



[REDACTED]

Dear [REDACTED]

**DECISION ON YOUR ACCESS APPLICATION**

I refer to your application under section 30 of the *Freedom of Information Act 2016* (FOI Act), received by ACT Health Directorate (ACTHD) on **Friday 11 November 2022**.

This application requested access to:

*'The following briefs under the Freedom of Information Act 2016:*

- GBC22/281
- GBC22/282
- GBC22/308
- GBC22/311
- GBC22/363
- GBC22/386
- GBC22/390
- GBC22/397
- GBC22/402
- GBC22/410
- GBC22/422
- GBC22/425
- MIN22/237
- MIN22/353
- MIN22/696
- MIN22/754
- MIN22/803
- MIN22/809
- MIN22/837
- MIN22/859
- MIN22/860
- MIN22/868
- MIN22/972
- MIN22/912
- MIN22/923
- MIN22/927
- MIN22/937
- MIN22/943
- MIN22/965
- MIN22/989'

I am an Information Officer appointed by the Director-General of ACT Health Directorate (ACTHD) under section 18 of the FOI Act to deal with access applications made under Part 5 of the Act. ACTHD was required to provide a decision on your access application by **Thursday 5 January 2023**.

I have identified 29 documents holding the information within scope of your access application. These are outlined in the schedule of documents included at [Attachment A](#) to this decision letter.

### **Decisions**

I have decided to:

- grant full access to nine documents;
- grant partial access to 15 documents; and
- refuse access to five documents

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

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

- The FOI Act;
- The contents of the documents that fall within the scope of your request;
- The views of relevant third parties; and
- The *Human Rights Act 2004*.

### **Full Access**

I have decided to grant full access to nine documents at references 4-5, 9, 12-13, 16, 21, and 28-29.

### **Refuse Access**

I have decided to refuse access to five documents at references 6, 10, and 23-25 as it is comprised of information classified as Cabinet information, and under Schedule 1.6 (1) Cabinet Information, it is taken to be contrary to the public interest to release. Schedule 1.6 (1)(d) the disclosure of which would reveal any deliberation of Cabinet (other than through the official publication of a Cabinet decision).

This document also contains 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 as the information within this folio is comprised of personal information. The information contained in this document is an ACT-Government employees' mobile number and has not been disclosed as this could reasonably be expected to prejudice the protection of the individual's right to privacy under *Schedule 2.2 (a) (ii) prejudice the protection of an individual's right to privacy or any other right under the Human Rights Act 2004*. The disclosure of this detail would not provide any government information pertinent to your request. Therefore, I have decided this factor outweighs the public interest factors and would not advantage the public in disclosing this information.

### **Partial Access**

I have decided to grant partial access to 15 documents at references 1-3, 7-8, 11, 14-15, 17-20, 22, and 26-27.

### **Public Interest Factors Favouring Disclosure**

The following factors were considered relevant in favour of the disclosure of the documents:

- Schedule 2, 2.1(a)(i) promote open discussion of public affairs and enhance the government's accountability;
- Schedule 2, 2.1(a)(ii) contribute to positive and informed debate on important issues or matters of public interest;
- Schedule 2, 2.1(a)(iv) ensure effective oversight of expenditure of public funds; and
- Schedule 2, 2.1(a)(viii) reveal the reason for a government decision and any background or contextual information that informed the decision.

#### Public Interest Factors Favouring Non-Disclosure

The following factors were considered relevant in favour of the non-disclosure of the documents:

- Schedule 2, Schedule 2.2 (a)(ii) prejudice the protection of an individual's right to privacy or any other right under the *Human Rights Act 2004*;
- Schedule 2, Schedule 2.2 (a)(xi) prejudice trade secrets, business affairs or research of an agency or person;
- Schedule 2, 2.2 (a)(xiii) prejudice the competitive commercial activities of an agency; and
- Schedule 2, Schedule 2.2 (a)(xv) prejudice the management function of an agency or the conduct of industrial relations by an agency.

Documents at references 3, 7, 14, 19-20, and 26 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 regarding the commercial activities of both ACT Government and non-ACT Government entity.

Documents at references 11, 14, and 17 are partially comprised of information that would prejudice the management function of an agency.

Document at reference 18 is partially comprised of information that could prejudice the business affairs of another entity.

Documents at references 8, 14, 15, 22, and 26-27 is partially comprised of personal information of ACT-Government employees' mobile numbers and personal information of non-ACT Government employees and has not been disclosed as this could reasonably be expected to prejudice the protection of the individual's right to privacy.

On balance, the factors favouring disclosure did not outweigh the factor favouring non-disclosure as the information would not provide any government information pertinent to your request. Therefore, I have determined the information identified is contrary to the public interest and would not advantage the public in disclosing this information.

#### **Charges**

Processing charges are not applicable to this request.

#### **Disclosure Log**

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

<https://www.health.act.gov.au/about-our-health-system/freedom-information/disclosure-log>.

### **Ombudsman review**

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

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

The ACT Ombudsman  
GPO Box 442  
CANBERRA ACT 2601  
Via email: [ACTFOI@ombudsman.gov.au](mailto:ACTFOI@ombudsman.gov.au)  
Website: [ombudsman.act.gov.au](http://ombudsman.act.gov.au)

### **ACT Civil and Administrative Tribunal (ACAT) review**

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

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

### **Further assistance**

Should you have any queries in relation to your request, please do not hesitate to contact the FOI Coordinator on (02) 5124 9831 or email [HealthFOI@act.gov.au](mailto:HealthFOI@act.gov.au).

Yours sincerely,



Catherine Ellis  
**A/g Senior Director**  
Ministerial and Government Services  
ACT Health Directorate

22 December 2022




## FREEDOM OF INFORMATION SCHEDULE OF DOCUMENTS

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

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

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

APPLICANT NAME	WHAT ARE THE PARAMETERS OF THE REQUEST	FILE NUMBER
	<i>'A copy of the Ministerial Briefs with the titles outlined from 11 June 2022 to 10 July 2022 (excluding any duplicates and all attachments to the briefs).'</i>	<b>ACTHDFOI22-23.16</b>

Ref Number	Page Number	Description	Date	Status Decision	Factor	Open Access release status
1.	1 – 4	GBC22/281 Ministerial Brief - Minister for Health - PaGA and Election Commitments Report 3 - June 2022	04 July 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
2.	5 – 8	GBC22/282 Ministerial Brief - Minister for Mental Health - PaGA Commitment Report 3 - June 2022	23 June 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
3.	9 – 12	GBC22/308 Weekly Brief - Minister for Health - 9-13 May 2022	20 June 2022	Partial Release	Schedule 2, 2.2 (a)(xiii) Commercial	YES
4.	13 – 17	GBC22/311 Brief - Minister for Health - Annual Review of Fees and Charges - Health Act, 1993 - 1 July 2022	16 June 2022	Full release		YES
5.	18 – 22	GBC22/363 Weekly Brief - Minister for Health - 6-10 June 2022	17 June 2022	Full Release		YES

6.	23 – 27	GBC22/386 Final - Cabinet Submission - CAB22/412 - Minister for Mental Health - National Mental Health Workforce Strategy	01 July 2022	Refuse Release	Schedule 1.6 Cabinet	NO
7.	28 – 30	GBC22/390 Weekly Brief - Minister for Health - 13-17 June 2022	24 June 2022	Partial Release	Schedule 2, 2.2 (a)(xiii) Commercial	YES
8.	31 – 33	GBC22/397 Government Business - Minister for Health - Referral of Canberra Region Medical Education Council (CRMEC) Chair to the ACT Remuneration Tribunal	06 July 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
9.	34 – 36	GBC22/402 Weekly Brief - Minister for Health - 20-24 June 2022	01 July 2022	Full Release		YES
10.	37 – 39	GBC22/410 ACT Health Portfolio 2022-23 Budget Initiative Descriptions – Health	05 July 2022	Refuse Release	Schedule 1.6 Cabinet	NO
11.	40 – 43	GBC22/422 Weekly Brief - Minister for Health - 27 June - 1 July 2022	08 July 2022	Partial Release	Schedule 2, 2.2 (a)(xv) Management Function	YES
12.	44 – 47	GBC22/425 Assembly Business - Drugs of Dependence (Personal Use) Amendment Bill 2021 – Government amendments	06 July 2022	Full Release		YES
13.	48 – 52	MIN22/237 Meeting - Minister for Health - Capital Health Network (CHN) - 21 June 2022 at 11:00 AM - 12:00 PM	14 June 2022	Full Release		YES
14.	53 – 59	MIN22/353 Meeting - Minister for Health - Calvary Quarterly/Monthly Catch up - 23 June 2022 at 3.00pm-4.00pm	22 June 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy, Schedule 2, 2.2 (a)(xiii) Commercial & Schedule 2, 2.2 (a)(xv) Management Function	YES

15.	60 – 63	MIN22/696 Initiated Brief - Minister for Health - Freedom of Information (FOI) application from MLA regarding a copy of the ministerial briefs with outlined titles ACTHDFOI21-22.60	05 July 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
16.	64 – 66	MIN22/754 Initiated brief - Minister for Health - Hospital in the Home – Costing Study	30 June 2022	Full Release		YES
17.	67 – 69	MIN22/803 Initiated brief - Minister for Health - Publication of the Community Assistance and Support Program Referral Pathways Report	16 June 2022	Partial Release	Schedule 2, 2.2 (a)(xv) Management Function	YES
18.	70 – 74	MIN22/809 Initiated Brief - Minister for Health - Monthly Digital Health Record (DHR) Update - June 2022	16 June 2022	Partial Release	Schedule 2, 2.2 (a)(xi) Business Affairs	YES
19.	75 – 80	MIN22/837 Initiated brief - Minister for Health - Closure of the Early Morning Centre (EMC) clinic	17 June 2022	Partial Release	Schedule 2, 2.2 (a)(xiii) Commercial	YES
20.	81 – 86	MIN22/859 Initiated Brief - Minister for Health - Proposed closure of the Equity Access Program on 30 June 2022	20 June 2022	Partial Release	Schedule 2, 2.2 (a)(xiii) Commercial	YES
21.	87 – 90	MIN22/860 Initiated Brief - Minister for Health - Queen Elizabeth II Family Centre [QEII] Proposed Day Services Implementation	17 June 2022	Full Release		YES
22.	91 – 93	MIN22/868 Initiated Brief - Minister for Health - Freedom of Information (FOI) application from MLA relating to Questions On Notice - ACTHDFOI 21-22.64	08 July 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
23.	94 – 95	MIN22/872 Caveat Brief - Minister for Health - Northside Hospital - June 2022	17 June 2022	Refuse Release	Schedule 1.6 Cabinet	NO
24.	96 – 98	MIN22/912 Initiated brief - Minister for Health - Territory-wide Health Services Plan and Forecasting	29 June 2022	Refuse Release	Schedule 1.6 Cabinet	NO
25.	99 – 101	MIN22/923 Initiated brief - Minister for Health - Calvary Public Hospital: Early advice of 2022-23 Budget Outcomes	28 June 2022	Refuse Release	Schedule 1.6 Cabinet	NO

26.	102 – 106	MIN22/927 Initiated brief - Minister for Health - Stage 2 of Delivering Better Care for Canberrans with Complex Needs in General Practice (DBC) Grants Program	27 June 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy & Schedule 2, 2.2 (a)(xiii) Commercial	YES
27.	107 – 109	MIN22/937 Initiated Brief - Minister for Health/Mental Health - Freedom of Information (FOI) application from regarding Subject line of all final ministerial briefs from 10th of April 2022 to 10th of May 2022 - ACTHDFOI 21-22.65	05 July 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
28.	110 – 113	MIN22/943 Self-Initiated - Ministerial Brief - Minister for Health - Proposed Singapore Trade Mission	28 June 2022	Full Release		YES
29.	114 – 116	MIN22/965 Caveat brief - Minister for Health - Calvary Public Hospital Bruce – Medical Imaging	01 July 2022	Full Release		YES
<b>Total Number of Documents</b>						
<b>29</b>						

**ACT Health Directorate**

<b>To:</b>	Minister for Health	Tracking No.: GBC22/281
<b>Date:</b>	07/06/2022	
<b>Through:</b>	Colm Mooney, A/g Deputy Chief Executive Officer, Canberra Health Services	
<b>From:</b>	Rebecca Cross, Director-General Dave Peffer, Chief Executive Officer, Canberra Health Services	
<b>CC:</b>	Deborah Anton, Deputy Director-General Stephen Miners A/g Deputy Director-General	
<b>Subject:</b>	Parliamentary and Governing Agreement & Election Commitment Reporting –Internal Report 3 (ACTHD and CHS)	
<b>Critical Date:</b>	Not Applicable	
<b>Critical Reason:</b>	Not Applicable	

**Recommendations**

That you:

1. Note the information contained in this brief; and

**Noted / Please Discuss**

2. Note the change in reporting timelines from quarterly to biannual to align with the Whole of Government reporting process to Cabinet, coordinated by Chief Minister, Treasury and Economic Development Directorate.

**Noted / Please Discuss**

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

Minister's Office Feedback

## Background

1. On 2 November 2020, ACT Labor and the ACT Greens signed a Parliamentary and Governing Agreement (PaGA) for the 10th Legislative Assembly, agreeing to work constructively and collaboratively to govern in the best interests of ACT residents.
2. The Agreement stipulates that the Chief Minister and ACT Greens leader will brief all ACT Labor and Greens MLAs on implementation of this Agreement at least every six months and will make a public statement on progress every year.
3. In February 2022, Chief Minister, Treasury and Economic Development Directorate (CMTEDD) sought updates from Directorates on commitments only within Appendix 1 and Appendix 2 of the PaGA ahead of Cabinet consideration in April 2022.
4. There are no items that fall within the Health portfolio captured within the CMTEDD reporting scope.
5. You have previously been briefed on the internal reporting process undertaken by ACTHD and CHS to record, monitor and report on all health, mental health and justice health portfolio commitments in the PaGA, in particular Appendix 3 and 4 which include the majority of health-related commitments.
6. The information also includes commitments sourced from the Chief Minister's commissioning letters provided to Ministers from the beginning of the current term of government. The system allowed for regular quarterly updates to be provided to you on the status of all health portfolio commitments as well as inform updates to Whole of Government reporting.

## Issues

7. ACTHD undertook the third round of reporting on commitments within PaGA and has sought input from ACTHD business units and CHS on identified initiatives that fall within your portfolio responsibilities – refer to Attachment A.

## Status Update as at June 2022

8. The progress update at Attachment A details the implementation status and provides progress in relation to all health related PaGA initiatives and Election Commitments.
9. In summary, of 49 initiatives the following status was recorded:
  - a. 2 are delayed (Labor 2.8c *Even better Walk-in Centres and more care in the community* and PaGA12.1b *Reduce Elective Surgery Waitlists*);
  - b. 2 have been delivered;
  - c. 29 are on track;
  - d. 4 are under consideration; and
  - e. 12 are not yet commenced

Reporting timeframes

10. To date you have been provided with quarterly updates on the progress of relevant PaGA initiatives and election commitments.
11. Quarterly updates provided on initiatives have been relatively minor and incremental, and adjusting to a longer timeframe for reporting will provide for more substantive updates.
12. To ensure adequate updates are provided and to align with CMTEDD current timeframes, we will amend the current reporting timeline from quarterly to biannual. CMTEDD currently coordinate six-monthly reporting to Cabinet, including an internal status report and a public status report.
13. We anticipate on providing you with the next round of updates late 2022.

**Financial Implications**

14. Not applicable.

**Consultation**Internal

15. Updates were sought from all business areas within ACTHD to inform Report 3.

Cross Directorate

16. ACTHD worked closely with CHS to inform updates on initiatives listed with Attachment A for this reporting round.

External

17. Not applicable.

**Work Health and Safety**

18. Not applicable.

**Benefits/Sensitivities**

19. To ensure objectives of the reporting mechanism are met, input and updates are required from all areas within ACTHD and CHS to ensure commitments are met.

**Communications, media and engagement implications**

20. Not applicable.

Signatory Name: Rebecca Cross, Director-General Phone: 49400

Dave Pepper, Chief Executive Officer,  
Canberra Health Services

Action Officer: Chadia Rad, Senior Director, Ministerial and Government Services Phone: [REDACTED]

**Attachments**

<b>Attachment</b>	<b>Title</b>
Attachment A	Parliamentary and Governing Agreement & Election Commitments Reporting – Internal Report 3



**ACT Health Directorate**

**To:** Minister for Mental Health Tracking No.: GBC22/282

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**Date:** 20 June 2022

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**Through:** Colm Mooney, A/g Deputy Chief Executive Officer, Canberra Health Services

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**From:** Rebecca Cross, Director-General  
Dave Peffer, Chief Executive Officer, Canberra Health Services

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**CC:** Deborah Anton, Deputy Director-General

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**Subject:** Parliamentary and Governing Agreement & Election Commitment Reporting – Internal Report 3 (ACT Health Directorate and Canberra Health Services)

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**Critical Date:** Not Applicable

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**Critical Reason:** Not Applicable

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**Recommendations**

That you:

1. Note the information contained in this brief; and

**Noted / Please Discuss**

2. Note the change in reporting timelines from quarterly to biannual to align with the Whole of Government reporting process to Cabinet, coordinated by Chief Minister, Treasury and Economic Development Directorate.

**Noted / Please Discuss**

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

Minister's Office Feedback

## Background

1. On 2 November 2020, ACT Labor and the ACT Greens signed a Parliamentary and Governing Agreement (PaGA) for the 10th Legislative Assembly, agreeing to work constructively and collaboratively to govern in the best interests of ACT residents.
2. The Agreement stipulates that the Chief Minister and ACT Greens leader will brief all ACT Labor and Greens MLAs on implementation of this Agreement at least every six months and will make a public statement on progress every year.
3. In February 2022, Chief Minister, Treasury and Economic Development Directorate (CMTEDD) sought updates from Directorates on commitments only within Appendix 1 and Appendix 2 of the PaGA which was considered by Cabinet in April 2022.
4. For the CMTEDD reporting round, ACT Health Directorate (ACTHD) provided an update on the progress of **PaGA 023 MyHome in Curtin**. This initiative falls within your portfolio responsibility as the Minister for Mental Health and is currently being led by ACTHD. There are no other items that fall within the responsibility of the ACTHD or Canberra Health Services (CHS) captured within the CMTEDD reporting scope.
5. You have previously been briefed on the internal reporting process undertaken by ACTHD and CHS to record, monitor and report on all health, mental health and justice health portfolio commitments in the PaGA, in particular Appendix 3 and 4 which include the majority of health related commitments.
6. The information also includes commitments sourced from the Chief Minister's commissioning letters provided to Ministers from the beginning of the current term of government. The system allowed for regular quarterly updates to be provided to you on the status of all mental health and justice health portfolio commitments as well as inform updates to Whole of Government (WoG) reporting.

## Issues

7. ACTHD undertook the third round of reporting on commitments within PaGA and has sought input from ACTHD business units and CHS on identified initiatives that fall within your portfolio responsibilities - refer to Attachment A.

