

Section B

Consultation and scrutiny reporting



B.1 Community engagement

The Health Directorate has actively engaged with the community on a range of matters, as indicated in the table below:

Line area	Project	Consultation process (tools used)	Groups/individuals consulted	Approximate number consulted	Outcome
Policy and Government Relations					
Aboriginal and Torres Strait Islander Health Unit	Aboriginal and Torres Strait Islander Residential Rehabilitation Service (Ngunnawal Bush Healing Farm).	<p>Consultation undertaken with the Advisory Board that includes representation from the ACT Aboriginal and Torres Strait Islander communities. Regular meetings are held.</p> <p>Newsletters that provide an update on progress are distributed to the ACT rural landholders. Members have attended meetings with the Advisory Board.</p> <p>Consultation undertaken on the development of a MOC2 for the service.</p> <p>Consultations undertaken on the development of a Master Plan (MP) and Preliminary and Final Sketch Plan (FSP) for the service buildings.</p> <p>Consultations undertaken to allow the community to comment on the MP and FSP. This process included holding two community consultation forums to target the Aboriginal and Torres Strait Islander communities and the rural community.</p>	<p>The Advisory Board includes individuals from the Aboriginal and Torres Strait Islander communities, representatives from non-government community organisations, ACT Government Health Directorate and the Commonwealth Department of Health and Ageing (ACT/NSW Office).</p> <p>External stakeholders consulted on the Model of Care Phase Two (MOC2) total 33. There were 16 internal stakeholders.</p>	<p>Ongoing consultations with the Advisory Board, which consists of 15 members. A total of 45 meetings were held in 2011–12, 45 to 50 people attended the public forums, and 143 people engaged with staff at 'drop-in' information displays.</p> <p>The web page has received over 600 hits.</p>	<p>All relevant decisions made and documentation endorsed by the Advisory Board.</p> <p>Newsletters provided to the rural community, with an email address included for questions and feedback.</p> <p>Input from stakeholders included in the MOC2.</p> <p>Input from stakeholders included in the MP and FSP.</p> <p>Feedback from the rural community and further information provided on request.</p> <p>Lodgment of the development application, with the public notification period commencing on 25 June and ending on 13 July 2012.</p>

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Aboriginal and Torres Strait Islander Health Unit	Reconciliation Action Plan 2011–2012.	<p>Consultation with the Aboriginal and Torres Strait Islander communities included the distribution of a draft Reconciliation Action Plan to key stakeholders and community-controlled organisations.</p> <p>This was followed by a community workshop to present the draft Reconciliation Action Plan and the specific actions.</p> <p>The final Reconciliation Action Plan was distributed to Aboriginal and Torres Strait Islander community organisations and individuals.</p>	<p>The Health Directorate's Reconciliation Action Plan Working Group includes Aboriginal and Torres Strait Islander staff and representation from: the ACT Aboriginal and Torres Strait Islander Elected Body, United Ngunawal Elders Council, ACT Torres Strait Islanders Corporation, Winnunga Nimmityjah Aboriginal Health Service and clients of the hospital system.</p> <p>The Working Group met regularly to guide the development of the Reconciliation Action Plan.</p> <p>The Working Group was involved in presenting the Reconciliation Action Plan at a community workshop.</p>	<p>Ongoing consultations with over 20 Aboriginal and Torres Strait Islander community organisations and individuals.</p>	<p>To meet the Health Directorate's vision for reconciliation and improved health outcomes for Aboriginal and Torres Strait Islander peoples of the ACT.</p> <p>All comments received were considered for incorporation into the final document.</p> <p>A formal launch of the final Reconciliation Action Plan included Aboriginal and Torres Strait Islander community organisations, a Welcome to Country and cultural dance performance by Wiradjuri Echoes.</p>

