**If decision is made public**

- I understand that Canberra Mothercraft Society has, after 54 years, determined that it wishes to transition out of providing care at the QEII Family Centre.
- CMS has been providing help to Canberra families for generations, touching the lives of many in our community.
- Services through the QEII Family Centre have included support for families with special needs, parenting support, advice and help for unsettled babies, and for mothers with complex breastfeeding and lactation problems.
- To ensure the service continues, ACT Health Directorate has commenced the processes for finding a new provider to ensure a successful transition of service.
- It is our intention to continue providing the types of services provided by QEII.
- ACT Health Directorate has committed to supporting staff through this transition processes.
- I understand CMS made this decision as it had formed the view that the service required the resources of an organisation with a larger economy of scale in order to be effective into the future.

Cleared as complete and accurate:	29/10/2018	
Cleared by:	Executive Director	Ext: 79143
Information Officer name:	Patrick Henry	
Contact Officer name:	Marc Emerson	Ext: 50693
Lead Directorate:	Health	

## QUESTION TIME BRIEF

- I would like to thank CMS for their many years of service to the Canberra community and I look forward to continuing to work with them as they shift their focus towards other community endeavours.
- ACT Health Directorate offered a fully funded four year contract valued at over \$17 million over 4 years to CMS to provide ongoing certainty for this service.

### Key Information

- ACT Health Directorate has concluded negotiations with CMS, and a new agreement was executed on 11 October 2018. The terms of this agreement are confidential until CMS and ACT Health Directorate agreed on a joint communication protocol.
- In addition to continued service funding, the recently signed Deed of Variation provides up to \$3 million to CMS to support its transition out of service provision at the QEII Family Centre.

Cleared as complete and accurate:	29/10/2018	
Cleared by:	Executive Director	Ext: 79143
Information Officer name:	Patrick Henry	
Contact Officer name:	Marc Emerson	Ext: 50693
Lead Directorate:	Health	

**Cramond, Sarah (Health)**

---

**From:** McGregor, Leonie (Health)  
**Sent:** Sunday, 28 October 2018 5:33 PM  
**To:** De'Ath, Michael (Health)  
**Cc:** Dal Molin, Vanessa (Health)  
**Subject:** Fwd: CMS staff & member notification of cessation of operating QEII 30 June 2019 [SEC=UNOFFICIAL]  
**Attachments:** image001.png

For information. I have asked Marc to draft us some talking points as well. L

Sent from my iPad

Begin forwarded message:

**From:** "Attridge, Vanessa" <VanessaS.Attridge@act.gov.au>  
**Date:** 28 October 2018 at 8:42:01 am AEDT  
**To:** [REDACTED] (Health)" [REDACTED]@act.gov.au>  
**Cc:** "McGregor, Leonie (Health)" <Leonie.McGregor@act.gov.au>, "Emerson, Marc (Health)" <Marc.Emerson@act.gov.au>  
**Subject:** Re: CMS staff & member notification of cessation of operating QEII 30 June 2019 [SEC=UNOFFICIAL]

Dear [REDACTED]  
 Thank you very much for letting us know, I will have shared this with the Minister.  
 All the best with the conversations you will be having with staff this week, we will be thinking of you all.  
 Kind regards,  
 Vanessa

Vanessa Attridge  
 Chief of Staff  
 Office of Meegan Fitzharris MLA

On 27 Oct 2018, at 9:14 pm, Kirk, Mary (Health) <Mary.Kirk@act.gov.au> wrote:

Dear Vanessa,  
 Please find attached a brief outlining the information that will be provided to CMS members and staff on Monday 29 October in relation to their cessation of the provision of the service at QEII on 30 June 2019. CMS recognises this may generate public and media interest. I advise Marc Emerson of this process on Friday and have copied the DDG Leonie McGregor and Marc into this email.