## Status Update as at June 2022

8. The progress update at Attachment A details the implementation status and provides progress in relation to all health related PaGA.
9. In summary, of nine initiatives, the following status was recorded:
  - a. five are on track (PaGA16.1, 16.3, 16.4, 16.6, 2.8);
  - b. three have not yet commenced (PaGA 15.4,16.2, 16.5); and
  - c. one delayed (PaGA 16.2)

**Reporting timeframes**

10. To date, you have been provided with quarterly updates on the progress of relevant PaGA initiatives and election commitments.
11. Quarterly updates provided on initiatives have been relatively minor and incremental, and adjusting to a longer timeframe for reporting will provide for more substantive updates.
12. To ensure adequate updates are provided and to align with CMTEDD current timeframes, we will amend the current reporting timeline from quarterly to biannual. CMTEDD currently coordinate six-monthly reporting to Cabinet, including an internal status report and a public status report.
13. We anticipate on providing you with the next round of updates late 2022.

**Financial Implications**

14. Not applicable.

**Consultation****Internal**

15. All business areas within ACTHD were consulted for input to Report 3.

**Cross Directorate**

16. ACTHD worked closely with CHS to inform updates on initiatives listed with Attachment A for this reporting round.

**External**

17. Not Applicable.

**Work Health and Safety**

18. Not applicable.

**Benefits/Sensitivities**

19. To ensure objectives of the reporting mechanism are met, input and updates are required from all areas within ACTHD and CHS to ensure commitments are met.

**Communications, media and engagement implications**

20. Not applicable.

Signatory Name: Rebecca Cross, Director-General      Phone: 49400

Dave Pepper, Chief Executive Officer,  
Canberra Health Services

OFFICIAL

Action Officer: Chadia Rad, Senior Director,  
Ministerial and Government Services

Phone:

**Attachments**

<b>Attachment</b>	<b>Title</b>
Attachment A	Parliamentary and Governing Agreement & Election Commitments Reporting – Internal Report 3



MINISTERIAL BRIEF

ACT Health Directorate

Tracking No.: GBC22/308

**To:** Minister for Health

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**CC:** Rebecca Cross, Director-General  
Deborah Anton, Deputy Director-General

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**From:** Chadia Rad, Senior Director, Ministerial and Government Services

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**Subject:** Minister’s Weekly Brief

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**Critical Date:** Friday, 20 May 2022

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**Critical Reason:** To ensure you are briefed on current issues and events.

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Recommendations

That you note the:

- Information in the Minister’s Weekly Brief for 9-13 May 2022,
- Media and Communication forecast at ([Attachment A](#));
- Freedom of Information requests update ([Attachment B](#)); and
- Ministerial & Government Services Report ([Attachment C](#)).

Noted / Please Discuss

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

Minister’s Office Feedback

**KEY TOPICS/EMERGING ISSUES****Australian Immunisation Register (AIR) non-compliance by ACT Health and Canberra Health Services starts on 9 May 2022**

1. At present, ACT Health Directorate (ACTHD) submits COVID vaccination details collected in Vaccination Information Management System (VIMS) to the AIR via a file upload process, which has reached end of life as of 8 May 2022.
2. Due to incomplete documentation, certification of the new solution has not happened yet and may take additional 2-3 weeks to be completed. All action needed to obtain certification and resume sending immunisation data to AIR are being taken.

**Impact**

3. Consumers that receive vaccinations will not be able to see evidence of this vaccination via the myGov/Medicare portal and will not be able to access a COVID-19 digital certificate. The broader implications of this will be dependent on services that require a vaccination certificate (e.g. International Travel).
4. The ACT will be in a state of non-compliance regarding the territories obligation to report vaccination events to AIR.

**Calvary Public Hospital Bruce – Executive Restructure**

5. On 16 May 2022, The Canberra Times published an article about an impending restructure of the executive at Calvary Public Hospital Bruce (CPHB).
6. In September 2021, Calvary Health Care ACT Ltd (Calvary) contracted MCA Consulting to undertake an independent review of its executive structure and organisational design.
7. The impetus for the review was an ongoing concern that the organisational design and assignment of executive responsibilities and accountabilities was not contemporary, nor fit for purpose.
8. The review process involved substantial consultation with senior staff and clinicians from Calvary (CPHB, ACT Regional and National Office), Canberra Health Services (Chief Executive Officer (CEO), Capital Health Network (CEO), and senior ACTHD staff.
9. CPHB has been subject to significant turnover in its executive staff in recent years, as well as a series of ad hoc adjustments to its structure and executive accountabilities. The proposed organisational design will enable CPHB to meet future challenges through a simplified accountability structure, that includes stronger governance structures.
10. The General Manager CPHB has provided assurances to the Executive Group Manager, Health System Planning and Evaluation, that there are strategies in place to ensure minimal disruption to CPHB operations throughout the consultation process and as the changes are implemented.

## UPDATES ON KEY PROJECTS/PIECES OF WORK

### Ngunnawal Bush Healing Farm – Board Meeting 13 May 2022

11. The Ngunnawal Bush Healing Farm Board (the Board) met Friday 13 May 2022 to discuss and plan for community consultants and yarning circles. This evidence will support an informed and co-designed approach to market for a residential trail.
12. Senior Ngunnawal Elders attended the meeting, with other discussions including review of the Healing Framework by Prof. Kerry Arabena, and visits to other Aboriginal and Torres Strait Islander healing services based in NSW.
13. A Ngunnawal yarning circle will be held Friday 20 May 2022 with a large number of Canberra and Region service providers attending. This early market engagement will be led by the Board, supporting self-determination for Aboriginal and Torres Strait Islander peoples.

### Publication of Contract to undertake Northside Clinical Services Planning work

14. A competitive tender was undertaken to procure the services of a consultant to undertake clinical services planning for the Northside.
15. Schedule 2.2(a)(xiii) [REDACTED]
16. The contract is for a Northside Health Services Needs Analysis, Northside Clinical Services Plan, and a Service Model (High-level Model of Care), to enable the Directorate to inform decisions necessary to progress planning and delivery of a Northside Hospital.
17. The contract was made public on 16 May 2022, following some internal delays related to establishing a collaborative consultation process on interdependent projects, including the Northside integrated health hubs. This process and the outcome of it is the subject of a brief that is making its way to you.
18. The first meeting of the Northside Clinical Services Plan Steering Committee is to be held on Wednesday, 18 May 2022. Membership of the group includes representatives from the Health Care Consumers' Association and a nominated representative from the Non-Government Organisation Leadership Group.

## RESPONSES TO MINISTER'S COMMENTS ON BRIEFS

19. Nil.

## MINISTER'S OFFICE REQUESTS FOR INFORMATION

20. Nil.

## KEY STAKEHOLDER MEETINGS/COMMUNITY ENGAGEMENTS

### ACT Health Directorate – Residential Aged Care Forum

21. On 16 May 2022, ACTHD hosted an online forum with key stakeholders from the Residential Aged Care (RAC) sector. The forum was moved from Face to Face to an online format on the advice of the Centre for Disease Control.

## SENSITIVE - CABINET

22. Attendees included representatives from ACTHD, Canberra Health Services (CHS), CPHB, University of Canberra Hospital, Office of the Public Trustee and Guardian, Community Services Directorate, Clare Holland House, Commonwealth Health Department and managers of local RAC facilities.
23. Topics of discussion included the challenges and options for improving patient journeys between hospital and residential aged care facilities, the characteristics of long stay hospital patients whom hospitals find difficult to place in residential aged care and winter planning for high risk settings.
24. The Commonwealth department's Regional Director ACT/ SE NSW gave an overview of the strengthening of the regional offices in response to the findings of the Royal Commission and common themes being identified in regions across the country. She noted that there appears to be a deficit of specialist dementia aged care beds in the ACT.
25. Feedback from breakout sessions and discussions will be consolidated and fed back to participants with suggested ways to progress in partnership and options to address identified issues. There was consensus on the need to meet more regularly, with quarterly forums suggested by RACF attendees.

Action Officer: Chadia Rad, Senior Director, Ministerial and Government Services

#### Attachments

Attachment	Title
Attachment A	Media and Communications Forecast
Attachment B	Freedom of Information Requests Update
Attachment C	Ministerial & Government Services Report



**ACT Health Directorate**

**To:** Minister for Health

Tracking No.: GBC22/311

**Date:** 23/05/2022

**From:** Deborah Anton, Deputy Director-General

**CC:** Rebecca Cross, Director-General

**Subject:** Determination of Fees and Charges – Health Act 1993

**Critical Date:** 17/06/2022

**Critical Reason:** The ACT Health Directorate fees schedule is reviewed each year and actioned annually on 1 July. This critical date will allow for time to ‘notify’ fees.

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

**Recommendations**

That you:

1. Agree to the proposed amendments under the *Health Act 1993*; and

**Agreed / Not Agreed / Please Discuss**

2. Sign the attached Determination of Fees and Charges at Attachment A.

**Signed / Not Signed / Please Discuss**

3. Note the changes to in the Explanatory Statement at Attachment B.

**Signed / Not Signed / Please Discuss**

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

Minister’s Office Feedback

## Background

1. The Minister for Health has the power to determine fees under the *Health Act 1993* (Health Act) by notification on the Legislation Register. Fees are generally adjusted in three ways, with the different treatments detailed in the attachments to the Explanatory Statement. In summary fees are adjusted through:
  - a. determined by Wage Price Indexation (WPI) movements of 3.25 per cent (as advised by ACT Treasury through the 2022-23 Budget process);
  - b. indexed in-line with rates advised by the Commonwealth, which can be service specific or by the Consumer Price Index (CPI);
  - c. other factors such as market rates or cost recovery; or
  - d. removed or added to the schedule to reflect changes in business requirements and service delivery.
2. The fees listed in the Determination are consistent with the requirements of the National Healthcare Agreement, which specifies that eligible persons must be given the choice to receive hospital services free of charge as public patients.

## Issues

### Hospital Accommodation – Section A to C

3. A range of private patient hospital accommodation charges are set by the Commonwealth Department of Health and these have increased by national CPI rate of 5.1 per cent. These include private patients in a multiple bedroom (A1a and b) and private day care patients (B).
4. The Public Nursing Home Type Patient (C1) rate has increased from \$63.05 to \$65.40 per day as per advice from the Commonwealth Department of Health.

### Proposed Changes other than WPI and CPI increases

5. Student Accommodation fee in residences (Section E 5) is proposed to be increased from \$25 per day to \$30 per day. This is to cover the increased cost associated with cleaning, but the fee remains lower than all other residences charges. All other fees in Section E are proposed to remain unchanged in align with the NSW Interstate Patient Transport Assistance Scheme (IPTAS).
6. A range of Pathology fees in Section F are proposed to remain stable, to keep them in-line with market rates.
7. Following a costing exercise of tuberculosis testing fees, it is proposed to adjust the below fees in Section G and H of the determination. The fees impacts both Medicare Eligible and Non-Eligible patients. The reduction in the Non Eligible patient cost reflects the invoicing that Pathology and Medical Imaging do directly to the patient:

## OFFICIAL

Fee Ref	Name	Current Fee	Proposed Fee	% Change
G3b	Standard Test and Medical Review - Students	\$62.10	\$68.25	+9.0%
H9a	Non Eligible or Compensable- Standard Test and Medical Review	\$264.95	\$170.95	-35.5%
H9b	Non Eligible or Compensable - Standard Test and Medical Review - Students	\$211.55	\$148.65	-29.7%

8. Items 1a and b, and 3a in Section M (Medical Records and Health Reports) are proposed to change.
- a. Section 1a and 1B now provide different fees based on whether the patient was last seen under or over 6 months ago. It also makes clear that for patients not previously seen by CHS staff, any reports should be requested of private medical practitioners who provide medico legal reports. New fees are set at \$522.85 for those seen within the last 6 months and \$732 for those who require a re-examination. This is a significant increase on previous fees which ranged from \$282 to \$467. The increase reflects CHS estimates of the Senior Specialists time taken to prepare requests, two and a half hours for the report based on a minimum of three questions and an additional hour for re-examination.
  - b. Updates to health records provided to patient's solicitors or insurers (which were previously listed separately) have been revised to account for the deliver method (electronic or paper) and the number of pages. Electronic delivery of unlimited pages is \$146.60 whereas paper delivery of up to 200 pages is \$213.90 with an additional \$87.75 for each additional 100 pages or part thereof. This represents a reduction for electronic delivery and an increase for paper delivery to encourage environmentally efficient practices.
9. An increase in fees within Section P (Dental Services) is proposed to bring them in-line with 20 per cent of the Department of Veterans Affairs (DVA) published fee schedule. Dental treatment is not listed in the Medicare Benefits Schedule and therefore the DVA schedule is used. This increase impacts 79 fees for which there is an average increase of \$7.56. The cap on the total payable by a consumer in a financial year, which has not increased since 2006, is proposed to be increased from \$300 to \$450.

Proposed Wording, Definition and Exemption Changes

10. The inclusion of a definition and exemption (6) for Latent Tuberculosis to include treatment as this is a public health risk, and to extend the period of review from two years to three years (currently only tuberculosis patients are exempt), bringing the ACT into line with other Australian jurisdictions.
11. Removal of the 'Absences from a Hostel' Clause (formerly 4) as there are no longer any hostel fees.

12. An update to the terminology to Medical Imaging to refer to the *Health Records (Privacy and Access) Act 1997* for patients and remove the reference to patients in the title of the fee.

#### Proposed Deletion of Fees

13. The fees in the previous Section D (Hostel Fees) are proposed to be deleted as Group House – Maintenance Fee are now incorporated into the flat rate rent payment received from the client.
14. Various Acute Support and Other Medical services (Section K) have been deleted with the specific items being covered within the “Podiatry equipment, therapeutic and consumable items”.
15. Section M, Medical Records and Health Reports, 1 b and d and 4 are removed as they are not recommended practice. The fees have now been consolidated for insurers and solicitors (see paragraph 8b).

#### **Financial Implications**

16. Indexation of fees and charges are incorporated into the Territory Budget. The impact of other changes to fees (either above or below indexation) is expected to have a minimal effect on the Territory Budget, for example:
  - a. The increase of \$5 on student accommodation fees is anticipated to increase revenue by approximately \$12k. Noting that this is not anticipated to fully cost recover the end of lease cleaning required after student check out.
  - b. Tuberculosis fee changes will reduce the revenue overall in Division of Medicine. This was based on a review of costs which identified a duplication in charges to the patient. The increase to student fees of \$6 was also based on actual costing, will only have a minimal impact as total revenue for Tuberculosis screening is only approximately \$45,000 YTD May.
  - c. The update to Medical records costs reflects the reduction in cost of electronic delivery. This will represent a potential small loss in revenue as we don't know how many solicitors/insurers will take up this option, noting this option comes with a reduction in operating costs. Conversely, the introduction of incremental increases based on printed page numbers will increase revenue slightly as currently it costs the same to provide 3,000 pages as it does to provide 10.
  - d. Not increasing some Pathology fees to align with market rates serves to maintain the existing revenue base, as it encourages users to continue using CHS services rather than using other providers.

**Consultation**Internal

17. All relevant areas of the ACT Health Directorate were asked to review relevant sections and provided input.

Cross Directorate

18. CHS reviewed and have provided input relevant to their sections at Attachment C.

External

19. Calvary Public Hospital were consulted on the proposed increases.

**Work Health and Safety**

20. Nil response.

**Benefits/Sensitivities**

21. Fees charged under this determination are not likely to generate sensitivities from the community.

**Communications, media and engagement implications**

22. Fees charged under this determination rarely attract media attention.

Signatory Name:	Deborah Anton Deputy Director-General	Phone:	x55335
Action Officer:	Kate Chambers, Chief Finance Officer	Phone:	x49428

**Attachments**

<b>Attachment</b>	<b>Title</b>
Attachment A	Health (Fees) Determination
Attachment B	Health (Fees) Explanatory Statement
Attachment C	Canberra Health Services Minute



## MINISTERIAL BRIEF

ACT Health Directorate

Tracking No.: GBC22/363

**To:** Minister for Health

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**CC:** Rebecca Cross, Director-General

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**From:** Chadia Rad, Senior Director, Ministerial and Government Services

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**Subject:** Minister's Weekly Brief

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**Critical Date:** Friday, 17 June 2022

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**Critical Reason:** To ensure you are briefed on current issues and events.

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**Recommendations**

That you note the:

- Information in the Minister's Weekly Brief for 6-10 June 2022;
- Media and Communication forecast at ([Attachment A](#));
- Freedom of Information requests update ([Attachment B](#));
- Ministerial & Government Services Report ([Attachment C](#)) ; and
- Mutual Behaviour Expectations ([Attachment D](#)).

**Noted / Please Discuss**

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

Minister's Office Feedback

**KEY TOPICS/EMERGING ISSUES**

1. Nil.

**UPDATES ON KEY PROJECTS/PIECES OF WORK****Enterprise Bargaining**

2. Following the commencement of enterprise bargaining across the ACTPS, bargaining for key health enterprise agreements is beginning and will occur in parallel to the common core bargaining led by CMTEDD.
3. The Health Bargaining Team (ACTHD, CHS and Calvary) have meet with the union parties to the Support Services and Health Professionals Enterprise Agreements (i.e. Community and Public Sector Union (CPSU), Construction, Forestry, Maritime, Mining and Energy Union (CFMEU), Australian Manufacturing Workers' Union (AMWU), Professionals Australia (PA), University of Sydney Union (USU), Health Services Union (HSU) and United Workers Union (UWU)). The parties agreed in principle to a bargaining timetable with exchange of log of claims (15 July 2022) and have scheduled future monthly bargaining meetings.

**Work Level Standards for Nurses and Midwives working in the ACT Health Directorate (ACTHD), Canberra Health Services (CHS) and Calvary Public Hospital Bruce (CPHB)**

4. The Work Level Standards for Nurses and Midwives (WLS) have not been reviewed or updated since 2008. This has resulted in out-of-date information being provided, including that Midwives are not referred to, which is a significant concern as midwifery was recognised as a distinct profession in National law in 2017. Further, they are unable to be used to identify role requirements and functions for the two distinct professions of nursing and midwifery as they fail to identify current nurse and midwife classification levels, as seen in the current Enterprise Agreement.
5. With the high priority of the government commitment for the implementation of Nursing and Midwifery Ratios, which commenced in February 2022, as well as the current Enterprise Agreement negotiations pertaining to nursing and midwifery, there is an immediate requirement for transparency relating to WLS for the professions to be available.
6. Stakeholders requested the WLS be developed so they reflect the current state of the two professions and ensure a standard approach for classification of roles, related position descriptions and recruitment.
7. Significant work, including extensive consultation with key stakeholders, has been carried out to review and update the WLS. The proposed revised and up to date WLS is now with the Deputy Director-General (DDG) awaiting endorsement.
8. Once the WLS have been endorsed by the DDG, they will replace the current listing for the Schedule 8 - Nursing on the Chief Minister, Treasury and Economic Development Directorate Classification Schedules of the ACTPS Employment Portal.
9. The WLS will be made available publicly on the ACT Government website, as a resource under the Nursing and Midwifery Office.