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Aboriginal and Torres Strait Islander Health Unit	Antenatal care, pre-pregnancy and teenage sexual and reproductive health (Element 2 of the COAG Indigenous Early Childhood Development National Partnership agreement).	High-level consultation is progressed through the Steering Committee, which includes representation from the ACT Aboriginal and Torres Strait Islander communities. Project officers consulted individually with government agencies, non-government organisations and key stakeholders of the Aboriginal and Torres Strait Islander community. Sexual Health and Family Planning ACT undertook a training needs analysis with Aboriginal and Torres Strait Islander health and community workers through a consultation workshop and an electronic survey. Consultation was undertaken through meetings and in-service programs. The project coordinator is engaged in ongoing consultations.	Winnunga Nimmityjah Aboriginal Health Service, Gugan Gulwan Youth Aboriginal Corporation, West Belconnen Child and Family Services, Junction Youth Health Service, Sexual Health and Family Planning ACT (SHFPACT), Boomanulla Sport and Recreation Services, Police Citizens Youth Club, Aboriginal and Torres Strait Islander education and student engagement unit, key individuals: Kerry Arabena (Sexual Health Workshop) and Anne-Marie Quinn (mentor featured on breastfeeding DVD).	Ten members make up the Steering Committee. Approximately 50 organisations and individuals have been consulted to date and this is ongoing. Ten Aboriginal and Torres Strait Islander community workers trained in sexual health. More than 100 students participated in Core of Life sessions. Approximately 16 pregnant women attended antenatal Core of Life sessions. Two Core of Life Facilitators Training Workshops have been conducted for 38 participants.	Advice and direction to the project. Steering Committee members contributed to resource development. Workshop participants were nominated by organisations and stakeholders. Strong and productive relationships have been fostered with the Aboriginal and Torres Strait Islander communities. Develop and facilitate a sexual health workshop for community workers. Core of Life education program for Aboriginal and Torres Strait Islander youth in schools and the community sector has been established. Establish a Core of Life facilitators Network. Project officers have contributed to antenatal education for young mothers. Resources have been developed, including a young mothers' breastfeeding DVD. Agreement has been reached to provide sexual health information, education and opportunistic screening to Aboriginal and Torres Strait Islander youth in 2012–13.

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Aboriginal and Torres Strait Islander Health Unit	Aboriginal and Torres Strait Islander Tobacco Control Strategic Framework 2011–2014.	Tobacco Control Advisory Group. Tobacco Control Working Group. Membership of committees, including NSW Cancer Institute Quitline.	Winnunga Nimmityjah Aboriginal Health Service, Gugan Gulwan Youth Aboriginal Corporation, Dr Tom Calma, National Coordinator, Tackling Indigenous Smoking, Department of Health and Ageing, Centre for Excellence in Indigenous Tobacco Control, ACT Medicare Local, ACT Cancer Council, Alcohol, Tobacco and Other Drugs Association of the ACT (ATODA), University of Canberra, Aboriginal Health and Medical Research Council of NSW.	20 committee members and interstate colleagues. Up to 20 Aboriginal and Torres Strait Islander stakeholders and community members.	Appointment of a PhD student to undertake evaluation of the Strategic Framework. Consultant engaged to undertake tobacco control and healthy lifestyle social marketing campaign 2012. Support for Gugan Gulwan youth project to develop anti-smoking songs to support the campaign. Ongoing partnership with Quitline NSW to provide services to ACT callers.
Aged and Community Care Policy	Home and Community Care HACC—Disability Network.	Monthly meetings.	Comprising HACC and disability service providers from the ACT community sector and relevant areas of the ACT and Australian governments.	Approximately 25 members per monthly meeting.	Ongoing consultation and communication about issues and activities affecting the ACT HACC/ disability sector.
Aged and Community Care Policy	ACT HACC Disability Working Group.	Monthly meeting.	Representatives from ACT HACC funded and/or Disability ACT funded organisations. At least 1 representative from the Aged and Community Care section of the Health Directorate. At least 1 representative from Disability ACT, Community Service Directorate. 1–2 ACTCOSS representatives.	There are approximately 10 to 12 attendees each month.	Provide advice and guidance regarding the specific priorities and ongoing activities of the ACT HACC-DS Network; Inform/update ACT HACC-DS Network meeting of outcomes.