Should you require any further information please don't hesitate to contact me on [REDACTED]

Kind regards,  
 [REDACTED]  
 [REDACTED]

Queen Elizabeth II Family Centre  
 PO Box 126

(129 Carruthers Street)  
Curtin ACT 2605  
Australia

Ph: +6 [REDACTED]  
Fax: + 61 2 62052344  
e mail: [REDACTED]@act.gov.au

<image001.png>

***Towards Healthy Families***

Ija Mulanggari, Goodtha Mulanggari

Thriving Mothers, Thriving babies [*Ngunnawal meaning*]

<Ministerial Brief - CMS - QEII October 2018.pdf>

**Emerson, Marc (Health)**

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**From:** [REDACTED] (Health)  
**Sent:** Saturday, 27 October 2018 9:14 PM  
**To:** Attridge, Vanessa  
**Cc:** McGregor, Leonie (Health); Emerson, Marc (Health)  
**Subject:** CMS staff & member notification of cessation of operating QEII 30 June 2019  
 [SEC=UNOFFICIAL]  
**Attachments:** Ministerial Brief - CMS - QEII October 2018.pdf  
**Importance:** High

Dear Vanessa,  
 Please find attached a brief outlining the information that will be provided to CMS members and staff on Monday 29 October in relation to their cessation of the provision of the service at QEII on 30 June 2019. CMS recognises this may generate public and media interest. I advise Marc Emerson of this process on Friday and have copied the DDG Leonie McGregor and Marc into this email.

Should you require any further information please don't hesitate to contact me on 62052338 or 0412 547370.

Kind regards,  
 [REDACTED]

[REDACTED]  
 [REDACTED]  
 Queen Elizabeth II Family Centre  
 PO Box 126  
 (129 Carruthers Street)  
 Curtin ACT 2605  
 Australia

Ph: + [REDACTED]  
 Fax: + 61 2 62052344  
 e mail: [REDACTED]@act.gov.au



***Towards Healthy Families***

Ija Mulanggari, Goodtha Mulanggari  
 Thriving Mothers, Thriving babies [Ngunnawal meaning]





**SUBJECT:** Canberra Mothercraft Society – Public notification of cessation of operations at Queen Elizabeth II Family Centre on 30 June 2019

**To:** Vanessa Attridge, Chief of Staff, Office of Minister Fitzharris MLA

**From:** [REDACTED]

**Date:** 27 October 2018

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**Purpose:**

To advise the Office of Minister Fitzharris MLA, that:

- the staff of the Queen Elizabeth II Family centre (QEII) will be notified from Monday 29 October 2018 that CMS will cease operating QEII from the end of June 2019
- the release of the information may attract public and media interest.

**Background**

The Canberra Mothercraft Society (CMS) and staff have been leaders in the provision of social, maternal and child health services for families of the ACT and surrounding region from the early days of Federation.

CMS is Canberra's longest serving health service provider and second oldest community organisation. CMS founded the ACT primary health care maternal and child health services that have evolved to what we know them as today.

CMS has a long history of identifying the needs of the community, establishing services and assisting them to grow into the future under the management of another organisation.

CMS is proud of the achievements of the service it has provided through its staff to families of young children at QEII. It enjoys a local, national and international reputation for the provision of high quality services, confirmed by exemplary accreditation results over the years.

QEII staff demonstrate the vision and values of CMS every day with every family and increasingly reliable evidence shows this work makes a difference to the long term primary health and social health outcomes for families.

**Issues**

CMS is providing the following advice to its members and staff.

- CMS has run QEII under a single select tender process for the Federal Government and then the ACT Government from its opening in 1963.
- In March 2016 CMS was advised by delegates from the ACT Health Directorate that under the ACT Government Procurement Plan, all community run services, including QEII, would go to open tender in 2019.