### **Nurse Practitioner Project Final Report and Recommendations**

10. For the previous 18 months, the Office of the Chief Nursing and Midwifery Officer has been leading the Nurse Practitioner Project. This project was designed to review legislative and policy issues that negatively impact upon the ability of ACT Nurse Practitioners to enact their roles.
11. Following extensive research and widespread consultation with stakeholders, the final Report and Recommendations has been endorsed by the Chief Nursing and Midwifery Officer.
12. The Report and Recommendations is expected to be with you for consideration by 30 June 2022the.

### **Nurses and Midwives: Towards a Safer Culture (TASC)**

13. Priority Action 7 Evaluation of the TASC Strategy: The TASC Strategy Evaluation is comprised of an external community survey, an internal staff survey, TASC project documentation analysis and a literature review. The TASC Project Team are working collaboratively with the Policy Design and Evaluation Team (PDE Team), CMTEDD to review the internal staff survey. Inclusion of Ratio's implementation and Clinical Supervision questions through the lens of nursing and midwifery safety are being considered, with the survey due to be conducted in November/December 2022.
14. Priority Action 9 Safewards Implementation: Successful outcomes have been identified for Safewards, particularly regarding conflict and containment. However, challenges in implementation have also been noted, including limited engagement of nurses and variable fidelity. Noting the ACT Safewards Post Implementation Review recommends broader implementation of the Safewards model, the TASC Project Team and Clinical Chair of Mental Health Nursing, Mr Michael Roche, are working to develop a Safewards research protocol which aims to identify the key characteristics of units/wards that are necessary for successful Safewards implementation. This would use the Delphi research method which seeks experts to form a panel comprising of nursing and midwifery managers who are currently, or who have recently (within 12months), worked on a unit where Safewards has been implemented. The desired outcome is the development of a tool to assess a wards readiness to engage in Safewards, thereby permitting efficient targeting for implementation. This knowledge will also provide wards that are not yet ready for Safewards with a clear direction for activities needed to undertake in preparation.
15. Priority Action 14 Community awareness communication strategy: The Mutual Expectations - For Consumers, Healthcare Staff, Students and Volunteers (Attachment D) is an external community facing resource to be communicated to consumers when they engage with ACT public health workplaces, identifying how consumers and healthcare staff can best work together to reduce incidents of occupational violence. This resource has been endorsed in May 2022 by the TASC Steering Committee and formally shared with key stakeholders across the ACT public health system inviting organisations to use this resource wherever health services are facilitated.
16. Priority Action 12 Post Occupation Violence (OV) Follow Up: The Managers OV Incident Response Toolkit (the Toolkit), endorsed by the TASC Steering Committee on



27 May 2022, is designed to assist managers to navigate their requirements when an incident of OV occurs in the workplace by identifying key responsibilities, potential actions and available resources. Development of the Toolkit has strengthened enduring partnerships with key stakeholders such as ACT Policing to address OV by inclusion of ACT Policing response information and imagery throughout the Toolkit and associated factsheets. Next steps are to place the Toolkit on the ACT Health TASC Internet Webpage, publish the resource on the Open Access Scheme, formally share with all organisations who provided input into the resource and commence implementation planning across the ACT public health system.

17. On 8 June 2022, the NM TASC Project Team presented at the national ComCare Conference on the progress of the TASC Project to date. Other national and international forums the TASC Project Team will be presented at include the Australian College of Nurses (ACN) Victorian Branch OV Forum (July 2022), the ACN Nursing Now Conference (August 2022) and the Australian College of Mental Health Nurses Conference (September 2022).
18. Opportunities to engage key stakeholders across the ACT public health system and more broadly across whole of government has been sought to present on the progress and outcomes of the TASC Strategy.

### **Clinical Supervision**

19. The Chief Nursing and Midwifery Office has progressed the Clinical Supervision (CS) Project for nurses, midwives and allied health professionals across the ACT public health services.
20. Governance of this project sits with the Chief Nursing and Midwifery Officer, Anthony Dombkins, ACT Health Directorate, who Chair the Clinical Supervision Strategic Planning and Implementation Committee (the Committee).
21. The draft Clinical Supervision Framework for ACT Nurses and Midwives (the Framework) was developed to enable the implementation and sustainability of effective CS, a workforce strategy focused on professional development and support, for nurses and midwives.
22. The Committee endorsed the Framework to progress to broad consultation on 5 April 2022 which formally closed on the 6 June 2022. Revisions to the Guideline are underway and endorsement is being sought by the Committee on 26 July 2022.
23. The Framework is a response to the joint Position Statement on Clinical Supervision by the ACN, Australian College of Midwives and Australian College of Mental Health Nurses in 2019 supporting the notion that all nurses and midwives have access to effective clinical supervision as a core component of professional practice.
24. CS training has continued with over 80 nurses, midwives and allied health professionals trained to delivery clinical supervision across the ACT public health system to date.

### **Canberra Health Annual Research Meeting**

25. Planning for the Canberra Health Annual Research Meeting 26-29 July 2022, continues with one international speaker, two interstate experts and 40 local speakers invited to present over the four day meeting.

**SENSITIVE - CABINET**

26. Offers have been made for 46 presentations and 53 posters.
27. \$26,000 sponsorship has been committed.
28. Two evening face to face networking events and an awards ceremony are being planned to complement the program.
29. The final draft program will be ready for approval within the next fortnight.

**MINISTER'S OFFICE REQUESTS FOR INFORMATION**

30. Nil.

**KEY STAKEHOLDER MEETINGS/COMMUNITY ENGAGEMENTS**

31. Nil.

Action Officer: Chadia Rad, Senior Director, Ministerial and Government Services

**Attachments**

<b>Attachment</b>	<b>Title</b>
Attachment A	Media and Communications Forecast
Attachment B	Freedom of Information Requests Update
Attachment C	Ministerial & Government Services Report
Attachment D	Mutual Behaviour Expectations













## MINISTERIAL BRIEF

ACT Health Directorate

Tracking No.: GBC22/390

<b>To:</b>	Minister for Health
<b>CC:</b>	Rebecca Cross, Director-General
<b>From:</b>	Chadia Rad, Senior Director, Ministerial and Government Services
<b>Subject:</b>	Minister's Weekly Brief
<b>Critical Date:</b>	Friday, 24 June 2022
<b>Critical Reason:</b>	To ensure you are briefed on current issues and events.

**Recommendations**

That you note the:

- Information in the Minister's Weekly Brief for 13 – 17 June 2022;
- Media and Communication forecast at ([Attachment A](#));
- Freedom of Information requests update ([Attachment B](#)); and
- Ministerial & Government Services Report ([Attachment C](#)).

**Noted / Please Discuss**

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

Minister's Office Feedback



## KEY TOPICS/EMERGING ISSUES

### The National Disability Insurance Agency (NDIA) interface

1. National Disability Insurance Scheme (NDIS) planners have been requiring people with psychosocial disability who are currently in acute mental health facilities to have a Positive Behaviour Support Plan in place before decisions are made on the approval of Supported Independent Living (SIL) funding. It has been advised that in order to achieve this, NDIA planners have been requesting ACT mental health clinicians undertake Positive Behaviour Support Plans for their current patients seeking to transition into SIL.
2. The ACT Senior Practitioner Act (2018) establishes that the Senior Practitioner has the authority to determine and agree Restrictive Practices in the ACT. Positive Behaviour Support Plans are undertaken to manage the need for restrictive practices. The ACT Senior Practitioner 's determination is that SIL is not itself a restrictive practice, although it is recognised that restrictive practices can and do occur in many SIL settings.
3. Under the NDIS Act, ACT Senior Practitioner Act (2018) or the NDIS (Provider Registration and Practice Standards) Rules 2018, that Positive Behaviour Support Plan for NDIS participants can only be completed by a behaviour support practitioner that is registered or works for a registered provider and the practitioner has to be deemed suitable to provide positive behaviour support.
4. ACT mental health clinicians are not positive behaviour support practitioners.
5. The ACT has identified that any for any participants identified as needing a Positive Behaviour Support Plan, their NDIS plan should also reflect that need and the appropriate reasonable and necessary supports and funding added to the plan to facilitate this.
6. Accordingly, the ACT Community Services Directorate with support from the ACT Health Directorate (ACTHD) have written to the NDIA raising concerns about their practice and seeking to work with them to work collaboratively to seek solutions for this group of NDIS participants.

## UPDATES ON KEY PROJECTS/PIECES OF WORK

### ACT Mental Health Workforce Strategy (the ACT MHWF Strategy)

8. The Office for Mental Health and Wellbeing (OMHW) conducted consultations with the relevant unions on 16 June 2022 and professional bodies on 17 June on the ACT MHWF Strategy. Representatives from Indigenous associations were invited but were not in attendance.
9. The unions were largely in agreement with the proposed content of the ACT MHWF Strategy but emphasised the need to explicitly identify safety as a value and principle. They also noted the importance of having an operational strategy with adequate resourcing to address the current workforce challenges.

10. The professional bodies noted that the ACT MHWF Strategy reflects the key issues that they have been hearing from their membership. The various allied health representatives explained current challenges with community awareness of their roles in mental health care and that they see the next phase of this work as an opportunity to explore strategies to address this.
11. All parties consulted would like to be involved in future consultations and the OMHW will continue to engage with them on the implementation plan.

#### **National Health Coop (NHC) Indemnity**

12. NHC Liquidators, Slaven Torline, have advised in their June 2022 update that they expect to finalise the NHC liquidation in August 2022. Schedule 2.2(a)(xiii) [REDACTED]
13. Actions remaining include; closing NHC bank accounts; drawing final remuneration and disbursements, and claiming input tax credits with the Australian Taxation Office; and finalising the administration.
14. Slaven Torline made an interim claim under the Indemnity Deed with ACTHD in November 2021. Schedule 2.2(a)(xiii) [REDACTED]
- Schedule 2.2(a)(xiii) [REDACTED]
15. ACTHD and CHN have executed the Indemnity Deed regarding reimbursement of the Commonwealth's 50% share of indemnity costs
- Schedule 2.2(a)(xiii) [REDACTED]

#### **MINISTER'S OFFICE REQUESTS FOR INFORMATION**

16. Nil.

#### **KEY STAKEHOLDER MEETINGS/COMMUNITY ENGAGEMENTS**

17. Nil.

Action Officer: Chadia Rad, Senior Director, Ministerial and Government Services

#### **Attachments**

<b>Attachment</b>	<b>Title</b>
Attachment A	Media and Communications Forecast
Attachment B	Freedom of Information Requests Update
Attachment C	Ministerial & Government Services Report

**ACT Health Directorate**

<b>To:</b>	Minister for Health	Tracking No.: GBC22/397
<b>From:</b>	Rebecca Cross, Director-General	
<b>Subject:</b>	Referral of the Canberra Region Medical Education Council Chair to the ACT Remuneration Tribunal	
<b>Critical Date:</b>	29/07/2022	
<b>Critical Reason:</b>	The correspondence to the Chief Minister is proposed to be provided by this date for consideration as the anticipated submission deadline for the Spring 2022 sitting of the ACT Remuneration Tribunal is 31 August 2022	

**Recommendations**

That you:

1. Agree to seek the Chief Minister's agreement to formally refer the Chair of the Canberra Region Medical Education Council to the Remuneration Tribunal; and

**Agreed / Not Agreed / Please Discuss**

2. Sign the letter to the Chief Minister at Attachment 1.

**Signed / Not Signed / Please Discuss**

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

Minister's Office Feedback

**Background**

1. The Canberra Region Medical Education Council (CRMEC) was established as a Ministerial Management Council on 5 September 2014, by the then Minister for Health and Wellbeing. The CRMEC is responsible for accrediting prevocational medical education training programs in the ACT and Southern NSW regions and plays an integral role in providing advice within the region on medical education.

2. The CRMEC is endorsed by the Australian Medical Council (AMC) as the responsible body for accrediting prevocational medical education training programs in the ACT and NSW regions. The AMC expect the CRMEC to include a panel of members with high level expertise in accreditation and free from conflict of interest.
3. Under section 10 of the *Remuneration Tribunal Act 1995*, the ACT Remuneration Tribunal (the Tribunal) inquires into and determines the remuneration, allowances and other entitlements to certain public offices that are referred to them by the Chief Minister.

### Issues

4. On establishment in 2014, the then CRMEC Secretariat was advised by the Chief Minister, Treasury and Economic Development Directorate (CMTEDD) to reimburse any Council members requiring remuneration in-line with the Tribunal determination for the Medicines Advisory Committee (MAC) and other similar advisory committees such as the Mental Health Advisory Council (see Attachment F).
5. In 2017, the Chief Minister formally referred the CRMEC Committee to the Tribunal. The Tribunal formally included the CRMEC in the Determination for Part Time Public Office Holders, setting a remuneration rate for external CRMEC representatives (i.e. those members not working in ACT hospitals or universities) that is consistent with the rate of the MAC.
6. The current remuneration for external representative members on the CRMEC is \$490 per diem (paid pro-rata for meetings as per the relevant Determination).
7. There is currently no remuneration rate for the Chair position as previous appointees have been ineligible for remuneration due to existing employment in the public service. Therefore, no referral was previously made for a remuneration rate for this position.
8. Schedule 2.2(a)(ii) [REDACTED]. As such, it is appropriate to formally refer the CRMEC Chair position to the Tribunal to inquire into, and determine, the remuneration, allowances, and other entitlements of this position, that holds additional responsibilities beyond the general CRMEC membership. To allow this to occur the Chief Minister must make a formal referral to the Tribunal under section 10 of the *Remuneration Tribunal Act 1995*.
9. As members of the CRMEC are remunerated at a rate consistent with the MAC and other similar Advisory Committees, the CRMEC Secretariat has proposed that the rate of remuneration for the CRMEC Chair position be consistent with the Chair rate for the MAC and other similar Advisory Committees, currently \$570 per diem.
10. A completed Public Office Holder Questionnaire to assist the Tribunal in making a determination is provided at Attachment C. This Questionnaire outlines similar public office/entities with comparable responsibilities within the ACT.
11. The CRMEC Terms of Reference are at Attachment D and the Chair Position Description is provided at Attachment E.
12. A letter to the Chief Minister is at Attachment 1 for your signature which seeks agreement to formally refer the CRMEC Chair position to the Tribunal. A letter from the Chief Minister to the Chair of the Tribunal has also been prepared at Attachment A, along with a Notifiable Instrument at Attachment B.

**Financial Implications**

13. The CRMEC has an existing budget to perform duties.

**Consultation**Internal

14. Not applicable.

Cross Directorate

15. Not applicable.

External

16. Not applicable.

**Work Health and Safety**

17. Not applicable.

**Benefits/Sensitivities**

18. No sensitivities are expected as a result of this Selection process.

**Communications, media and engagement implications**

19. It is unlikely that there will be media interest.

Signatory Name:	Rebecca Cross, Director-General	Phone:	x49786
Action Officer:	Professor Emily Haesler, Director, Canberra Region Medical Education Council	Phone:	X42946

**Attachments**

<b>Attachment</b>	<b>Title</b>
Attachment 1	Letter to the Chief Minister
Attachment A	Letter from the Chief Minister to the Chair of the Remuneration Tribunal
Attachment B	Notifiable Instrument
Attachment C	Questionnaire for the Remuneration Tribunal
Attachment D	Terms of Reference
Attachment E	CRMEC Chair Position Description
Attachment F	Current Determination



## MINISTERIAL BRIEF

ACT Health Directorate

Tracking No.: GBC22/402

<b>To:</b>	Minister for Health
<b>CC:</b>	Rebecca Cross, Director-General
<b>From:</b>	Stephen Miners, A/g Deputy Director-General
<b>Subject:</b>	Minister's Weekly Brief
<b>Critical Date:</b>	Friday, 1 July 2022
<b>Critical Reason:</b>	To ensure you are briefed on current issues and events.

## Recommendations

That you note the:

- Information in the Minister's Weekly Brief for 20-24 June 2022;
- Media and Communication forecast at ([Attachment A](#));
- Freedom of Information requests update ([Attachment B](#)); and
- Ministerial & Government Services Report ([Attachment C](#)).

Noted / Please Discuss

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

Minister's Office Feedback

**KEY TOPICS/EMERGING ISSUES**

1. Nil.

**UPDATES ON KEY PROJECTS/PIECES OF WORK****Research Working Group meeting**

2. The Research Working Group (RWG) met on 24 June 2022 and discussed:
  - a. Your approval that the Research and Innovation Fund (RIF) proceed with a fellowship approach; maintaining probity and an arms-length advisory role throughout the RIF process; and advice on the proposed timeline.
  - b. The Research Strategic Plan (RSP) launch at the Canberra Health Annual Research Meeting (CHARM); final steps to publication; and development of the RSP implementation plan.
3. RWG members present: Prof Walter Abhayaratna, Prof Nick Brown, Prof Deborah Davis, Prof Imogen Mitchell, Prof Chris Nolan, Prof Catherine Paterson, Prof Jennie Scarvell, A/Prof Bruce Shadbolt and Ms Linda Trompf.

**Canberra Health Annual Research Meeting**

4. The Canberra Health Annual Research Meeting (CHARM) program content has been approved by the Director-General and is now in the process of being designed as an online pdf program. The timetable will be released this week on the directorate's Centre for Health and Medical Research (CHMR) webpage.

**LGBTIQ+ Health Scoping Study Recommendations: Draft Implementation Options**

5. KPMG provided the ACT Health Directorate (ACTHD) with draft reports setting out costing options for implementing the recommendations of the LGBTIQ+ Health Scoping Study (the Scoping Study). Included were also two options for the draft model of service for a gender-focused health service.
6. The ACTHD is meeting with KPMG to provide comprehensive feedback on the draft reports with the expectation that KPMG will submit the final versions by end-July 2022.
7. The ACTHD will simultaneously undertake a needs analysis of new and existing non-government run LGBTIQ+ health services more generally. This will consider the type of services currently being delivered by Meridian under their contract for Sexually Transmitted Infections and Blood Borne Viruses, and other general health services for LGBTIQ+ people.
8. The ACTHD will brief you on the proposed next steps for the commissioning and procurement of services to implement the Scoping Study recommendations and the needs analysis of LGBTIQ+ health services.

## SENSITIVE - CABINET

9. TransHub, a digital resource for transgender and gender diverse people run by ACON, is also expanding to a national platform. The need for an information resource was identified through the Scoping Study and the co-design for the gender-focused health service. ACTHD is exploring how the TransHub expansion can be leveraged to meet this community need

**MINISTER'S OFFICE REQUESTS FOR INFORMATION**

10. Nil.

**KEY STAKEHOLDER MEETINGS/COMMUNITY ENGAGEMENTS**

11. Nil.

Action Officer: Chadia Rad, Senior Director, Ministerial and Government Services

**Attachments**

<b>Attachment</b>	<b>Title</b>
Attachment A	Media and Communications Forecast
Attachment B	Freedom of Information Requests Update
Attachment C	Ministerial & Government Services Report











## MINISTERIAL BRIEF

ACT Health Directorate

Tracking No.: GBC22/422

**To:** Minister for Health

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**CC:** Rebecca Cross, Director-General

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**From:** Stephen Miners, Deputy Director-General

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**Subject:** Minister's Weekly Brief

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**Critical Date:** Friday, 8 July 2022

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**Critical Reason:** To ensure you are briefed on current issues and events.