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Aged and Community Care Policy	HACC Sector Planning Day.	Annual event.	The HACC Sector Planning Day is an annual event bringing together executives, senior managers and coordinators from ACT HACC-funded agencies and government.	There were approximately 80 attendees this year.	Information provided to the ACT HACC/disability sector, including the processes around the aged care reforms. The agenda is pre-determined by the HACC-Disability Working Group, in consultation with the Health Directorate.
Alcohol and Other Drug Policy Unit	Review of the need to expand drug rehabilitation services in the ACT.	Consultation was undertaken in the form of a survey and two focus groups. Researchers based at the Australian Institute of Aboriginal and Torres Strait Islander Studies and the ANU's National Centre for Epidemiology and Population Health were contracted to undertake community consultations and report on consumer input into the review.	Past and current clients of both government and non-government drug and alcohol services in the ACT, as well as non-service users.	Eighty-nine people took part in the survey (53% males and 47% females). Twenty focus group participants who also completed the survey.	Supported recommendations of the report to be implemented.
Chronic and Primary Health Policy Unit	Development of a new Chronic Disease Strategy.	World Cafe held 16 March 2012. Face-to-face discussions. Website developed by the consultant. Email.	Health Care Consumers' Association (HCCA), ACT Medicare Local, NGOs who support people with chronic conditions, medical, nursing and allied health clinicians, people/patients with a chronic condition. Key stakeholders, Health Directorate staff and members of the Primary Health and Chronic Disease Strategy Steering Committee, the Local Hospital Network Council and a special meeting with HCCA and consumers. Consumers, clinicians, etc. Primary Health and Chronic Disease Strategy Steering Committee, the Local Hospital Network Council prior to going to the Minister seeking permission to go out for public consultation in July 2012.	Forty-five attended the World Cafe. Approximately 30. Approximately 20. Approximately 20.	Rich variety of ideas and input regarding the commitment goals that will underpin the new strategy. Good information and views received. People interested can provide comments and keep up to date with the process. Good detailed feedback received prior to going out for public consultation.

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Chronic and Primary Health Policy Unit	Development of a new Palliative Care Services Plan.	Discussion paper developed to set the scene and stimulate discussion prior to the draft plan being developed.	Key stakeholders, Calvary Health Care, Clare Holland House, Palliative Care ACT, key clinicians, consumers, ACT Medicare Local, members of the ACT Palliative Care Strategy Steering Committee.	Approximately 30	
		Widely distributed through email. Face-to-face meetings. Forum held at ANU.			
GP Development Fund	GP Development Fund Round Four.	Information evening for GPs held on 11 August 2011.	General practitioners and practice managers.	There were approximately 25 attendees.	Attendees received information about GP Development Fund Round Four and the application process.
GP Development Fund	GP Development Fund Round Five.	Information evening for GPs held on 23 February 2012.	General practitioners and practice managers.	There were approximately 25 attendees.	Attendees received information about GP Development Fund Round Five and the application process.
Mental Health Policy Unit	Community education sessions.	The Mental Health Community Development and Education Officer continues to provide community education sessions as requested in the ACT community. Sessions are conducted within and outside the mental health sector for government and community groups. Community education sessions are delivered in partnership with mental health consumers or carers.	26+ community education sessions held. 9 community education sessions held.	500+ 116 participants	Community education responds to community requests. Enhanced mental health literacy for key frontline public sector workers.

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Mental Health Policy Unit	Mental Health Promotion and Early Intervention (PPEI) Working Group.	The evaluation and implementation working group oversees the implementation and evaluation of Building a Strong Foundation: A Framework for Promoting Mental Health and Wellbeing in the ACT 2009–2014.	The evaluation and implementation working group met three times in 2011–12 with representation from the community mental health sector, consumers, carers, Health Directorate, Education and Training Directorate, Justice and Community Safety Directorate, Community Services Directorate and the University of Canberra.	There were three meetings with eight participants.	Ongoing implementation and evaluation of Building a Strong Foundation: A Framework for Promoting Mental Health and Wellbeing in the ACT 2009–2014. Evaluation of the 2010–11 activities conducted.
Mental Health Policy Unit	ACT Suicide Prevention Implementation and Evaluation Working Group (SPIEWG).	The evaluation and implementation working group continues to oversee the implementation and evaluation of Managing the Risk of Suicide: A Suicide Prevention Strategy for the ACT 2009–2014.	The evaluation and implementation working group was scheduled to meet bi-monthly with representation from Lifeline Canberra, Lifeline Australia, Menslink, OzHelp Foundation, Carers ACT, Supportlink, MensLink, Australian National University, ACT Mental Health Consumer Network, Mental Health ACT, Education and Training Directorate, Justice and Community Safety Directorate, ACT Policing and ACT Medicare Local.	There were three meetings with an average of nine participants per meeting.	Ongoing implementation and evaluation of Managing the Risk of Suicide: A Suicide Prevention Strategy for the ACT 2009–2014.