- CMS wrote to ACT Health and confirmed its respect for the ACT Government to demonstrate good probity in the procurement of services. CMS also reaffirmed its commitment for the continuity of an accessible, acceptable, affordable and quality service for the community at QEII.
- In recognition of the potential implications of an open tender for CMS, QEII and the staff, the Board undertook a due diligence procedure and considered all options.
- CMS commenced negotiating the 2016-2019 Agreement with delegates from the ACT Health Directorate in May 2016. During negotiations the date for open tender of the service at QEII was initially extended to 2022.
- Should CMS not be the successful tenderer, continuing employment by an incoming provider or the payment of redundancy packages was a key element for CMS in the negotiations.
- The 2016 – 2019 negotiations were finally concluded on 12 October 2018 with the assistance of legal counsel.
- During the final phase of a complicated, protracted and expensive negotiation process, it became increasingly clear to CMS that it no longer enjoyed the economy of scale required to operate a high quality service at QEII into the future.
- Through the negotiations CMS also understood that in a climate of falling private health care revenue its capacity to operate as a going concern was not guaranteed through public funding.
- In late August 2018, CMS advised Minister Fitzharris MLA of its commitment to the people of the ACT for an accessible, acceptable, affordable and quality service at QEII. The Minister was also advised that CMS had formed the view that the service required the resources of an organisation with a larger economy of scale in order to be effective into the future: This decision of CMS was based upon:
  - the process and financial implications of an open tender;
  - CMS' governance findings in the due diligence process;
  - the protracted and complicated nature of the Agreement negotiations; and
  - the increasing complexity of the ACT health service delivery environment.
- CMS informed the Minister that it would not seek to sign a Service Agreement beyond the expiration of the 2016–2019 Agreement.
- CMS affirmed its commitment to Minister Fitzharris to work in partnership with ACT Health to see a smooth transition to the Territory or another provider.
- A Deed of Variation was signed by CMS and the Territory with funding for CMS to operate QEII until 30 June 2019. Under that Deed, costs for staff entitlements, transition out and run off activities will be met.
- After it ceases operating QEII, CMS will continue to focus on the needs of the community through Community Development programs and the CMS Scholarship Scheme.

**Recommendations:**

- Note the above information.

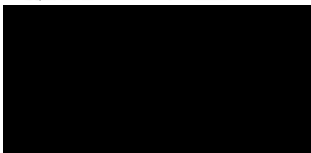


Queen Elizabeth II Family Centre

Phone:

Mobile:

Email:





## MINISTERIAL BRIEF

## ACT Health Directorate

UNCLASSIFIED

To: Minister for Health and Wellbeing

Tracking No.: MIN 18/1670

10 OCT 2018

Date: 8 October 2018

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

Subject: Canberra Mothercraft Society service funding negotiations

Critical Date: 11 October 2018

Critical Reason: The current agreement with CMS will expire on Sunday 14 October 2018

- DG .../.../...

**Purpose**

To advise you on the current status of negotiation with Canberra Mothercraft Society concerning their transition out of service delivery at the Queen Elizabeth II centre (QEII).

**Recommendations**

That you note the information contained in this brief.

Noted/ Please Discuss

Meegan Fitzharris MLA

25/10/18

## Minister's Office Feedback

Please provide an update next month.

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**Background**

1. ACT Health has previously provided briefings on this matter (Attachment A).
2. You met with representatives of Canberra Mothercraft Society (CMS) Board on 27 August 2018. ACT Health understands that at this meeting CMS indicated that it was seeking to exit service delivery at QEII and would require financial assistance from the ACT Government to support this transition.
3. ACT Health understands that in response to this you agreed to provide financial assistance to support CMS' transition costs in addition to any funding for service provision until the date of transition.
4. CMS has quantified the cost of transition as \$3,154,356 with a variance of +/- 20 percent making the actual range for this request between \$2,523,845 and \$3,785,227.
5. Payment of these costs would result in the quantum of funding for CMS for 2018/2019 being between \$6,194,725 and \$7,456,107.
6. Since your meeting with CMS, ACT Health has been negotiating with CMS on appropriate clauses to include in their contract to support both CMS' transition out of service delivery and the ongoing provision of the service by a new provider.
7. CMS' current agreement with ACT Health expires on 14 October 2018.

**Issues**

8. ACT Health is currently negotiating with CMS to extend and vary their current service funding agreement until 30 June 2019, to support the transition of the services currently offered by the QEII Family Centre to another provider.
9. While there is general agreement with CMS on the terms of this contract, there are a number of contractual issues which, while technical in nature, are substantive. These include, but are not limited to, agreement on:
  - a. The scope of what is meant by "transition costs";
  - b. The financial figure and acquittal of funds associated with the transition;
  - c. Co-operation with ACT Health and any incoming service provider in transitioning the service;
  - d. the proper transfer of Health Records upon transition of the service;
  - e. transfer of the business name Queen Elizabeth II Family Centre if required; and
  - f. Lease arrangements of the QEII Family Centre building.
10. ACT Health provided a Deed of Variation (DOV) to CMS on Monday 8 October 2018 which provides clauses to address the matters discussed above.
11. ACT Health and the Government Solicitors Office (GSO) met with CMS and their legal representatives Ashurst on Tuesday 9 October 2018 to discuss ACT Health's offer.
12. CMS provided verbal agreement to the offer, subject to technical wording adjustments in relation to the clauses regarding the building lease to better reflect the current terms of the lease agreement.