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## Recommendations

That you note the:

- Information in the Minister's Weekly Brief for 27 June – 1 July 2022;
- Media and Communication forecast at ([Attachment A](#));
- Freedom of Information requests update ([Attachment B](#)); and
- Ministerial & Government Services Report ([Attachment C](#)).

Noted / Please Discuss

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

Minister's Office Feedback

**KEY TOPICS/EMERGING ISSUES****Calvary Public Hospital Bruce – Emergency Department Bypass**

1. At 9.30am on 1 July 2022, Calvary Public Hospital Bruce (CPHB) Emergency Department (ED) activated bypass to ambulance attendances.
2. Ms Robin Haberecht, General Manager, CPHB, advised both Cathie O’Neill, Chief Operating Officer, Canberra Health Services and Ms Jacinta George, Executive Group Manager, ACT Health Directorate prior to activation.
3. This bypass was the result of the ED being at full capacity with serious staffing shortages.
4. The broader hospital experienced significant staff leave due to illness which also impacted patient flow across the service.
5. All patients were triaged and prioritised for care in ED as appropriate.
6. The bypass issue was for ambulance admissions only and was deactivated in the early afternoon of 1 July 2022 after additional staff were sourced.
7. Doctors and nurses are currently on extended overtime to support staff shortages and patient safety is CPHB’s highest priority.

**UPDATES ON KEY PROJECTS/PIECES OF WORK****2022-2023 ACT Health Directorate and Calvary Health Care ACT Ltd Performance Plan**

8. Negotiations continue between ACT Health Directorate (ACTHD) and Calvary Health Care ACT Ltd (Calvary) on the 2022-2023 Performance Plan.
9. Schedule 2.2(a)(xv) [REDACTED]
10. Schedule 2.2(a)(xv) [REDACTED]
11. The ACTHD will continue to update you as negotiations progress.

**2020-21 Calvary Public Hospital Bruce COVID-19 Reconciliation**

12. In relation to your comments on CPHB COVID-19 Reconciliation, the ACTHD are progressing correspondence from the Director-General to the General Manager, CPHB; which will be cleared through the ACT Government Solicitors Office.

**Youth At Risk program**

13. As requested by the Minister for Health, below is a preliminary timeframe for delivery of the Youth at Risk program.

14. Project planning has commenced for this project. This project will sit under the Bilateral Agreement Implementation Plan, which is still to be negotiated with the Commonwealth.

Timeframe	Deliverable
June-July 2022	<ul style="list-style-type: none"> <li>Draft and agree Implementation Plan with the Commonwealth Department of Health</li> <li>Recruitment of 1 full time equivalent Senior Officer Grade B (SOG B) position as dedicated project manager</li> </ul>
August-October 2022	<ul style="list-style-type: none"> <li>Provide the final Scoping Study to Minister for Mental Health and Minister for Health</li> <li>Finalise the elements of the model based on the Scoping Study</li> <li>Develop detailed Project Plan – including a phased approach based on the budget amounts allocated each year</li> <li>Commence commissioning of the first service components and evaluation</li> </ul>
Stage 1 November 2022 – April 2023	<ul style="list-style-type: none"> <li>Service development including service planning, model of care development and commencement of services</li> </ul>
Stage 2 April 2023 onwards	<ul style="list-style-type: none"> <li>Detailed planning and commissioning for the progressive expansion of the program from July 2023 to July 2025</li> </ul>

**Canberra Health Annual Research Meeting (CHARM)**

15. CHARM registrations opened this week, generating a strong early response with over 100 registrations.

16. Training and support for 3 Minute Thesis (3MT) participants occurred this week in partnership with the University of Canberra.

**MINISTER'S OFFICE REQUESTS FOR INFORMATION**

17. Nil.

**KEY STAKEHOLDER MEETINGS/COMMUNITY ENGAGEMENTS**

18. Nil.

Action Officer: Chadia Rad, Senior Director, Ministerial and Government Services

**Attachments**

<b>Attachment</b>	<b>Title</b>
Attachment A	Media and Communications Forecast
Attachment B	Freedom of Information Requests Update
Attachment C	Ministerial & Government Services Report

**ACT Health Directorate**

**To:** Minister for Health

Tracking No.: GBC22/425

**Date:** 05/07/2022

**From:** Fiona Barbaro, Executive Group Manager, Population Health

**CC:** Rebecca Cross, Director-General

**Subject:** Drugs of Dependence (Personal Use) Amendment Bill 2021 – Government amendments

**Critical Date:** 07/07/2022

**Critical Reason:** To enable the Scrutiny Committee to consider the proposed Government amendments to the Drugs of Dependence (Personal Use) Amendment Bill 2021 ahead of expected tabling in August 2022.

**Recommendations**

That you:

1. Agree to the proposed Government amendments at Attachment A and supplementary Explanatory Statement to the Drugs of Dependence (Personal Use) Amendment Bill 2021 at Attachment B; and

**Agreed / Not Agreed / Please Discuss**

2. Sign the letter to the Chair of the Legislative Assembly Scrutiny Committee at Attachment C enclosing the proposed amendments for the Committee’s consideration.

**Signed / Not Signed / Please Discuss**

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

Minister’s Office Feedback



**Background**

1. On 9 June 2022, you tabled the Government Response to the Report of the Select Committee Inquiry into the Drugs of Dependence (Personal Use) Amendment Bill 2021, a Private Member's Bill. The Response foreshadowed Government amendments to the Private Member's Bill (PMB) to ensure it can be implemented to achieve its goals.
2. On 29 June 2022, Cabinet agreed to proposed Government amendments to the PMB.

**Issues**

3. The Government amendments to the PMB have been drafted by the Parliamentary Counsel's Office (PCO).
4. As agreed by Cabinet, a minor change has been made to the proposed Government amendments. The Government had originally proposed that the changes should be reviewed after three years, consistent with the review provision for the *Drugs of Dependence (Personal Cannabis Use) Act 2019*. However, given the novelty of the changes in the Australian context and ongoing stakeholder concerns, this has been revised to two years.
5. ACT Health Directorate (ACTHD) has provided further information to your office concerning the development of the revised small quantity limits eligible for a simple drug offence notice and maximum penalty of one penalty unit, and other issues, to support further discussion with the ACT Greens. We understand some concerns remain, particularly that the proposed small quantity limits are too low.
6. The supplementary Explanatory Statement for the Bill is at [Attachment B](#).
7. Under Legislative Assembly Standing Order 182A, you are required to provide proposed Government amendments to the Legislative Assembly Scrutiny Committee for consideration, prior to debate of the amendment.
8. Government amendments must be provided to the Scrutiny Committee two weeks prior to the intended debate date. It is therefore recommended that you sign the letter to the Committee at [Attachment C](#) and lodge the Government amendment for their consideration.
9. ACTHD will await the outcome of the Scrutiny Committee's review of the proposed Government amendments and will provide you with further advice should it be required.

**Financial Implications**

10. The proposed Government amendments to the PMB do not have any financial impacts or budget impacts. The PMB and proposed amendments are not expected to significantly increase rates of apprehensions for drug possession.

**Consultation**Internal

11. The Government amendments have been informed by engagement with Mental Health Policy, Aboriginal and Torres Strait Islander Health Partnerships, the ACT Government Analytical Laboratory and the Health Protection Service.

Cross Directorate

12. The proposed Government amendments were drafted by PCO and have been informed by engagement with Legislation, Policy and Programs within JACSD, Chief Minister Treasury and Economic Development Directorate (CMTEDD), Canberra Health Services and Access Canberra.

External

13. The Government amendments have been informed by engagement with a wide range of external stakeholders, including ACT Policing and non-government organisations from the ACT alcohol and other drug treatment and support service sector and other related sectors.

**Work Health and Safety**

14. Not applicable.

**Benefits/Sensitivities**

15. The Bill with proposed Government amendments aligns strongly with the Government's harm minimisation approach to drug use and should help to reduce related stigma.
16. Ongoing work with the ACT Alcohol and Other Drugs sector on the communications approach for the enacted PMB and training for police officers will be required.
17. ACTHD will also continue to work closely with ACT Policing during the implementation period for the changes, as this is crucial to their success.

**Communications, media and engagement implications**

18. The Government's position on the PMB has received substantial media attention from both supporters and detractors. Communications material was provided previously, and ACTHD will work with stakeholders to develop further public messaging during the implementation period for the enacted PMB.

Signatory Name: Fiona Barbaro, Executive Group      Phone: (02) 5124 6146  
Manager, Population Health

**Attachments**

<b>Attachment</b>	<b>Title</b>
Attachment A	Government amendments to the PMB
Attachment B	Supplementary Explanatory Statement
Attachment C	Letter to the Legislative Assembly Scrutiny Committee

**ACT Health Directorate**

**To:** Minister for Health

Tracking No.: MIN22/237

**Date:** 15/06/2022

**CC:** Rebecca Cross, Director General; Deb Anton, Deputy Director General

**From:** Michael Culhane, Executive Group Manager, Policy, Partnerships and Programs

**Subject:** Quarterly Meeting with Capital Health Network

**Critical Date:** 21/06/2022

**Critical Reason:** Meeting is scheduled on this day

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

**Recommendations**

That you:

1. Note the update from the Office of the Chief Health Officer on the ACT COVID-19 response at Attachment A.

**Noted / Please Discuss**

2. Note information on the current funding agreements with CHN at Attachment B.

**Noted / Please Discuss**

3. Note that Michael Culhane, Executive Group Manager, will be the ACT Health representative attending this meeting.

**Noted / Please Discuss**

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

Minister's Office Feedback

## Background

1. In early 2022, Capital Health Network (CHN) requested to meet with you on a quarterly basis for a general catch-up, and to update you on their latest primary health network (PHN) activities.

## Issues

### ACT COVID-19 Response

2. Updated information from the Office of the Chief Health Officer (OCHO) is provided at Attachment A.

### Primary Care and Integrated Care

3. The ACT Government is seeking to work with the Commonwealth Government, CHN and local partners to co-design, pilot and implement new services to improve primary health care in the ACT, consistent with objectives of the Primary Health Care 10 Year Plan and the Commonwealth Government's election commitments.
4. Opportunities for co-design and delivery of new services in the ACT include:
  - Medicare Urgent Care Centres
  - Community general practices
  - New person-centred models of care for complex and vulnerable patients, and
  - Workforce measures.
5. The Director-General met with Executives from the Australian Government Department of Health in early June to initiate discussion of these opportunities.
6. CHN participated on an Assessment Panel for the Delivering Better Care (DBC) Stage 2 Primary Care Grants Round, to provide one-off funding for ACT general practices, primary care providers and collaborators to address barriers to, and improve integrated primary care for, people with complex or chronic conditions.
  - a. CHN has generously offered an additional \$100,000 to the \$810,000 funding pool allocated to the grants round under DBC Stage 2; ACTHD and CHN are currently finalising administrative arrangements to combine the funding.
7. The Assessment Panel has finalised its report and recommended projects for funding, and these will be provided to you shortly.

### Northside Clinical Services Plan

8. Ms Cahill is a member of the Steering Committee overseeing the Northside Clinical Services Plan work. The next meeting is scheduled for 16 June 2022.
9. The CHN Needs Assessments will inform the Needs Analysis underpinning the development of the Northside Clinical Services Plan.
10. The Health Services Planning Unit will engage with CHN to better understand the services provided or commissioned by CHN.

### Commissioning of Health Services in the Community

11. ACTHD is continuing to progress commissioning activities. The sectors are at different stages of the commissioning cycle, and publish regular updates, timeframes, calendar events and discussion papers on the Commissioning for Outcomes webpage: [Commissioning for Outcomes - Commissioning \(act.gov.au\)](#).
12. CHN has raised a joint commissioning governance structure with the Director-General, and that commissioning mental health services could be a good focus for a pilot on co-commissioning. As outlined below, subsectors are currently meeting with ACTHD policy areas to develop needs assessments and design processes for commissioning.
13. Following the most recent meeting between the CHN CEO and Director-General, ACTHD will send details to CHN of the subsectors that are in commissioning processes and seek their advice as to where they have an interest in being involved as a possible co-commissioner.
14. The Government Procurement Board and Non-Government Organisation Leadership Group (NGOLG) provide an advisory role to ACTHD for commissioning. CHN attends the NGOLG.
15. CHN are invited to meetings and commissioning events relating to the 'strategise' and 'design' phases of the individual subsector commissioning.
16. All subsectors are commencing or scheduling the collaborative design phase of the commissioning process. ACTHD and sector partners will work together to consider needs assessments, identify information gaps, identify service priorities, develop outcomes statements and measures, and to confirm the sector purchasing approach.
17. ACTHD is currently working with CHN to extend the contract period for primary support services for the Needle and Syringe Program (Project B) until 31 December 2023, with funding for Early Morning Centre (Project A) undergoing review (following consultation with the Community Services Directorate, ACTHD is finalising options for your consideration). CHN will be invited to participate in commissioning of the primary care support services in the period July 2022-December 2023.
18. CHN has recently advised ACTHD they are not intending to extend the current agreement for the HIV Support Program.

### Safe Haven Commissioning process and Head to Health Centre

19. The review of the collaborative commissioning process for the community Safe Haven is being finalised by the consultant engaged by CHN. ACTHD was engaged in setting the scope, providing input and have had the opportunity to review the final draft.
20. ACTHD understands that there was a 300 per cent increase in new clients contacting the Commonwealth funded Head to Health Service, following a media campaign that commenced in March 2022.

Youth Systems Modelling Project

21. The Office for Mental Health and Wellbeing, Brain and Mind Centre and CHN continue to partner on the Youth Systems Modelling Project.
22. Findings from the first workshop have been circulated to key stakeholders. The next stakeholder workshop is scheduled for 20 July 2022.
23. CHN will have the opportunity to be trained to use the systems modelling tool and have ongoing access to it to support their business needs, once the co-design process is complete.
24. CHN has been identified as a key stakeholder in the co-design process and their involvement in the project's implementation is important in reaching the project's objectives.

National Mental Health and Suicide Prevention Agreement – ACT Bilateral Schedule (Bilateral Schedule)

25. ACTHD (EBM MHSP Division and Coordinator General Mental Health and Wellbeing) met with Megan Cahill in late May 2022 to discuss next steps in relation to the Bilateral Agreement implementation. They also met separately with the Commonwealth to discuss the same. It was agreed ACTHD will participate in Quarterly implementation meetings, with both CHN and the Commonwealth in attendance.

Care Close to Home (CC2H) Project

26. Promotional material has been prepared for hospital in the home (HITH) referrers, including general practitioners (GPs) in consultation with the GP Liaison Units at both hospitals and the GP representative on the CC2H Reference Group. This material has been distributed to GPs and uploaded onto the CHN HealthPathways site.
27. ACTHD has completed a costing study of HITH which shows it is a cost-effective service with the potential to expand.
28. Next steps in the final year of the project, which concludes on 30 June 2022, include integration with CC2H services such as the virtual COVID service and a wind up and external evaluation of the project in 2021-22 by KPMG. This will include patient and staff surveys.

Current Funding Arrangements

29. Further information about the current agreements with CHN is at Attachment B.

**Financial Implications**

30. Nil.

**Consultation**Internal

31. Health System Planning and Evaluation, Mental Health and Suicide Prevention Division, Office for the Chief Health Officer, Academic Unit of General Practice.

## OFFICIAL

Cross Directorate

32. Nil.

External

33. Nil.

**Work Health and Safety**

34. Nil.

**Benefits/Sensitivities**

35. Nil.

**Communications, media and engagement implications**

36. Nil.

Signatory Name: Michael Culhane, Executive Group Manager, Policy, Partnerships and Programs      Phone: 02 5124 9392

Action Officer: Stephanie Ellis, Assistant Director, Health Policy and Strategy Branch      Phone:

**Attachments**

<b>Attachment</b>	<b>Title</b>
Attachment A	ACT COVID-19 Response information from OCHO
Attachment B	Current funding agreements with CHN



**ACT Health Directorate**

**To:** Minister for Health Tracking No.: MIN22/353

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**CC:** Rebecca Cross, Director-General  
Jacinta George, Executive Group Manager, Health System Planning and Evaluation

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**From:** Margaret Stewart, Executive Branch Manager, Local Hospital Network, Commissioning Branch

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**Subject:** Meeting with Mr Ross Hawkins, Regional Chief Executive Officer, Calvary ACT

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**Critical Date:** 23 June 2022

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**Critical Reason:** Meeting is scheduled on this day

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**Recommendations**

That you:

1. Note the Calvary Public CPHB) Performance report – May 2022 at Attachment A;

**Noted / Please Discuss**

2. Note the CPHB Function Organisational Chart at Attachment B; and

**Noted / Please Discuss**

3. Note that Ms Margaret Stewart, Executive Branch Manager, ACT Health Directorate (ACTHD) will attend the meeting as the ACTHD representative.

**Noted / Please Discuss**

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

Minister's Office Feedback
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## Background

1. You last met with Mr Ross Hawkins, Regional Chief Executive Officer, Calvary ACT on 21 April 2022.

## Issues

2. The below mentioned items, requested by Mr Hawkins and/or included by the ACTHD in consultation with your Office, are proposed for discussion.

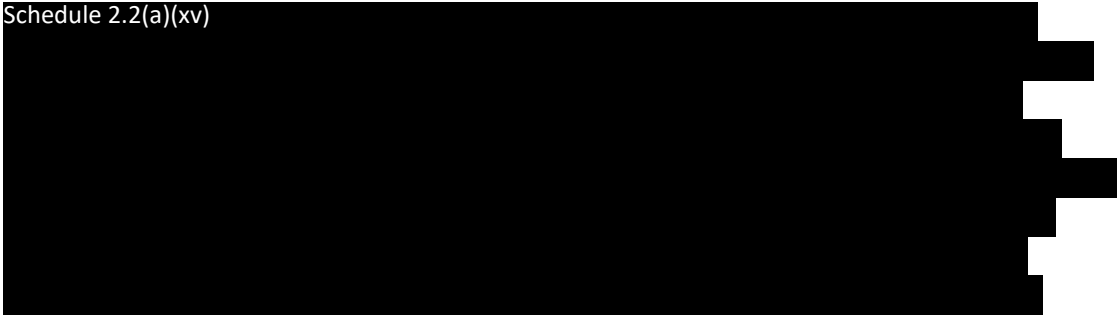
### Emergency Department (ED) Performance

3. This item has been listed for discussion by Mr Hawkins and the ACTHD.
4. The main discussion points from the ACTHD's perspective is the declining trend in ED timeliness performance since January 2022. You may wish to seek an update from Mr Hawkins on the work being undertaken to improve ED performance following the commencement of Dr Hall and expected timeframes for improvement in performance results.
5. The May 2022 (interim) results are at Attachment A. Performance against the four-hour rule decreased to 47.9 per cent.
6. CPHB has advised that ED capacity and performance through the winter/flu season will continue to be impacted by clinical staff shortages (including registrar and junior doctor positions), and the continued operation of the COVID-19 ED red zone.
7. Schedule 2.2(a)(ii), the new Director of ED, has commenced at CPHB. As you are aware, CPHB has placed a great deal of weight on the leadership Schedule will bring. However, CPHB was not able to convey to the ACTHD a timeframe for improvements in ED performance when raised at the Calvary Network Committee (CNC).