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Mental Health Policy Unit	Review of the <i>Mental Health (Treatment and Care) Act 1994</i> .	The Health Directorate Review Team continued to work on the review with oversight by a review Policy Management Team (PMT) to provide broader policy direction to the review process. The Review Advisory Committee (RAC) membership continued to seek and represent the views of its stakeholders at regular meetings. The Review Team consulted the Parliamentary Counsel's Office (PCO), engaging their expertise in drafting the first exposure draft of the amendment bill. The Review Team also engaged in constructive conversations with other Australian jurisdictions about mental health law reform.	RAC members—government and non-government mental health services, ACT Youth Coalition, ACT Division of General Practice, ACT Mental Health Consumer Network, Mental Health Community Coalition of the ACT, Carers ACT, Community Services Directorate, Justice and Community Safety Directorate and ACT Policing, and other Australian jurisdictions.	Policy Management Team and Review Advisory Committee (total representation 36 agencies, including mental health consumers and carers) and broader consultation with the ACT community.	A first exposure draft of the Mental Health (Treatment and Care) Amendment Bill 2012, which takes an increasingly human rights focused approach and addresses the key concept of decision-making capacity for the first time in the ACT's mental health legislation. Planned for release for public consultation in the second half of 2012.
Women, Youth and Child Health Policy Unit	Women's Health Advisory Network—monitors implementation of women's access to health services and implementation of the Strategic Framework 2010–2015.	Advisory Committee.	Health Care Consumers' Association, Women's Centre for Health Matters, Southern NSW Local Health District, Women With Disabilities ACT, QEII Family Centre, Pregnancy Support Service, Ministerial Advisory Committee for Women, Office for Women, Health Directorate staff.	20	Meets quarterly, ongoing.
Office of Allied Health Adviser (OAHA)					
Allied Health	Extended Scope of Practice Physiotherapy Project.	Face-to-face, semi-structured interviews from community members on new model of care.	Consultant rheumatologist, orthopaedic surgeon, physiotherapists and community members.	102	Safe, effective and efficient model of care for musculoskeletal presentation to the Emergency Department.

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Nursing and Midwifery Office					
Nursing and Midwifery Office	Mechanisms to engage the professions of nursing and midwifery and the community.	Nursing and midwifery website.	Available on the internet.	5000+	Open communication, timely promulgation of nursing and midwifery news.
Nursing and Midwifery Office	Mechanisms to engage the professions of nursing and midwifery and the community.	Nursing and Midwifery Newsletter.	Aged care sector, tertiary education sector, nurses and midwives, community members, professional organisations, private and public institutions.	600	Informed workforce and community.
Nursing and Midwifery Office	Australian War Memorial Remembrance Ceremony.	Memorial service held during International Nurses and Midwives Week of celebrations.	Veterans, nurses and midwives, defence force personnel, community members.	200	Respect and honour to members of the defence forces who have served our country.
Nursing and Midwifery Office	Community representation.	Community representation on the Council for Nurses and Midwives ACT, the peak nursing and midwifery forum for nurses and midwives from all sectors across the ACT.	Consumer Health Forum.	Healthcare consumer representation (x 2).	Strategic workforce issues and professional matters conveyed to the Council for Nurses and Midwives; a community representative participates in decision making.

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Population Health					
Health Protection Service	Immunisation Strategy 2012–2016.	<p>The draft strategy was released for community consultation on 3 February 2012 with submissions closing 30 March 2012.</p> <p>The draft strategy was available from the Health Directorate website and from ACT Government's online consultation web page.</p> <p>Newspaper advertisements for the community consultation were published in the Canberra Times and the Canberra Chronicle.</p> <p>The draft strategy was mailed to key stakeholders and copies were available from ACT Government shopfronts, libraries, the Health Protection Service and maternal and child health clinics.</p>	All key stakeholders, immunisation providers in the ACT, community groups, members of the National Immunisation Committee.	A total of 500 stakeholders were sent copies of the draft strategy and invited to comment. A further 100 copies were made available at Canberra public libraries and community shopfronts for members of the public. Copies of the draft strategy were also available on the Health Directorate website.	Eleven submissions were received in the consultation period. The submissions were reviewed by the Immunisation Strategy Working Group and, if appropriate, incorporated into the strategy.
Health Protection Service and KPMG	Consultation on proposals to improve food safety and regulatory transparency in the ACT from 22 August to 30 September 2011.	<p>The consultation paper entitled 'Discussion paper on proposals for improving food safety and food regulatory transparency in the ACT' was available on the Health Directorate website.</p> <p>Face-to-face consultation sessions were conducted for food business owners, industry groups and public health groups.</p>		<p>Eighteen written submissions on the discussion paper were received.</p> <p>More than 100 people attended face-to-face consultation sessions.</p>	All received submissions and views expressed during the consultation process were considered as part of the Regulatory Impact Statement process.