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13. A copy of the Deed of Variation as provided to CMS is at Attachment B. Details regarding the specific clauses and their intent is outlined below.

Scope of transition and costs

14. ACT Health is seeking to define "transition costs" to include:
- a. any redundancy pay, pay in lieu of notice of termination and payment of any outstanding annual and long service leave entitlements;
  - b. costs of engaging a transition out manager on a full-time basis to facilitate transition out activities;
  - c. legal and accounting costs incurred to facilitate transition out;
  - d. business run-off activities;
  - e. asset management costs associated with the disposal of plant and equipment; and
  - f. run off insurance.
15. Given the variability of CMS' own estimates on the cost of transition, ACT Health is also proposing to cap the total funding made available to CMS for transition to a maximum of \$3 million. It is proposed that this funding would be offset by unexpended funds from the service delivery and overpayments resulting out of wage indexation.
16. The payment of invoices related to transition costs would be subject to CMS providing invoices with appropriate evidence to substantiate the cost as being directly related to the transition of the service as provided for in the proposed definition.

Cooperation with ACT Health and incoming service providers and transfer of Health Records and documents

17. To ensure a smooth transition of the service to a new provider, ACT Health is proposing to place terms in the contract to define the scope of documents CMS should provide and to ensure all parties are aware of the obligations to support the transition.
18. This includes clauses which cover the appropriate transfer of medical records in accordance with the *Health Records (Privacy and Access) Act 1997 (ACT)*.
19. ACT Health is also seeking CMS' cooperation with providing briefings and information to any new service provider to ensure the smooth transfer and delivery of the service.

Audit

20. In addition, ACT health is seeking to have CMS provide an independently audited financial report by a registered auditor which, includes:
- a. an audited statement of receipts and expenditure;
  - b. an audited statement of the Transition-Out Costs;
  - c. an audited statement of the Services delivered; and
  - d. a definitive statement made by the auditor that the statements of receipts and expenditure, Transition-Out Costs, and Services delivered are fair and true.

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Transfer of name

21. CMS currently has registered and is trading as the Queen Elizabeth II Family Centre.
22. However, this is also the name of the building from which the service operates. The building is the property of ACT Health, and reflects the original naming of the Centre (although at a different location) in honor of the Queens royal visit to Canberra in 1963 as part of the Canberra Jubilee celebrations.
23. There are concerns regarding the trade marking of the name. The *Business Name Registration Act 2011* states that a business name is available to an entity if it is not of a kind that is undesirable. Usage of the Sovereign's name is considered "undesirable" according the *Business Names Registration (availability of names) determination 2012*.
24. Therefore, ACT Health understands that the Sovereign's name cannot be registered in this fashion where the connection to or patronage by the Sovereign is not clear. As a result, an issue may arise where CMS seeks to continue to operate as the "Queen Elizabeth II Family Centre", while no longer operating out of the building of that name.
25. In order to ensure continued public confidence in the transition and to avoid future conflict over the naming conventions of the building and service, ACT Health is proposing to include in the contract provisions concerning the transfer of the name to either ACT Health or to a new provider under agreement.

**Financial Implications**

26. ACT Health will need to seek a treasurer's advance to cover the costs associated with the *transition*, currently proposed to be capped at \$3 million.
27. CMS is currently funded through the Local Hospital Network. There are no additional funds available in the Local Hospital Network pool.

**Consultation**Internal

28. None.

Cross Directorate

29. The ACT GSO has provided, and continues to provide, extensive specialist legal advice relating to this matter. ACT GSO has noted substantial risks to the Territory related to the transitions of this service.

External

30. ACT Health and ACT GSO have been in direct negotiation with CMS and their legal representatives, Ashurst on the terms of the transition out. In addition, CMS has displayed a sustained propensity to make significant and substantive last minute variations to agreed terms during or at final stages of negotiation.

**Work Health and Safety**

31. None.

UNCLASSIFIED

## UNCLASSIFIED

**Benefits/Sensitivities**

32. CMS has provided services to many women in Canberra over a long period of time, and this transition does need to be handled carefully, and as much as possible in close collaboration with CMS.