### Elective Surgery

8. This item has been listed by the ACTHD for discussion. Mr Hawkins also wishes to discuss surgical planning however, the ACTHD is of the view that he may wish to discuss this as needing Territory-wide leadership.
9. Schedule 2.2(a)(xiii)  
[REDACTED]
10. The main discussion points from the ACTHD's perspective in relation to CPHB elective surgery delivery is the plan to achieve the 2021-22 shortfall in 2022-23, as well as their base target and extra surgeries (subject to final Budget outcomes).
11. The General Manager, CPHB is currently anticipating a shortfall of about 650 surgeries by end June 2022. As has been discussed with you previously, it is a priority for the Territory that CPHB commit to delivering these surgeries in 2022-23.

12. Schedule 2.2(a)(xv)



#### Maternity Review

13. Mr Hawkins wishes to discuss this item, which we understand will relate to your upcoming launch of the Maternity in Focus (MiF) Action Plan. The ACTHD has been in discussion with Mr Hawkins on this matter on Tuesday and Wednesday, in consultation with Ben Tomlinson from your office, and we believe the issues for this matter are resolved. However, Mr Hawkins is likely to raise the general issue of the ACTHD ensuring that Calvary agreement at executive level is secured on significant commitments ahead of public release.
14. A further briefing on the particular issue of the MiF will be provided to you by the ACTHD. For this meeting, Ms Stewart has detail of the consultations and undertakings that have occurred between Mr Hawkins and the ACTHD in the last 24 hours (at time of writing).

#### Capital Expenditure – reprofiling

15. The ACTHD's Strategic Infrastructure Division will raise the matter of CPHB's reprofiling with the Director-General who will discuss the matter with Mr Hawkins at their upcoming meeting on 27 June 2022.

#### CPHB – Executive Review

16. This item has been listed for discussion by the ACTHD. You may wish to seek an update from Mr Hawkins about the implementation of the new executive structure. Copy of the new structure is at [Attachment B](#). You may wish to reiterate the government's support for the reform at CPHB but note that you are concerned to ensure at the same time that disruptions to priority undertakings are kept to a minimum (eg, see Nurse Ratios below).

#### Urology Department

17. Mr Hawkins has listed urology for discussion. The ACTHD does not have any further context on the specific matters he intends to raise.
18. CPHB have reported to the CNC that they are slowly ramping up activity in the new Urology clinic. The ACTHD Data Analysis Branch are working with CPHB on finalising activity data. We have been unable to obtain updated throughput figures for you in time for this meeting.

Clare Holland House

19. Schedule 2.2(a)(xv) [REDACTED]
20. Schedule 2.2(a)(xv) [REDACTED]
21. Schedule 2.2(a)(xv) [REDACTED]
22. Schedule 2.2(a)(ii) [REDACTED]

CBPH

23. Mr Hawkins has listed a visit to Calvary Bruce Private Hospital for discussion. The ACTHD does not have any further context on information on this matter.

Workforce and Industrial Matters*Maternity Recruitment*

24. The ACTHD met with General Manager, CPHB on 20 June 2022, where she advised CPHB is pursuing several strategies to fill staff vacancies, including:
- a. converting a significant number of temporary positions to permanent (equivalent to about 50 FTE);
  - b. increasing graduate intake (will be effective from Feb 2023); and
  - c. Supporting existing staff to undertake Masters in Midwifery (providing the supernumerary support required for staff to undertake that qualification).
25. CPHB is keen to engage on a Territory-wide strategy for recruitment and will continue to talk to the Chief Nurse and Midwifery Officer (CNMO). CNMO advises that he is conducting a global/national recruitment campaign (see Nurse Ratios below).

*Nurse Ratios*

26. CPHB included wards are: Medical (4East and 4West) Surgical (6West) Mental Health (Acacia and Older Persons Mental Health Unit). All wards commenced implementation 1 February 2022.
27. CPHB have recruited permanently to all 35 FTE positions for phase 1 ratios of the overall 90 FTE across both health services (55 FTE at CHS).

## OFFICIAL

28. Compliance has been compromised by the significant furloughing of staff, short notice leave requests and chronic shortage of available and skilled staff to fill vacancies largely impacted by the pandemic and now the winter illness including influenza.
29. CPHB executive restructure has unsettled the membership of the CPHB Implementation Working Group with key Divisional leads no longer on site. This impacts progression of divisional momentum in progressing work required.
30. CPHB continues to be committed to complying with ratios and continues to work on progressing the reporting requirements as per the Agreement and Framework. CPHB has recruited a Clinical Development Nurse for each ward to assist in supporting the amount of new staff commencing. CPHB has reviewed and developed all Models of Care for all areas included in phase one. Ongoing recruitment and onboarding continue including recruitment to wards, relief pool and a Graduate Nurse midyear intake for CPHB.
31. CNMO has planned meetings in June and July 2022 with both Canberra Health Services (CHS) and CPHB to consider a National Recruitment Campaign for Nurses and Midwives.

Additional Items

32. The ACTHD have included the below additional items that may be for your information if required.

*Cardiac services*

33. You have been briefed previously on the proposal for CPHB to subcontract interventional cardiology for CPHB patients to Calvary Bruce Private Hospital (Calvary Private). This proposal has been under consideration for some time but received more urgent attention to assist potentially with cardiology demand during this current period of constrained workforce currently being experienced by CHS as well as a potential upgrading of CHS Cardiac Catheter Laboratory.
34. CPHB remain in discussion with CHS about the Model of Care and CPHB need to come back to the ACTHD to discuss the funding implications, ie the “ball” is currently in Calvary’s court on this issue. The ACTHD have highlighted to CPHB and CHS there is no extra funding available, and the service will have to be funded out of existing money between CHS and CPHB. Pricing for this service is yet to be determined between CPHB and Calvary Private.
35. In addition to this immediate need, the ACTHD has been leading work on a Territory-wide planning exercise for cardiology services. The ACTHD has postponed its proposed face-to-face forum to undertaken Territory-wide planning for cardiology services, which was intended to be held in early May 2022. Planning for cardiology will be incorporated into work on the Northside Clinical Services Plan.

*Financial - COVID-19 Reconciliation - MIN22/780*

36. You have been briefed separately on the payment to CPHB for 2020-21 COVID-19 activity delivered above base (reflecting a potential liability of up to \$10.7 million). Pending your agreement to the approach outlined in that brief, the Director-General, ACTHD, will write to the CPHB, General Manager, seeking agreement to a lesser amount, with the funds reinvested into the ACT public hospital system. The ACTHD has not discussed this matter with CPHB.

*Financial – Cash Management Policy*

37. We recommend deferring any further engagement with CPHB on this matter until formal legal advice is received.

*2022-23 Business Case - Budget outcomes*

38. At the CNC meeting on 2 May 2022 and 31 May 2022, the ACTHD shared the latest update of the Business Case proposals with CPHB following your review and approval for which matters would be brought to Cabinet for consideration.
39. Mr Hawkins may raise that CPHB were disappointed about the withdrawal of *HEA MH E01 – Mental Health Compliance* – in particular, the lack of funding for the two Junior Medical Officer positions at the adult mental health ward. CPHB considers these positions necessary to support the ongoing sustainability of the specialist medical workforce.
40. The ACTHD undertook to advise CPHB *‘in confidence’* at the earliest opportunity on the outcome of the recent Expenditure Review Committee (ERC) review of the ACTHD Business cases. ERC has now finalised those recommendations – noting these recommendations have not yet been agreed by Cabinet proper. The ACTHD is preparing a separate brief to you in relation to seeking the Chief Minister’s authorisation to provide CPHB with early advice on the provisional ERC outcomes, which is necessary to progress the 2022-23 Performance Plan negotiations.

**Financial Implications**

41. Not applicable.

**Consultation**Internal

42. Strategic Infrastructure Division, People Strategy and Culture Branch, and CNMO were consulted in the development of this brief.

Cross Directorate

43. Not applicable.

External

44. Not applicable.

**Work Health and Safety**

45. Not applicable.

**Benefits/Sensitivities**

46. Not applicable.

**Communications, media and engagement implications**

47. Not applicable.

Signatory Name: Margaret Stewart, Executive Branch      Phone: 5124 9420  
 Manager, LHN Commissioning

**Attachments**

<b>Attachment</b>	<b>Title</b>
Attachment A	CPHB Performance report – May 2022
Attachment B	CPHB Function Organisational Chart

**ACT Health Directorate**

UNCLASSIFIED

<b>To:</b>	Minister for Health	Tracking No.: MIN22/696 (ACTHDFOI21-22.60)
<b>CC:</b>	Rebecca Cross, Director-General Stephen Miners, A/g Deputy Director-General	
<b>From:</b>	Chadia Rad, Senior Manager, Ministerial and Government Services	
<b>Subject:</b>	Freedom of Information application from [REDACTED] (MLA) regarding the Ministerial Briefs with the titles outlined, excluding all attachments to the briefs	
<b>Critical Date:</b>	12/07/2022	
<b>Critical Reason:</b>	FOI will be delivered to applicant on this day.	

**Recommendations**

That you:

1. Note ACT Health Directorate's response to [REDACTED] (MLA) at Attachment A;

**Noted / Please Discuss**

2. Note the Media Talking Points at Attachment B.

**Noted / Please Discuss**

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

Minister's Office Feedback
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**Background**

1. On 2 May 2022 [REDACTED] (MLA) submitted an access application under the *Freedom of Information Act 2016* (the Act) to the ACT Health Directorate (ACTHD) requesting:

*'A copy of the Ministerial Briefs with the titles outlined below:*

<i>Covid-10 Response – Changes to Public Health Directions and functionality of the Check In CBR app from 25 February 2022</i>	<i>MIN22/324</i>
<i>Initiated brief – Minister for Health – Freedom of Information (FOI) application from “redacted” regarding information about the supply of RATs to ACT Ministers or their offices – ACTHDFOI21-22.38</i>	<i>MIN22/307</i>
<i>Initiated brief – Minister for Health - Freedom of Information (FOI) application from “redacted” regarding All documents prepared in relation to providing a media statement to The Canberra Times on Thursday, February 3 2022 -</i>	<i>MIN22/308</i>
<i>Initiated brief – Minister for Health - Freedom of Information (FOI) application from “redacted” regarding COVID-19 weekly surveillance report – ACTHDFOI21</i>	<i>MIN22/342</i>
<i>Initiated brief – Minister for Health – Calvary Public Hospital Bruce 2020-2021 Financial Statements</i>	<i>MIN22/358</i>
<i>Meeting – Minister for Health – Early Years priorities joint discussion with Minister Stephen Smith &amp; Minister Berry – Tuesday 22 February, 11:00am – 12:00pm</i>	<i>MIN22/302</i>
<i>(EXPOSURE) Cabinet Submission – CAB22/136 Early Intervention Service for Eating Disorders</i>	<i>GBC22/76</i>
<i>2022-23 Business Cases for Provision to MO – Minister for Health</i>	<i>GBC22/143</i>
<i>ASSEMBLY BUSINESS PAPER – (CAB22/207) – Ministerial Statement progress on the recruitment of our public health workforce and implementation of nurse-patient</i>	<i>GBC22/141</i>
<i>Cabinet Submission (FINAL) – Minister for Health CAB21/852 – 2021-22 COVID-19 Response Expenditure – 1 October – 30 December YTD</i>	<i>GBC22/86</i>
<i>Cabinet Submission – Minister for Health – (CAB22/158) Government Response to Standing Committee on Health and Community Wellbeing Inquiry into the Public Health Amendment Bill 2021 (No2)</i>	<i>GBC22/107</i>
<i>Ministerial Brief – Minister for Health – 2022-23 Business Cases – Additional Proposals</i>	<i>GBC22/115</i>
<i>Weekly Brief – Minister for Health – 14-18 February 2022</i>	<i>GBC22/91</i>
<i>Weekly Brief – Minister for Health – 21-25 February 2022</i>	<i>GBC22/117</i>
<i>Weekly Brief – Minister for Health – 28 February – 4 March 2022</i>	<i>GBC22/134</i>
<i>Weekly Brief – Minister for Health – 7-11 February 2022</i>	<i>GBC22/77</i>
<i>2022-23 Business Cases for Provision to MO – Minister for Mental Health</i>	<i>GBC22/145</i>
<i>Cabinet Submission (Exposure Draft – ERC) – CAB22/48- Minister for Mental Health – Re-envisioning Older Persons Mental health and Wellbeing in the ACT Strategy 2022 -2026</i>	<i>GBC22/96</i>

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<i>Cabinet Submission (Exposure Draft) – joint Minister for Mental Health/Minister for Emergency Services – National Disaster Mental Health and Wellbeing Framework (CMTEDD LEAD)</i>	<i>GBC22/116</i>
<i>Initiated Brief – Minister for Mental Health – Update on negotiations and positions for Bilateral Mental Health and Suicide Prevention Agreement between the ACT and Commonwealth Governments</i>	<i>MIN22/277</i>
<i>Meeting – Minister for Mental Health – Canberra Mental Health Forum (Online) 22 February 2022</i>	<i>MIN22/260</i>
<i>Weekly Brief – Minister for Mental Health – 14-18 February 2022</i>	<i>GBC22/92</i>
<i>Weekly Brief – Minister for Mental Health – 21-25 February 2022</i>	<i>GBC22/118</i>
<i>Weekly Brief – Minister for Mental Health – 28 February – 4 March 2022</i>	<i>GBC22/135</i>
<i>Weekly Brief – Minister for Mental Health – 7 – 11 February 2022</i>	<i>GBC22/78'</i>

2. An intension to refuse letter was sent to [REDACTED] on 31 May 2022 as it was an unreasonable and substantial diversion of resources. [REDACTED] responded with a rescoped application of;

*'A copy of the Ministerial Briefs with the titles outlined, excluding all attachments to the briefs'*

#### Issues

3. A search was conducted of all relevant records systems. ACTHD has identified 96 documents containing the information that meets the scope of the request. These cross over both the Health and Mental Health portfolios.
4. The decision letter and accompanying documents released to [REDACTED] are at Attachment A.
5. Documents relating to your portfolio responsibilities are pages 1 to 68 of Attachment A.

#### Financial Implications

6. Processing fees are not applicable to this request.

#### Consultation

##### Internal

7. Advice was sought from all business units across the directorate to provide briefs prepared for officials for the purpose of Annual Report Hearings.

##### Cross Directorate

8. A copy of the response has been shared with Community Services Directorate and the Education Directorate noting some information within the documents relates to their business priorities.

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External

9. Not applicable.

**Work Health and Safety**

10. Not applicable.

**Benefits/Sensitivities**

11. Full redactions have been made to documents prepared to accompany Cabinet papers, as well as partial redactions made to information within documents where the information would disclose Cabinet deliberations. This is contrary to the public interest to disclose as set out in schedule 1.6 of the Act.
12. Full redactions have been made to MIN22/358 *Initiated brief – Minister for Health – Calvary Public Hospital Bruce 2020-2021 Financial Statements* as the information discloses the business affairs of a third party. This is contrary to the public interest to disclose in accordance with schedule 2, 2.2 (a)(xi) of the Act.
13. Partial redactions have been made to documents that contains mobile phone numbers of ACT Government staff members. This is contrary to the public interest to disclose under the test set out in section 17 of the Act.
14. Confirmation on any content that may be sensitive in nature or not appropriate for public release was sought from relevant business units.

**Communications, media and engagement implications**

15. Media talking points have been prepared at Attachment B. The ACTHD media team will support your offices should any media issues arise.
16. The decision letter and accompanying documents in response to [REDACTED] FOI access applications will be uploaded to the ACTHD Disclosure Log in accordance with the Act. <sup>1 b(1)(a)</sup>

Signatory Name: Chadia Rad Phone: 5124 6216  
 Senior Director  
 Ministerial and Governance Services

**Attachments**

Attachment	Title
Attachment A	ACTHD Response
Attachment B	Media Talking Points

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**ACT Health Directorate**

**UNCLASSIFIED**

<b>To:</b>	Minister for Health	Tracking No.: MIN22/754
<b>From:</b>	Jacinta George, Executive Group Manager, Health System Planning and Evaluation	
<b>Cc:</b>	Dave Pepper, Chief Executive Officer, Canberra Health Services	
<b>Subject:</b>	Hospital in the Home – Costing Study	
<b>Critical Date:</b>	N/A	
<b>Critical Reason:</b>	N/A	

**Recommendations**

That you:

1. Note the ACT Hospital in the Home (HITH) Costing Study provided at Attachment A; and

**Noted / Please Discuss**

2. Note that, on average, treating patients in HITH costs less than treating patients in-hospital in terms of both cost per bed day and cost per patient.

**Noted / Please Discuss**

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

Minister's Office Feedback

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## Background

1. In early May 2022, the Care Close to Home (CC2H) Steering Committee reviewed and endorsed a costing study (Attachment A) on the HHITH service for both Canberra Health Services (CHS) and Calvary public Hospital Bruce (CPHB). Deloitte undertook the study.
2. On 17 May 2022, the ACT Health Directorate (ACTHD) engaged KPMG to evaluate the outcomes of the CC2H project. The evaluation will be completed in August 2022 and will cover patient outcomes, patient experience, staff satisfaction and economic impacts. The study will also make recommendations for the future.

## Issues

3. The key finding from the costing study is that, on average, treating patients in HITH costs less than treating patients in-hospital in terms of both cost per bed day and cost per patient. The analysis was done on the top 10 most common case types (DRGs) and focused on 2020-21;
  - a. Average cost per bed day – all of the DRGs cost considerably less per day except for kidney and urinary tract infections.
  - b. Average cost per patient – after taking into account that HITH patients tend to have a longer length of stay – HITH patients at CHS cost \$2,000 less than an in-hospital stay, while HITH patients at CPHB cost \$1,700 less.
4. The costing study did not compare CHS and CPHB because the two services are operated differently with different cost structures.
5. It is also important to note that the patients who are suitable to be treated in the HITH service can be different from in-hospital patients which means that direct comparisons should be treated with caution.
6. Accordingly, this study is intended to provide an indication of the long-term financial benefits provided by HITH as well as a guide for opportunities for further expansion. ACTHD will also use the study as an input to the broader HITH evaluation.

## Consultation

### Internal

7. The CC2H Steering Committee includes the Executive Group Manager, Health System Planning and Evaluation who is the CC2H Project Sponsor and Chair of the Steering Committee and the Executive Branch Manager, Local Hospital Network (LHN), Commissioning.

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Cross Directorate

8. The ACT Health Directorate (ACTHD) will circulate the costing study to Treasury and will offer them a briefing.
9. CHS is represented on the CC2H Steering Committee by the Executive Director of the Division of Medicine.

External

10. CPHB is represented on the CC2H Steering Committee by the Director of Clinical Services; Medical.

**Benefits/Sensitivities**

11. CC2H and virtual care will be an important part of the Northside Clinical Services Plan and planning for the northside hospital.