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Health Protection Service	Kava supply in the ACT.	A community meeting was held in conjunction with the Office of Aboriginal and Torres Strait Islander Affairs (OMATSIA) for Pacific Island community members on 8 February 2012. The meeting followed a decision by the Therapeutic Goods Administration not to exempt kava from prescription-only requirements for cultural purposes. The Chief Health Officer, Director OMATSIA and an AFP sergeant explained the implications for the upcoming National Multicultural Festival (NMF).	Pacific Island community.	Broad community base, distributed by OMATSIA. Approximately 50 invitations were sent; approximately 30 attended.	Pacific Island community concerns and views were expressed to the Minister, which resulted in the Minister granting a trial exemption for cultural kava use at the 2012 NMF.
Health Protection Service	Community pharmacy regulation in the ACT.	Consultation paper forwarded to ACT pharmacy owners and other key stakeholders on options for ongoing regulation of community pharmacies in the ACT. Meeting between Chief Pharmacist and Pharmacy Guild of Australia, ACT Branch, which is a major stakeholder.	All existing ACT pharmacy owners and other key professional stakeholders.	80	Stakeholder views were summarised and forwarded to the Minister for consideration. Following this, the Minister decided to implement a new licensing scheme for pharmacy owners under the <i>Public Health Act 1997</i> . Existing restriction on who may own a pharmacy was maintained beyond its expiry in the Health Act 1993 by insertion into the Public Health Regulation 2000.
ACT Cervical Screening Program	Campaign targeting underscreened age and demographic groups.	Consultations with Medicare Local and the Pharmacy Guild of Australia informing them of our current campaign and requesting support in reminding clients of the need to regularly screen, and display and dissemination of promotional and educational materials in surgeries and pharmacies.	2 organisations, with Medicare Local and the Pharmacy Guild of Australia.	2 organisations.	Ongoing advice to inform the community of the importance of regular screening regardless of vaccination status.

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ACT Cervical Screening Program	Campaign targeting underscreened age and demographic groups.	Information sessions for women.	Winnunga Nimitjiah Aboriginal Health Service, Gugan Gulwan Youth Aboriginal Association, YWCA, the Junction, CALD community groups, women's fitness centres, women's crisis accommodation groups, various federal and ACT government departments.	30+	Ongoing advice to inform the community of the importance of regular screening regardless of vaccination status.
ACT Cervical Screening Program	Campaign targeting underscreened age and demographic groups.	Educational display and information sessions.	ACT libraries, Program Director, Cervical Screening.	2	Ongoing advice to inform the community of the importance of regular screening regardless of vaccination status.
Health Promotion Branch	Healthy Workplaces Advisory Group.	Stakeholder representation on advisory group established to guide the development and delivery of the ACT Workplace Health Promotion program.	Representatives from government directorates and NGOs.	7 non-government representatives.	Ongoing advice to the ACT Workplace Health Promotion Program.
Health Promotion Branch	Healthy Communities Initiative Advisory Group (pilot project based in Inner North Canberra).	Stakeholder representation on advisory group established to guide the development and delivery of the Healthy Communities Initiative.	Representatives from government directorates and NGOs.	6 non-government representatives.	Ongoing advice to the Healthy Communities Initiative.
Health Promotion Branch	Health Promotion Grants Program.	Community representation within four funding round assessment panels.	Representatives of the community and non-government organisations.	4 participants.	Assessment of grant applications and input into the allocation of grants to community-based projects.
Health Promotion Branch	Ride or Walk to School Program.	Group sessions run by Children and Young People Commissioner and surveys.	9 schools.	560 students.	Informed the development of the Ride or Walk to School Program.
Health Promotion Branch	Ride or Walk to School Program.	Stakeholder Forum, including guest speakers and small group discussions.	Government and non-government organisations.	30 attendees.	Informed the development of the Ride or Walk to School Program.