**Communications, media and engagement implications**

33. CMS, through the QEII center, provides a service that is perceived as valuable by many Canberra mothers, children and families. It is likely that should CMS wish to make discussions with ACT Health a matter of public record, there would be some community support.
34. ACT Health is prepared for media in the event that CMS is unhappy with the current proposal and seek to raise the matter publicly or through the media.
35. As part of any transition plan developed in consultation with CMS, ACT Health will also develop a comprehensive communication and media issues management plan to support the transition. This plan outlines the media approach and associated media materials (statement, talking points, Q&As) to ensure effective media management and monitoring of the issue by ACT Health and the ACT Government more broadly.
36. The plan includes strategies to provide appropriate information for reporters to ensure accurate reporting and a community information strategy to ensure the ACT Public can access necessary information about the impacts of any transition process.

Signatory Name:	Leonie McGregor, Deputy Director-General-Health Systems, Policy and Research	Phone:	52439
Action Officer:	Marc Emerson, Manager, Policy, Partnerships and Programs	Phone:	50693

**Attachments**

Attachment	Title
Attachment A	Previous briefs
Attachment B	CMS Deed of Variation 12

UNCLASSIFIED



**Emerson, Marc (Health)**

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**From:** Emerson, Marc (Health)  
**Sent:** Friday, 12 October 2018 11:33 AM  
**To:** Dal Molin, Vanessa (Health); McGregor, Leonie (Health)  
**Subject:** FW: CMS: Deed of Variation 12 - Execution Version [DLM=Sensitive: Legal]  
**Attachments:** Deed of Variation 12 executed by CMS.pdf

Please see signed DOV from Mothercraft.

Please let me know when DG has signed his version so I can transmit to GSO.

Cheers

Marc

**Marc Emerson** | Manager  
 Phone: 02 620 50693 | Email: [marc.emerson@act.gov.au](mailto:marc.emerson@act.gov.au)  
 Policy, Partnerships and Programs | ACT Health Directorate | ACT Government  
 2-6 Bowes Street, PHILLIP ACT 2606

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**From:** Marsh, Caroline  
**Sent:** Friday, 12 October 2018 11:03 AM  
**To:** Emerson, Marc (Health) <[Marc.Emerson@act.gov.au](mailto:Marc.Emerson@act.gov.au)>  
**Cc:** Clery, Chris <[Chris.Clery@act.gov.au](mailto:Chris.Clery@act.gov.au)>  
**Subject:** RE: CMS: Deed of Variation 12 - Execution Version [DLM=Sensitive: Legal]

Dear Marc

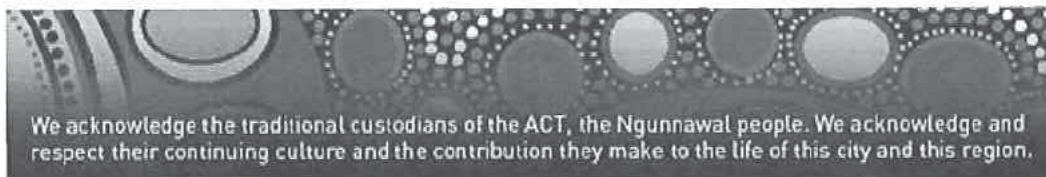
I attached a scanned version of the counterpart executed by CMS.

Could you please let me know when the Director-General has executed our counterpart?

Many thanks  
 Caro

**Caroline Marsh** | Principal Solicitor – Commercial | ACT Government Solicitor  
 2 620 53715 | 02 620 70650 | DX 5602 Canberra | PO Box 260 Civic Square ACT 2608  
[www.actgs.act.gov.au](http://www.actgs.act.gov.au)  
 Ref: 632673

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**From:** Marsh, Caroline  
**Sent:** Thursday, 11 October 2018 3:46 PM  
**To:** Emerson, Marc (Health) <[Marc.Emerson@act.gov.au](mailto:Marc.Emerson@act.gov.au)>

**Cc:** Clery, Chris <Chris.Clery@act.gov.au>

**Subject:** CMS: Deed of Variation 12 - Execution Version [DLM=Sensitive: Legal]

Dear Marc

I refer to your instructions earlier today and accordingly attach an execution version of Deed of Variation 12. The variation is to both the Service Funding Agreement with Canberra Mothercraft Society Inc dated 31 October 2013 and the Licence and Operating Agreement dated 1 July 2000, provides for an extension of the terms until 30 June 2019 and generally provides for the various transition-out arrangements agreed by the parties.