**Communications, media and engagement implications**

12. Nil.

Signatory Name:	Jacinta George, Executive Group Manager, Health System Planning and Evaluation	Phone:	5124 9699
Action Officer:	Naree Stanton, CC2H Project Manager	Phone:	5124 9777

**Attachment**

Attachment	Title
Attachment A	ACT HITH Costing Study

UNCLASSIFIED

**ACT Health Directorate**

**To:** Minister for Health

Tracking No.: MIN22/803

**CC** Deb Anton, Deputy Director-General

**From:** Michael Culhane, Executive Group Manager, Policy, Partnerships and Programs

**Subject:** Publication of the Community Assistance and Support Program Referral Pathways Report

**Critical Date:** 17/06/2022

**Critical Reason:** To ensure that tight commissioning timeframes are met.

**Recommendations**

That you:

1. Agree to the publication of the Community Assistance and Support Program Referral Pathways Report (Attachment A), which will inform a discussion paper for the second Community Support Subsector Roundtable on 21 July 2022;

**Agreed / Not Agreed / Please Discuss**

2. Advise if you would like to attend the second Community Support Subsector Roundtable on 21 July 2022.

**Agreed / Not Agreed / Please Discuss**

Rachel Stephen-Smith MLA .....

Minister's Office Feedback



## Background

1. Policy, Partnership & Programs Division is responsible for commissioning outcomes in the Community Support Subsector (CSS), which comprises the Community Assistance and Support Program (CASP), Flexible Family Support, and Transitional Care programs.
2. From 1 July 2023, consistent with the direction indicated in the December 2021 discussion paper, the budgets of these programs will be joined together to fund a single new CSS program.
3. The new CSS program will be informed by two documents containing the outcomes of the ACT Health Directorate's (ACTHD) extensive consultations with subsector partners and other stakeholders, these being the:
  - a. outcomes of a review of CASP referral pathways as outlined in the CASP Referral Pathways Report ([Attachment A](#)); and
  - b. Listening Report from the first CSS Roundtable held on 31 March 2022, which you previously agreed to publish ([Attachment B](#)).
4. The CASP Referral Pathways Report provides an evidence base for the introduction of measures to improve the coordination of ACTHD-funded services in the CSS.

## Issues

5. ACTHD intends to refer to the CASP Referral Pathways Report in the next discussion paper to be released to the subsector. It will propose at least two options for better coordinating services in the CSS, including an option for a central intake service. A copy of the draft discussion paper will be provided to you shortly.
6. These options will be open for discussion at the next CSS Roundtable, which has been scheduled for 21 July 2022.
7. You provided the opening address at the first CSS Roundtable and are invited to participate in the second Roundtable.
8. The CASP Referral Pathways Report provides key evidence for development of the program that will succeed the current CASP, Flexible Family Support and Transitional Care programs, so it is important that all stakeholders have access to it.

## Financial Implications

9. Nil.

## Consultation

### Internal

10. Nil.



Cross Directorate

11. Nil.

External

12. Nil.

**Benefits/Sensitivities**

13. Schedule 2.2(a)(xv)

**Communications, media and engagement implications**

14. Nil.

Signatory Name: Michael Culhane Phone: 49392  
 Executive Group Manager  
 Policy, Partnerships and Programs

Action Officer: Marilynne Read Phone: 49748  
 A/g Senior Director  
 Health Policy and Strategy Branch

**Attachments**

<b>Attachment</b>	<b>Title</b>
Attachment A	CASP Referral Pathways Report
Attachment B	MIN22/589 – Publication of Listening Report from Community Support Subsector Roundtable (March 2022)

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## ACT Health Directorate

<b>To:</b>	Minister for Health	Tracking No.: MIN22/809
<b>CC:</b>	Rebecca Cross, Director-General	
<b>From:</b>	Peter O'Halloran, Chief Information Officer and Executive Group Manager, Digital Solutions Division	
<b>Subject:</b>	Digital Health Record Program – Monthly Briefing June 2022	
<b>Critical Date:</b>	20/06/2022	
<b>Critical Reason:</b>	For the briefing to be available for the Digital Health Record Update with the Minister on Monday, 20 June 2022	

## Recommendation

That you:

1. Note the update on the status of the Digital Health Record Program as per the Program Status Report as of 6 June 2022 at Attachment A; and

Noted / Please Discuss

2. Note the Epic provided Executive Summary on the Digital Health Record – May 2022 at Attachment B.

Noted / Please Discuss

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

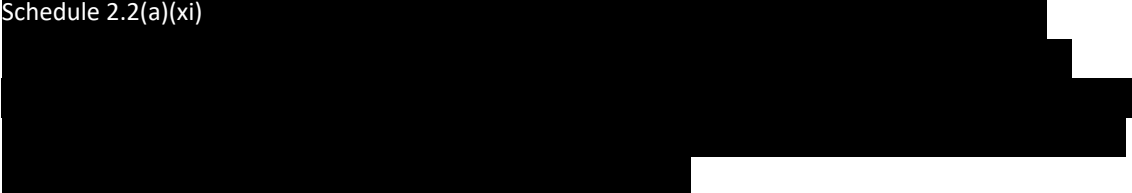
Minister's Office Feedback

## Background

1. At a meeting held with ACT Health Directorate (ACTHD) on 21 January 2021, you requested a monthly briefing on the Digital Health Record (DHR) Program to keep you up to date with the status of the Program. These meetings have been scheduled for the third Monday of every month and commenced on 24 May 2021.

## Issues

2. The DHR Program is currently in Tranche 2 – Delivering the Capability. The DHR Implementation Project, DHR Technical Project are currently reporting red status and the DHR Business Intelligence and Data Project is currently reporting Amber status.

3. Schedule 2.2(a)(xi) 

4. The following achievements have been delivered in the last month:
  - Training preparations are progressing well with locations for training and a training schedule completed. The trainers have completed 97 per cent of the MST Build (Master Training Environment) build.
  - The second round of System Integrated Testing commenced on 23 May 2022. In total 39 of 50 test scripts from round 1 have been completed and passed without any P1, P2 or P3 issues. 18 of 50 test scripts have been completed in round 2. This testing has a completion date of end June 2022 with integrated testing with operations scheduled in the first two weeks of July 2022.
  - For the DHR Technical Project, over the past two weeks, the End User Device team have completed around 50 site visits across the public health services and are continuing to get ready for deployment and Technical Dress Rehearsal activities. There continues to be regular delivery of End User Devices and configuration of these devices. A pinpoint of devices on maps to help with Technical Dress Rehearsal is being developed. A recruitment process has been initiated to engage approximately 20 casual staff to help with Technical Dress Rehearsal.
  - Process to implement the work against the recommendations of the Privacy Impact Assessment has now been initiated and is being managed by the DHR Program Office.
  - The DHR Manager's Roadshow was conducted over two and a half weeks at multiple Health Facilities. The aim of the Roadshows was to educate managers on what training was required and how to assign this training in Human Resource Information Management Solution. Digital Solutions Support was there to assist with any technical issues that arose. The roadshow was met with enthusiastic engagement, assisting over 230 staff from Canberra Health Services (CHS) and Calvary that operate in managerial positions.

5. Work is continuing with CHS and Calvary Public Hospital Bruce (CPHB) on the end-user engagement activities and change management activities required of the health services. A Supplementary DHR Business Case is being led by ACT Health to cover health service activities/ uplift of licences across the public health system. This Business Case has been submitted through the ACTHD processes. Discussions on the viability of the plans to support the training through backfill and slowdown of services is occurring with CHS and CPHB.
6. Agenda and structure for Go Live Readiness Assessment (GLRA) sessions have been finalised and agreed upon by DHR Program Board Members. The sessions will be held on the following days before the Go-Live - 120 days (7 July 2022), 90 days (10 August 2022), 60 days (15 September 2022), and 30 days (13 October 2022). These sessions will be held at the Hellenic Club in Woden and the calendar invites have been sent to the relevant stakeholders. These sessions will provide the opportunity for operational leads across the health services to raise their concerns and issues with the system prior to Go-Live.
7. A test GLRA day was scheduled on 9 June 2022 which was also 150-day from going live. This helped do a check for flow of the day for the future GLRA sessions. This session included reporting on the program readiness only and common issues were reported as follows - Interfaces, Reporting, Data Conversions, PAS conversion, Paediatric workflows and End-user Devices. The 150-day GLRA was attended by 120 DHR Program resources from across ACTHD, CHS and CPHB. The feedback received for the day was positive and is helpful in collaboratively planning high level actions for identified issues. Planning for 120-day GLRA for 7 July 2022 has commenced.

### **Financial Implications**

8. The eight-year DHR Program is currently forecasting overspend of \$26.6254 Million is 9.2 per cent of the total \$288.122 Million budget. Therefore, the budget will be reporting Amber as it is under the 10 per cent tolerance. A detailed quarterly report was provided to the Program Board at the 17 May 2022 Board meeting.
9. It should be noted that delays in the DHR Program are costly due to the size of the team within ACT Health and Epic (burn rate of the DHR Program is \$165,000 per day).

### **Consultation**

#### Internal

10. Discussions with internal stakeholders for the procurement process to purchase End User Devices has occurred.

#### Cross Directorate

11. Over 500 subject matter experts have been identified from across the health services to provide key clinical guidance to the Program team to ensure the program remains clinically led.

External

12. Keith McNeil, Chief Clinical Information Officer, Queensland Health, is the independent Chair of the Program Board and Darlene Cox, Executive Director, Health Care Consumers Association ACT is a member of the Program Board.
13. External organisations such as Winnunga Nimmityjah Aboriginal Health and Community Services continue to be consulted through attendance at direction setting sessions and meetings with the Senior Director, DHR Implementation Project.
14. There are representatives from the following external organisations on the following Steering Committees for the Program:

Consumer Experience Steering Committee

- Health Care Consumers Association;
- ACT Mental Health Consumer Network;
- Carers ACT;
- Meridian;
- People with Disabilities ACT; and
- A consumer representative from Calvary Public Hospital Bruce.

Union Engagement Advisory Committee

- Australian Nursing & Midwifery Foundation;
- Australian Salaried Medical Officers Federation;
- Community and Public Sector Union;
- Professionals Australia;
- Health Services Union;
- Visiting Medical Officers Association (ACT); and
- Australian Medical Association (ACT).

**Work Health and Safety**

15. Nil for the purpose of this briefing.

**Benefits/Sensitivities**

16. The identifiers for the baseline data to measure and track progress against 14 headline benefits from Benefits Management Plan (devised by ABT Associates) are being determined by the DHR Program Office in collaboration with the key stakeholders to gather the baseline data prior to Go-Live of the Epic DHR solution and will work on cadence of gathering data post Go-Live.

**Communications, media, and engagement implications**

17. The Program team would like to continue to work with your office through the ACT Health Communications team to provide you with the opportunity to participate in media or community opportunities for the Digital Health Record.

Signatory Name: Peter O'Halloran

Phone: 5124 9000

Action Officer: Rajvir Kaur

Phone: 5124 6277

**Attachments**

<b>Attachment</b>	<b>Title</b>
Attachment A	DHR Program Status Report – 6 June 2022
Attachment B	Epic Status Report – May 2022

**ACT Health Directorate**

<b>To:</b>	Minister for Health	Tracking No.: MIN22/837
<b>From:</b>	Michael Culhane, Executive Group Manager	
<b>Cc:</b>	Rebecca Cross, Director-General	
<b>Subject:</b>	Future of primary care services at the Early Morning Centre	
<b>Critical Date:</b>	24/06/2022	
<b>Critical Reason:</b>	Contractual arrangements with CHN must be executed before 30 June 2022	

**Recommendations**

That you:

1. Agree to cease ACTHD funding to the Early Morning Centre;

**Agreed / Not Agreed / Please Discuss**

2. Agree for ACTHD to coordinate handover arrangements between the Early Morning Centre and the Directions mobile clinic; and

**Agreed / Not Agreed / Please Discuss**

3. Agree to repurpose the existing \$90,000 underspend and ongoing \$30,000 core funding, to meet other priorities, needs and gaps for primary health care for vulnerable people.

**Signed / Not Signed / Please Discuss**

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

Minister's Office Feedback

## Background

1. Since 2014, the ACT Government has funded a 2-hour weekly primary health care service ('MyGP service') at the Early Morning Centre (EMC), a drop-in centre for people experiencing homelessness, run by UnitingCare in Canberra City. It was originally funded as a 12-month trial, with the service officially opened in July 2014 by the then ACT Minister for Health, Katy Gallagher.
2. The service has been funded on an ongoing basis through ACT Health Directorate (ACTHD) core funding since 2015. From April 2017 onwards, ACTHD has contracted the Capital Health Network (CHN) to administer the funding and contract service providers.
3. The funding was originally provided to address the lack of bulk billing General Practitioners (GPs) in the Canberra City area, and to reduce the barriers faced by the highly marginalised EMC client group in accessing primary care. The funding also aimed to support general practices delivering a no-gap service, by providing them with an incentive payment.
4. The Interchange Health Coop (IHC) (then Interchange General Practice) and the National Health Coop (NHC) were the service providers until 2019, when IHC withdrew due to staffing shortages, and 2020, when NHC withdrew completely. Since early 2021, IHC has been contracted by CHN to provide the service, with Waramanga Medical Centre providing a back-up.
5. Schedule 2.2(a)(xiii)  
[REDACTED]
6. The current contract with CHN expires on 30 June 2022, and is included in ACTHD's commissioning process for NGO services in the community (primary care sub-sector).

## Issues

7. Since 2020, CHN has experienced ongoing challenges to recruiting regular GPs or Nurse Practitioners (NPs) to provide the service due to a lack of availability and interest.  
Schedule 2.2(a)(xv)  
[REDACTED]
8. Staffing challenges, combined with the impact of the COVID-19 pandemic and associated lock downs and medical practitioner shortages, have resulted in significant service disruptions over the past two years, including two separate five-month periods without services. This has resulted in a significant fall in client numbers. In 2022, there have been only five occasions of service provided over four clinics. The three most recent clinics were attended by 0, 3 and 0 clients respectively. Information on the number of clinics held and episodes of care provided between 2018-2022 is provided at Attachment A.



9. IHC CEO advised CHN and ACTHD officials in December 2021 of its difficulty in providing staff to deliver the EMC clinics. IHC advised in April 2022 it wished to withdraw its services altogether, stating the arrangements were not workable for IHC. Waramanga Medical Centre has not provided any back up services since August 2021.
10. Schedule 2.2(a)(xiii) [REDACTED]
11. ACTHD has consulted with IHC, CHN, EMC, and the Community Services Directorate (CSD) EMC contract relationship managers on the primary care service and associated challenges. These consultations have yielded the following results:
- IHC will not be seeking a contract renewal.
  - CHN concurs that the service is not sustainable in its current form, primarily due to the shortage of GPs willing to work there (the 2-hours plus travel time is a disruption in the day, and the incentive payment is no longer attractive), and broader medical staffing challenges as a result of COVID. CHN is not optimistic about recruiting a replacement service provider any time soon.
  - The EMC Director has requested that the service continue to be funded – on a weekly basis, including even by a registered nurse – arguing that the clinic is well-known and was well-utilised prior to the service disruptions.
  - CSD supports EMC and is concerned about any removal of services from highly vulnerable people. However, it is reassured that there is an appropriate alternative available.
12. ACTHD recommends ceasing the contract with CHN for the EMC clinic, with clients to be transferred to the nearby Directions mobile clinic, for the following reasons:
- The practical reality of the lack of willing and available service providers.
  - The Directions mobile clinic is an appropriate alternative, which operates each Friday and Tuesday evenings at nearby Veterans Park. The mobile clinic has been providing integrated primary health, mental health, and alcohol and other drug (AOD) services since June 2021. This service is much more comprehensive in its offerings and scope, and includes AOD counselling, case management, and prescription of Opioid Replacement Therapy (ORT) and other Schedule 8 drugs, which was excluded from the EMC service. The EMC Director has been directing clients to the mobile clinic, reporting that ‘some are happy to go’, although others are not, as it is a new and unknown service for them. However, Directions could be requested to reach out to EMC clients to facilitate their confidence in, and transfer to, the mobile clinic. CSD has advised that they are happy with this approach.
  - Schedule 2.2(a)(xiii) [REDACTED]
- [REDACTED]
- [REDACTED]

Schedule 2.2(a)(xiii)

- [Redacted]
- [Redacted]
- [Redacted]
- Schedule 2.2(a)(xiii)

### Financial Implications

13. CHN has agreed to recoup the funds from IHC and return this, along with the funds that CHN has for the EMC program, to ACTHD.
14. Schedule 2.2(a)(xv) [Redacted]
15. Schedule 2.2(a)(xiii) [Redacted]

### Consultation

16. ACTHD consulted with CHN, EMC, IHC and EMC contract relationship managers at Housing ACT in CSD between March-May 2022 on the benefits of, and challenges to, the current EMC primary care service, and potential alternatives.
17. ACTHD met with CHN on 27 May 2022 to discuss the return of funds from IHC and CHN to ACTHD, and the communications required to support the clinic's closure, and transition arrangements.

### Internal

18. Mental Health Policy (ACTHD) concurred that the Directions mobile clinic is a very suitable service for clients with mental health and other issues.

Cross Directorate

19. Schedule 2.2(a)(ii) and Schedule 2.2(a)(iii) (Homelessness Services, Housing ACT, CSD) would prefer the service did not close, but will accept alternative arrangements if necessary.

External

20. Schedule 2.2(a), Director EMC has advised that she would like the current service to continue.
21. Schedule 2.2(a)(ii), CEO IHC, agrees with ceasing the current service.
22. Schedule 2.2(a), General Manager, Primary Care Programs, CHN agrees with ceasing the current service.

**Work Health and Safety**

23. Nil.

**Benefits/Sensitivities**

24. There are two main risks with ceasing funding for EMC primary care services:
- Some highly vulnerable people will miss out on accessing the primary care service established specifically to serve them. There is a level of ‘ownership’ of the medical service among EMC clients, and stopping the service without careful implementation of transfer/handover to alternative arrangements could lead to EMC clients, and staff, feeling disenfranchised. However, the mobile clinic is a valid alternative, and a handover program between EMC and Directions will support EMC members to access the mobile clinic.
  - Removing any services from the ACT’s most vulnerable community members could be publicly criticised by NGOs. However, IHC, which conducts a significant range of health services for vulnerable clients, and CHN, which oversees and supports primary care services in the ACT, both recommend the cessation of the service.

**Communications, media and engagement implications**

25. Ceasing funding for health services to the EMC will need to be accompanied by communications and messaging about alternative and future arrangements.
26. CHN and ACTHD will draft a letter concerning the closure, to go to IHC and UnitingCare, a second letter to go to Directions, and information that will be available publicly.