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Health Promotion Branch	Ride or Walk to School Program.	Program partner network established to provide input into the development and implementation of the Ride or Walk to School Program.	Community organisations.	8 organisations.	Informed the development of the Ride or Walk to School Program.
Policy Support Office	Secretariat support of the ACT Ministerial Advisory Council on Sexual Health, HIV/AIDS, Hepatitis C and Related Diseases (SHAHRD).	The ACT Ministerial Advisory Council on Sexual Health, HIV/AIDS, Hepatitis C and Related Diseases (SHAHRD) was formed to provide advice to the ACT Minister for Health from community and consumer perspectives on issues related to the health and wellbeing in the areas of sexual health and blood-borne diseases.	Membership specifically includes individuals recruited for their experience, expertise and connection with relevant communities of interest. This approach values the participation of community organisations, affected communities and clinical communities in producing optimal health outcomes, and is based on a commitment to consultation and joint decision making.	Approximately 10 members.	Ongoing input into policy and strategic directions for sexual health and blood-borne virus issues in the ACT.
Population Health	Gene Technology Advisory Council.	Re-formed with new membership.	Organisations as per the Act and community members.	7	Ongoing input into policy and strategic direction relating to gene technology.
Service and Capital Planning					
Service and Capital Planning Branch	Clinical Services Plan.	Membership Steering Committee.	LHN Council, Medicare Local, SNSW and Murrumbidgee Local Health District and HCCA representatives.	5 representatives.	Development of draft Clinical Services Plan for community consultation.
		Discussion paper for feedback.	LHN Council, Medicare Local, SNSW and Murrumbidgee Local Health District and HCCA representatives.	5 representatives.	
Service and Capital Planning Branch	Northside Hospital Clinical Services Plan.	Meetings of key stakeholders—Mental Health Services. Meetings of key stakeholders—Aged Care and Rehabilitation Services.	Carers ACT, ACT Mental Health Consumers Network. Health Care Consumers' Association.	3 representatives. 2 representatives.	Scope of services that may be considered in further services planning for location at the Northside Hospital.

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Service and Capital Planning Branch	Health Technology Advisory Committee (HTAC).	Meeting.	Health Care Consumers' Association.	1 representative.	Decisions of HTAC about recommendations for introducing new technology.
Service and Capital Planning Branch	Planning for Canberra Hospital's Energy Sustainability.	<p>Community consultation included three formal information forums, nine informal drop-in events and a feedback session.</p> <p>Other tools included:</p> <ul style="list-style-type: none"> • stakeholder workshop • media announcements and coverage • press advertisements • posters • emails to all Health Directorate staff and key stakeholders • whole-of-government messages • web page • fact sheets • postcard delivery to approximately 2500 local households surrounding the Canberra Hospital campus. 	ACT community, Health Directorate staff.	<p>Forty-nine people attended the initial sessions, 65 people participated through the range of consultation mechanisms, and 11 people attended the feedback session.</p> <p>The web page received approximately 1500 hits.</p>	Input from the community was used to assess various energy options. At the end of the consultation period, support was demonstrated for a central energy plant with power generation, provided that both noise and emissions are thoroughly investigated in the next stages of planning.
Service and Capital Planning Branch	Health Directorate Redevelopment Committee.	Consumer representatives on the committee.	Health Care Consumers' Association.	2 consumer representatives.	Decision-making body for the Health Infrastructure Program—providing advice, monitoring progress and monitoring risk.
Service and Capital Planning Branch	Canberra Hospital and Health Services Project Control Group.	Consumer representatives on committee.	Health Care Consumers' Association.	2 consumer representatives.	Leads the work of the Health Infrastructure Program as it relates to the facilities of Canberra Hospital and Health Services. Responsible for the effective delivery of all aspects of the HIP.

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People Strategy and Services Branch					
Workforce Policy and Planning Unit	Programs under the GP Workforce Program: 1. Education Infrastructure Support Grant Payment (EISGP). 2. ACT Health Directorate—ANU GP Scholarships.	GP Workforce Working Group (GPWWWG).	Key general practice stakeholders.	Representatives from key ACT/federal government and medical organisations as per the terms of reference. Special subgroups formed as per group's workplan requirements.	Ongoing: Providing input into development/enhancements of current programs, including the review of the GP Scholarships Program. Providing expert advice on general practice workforce issues.
Workforce Policy and Planning Unit	Health Workforce Australia funded programs.	Integrated Regional Clinical Training Network (IRCTN) developed.	ACT region health organisations and tertiary providers with extended organisations, including ACT Ambulance.	Extensive numbers via the various groups of stakeholders providing governance for each program.	Providing expert advice on clinical training and placement to grow the health workforce of the future and provide infrastructure.
Workforce Policy and Planning Unit	Revision of the Health Workforce Plan (ACT)—in progress.	Presence on ACT Health website. Targeted emails to key stakeholder organisations seeking input. Discussion paper released for comment and submissions invited.	ACT-wide health professionals, health service organisations in the ACT, relevant industrial and professional bodies, NGO, healthcare consumers and Health Directorate staff and managers.	Information sent to approximately 180 organisations and individuals within and external to Health Directorate. Submissions still being accepted, five submissions provided to date and five people have attended external stakeholder consultation forums.	Informing the revision of the local health workforce plan.
Canberra Hospital and Health Services					
Division of Critical Care	Rapid Response Committee.	Consultation via the Consumer Feedback Engagement Team to Healthcare Consumers' Association—6-month process.	Health Care Consumers' Association.	2	Consumers have a voice on the committee and provide their input.