[REDACTED] has forwarded the agreement to CMS and suspects it will be executed by them this afternoon.

As the document now provides for execution in counterparts, the Deed will be taken to have been executed once the last party signs its copy of the document.

We would be grateful if you could arrange for execution of three copies of the Deed by the Director-General at your earliest convenience, noting that the Agreement will expire at the end of 14 October 2018 (Sunday).

As before, I would be grateful if you could send me a scanned copy of the Deed once signed. We will arrange for a copy of each signed version to be forwarded to each party once received.

Please let me know if you have any questions.

Kind regards

Caro

**Caroline Marsh** | Principal Solicitor – Commercial | ACT Government Solicitor

☎ 02 620 53715 | 📠 02 620 70650 | 📍 DX 5602 Canberra | 📧 PO Box 260 Civic Square ACT 2608

[www.actgs.act.gov.au](http://www.actgs.act.gov.au)

Ref: 632673

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We acknowledge the traditional custodians of the ACT, the Ngunnawal people. We acknowledge and respect their continuing culture and the contribution they make to the life of this city and this region.





# DEED OF VARIATION

Dated

\_\_\_\_\_

Parties

**AUSTRALIAN CAPITAL TERRITORY  
HEALTH DIRECTORATE**

**AND**

**CANBERRA MOTHERCRAFT SOCIETY  
INCORPORATED  
ABN 27 358 139 470  
TRADING AS  
QUEEN ELIZABETH II FAMILY CENTRE**

**VARIATION OF 2013-2016 SERVICE  
FUNDING AGREEMENT –  
DEED OF VARIATION 12**

**CONTRACT NO: 2013.21920.450**

**PARTIES:** **AUSTRALIAN CAPITAL TERRITORY**, the body politic established by section 7 of the *Australian Capital Territory (Self-Government) Act 1988* (Cth) (**Territory**) represented by the Health Directorate.

**CANBERRA MOTHERCRAFT SOCIETY  
INCORPORATED** trading as **QUEEN ELIZABETH II  
FAMILY CENTRE ABN 27 358 139 470** of 129 Caruthers  
Street, CURTIN ACT 2605 (**Organisation**).

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## BACKGROUND

### *Agreement*

- A. The Territory and the Organisation executed an agreement (**Agreement**) on 31 October 2013 in relation to the provision of Primary Health Care Residential Services to families of young children for the Agreement Period of 1 July 2013 to 30 June 2016.
- B. The Territory and the Organisation signed Deed of Variation 1 on 19 August 2014, varying the Agreement at **Schedule 4 – Funding Amount and Payment**.
- C. The Territory and the Organisation signed Deed of Variation 2 on 15 October 2014, varying the Agreement at **Schedule 4 – Funding Amount and Payment**.
- D. The Territory and the Organisation signed Deed of Variation 3 on 29 April 2016, varying the Agreement at **Schedule 2 – The Services** and **Schedule 4 – Funding Amount and Payment**.
- E. The Territory and the Organisation signed Deed of Variation 4 on 30 May 2016, varying the Agreement at **Schedule 4 – Funding Amount and Payment**.
- F. The Territory and the Organisation signed Deed of Variation 5 on 15 June 2016, varying the Agreement at **Schedule 1 – Agreement Details and Further Definitions** by extending the Agreement Period until 30 September 2016.
- G. The Territory and the Organisation signed Deed of Variation 6 on 21 September 2016, varying the Agreement at **Schedule 1 – Agreement Details and Further Definitions** by further extending the Agreement Period until 31 December 2016.
- H. The Territory and the Organisation signed a letter on 8 December 2016, varying the Agreement at **Schedule 1 – Agreement Details and Further Definitions** by further extending the Agreement Period until 31 March 2017.
- I. The Territory and the Organisation signed Deed of Variation 7 on 5 April 2017, varying the Agreement at **Schedule 4 – Funding Amount and Payment**.
- J. The Territory and the Organisation signed a letter on 30 September 2017, varying the Agreement at **Schedule 1 - Agreement Details and Further**