Signatory Name: Michael Culhane, Executive Group Manager, Policy, and Partnerships Programs Phone:

Action Officer: George Vallance, A/g Executive Branch Manager, Health Policy and Strategy Branch Phone: x46116

OFFICIAL

**Attachments**

<b>Attachment</b>	<b>Title</b>
Attachment A	Information on the number of clinics held and episodes of care provided between 2018-2022

**ACT Health Directorate**

**To:** Minister for Health

Tracking No.: MIN22/859

**CC:** Emma Davidson, MLA, Minister for Disability and Mental Health  
Rebecca Cross, Director General, ACT Health  
Dave Pepper, CEO Canberra Health Services  
Catherine Rule, Director General, Community Services Directorate  
Leesa Croke, Coordinator-General, COVID-19 (Non-health) Response

**From:** Dr Robyn Walker, Executive Group Manager, COVID-19 Response

**Subject:** Proposed closure of the Equity to Access Program on 30 June 2022

**Critical Date:** 22/06/2022

**Critical Reason:** To enable stakeholder notification of Program closure, if supported

**Recommendations**

That you:

1. Agree to the closure of the Equity to Access Program on 30 June 2022;

**Agreed / Not Agreed / Please Discuss**

2. Note the Equity to Access Program Trends: January to March 2022 at [Attachment A](#);

**Noted / Please Discuss**

3. Note the declining demand for targeted in-home and in-reach COVID-19 vaccination services under the Equity to Access Program; and

**Noted / Please Discuss**

4. Note the alternative service options available for people requiring in-home and in-reach COVID-19 vaccination; and

**Noted / Please Discuss**

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

Minister's Office Feedback

### Background

1. The Equity to Access Program (the Program) was established by the ACT Health Directorate (ACTHD) in 2021, to support the broader COVID-19 Vaccination Program. The Program's objective is to ensure equitable COVID-19 vaccine access and uptake for groups that are likely to experience a disproportionate burden of disease, by applying principles of inclusive and transparent service delivery.
2. Under the Program, the ACTHD is responsible for administering COVID-19 vaccines directly to the Canberra community using three different models of delivery:
  - a. In-home vaccination for people that experience barriers preventing them from leaving their home for vaccination e.g., being bed-bound, severely immunocompromised, experiencing mental health barriers;
  - b. In-reach vaccination for people that experience barriers that prevent their engagement with mainstream vaccination services, but that are engaged with non-government services where they can be vaccinated e.g., crisis accommodation and domestic and family violence service providers; and
  - c. Pop-up vaccination clinics at numerous and dispersed sites across the Territory to encourage vaccination uptake by improving vaccine accessibility through convenience of location and promotion.
3. The Access and Sensory Clinic and Clinical Health Emergency Coordination Centre (CHECC) clinics have formed part of the Program, but these are standalone and specialised clinics that are facilitated by Canberra Health Services (CHS). They fall outside of the scope of this briefing.

### Issues

4. Demand for the Program has declined substantially throughout 2022. The Program's in-reach and in-home clinic models are used to target Canberra's vulnerable and at-risk cohorts and these clinics have experienced the most pronounced decline in service demand. A document summarising the demand trends experienced by the Program from January to May 2022 is provided at Attachment A.
5. The Program was originally forecast to end on 30 April 2022. However, following expanded COVID-19 vaccine eligibility from the Australian Technical and Advisory Group on Immunisation (ATAGI), ACTHD experienced a resurgence in demand for in-home vaccination for patients that qualified for a winter booster dose of the vaccine. The Program was therefore extended for a three-month period to 30 June 2022 on a reduced two-day/week schedule (down from five days/week).



6. A variation to the term of the contract held with Aspen Medical (delivery partner) was executed to enable continued Program delivery during this period. The Aspen Medical team are supported by two ACTHD resources responsible for clinic scheduling, patient relationship and contract management, governance and logistics.

#### In-home vaccination clinic

7. The in-home vaccination clinic has experienced consistent decline in demand since the Program recommenced in January 2022. Using a seven-day rolling average, the number of in-home vaccination requests dropped from seven per day (week commencing 23 January 2022) to one per day (week commencing 26 May 2022).
8. Due to the nature of the barriers experienced by clinic users (e.g., severe mental health and disability), this clinic experiences a large volume of cancellations. Consequently, only ten in-home vaccinations were delivered for the month of May 2022. This required about two and a half days of total resource commitment from the Aspen Medical team who successfully complete about four in-home vaccination clinics per day.
9. Throughout the Program, about one in four (25.8 per cent) patients that received in-home vaccination did so due to barriers leaving the home; the reasons cited were 'does not leave home' or 'difficulty leaving home'. The remaining reasons related to disability, mental health, dementia, travel, immunocompromise and severe needle phobia (refer Table1).

**Table 1:** Equity to Access Program: In-home vaccination requests by reason cited (2021-22)

Reason cited	No. of requests	Proportion of total requests
Physical disability / mobility	56	20.6%
Does not leave home (inc. bed-bound)	44	16.2%
Mental health	36	13.2%
Difficult travel	34	12.5%
Difficulty leaving home	26	9.6%
Autism	20	7.4%
Unable to walk	14	5.1%
Carer difficulty	14	5.1%
Intellectual disability	9	3.3%
Immunosuppressed	9	3.3%
Severe needle phobia	4	1.5%
Dementia	4	1.5%
Other sensory	2	0.7%
<b>Total</b>	<b>272</b>	<b>100%</b>

10. While the range of reasons cited were varied, these barriers may be broadly met by facilitating an appointment with the CHS Access and Sensory Clinic (for people experiencing disability, or sensory barriers), or the Specialist Vaccination Clinic operating at the Canberra Hospital on a monthly basis (for people with severe needle phobia).
11. The ACTHD COVID-19 Vaccination Program has maintained a relationship with Canberra Health Network (CHN) who also advise that they may have specific funding available to potentially support delivery of COVID-19 vaccination to identified vulnerable individuals if ACTHD choose to withdraw from in-home vaccination delivery. Approaching CHN for in-home support would occur in rare situations where an appointment with the Access and Sensory Clinic or Specialist Vaccination Clinic is not appropriate.
12. If you support a recommendation to end the Equity to Access Program on 30 June 2022, ACTHD will continue to liaise with CHN regarding delivery of in-home vaccinations for referred patients. In the unlikely event, that CHN are unable to facilitate in-home COVID-19 vaccination of referred patients, ACTHD can also work with CHECC to enable in-home vaccination by the CHS team for patients that cannot attend the Access and Sensory, Specialist Vaccination Clinic or primary care provider. The ability of CHS to respond to these requests would be dependent on workforce availability at the time.

#### In-reach vaccination clinic

13. The Program has not experienced demand for in-reach clinics from non-government organisations or community providers since March 2022. A total of 17 in-reach clinics were delivered in 2022, most of these (eight) occurring in February 2022. Since 30 March 2022, only two in-reach vaccination clinics have been delivered following proactive action by ACTHD; one in April 2022 and one in May 2022 (refer Attachment A).
14. At this stage of the COVID-19 vaccination rollout, there no longer appears to be demand for this service model. This could be reviewed in the future if a new vaccination dose was to be incorporated into the recommended COVID-19 immunisation schedule by the ATAGI.

#### Pop-up vaccination clinics

15. Demand for vaccination from pop-up clinics continues to remain strong despite a slowdown in demand for in-home and in-reach clinic services. A total of 20 pop-up clinics have been scheduled in 2022, with an average of 39 doses administered in May 2022 and 34 doses administered in June 2022 (at Attachment A).



16. Pop-up clinics do not target marginalised cohorts and therefore do not support the Program to meet its objective of ensuring equity of vaccine access to groups likely to experience a disproportionate burden of disease. Of the 20 pop-up clinics scheduled in 2022, three clinics have been specifically targeted to Aboriginal and Torres Strait Islander or Culturally and Linguistically Diverse community groups. These clinics occurred at Boomanulla Oval Community Day, National Arboretum Reconciliation Day and the AusIndia Fair.
17. Recently, patronage at pop-up clinics is mostly people who fall eligible for winter booster doses. These patients are therefore likely to be well engaged with healthcare providers due to the presence of complex health conditions and (anecdotally) have indicated that their attendance at a pop-up clinic was driven by convenience rather than a lack of alternative service options.
18. In 2022, eight patients received their first dose of a COVID-19 vaccine. While positive, there is no indication that these patients would not have attended a primary care clinic if a pop-up were not available. Applicable patients provided very little information about why they came forward when they did. However, some patients have indicated that their attendance is due to employment policy (or similar).
19. While pop-up clinics clearly provide a convenient option for opportunistic vaccination, they do not support the Program to meet its objectives and are not a cost-effective means of promoting COVID-19 vaccination uptake. ACTHD recommend that pop-up clinics no longer be offered for COVID-19 vaccines.

### Financial Implications

20. Schedule 2.2(a)(xiii)  
[Redacted]
21. Schedule 2.2(a)(xiii)  
[Redacted]
22. Schedule 2.2(a)(xiii)  
[Redacted]

## Consultation

### Cross Directorate

23. CHS have been informed of the potential to no longer provide in-home vaccination for vulnerable individuals and it may cause a slight increase in demand at the Access and Sensory Clinic.

### External

24. Discussion with representatives of the CHN and Commonwealth Department of Health (Primary Care Division) informed this brief.

## Work Health and Safety

25. Nil.

## Benefits/Sensitivities

26. Aspen Medical were engaged via single select tender after exemption to section 9 of the *Government Procurement Regulation 2007* was applied on the authority of the ACTHD Director-General (see [Attachment B](#)). ACTHD assert that the circumstances leading to a section 9 exemption no longer apply and any future engagement of a commercial vaccine administrator would require a select or open tender process in accordance with procurement frameworks.
27. Given the declining demand for COVID-19 vaccination in general, expending additional funds to engage a commercial vaccine provider via a tender process is not likely to be seen as a value for money proposition.

## Communications, media and engagement implications

28. If you support closure of the Equity to Access Program, talking points and a media statement will be prepared highlighting the important role that the Program has played in the COVID-19 Response and outlining vaccination options that remain for people in need.

Signatory Name: Dr. Robyn Walker Phone: 02 51243330

Action Officer: Charmaine Smith Phone: 02 51246394

## Attachment

Attachment	Title
Attachment A	Equity to Access Program Trends: January to March 2022
Attachment B	DGC21/1065 – Director-General Minute – Agreement to reengage Aspen Medical Services to support the 2022 Equity to Access Program

**ACT Health Directorate**

**To:** Minister for Health

Tracking No.: MIN22/860

**From:** Jacinta George, Executive Group Manager, Health System Planning and Evaluation

**Subject:** Queen Elizabeth II Family Centre proposed Day Services Implementation

**Critical Date:** 24 June 2022

**Critical Reason:** Pending your agreement, Queen Elizabeth II Tresillian are proposing to launch a day service from 27 June 2022

**Recommendations**

That you:

1. Agree to Queen Elizabeth II Family Centre (QEII) Tresillian launching a day service from 27 June 2022;

**Agreed / Not Agreed / Please Discuss**

2. Agree to attend a media launch for the new service; and

**Agreed / Not Agreed / Please Discuss**

3. Note the Overview of new QEII Model of Care at Attachment A.

**Noted / Please Discuss**

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

Minister's Office Feedback

## Background

1. Historically, QEII services have been delivered through a standardised four-day residential program supporting up to 13 families at any given time.
2. In 2019, as part of preparing to competitively tender the QEII contract, Ernst and Young (EY) completed a service review and recommended Model of Care (Attachment A) based on research findings. The service review found that the standard four-day residential program did not accommodate the individual needs of families.
3. In 2021, ACT Health Directorate (ACTHD) provided information to you in relation to previous history and model of care (Attachment B).
4. The Statement of Requirements for the 2021 procurement for services at QEII Family Centre required proposals for core and optional model of care components. The core components comprised flexible residential and weekday day stay services. The additional optional components included an expanded day program, home visiting, virtual and outreach services.
5. Tresillian worked with the Australian Nursing and Midwifery Federation (ANMF) to consult with staff working at QEII on the implementation of a day service. On 24 May 2022, the ANMF verbally advised Tresillian that consultation requirements had been met and this consultation was completed.
6. At full implementation, the new Model of Care will see a more flexible, stepped-care approach to residential programs complemented by day programs, telehealth and outreach, and home visiting services. Families would be able to access QEII services at varying levels of intensity and in the care setting most appropriate to their needs at any given time.

## Issues

7. Tresillian are proposing to soft launch changes to the Model of Care by introducing the day service on 27 June 2022. This brief is seeking your agreement to the launch and for you to advise your interest in attending a media launch of the new service.
8. The day service will be an outpatient program delivered at QEII's facility in Curtin, ACT. The service will be delivered between 9:00am – 3:00pm Monday to Friday.
9. The program for families includes a first visit of three hours with two further follow up visits of two hours each, with a third visit available if the family needs it.
10. Day program clients will have access to the health and wellbeing team available to residential program clients (subject to clinical need). As with the residential program, QEII will give priority to vulnerable families.
11. Because the day program is a less intensive service, ACTHD expects that the day program will be used primarily by caregivers with infants experiencing growth faltering or lactation concerns, babies with difficulties transitioning to solids, and caregivers with mild to moderate sleep/settling concerns for their infant or baby.

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12. Tresillian reports a decrease in each of the residential services that they operate since the COVID-19 pandemic, and this has been evident at the QEII Family Centre. With the introduction of the less intensive day service, ACTHD expects that the day program will enable more families to access the services provided within the day program.
13. QEII Tresillian will have 22 beds available for residential services and four beds available for the day service. The facility will have the ability to adjust the bed allocations for the residential and day service to respond to demand.
14. Following the launch of the day service, ACTHD will continue to work with Tresillian towards full implementation of the Model of Care and advance as far as possible within current funding.

**Financial Implications**

15. There are no financial implications for the introduction of the new day service at QEII.
16. To accommodate the introduction of day services, Tresillian will convert two of the bedrooms to consultation rooms by removing the beds within these rooms and storing them onsite to ensure they can convert the area back to a residential room if demand requires.
17. Over the longer term, it may be desirable to seek to modify or upgrade the QEII facility to support the new Model of Care. The ACTHD will consider QEII's requirements as part of its strategic asset planning and capital maintenance budget.

**Consultation**Internal

18. Marilynne Read, Senior Director, Policy, Partnerships & Programs Division.

Cross Directorate

19. The addition of a day program was part of the new Model of Care proposed by EY as part of the service review, that was endorsed by the QEII Service Review Steering Committee that included representation from Canberra Health Services.

External

20. ACTHD consulted with Tresillian as part of preparing this brief, particularly in terms of its ongoing discussions with the ANMF.

**Work Health and Safety**

21. ACTHD does not expect that the introduction of the day program to raise any work health and safety issues.

**Benefits/Sensitivities**

22. The introduction of the day service enables a flexible approach to service delivery to meet future demands.

**Communications, media and engagement implications**

23. Tresillian will be communicating to referrers and relevant stakeholders of the commencement of this service as well as advertising the service on the QEII website.
24. Tresillian will contact your Office regarding the launch of the service if you are interested in attending.

Signatory Name: Jacinta George, Executive Group Manager, Health System Planning and Evaluation Phone: 5124 9699

Action Officer: Megan Wall, Senior Project Coordinator, Program Support Unit Phone: 5124 9674

**Attachments**

<b>Attachment</b>	<b>Title</b>
Attachment A	Overview of new QEII Model of Care
Attachment B	MIN21/603 – Queen Elizabeth II Family Centre: Previous History and Model of Care

**ACT Health Directorate**

**UNCLASSIFIED**

**To:** Minister for Health  
Minister for Mental Health

**Tracking No.:** MIN22/868(ACTHDFOI21-22.64)

**CC:** Rebecca Cross, Director General  
Stephen Miners, A/g Deputy Director-General

**From:** Chadia Rad, Senior Manager, Ministerial and Government Services

**Subject:** Freedom of Information application request received from [REDACTED] (MLA) regarding all documents/correspondence since the 1/2/2022 between the Ministers office and the Ministerial and Governance Services relating to Questions On Notice

**Critical Date:** 08/07/2022

**Critical Reason:** FOI will be delivered to applicant on this day.

**Recommendation**

That you:

1. Note ACT Health Directorate's response at Attachment A.

**Noted / Please Discuss**

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

Minister's Office Feedback

That you:

1. Note ACT Health Directorate's response at Attachment A.

**Noted / Please Discuss**

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

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**Minister's Office Feedback****Background**

1. On 24 May 2022 [REDACTED] (MLA) submitted an access application under the *Freedom of Information Act 2016* (the Act) to the ACT Health Directorate (ACTHD) requesting:

*'All documents / correspondence for the last 18 months to and from the Health Minister's Office as well as all inter and intra directorate communication for all questions On notice from Canberra Liberal MLAs'*

2. The request was rescoped on 22 June 2022 to;

*'All documents/correspondence since the 1/2/2022 between the Ministers office and the Ministerial and Governance Services relating to Questions On Notice'*

**Issues**

3. After conducting a search for all relevant documents, ACTHD has identified 70 documents containing the information that meets the scope of the request.
4. The decision letter and accompanying documents released to [REDACTED] are at Attachment A.

**Financial Implications**

5. Processing fees are not applicable to this request.

**Consultation**Internal

6. Not applicable.

Cross Directorate

7. Not applicable.

External

8. Not applicable.

**Work Health and Safety**

9. Not applicable.

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**Benefits/Sensitivities**

10. Partial redactions have been made to the documents which contains mobile numbers of ACT Government employees. This is contrary to the public interest to disclose under the test set out in section 17 of the Act.
11. Partial redactions have been made to pages 55-56 in correspondence relating to QON 41 as the information discloses Cabinet deliberations. This is contrary to the public interest to disclose as set out in schedule 1.6 of the Act.

**Communications, media and engagement implications**

12. As the information in the documents is broad media talking points have not been prepared. The ACTHD media team will support your offices should any media issues arise.
13. The decision letter and accompanying documents in response to [REDACTED] FOI access applications will be uploaded to the ACTHD Disclosure Log in accordance with the Act.

Signatory Name: Chadia Rad  
 Senior Director, Ministerial and  
 Government Services

Phone: [REDACTED]

**Attachments**

Attachment	Title
Attachment A	ACTHD Response

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**ACT Health Directorate**

<b>To:</b>	Minister for Health	Tracking No.: MIN22/927
<b>CC:</b>	Minister for Mental Health Rebecca Cross, Director-General	
<b>From:</b>	Michael Culhane, Executive Group Manager, Policy Partnerships & Programs Division	
<b>Subject:</b>	Stage 2 of Delivering Better Care for Canberrans with Complex Needs in General Practice (DBC) Grants Program	
<b>Critical Date:</b>	27/06/2022	
<b>Critical Reason:</b>	Applicants need to be informed of the outcome of their applications to enable contracting and disbursement of grants before 30 June 2022.	

**Recommendations**

That you:

1. Agree to the recommendations of the Assessment Panel on the successful applicants and grants to be awarded, under the DBC Stage 2 Grants Program.