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Division of Women, Youth and Children	Your Health, Our Priority, Stage 1 and Stage 2—New Women's and Children's Hospital.	User groups, quarterly newsletter mailouts, public meetings/consumer consultation for final sketch plans of stage 1 of the project and preliminary sketch plans of stage 2.	Women and Babies User Group, Paediatric User Group, NICU User Group, Friends of the Birthing Centre, Australian Breastfeeding Association, residents of suburbs adjacent to the Canberra Hospital, Kidsafe, Starlight Foundation, Ronald McDonald House, other ACT agencies.	50	That input, feedback and decisions reflect the needs and requirements of all stakeholders who will use the new hospital.
Division of Women, Youth and Children	New Centenary Hospital for Women and Children, child and adolescent consultation on the interior design of the hospital.	Consultation at schools and in adolescent community areas to obtain input on the interior design of the new hospital.	Schools (Burgmann Anglican School and Monash Primary School) and Youth Drop-in Centre and CYCLOPS.	100	That input, feedback and decisions reflect the needs and requirements of all stakeholders who will use the new hospital.
Division of Women, Youth and Children	Family Advisory Network Paediatrics at the Canberra Hospital (PatCH) Consumer Network of Paediatrics.	Public fundraising activities, newspaper articles, advertisements in local newspapers and newsletters, re-forming the Paediatric Consumer Consultative committee into the PatCH, Family Advisory Network being more representative of both the community and consumer expectations.	Major commercial organisations, consumers, parents/relatives of current and former patients, members of the community dedicated to paediatrics at Canberra Hospital.	5 to 10 people on a regular quarterly basis.	Improved community awareness and support of PatCH with common vision, goals and problem-solving capacity.
Division of Women, Youth and Children	Department of Neonatology—development of web-based parent discussion forum for parents of former patients to be involved in the redevelopment of the Centre for Newborn Care within the CADP.	The current user group, which meets face to face, encouraged participation by a larger cohort of stakeholders. Letters were mailed out to individuals requesting their participation.	Members of the User Group of the Centre for Newborn Care, young mothers and fathers in the ACT, parents living outside of Canberra and various other stakeholders.	130	To involve more consumers in the important decisions about the development of the Centre for Newborn Care within the CADP.

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Division of Women, Youth and Children	ACT Breastfeeding Initiative Steering Committee Implementation of ACT Breastfeeding Strategic Framework.	Quarterly meetings, email and face-to-face contact out of session as required, individual meetings for specific items.	Australian Breastfeeding Association (ABA), Queen Elizabeth II Family Centre, Lactation Consultant Australian and New Zealand representative, Winnunga Nimmityjah Aboriginal Health Service, Medicare Local, ACT Government Directorate representatives, Health Directorate staff.	16	Ongoing.
Division of Women, Youth and Children	Implementation of ACT Breastfeeding Strategic Framework.	Focus groups, one-on-one meetings, implementation of research by Health and the Australian Breastfeeding Association into the needs of young breastfeeding women.	Students and staff at Canberra College Cares, parent group from Gugan Gulwan Aboriginal Youth Centre, Aboriginal elder, mentors, Aboriginal and Torres Strait Islander Policy Unit.	50	Production of a DVD to support young breastfeeding women and their partners during the antenatal and postnatal period.
Division of Women, Youth and Children	Implementation of ACT Breastfeeding Strategic Framework.	Celebration event for World Breastfeeding Week, CS Minister attendance at collaborative event in West Belconnen, parents, Australian Breastfeeding Association members, advertisements in Canberra Times, Canberra Weekly, Canberra Chronicle, radio messages.	Parents, the Australian Breastfeeding Association, the Steering Committee, Community Service Directorate representatives, media engagement.	1000+ with ads, 30 individuals at the event.	Social marketing campaign aimed at increasing awareness and the public profile of breastfeeding.
Division of Women, Youth and Children	Implementation of ACT Breastfeeding Strategic Framework.	Focus groups, phone interviews, and consumer representatives on Project Steering Committee.	Focus groups and phone interviews for parents of infants.	100	Inform development of specific implementation strategies as identified in the strategic framework.
Canberra Hospital and Health Services	Chronic Disease Management Clinical Network.	2 consumer representatives.	Health Care Consumers' Association ACT.	2	Consumer input into development of Chronic Disease Management Service.
Division of Medicine	Renal Advisory Meetings.	Regular monthly meeting with community engagement.	Patients, doctors, nurses, consumer representatives.	50	To involve consumers in decisions on renal services.