**Agreed / Not Agreed / Please Discuss**

2. Note the contents of the Assessment Panel Report; and

**Noted / Please Discuss**

3. Note Capital Health Network are contributing **Schedule 2.2(a)(xiii)** funding to the DBC Stage 2 Grants Program.

**Noted / Please Discuss**

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

Minister's Office Feedback

## Background

1. In September 2021, you agreed to allocate **Schedule 2.2(a)(xiii)** from Stage 2 of the Delivering Better Care for Canberrans with Complex Needs in General Practice (DBC) 2019/20 Budget Measure to an open grants round for the primary care sector (Attachment A, Attachment B).
2. The aim of the grants round is to support proposals that:
  - a. help vulnerable Canberrans access innovative, responsive and integrated health services
  - b. help combat chronic disease and improve people's overall health and wellbeing
  - c. support the primary care sector in the ACT to provide such care.
3. In Attachment C, you agreed to: release a grant round on 17 January 2022; a nine-week application period; round the funding total to **Schedule** and award grants of between **Schedule 2.2(a)(xiii)**
4. The Grants round opened on 17 January 2022 and closed on 18 March 2002.

## Issues

5. The Assessment Panel met four times and issued its recommendations at its final meeting on 26 May 2022. A report of the outcomes of the assessment process is at Attachment D.
6. The Assessment Panel's deliberations resulted in consensus that four applicants' proposals are meritorious; however, the total funding requests exceeded the budget of the Grants Program.
7. To address this, the Panel considered the options of a significant reduction in the amounts awarded to some Applicants, or further narrowing this final selection to three successful applicants. The Panel was of the view that both these options would have compromised the ability of the Grants Program to fully meet its goals.
8. Capital Health Network (CHN) have subsequently offered to explore covering the balance of **Schedule** needed to fund all four successful applications.
9. On 28 April 2022, CHN confirmed to the ACT Health Directorate (ACTHD) their agreement to contribute **Schedule** to the Grants Program. On 23 June 2022, an agreement was signed between ACTHD and CHN to enable the transfer of funds to the Program budget. Along with **Schedule** from funds remaining from the DBC budget, this increased the Stage 2 Grants Program's budget to a total of **Schedule**
10. The Assessment Panel recommend four applicants are funded for the following amounts (all ex GST) and totalling \$910,300:

Companion House	\$170,300
Anglicare Junction	\$210,000

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Next Practice	\$250,000
Meridian	\$280,000

11. Your agreement is sought on the above recommendations of the Assessment Panel.
12. The Agreement with CHN outlines the nature of the collaboration with ACTHD with respect to indemnification, publicity, data sharing and reporting over the course of the implementation of the Grants Program through June 2024.

### Financial Implications

13. Strategic Finance has confirmed the availability of **Schedule** remaining from Stage 1 of the DBC budget, to be allocated for Stage 2.
14. CHN co-funding will be allocated to ACTHD, to top up the Stage 2 Grant Program budget prior to disbursement.

### Consultation

#### Internal

15. Health Policy and Strategy Branch (HPSB) has consulted with Strategic Finance, Community Sector Contracts and Grants Unit, Communications and media team and the Academic Unit of General Practice (AUGP). AUGP provided input through their participation on the Assessment Panel.

#### Cross Directorate

16. CHS (Office of the Chief Operating Officer) provided their input through their participation on the Assessment Panel.

#### External

17. CHN and Health Care Consumers Association (HCCA) provided their input through their participation on the Assessment Panel.

### Work Health and Safety

18. Not applicable.

### Benefits/Sensitivities

19. The Grants Program's Guidelines and application process sought to accommodate the capacities of General Practices (GPs), given they are a focus of the Program's purpose, but often face barriers to applying for grants opportunities. This included: shifting the grants release announcement date until after the 2021 Christmas holidays; extending the application period to nine weeks; ensuring a higher upper limit to grant funding requests; providing detailed Guidelines that advised on types of collaboration initiatives and measures for evaluation; and offering technical support and advice to General Practitioners through CHN and ACTHD-organised information sessions.

20. One General Practice submitted a strong application, and their grant request is recommended to be substantially funded. However, other applications from General Practices or Practitioners did not meet the qualitative standards of the Grant's selection criteria to reach the shortlist, despite efforts by Panel members to review, make enquiries about and reconsider their scores for these applications. No applicants contacted CHN for advice or support and, with one exception, no GPs attended or enquired after the information session held by the ACTHD.
21. In contrast, all successful applicants have demonstrated a capacity to embed GPs as partners in their projected service delivery.
22. In previous feedback, HCCA, CHN, the AUGP and the GP Policy Advisor had raised concerns about the relatively limited intervention of the Grants Program; in the context of problems GPs have highlighted for some time, that the Medicare Benefits Schedule does not adequately compensate practitioners providing services to people with chronic and/or complex conditions. There may be similar criticism that the funding amount is too small, and that it is not ongoing.
23. Compared to ACTHD's other ongoing grants programs, these are relatively large grants, reflecting an attempt to provide adequate resources to fund implementation of a local, collaborative integrated care initiative. However, this one-off grant round will not address systemic issues. Expectations of such outcomes, if any, will therefore need to be managed accordingly. Messaging may include that the ACT Government continues to work with the Commonwealth to find sustainable approaches for GPs providing bulk billed and comprehensive, integrated care; particularly for people at increased risk of poor health outcomes.

#### **Communications, media and engagement implications**

24. We would welcome your involvement in the publicising of the Grants awards, whether in a news announcement and/or a later live event, pending availability. Following your agreement, the ACTHD communication and media team will discuss further arrangements with your office.

Signatory Name:	Michael Culhane, Executive Group Manager, Policy Partnerships & Programs Division	Phone:	5124 6240
Action Officer:	George Vallance, A/g Executive Branch Manager, Health Policy and Strategy Branch	Phone:	5124 9922

**Attachments**

<b>Attachment</b>	<b>Title</b>
Attachment A	Update on options for Stage 2 of the budget Initiative 'Delivering better care for Canberrans with complex needs through General Practice
Attachment B	ACT Gov support for the Interchange Health Co-Op Tuggeranong
Attachment C	Delivering Better Care Stage 2
Attachment D	Report of the Assessment Panel
Attachment E	Letters (x4) to the successful DBC Grant applicants

**ACT Health Directorate**

**UNCLASSIFIED**

**To:** Minister for Health  
Minister for Mental Health

**Tracking No.:** MIN22/937 (ACTHDFOI21-22.65)

**CC:** Rebecca Cross, Director General  
Stephen-Miners, A/g Deputy Director-General

**From:** Chadia Rad, Senior Manager, Ministerial and Government Services

**Subject:** Freedom of Information application from [redacted] (MLA) regarding the subject line of all final ministerial briefs from 10<sup>th</sup> of April 2022 to 10<sup>th</sup> of May 2022

**Critical Date:** 05/07/2022

**Critical Reason:** FOI will be delivered to applicant on this day.

**Recommendation**

That you note ACT Health Directorate response to [redacted] MLA at Attachment A.

**Noted / Please Discuss**

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

Minister's Office Feedback

That you note ACT Health Directorate response to [redacted] MLA at Attachment A.

**Noted / Please Discuss**

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

Minister's Office Feedback

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**Background**

1. On 16 June 2022 [REDACTED] (MLA) submitted an access application under the *Freedom of Information Act 2016* (the Act) to the ACT Health Directorate (ACTHD) requesting:

*“The subject line of all final ministerial briefs from 10<sup>th</sup> of April 2022 to 10<sup>th</sup> of May 2022 generated for or directed to any ACT Government Minister.*

*This request includes, wherever possible, the date of the brief, the internal reference, position of authority it was written by, and which Minister it was addressed to.*

*This request includes briefs prepared for Question Time, but not for Estimates or Annual Reports.’*

**Issues**

2. A search was conducted of all relevant records systems. ACTHD has produced a document containing the data extracted that meets the scope of the request.
3. The following points highlight sensitivities contained in the document being released:
  - a. Full release of the subject line of Cabinet Submissions for the period 10 April 2022 – 10 May 2022. A redaction has been made to three Cabinet Submission subject titles under reference numbers GBC22/140, GBC22/251 and GBC22/96, as the information would disclose Cabinet deliberation. This is contrary to the public interest to disclose as set out in schedule 1.6 of the Act.
  - b. Subject line of Question Time Briefs prepared for the April and May 2022 Legislative Assembly sitting period are released in full.
4. The decision letter and the accompanying document released to [REDACTED] are at Attachment A. e 1 6(1)

**Financial Implications**

5. Processing fees are not applicable to this request.

**Consultation**Internal

6. Not applicable.

Cross Directorate

7. Canberra Health Services; Chief Minister, Treasury and Economic Development Directorate; Community Services Directorate, Education Directorate; Environment Planning and Sustainable Development Directorate; Justice and Community Safety Directorate; Transport Canberra and City Services Directorate; and Major Projects

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Canberra. Each of these directorates received this FOI request and are responding independently.

External

8. Not applicable.

**Work Health and Safety**

9. Not applicable.

**Benefits/Sensitivities**

10. Partial redactions have been made to the document which contains names of non-ACT Government employees. This is contrary to the public interest to disclose under the test set out in section 17 of the Act.

**Communications, media and engagement implications**

11. Media talking points have not been prepared due to the broad nature of this request and can be prepared by ACTHD media team should any media issues arise.
12. The decision letter and the accompanying document in response to [REDACTED] FOI access applications will be uploaded to the ACTHD Disclosure Log in accordance with the Act. <sup>1(b)(1)(a)</sup>

Signatory Name: Chadia Rad  
Senior Director, Ministerial and  
Government Services

Phone: [REDACTED]  
(a)(b)

**Attachments**

Attachment	Title
Attachment A	ACT Health Directorate Response

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**ACT Health Directorate**

**To:** Minister for Health

Tracking No.: MIN22/943

**From:** Rebecca Cross, Director General

**Subject:** Proposed Singapore Trade Mission

**Critical Date:** 08/07/2022

**Critical Reason:** An ACT Government trade mission to Singapore is proposed for week of 8 - 13 August 2022 to coincide with a planned trade mission for the Chief Minister. Agreement is sought by 8 July 2022 to facilitate detailed planning and travel arrangements.

**Recommendations**

That you:

1. Agree to the proposed draft program for the Singapore trade mission at Attachment A.

**Agreed / Not Agreed / Please Discuss**

2. Agree to the ACT Health Directorate (ACTHD) inviting ACT Health and Wellbeing Partnership Board members to the trade mission at their own expense; except for the Executive Director Health Care Consumers' Association ACT, for whom ACTHD will offer to cover costs.

**Agreed / Not Agreed / Please Discuss**

Rachel Stephen-Smith MLA .....

Minister's Office Feedback

## Background

1. An ACT Government trade mission to Singapore has been approved for you, an advisor, and two senior ACT health delegates (Mr Dave Peffer, Chief Executive Officer (CEO) Canberra Health Services (CHS) and Ms Rebecca Cross, Director-General, ACTHD). The purpose of the trade mission is to observe and learn from Singapore's innovative approach to its health system including application of technology and architecture to deliver patient centred clinical services.
2. The use of Epic Electronic Medical Record software across most Singapore public hospitals; the established relationships between ACTHD, the Australian National University (ANU) and the Singapore Ministry of Health; and local health service delivery networks provide a unique opportunity for ACT health system leaders to learn from the Singapore health system expertise.
3. It is intended the trade mission will support implementation of Digital Health Record across ACT hospitals and innovative person-centred health system design in the ACT. The trade mission also provides an opportunity to observe 'Smart Cities' application within the health system.

## Issues

4. We understand your visit has been approved for three nights, to coincide with the Chief Minister's trade mission to Singapore, which will allow the Chief Minister to participate in some components of your program which align to his vision as detailed in *CBR Switched On: ACT's Economic Development Priorities 2022-2025*.
5. Singapore's public health care system is managed through the Singapore Ministry of Health. The public healthcare delivery system is geographically structured as vertically integrated delivery networks: National University Health System (NUHS; Western region), National Healthcare Group (NHG; Central region) and Singapore Health Services (SingHealth; Eastern region). It is proposed you visit the Ministry of Health and a hospital or health service from each of these networks on your trade mission.
6. A draft high-level program of activities is provided for your consideration at Attachment A. The program assumes you depart Canberra on 8 August 2022 and return on 11 August 2022, but these dates can be amended. Subject to your in-principle agreement to the draft program, ACTHD will proceed with detailed arrangements in cooperation with the Chief Minister's office, your office, the Office for International Engagement and Singapore based contacts.

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7. A risk to the program is NHG may not support a meeting to its Tan Tock Seng Hospital as this will fall one week after its Epic go-live (scheduled for 31 July). Epic is separately proposing that two ACTHD DHR team members to attend this event. If EPIC expresses concern about this visit, we will seek to identify an alternative hospital.
8. It is recommended you invite members of the ACT Health and Wellbeing Partnership Board to participate in the trade mission at their own expense, with the exception of the Executive Director Health Care Consumers' Association ACT, for whom ACTHD will offer to cover costs. This will help develop a shared vision for future developments in the ACT health system and strengthen the existing collaboration between key stakeholders and investors.
9. The ACT Commissioner for International Engagement has suggested two additional meetings; firstly concerning a Plastic Surgery Centre of Excellence for Australia and secondly a Centre of Medtech Excellence. Should you agree to these options, the Office of International Engagement will make arrangements for the visits.

**Financial Implications**

10. Travel costs for the Director General ACTHD and Executive Director Health Care Consumers' Association ACT will be drawn from the ACTHD budget. Travel costs for the CEO of CHS will be drawn from the CHS budget.

**Consultation**Internal

11. The Chief Information Officer, Digital Solutions Division has provided advice on the draft program.

Cross Directorate

12. The CEO CHS is aware of the proposed trade mission however has been unable to contribute to the draft program due to competing commitments. ACTHD will work closely with the CHS CEO's office on detailed arrangements subject to your agreement to the draft program.
13. The Director, Office of International Engagement, Chief Minister, Treasury and Economic Development Directorate has provided input to this advice and is able to assist ACTHD and your office regarding travel arrangements.

External

14. Professor Russell Gruen, Dean of ANU College of Health and Medicine and Partnership Board member has provided advice on the draft program.

**Work Health and Safety**

15. A COVID-19 Safety Plan will be developed to support delegate health and safety for the trade mission.

16. Travel by ACTHD staff and paid delegates will be in accordance with ACTHD *Travel for Official Purposes –Outside the ACT Policy and ACTPS Advice Relating To Work Related Travel During Covid-19 Pandemic*.

### Benefits/Sensitivities

17. Having two Ministers in Singapore concurrently may attract public scrutiny. The Chief Minister's trade mission serves a different purpose to the health delegation and will continue delivering the ACT Government's *International Engagement Strategy* with a particular focus on flights, tourism and investment.
18. Having the Chief Minister's delegation join some of the health delegation activities is consistent with the vision in *CBR Switched On* and provides an opportunity to examine economic development opportunities through a health system lens and strengthen bilateral relationships.
19. Both the *International Engagement Strategy* and *CBR Switched On* go into detail about the value of a knowledge-based economy (notably health and life sciences as key areas of strength), that allows for greater economic growth and maintaining the wellbeing of its community.
20. The expenditure on the trade mission is considered high value for money due to the potential benefits to the ACT health system through learnings from Singapore's leading approach to health system design and delivery.
21. Number of attendees in the health delegation are yet to be confirmed and should be kept to a minimum as it is understood Singapore hospitals are generally unsupportive of large delegations. Due to Asian cultural norms, it is expected the Singapore Government will seek to match numbers of officials receiving visiting officials.

### Communications, media and engagement implications

22. Nil at this stage.

Signatory Name:	Rebecca Cross, Director General	Phone:	6205 5335
Action Officer:	Vivien Bevan, Head of Office, Office of the Director General	Phone:	5124 9260

### Attachments

Attachment	Title
Attachment A	Proposed program for Singapore Trade Mission

SENSITIVE

- To:** Rachel Stephen-Smith MLA, Minister for Health
- From:** Jacinta George, Executive Group Manager, Health System Planning and Evaluation
- CC:** Rebecca Cross, Director-General
- Subject:** Calvary Public Hospital Bruce – Medical Imaging
- On 23 June 2022, Calvary Public Hospital Bruce (CPHB) advised ACT Health Directorate (ACTHD) about an issue in the Medical Imaging (MI) department regarding the transfer of secondary imaging reports (X-rays, computed tomography (CT) scans and ultrasounds) to the Emergency Department (ED). A copy of the brief to ACTHD, prepared by the General Manager, CPHB, is provided at Attachment A.
  - In May 2022, CPHB identified the issue and have confirmed that only ED patients are impacted.
    - Every ED patient who requires imaging is treated by an ED doctor or nurse practitioner and the relevant X-Ray or scan is reviewed during the treatment episode.
    - As a routine component of governance and quality processes, there is a formal secondary medical imaging report provided by a specialist radiologist. These reports are available to the treating physician and in most cases for X-Rays these reports are received after the patient is discharged. In the vast majority of cases, there is no follow up action required.
  - In March 2019, a new Integrated Diagnostic Imaging Solution (IDIS) was introduced at ACT public hospitals, including CPHB.
    - IDIS includes the Radiology Information System (RIS) and Picture Archiving and Communication System (PACS). Since its implementation, 17,500 formal reports (out of a total of around 120,000) at CPHB were not available or reviewed by the treating physician as a second precautionary check.
    - The system issue was caused by a configuration in RIS PACS, where clinical referrers were not required to select an admission number, which draws information from ACT Patient Administration System (ACTPAS) regarding patient status and admitting doctor, meaning that the patient status defaulted to an 'outpatient location'. Therefore, the report was not available to the ED physician central review list.

### **Immediate Response**

- On 1 June 2022, CPHB commenced a manual analysis of all 17,500 reports to identify any missed pathology. Dr Michael Hall, Director of ED, is overseeing this work.
- A two-tiered approach to the analysis process is in place which includes:
  - Tier 1 – filter reports to identify potential missed pathology.
  - Tier 2 – ED physician review identified reports to determine if pathology was missed and to interpret consequences.
- As of 23 June 2022, CPHB have advised that over 6,000 scans have been reviewed. Ten have revealed minor pathology, with only one requiring follow up (minor scaphoid).
- The analysis is expected to be completed in the next two to three weeks, depending on medical staff availability. Once complete, CPHB will engage with the patients impacted.

### **CPHB Immediate Risk Management**

- Notification to all ED doctors regarding issue and requirement for completion of fields.
- Weekly audit of reporting commenced immediately.
- Ongoing communications to all ED staff regarding MI ordering process.
- Signage regarding processes on all computers in department.

### **Media Points**

- At your meeting on 23 June 2022 with Mr Ross Hawkins, Calvary ACT Regional Chief Executive Officer, he noted that he expected CPHB to be able to manage the issue directly with patients affected, rather than through a public disclosure. However, this would depend on the findings of the review of the remaining records.
- As mentioned above, the new system was introduced in March 2019 across all ACT public hospitals including CPHB, Canberra Hospital and University of Canberra Hospital, as well as Community health centres and Walk in Centres.
- ACTHD will seek confirmation from CHS that this issue is confined to CPHB.

Contact Officer: Jacinta George  
Contact Number: 5124 9403

Date: 01 July 2022

**Noted/Please Discuss**

.....  
Rachel Stephen-Smith MLA  
Minister for Health  
/ /2022