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Acute Support Services, Operational Support					
Acute Support Services, Operational Support	Review of the Migrant Health Unit.	Consultation paper released to community for comment, face-to-face meetings held with individuals and small groups to hear feedback, membership on the project Steering Committee.	Canberra Multicultural Community Forum, Companion House, Health Care Consumers' Association, Integrated Women's Network, ACT Chinese Australian Association Inc., Diversity Health Network and Health Directorate staff.	Written feedback on the Consultation Paper was received from nine individuals and three groups/organisations.	Feedback on the Consultation Paper will be included in the final project report. It will inform the final model of service for the Migrant Health Unit and its implementation.
E-Health and Clinical Records					
E-Health and Clinical Records	E-Health project steering committees.	Participation of a consumer representative on all steering committees, where relevant.	A consumer representative on steering committees.	A consumer representative on steering committees.	E-Health and Clinical Records.
E-Health and Clinical Records	Implementation of Health Services Directory.	Involvement in the development of the web-enabled consumer search and access to be used for the ACT Health Services Directory.	Health Care Consumers' Association.	10 to 15	E-Health and Clinical Records.
Rehabilitation, Aged and Community Care					
Rehabilitation, Aged and Community Care	Quality and Safety Committee.	Committee membership.	Consumer representative from HCCA.	1	Consumer input into development, implementation and evaluation of quality and safety initiatives, including risk management and policy development.
Rehabilitation, Aged and Community Care	Community Care, Clinical Governance Committee.	Committee membership.	2 consumer representatives from HCCA.	2	Consumer input into development, implementation and evaluation of quality and safety initiatives, risk management and policy development.

Line area	Project	Consultation process (tools used)	Groups/individuals consulted	Approximate number consulted	Outcome
Rehabilitation, Aged and Community Care	ACT Equipment Scheme Advisory Committee.	Committee membership.	HCCA representative, PWD (People With Disabilities) representative.	2	Representatives continue to provide advice to committee on the approval of high-cost applications and future service development.
Rehabilitation, Aged and Community Care	Domiciliary Oxygen and Respiratory Support Scheme Advisory Committee.	Committee membership.	ACT Sleep Apnoea Association representative, HCCA ACT/Lung Life representative, ACT DonateLife representative.	3	Representatives provide advice to committee on approval of extraordinary applications and future service development.
Rehabilitation, Aged and Community Care	ACT Artificial Limb Scheme (ACTALS) Advisory Committee.	Committee membership.	HCCA ACT trained consumer representative.	1	Consumer representative provides advice to the committee on approval of extraordinary applications and future service/policy development.
Rehabilitation, Aged and Community Care	Health Workforce Australia (HWA)—Care of the older person project.	Committee membership.	HCCA and HACC provider representatives.	2	Committee provided input to a HWA workforce initiative and processes to ensure the initiative integrated best practice. This project was completed in August 2011, and the recommended position (Allied Health Assistant) was permanently recruited to in February 2012.
Rehabilitation, Aged and Community Care	Walk-in Centre Clinical Advisory Group.	Consumer representative.	Representation from the HCCA.	2	Consumers have provided feedback with ongoing policy and protocol development in the Walk-in Centre model of care.
Rehabilitation, Aged and Community Care	Village Creek Centre Relocation—Consumer Evaluation Focus Group.	Consumer representatives.	HCCA and various consumer/group representatives.	12 attendees.	Consumers reviewed final site refurbishment and reviewed measurable indicators, which had been developed at a previous consumer workshop hosted by HCCA.

Line area	Project	Consultation process (tools used)	Groups/individuals consulted	Approximate number consulted	Outcome
Mental Health Services					
Mental Health Services	Child and Adolescent Mental Health Services Redesign.	Re-design project overseen by members of CAMHS consultative committee, consumer and carer networks and Office of ACT Children's Commissioner and Project Steering Committee. Working groups used forums and feedback discussion, gap analysis and recommendations format. Patient journeys were collated and themed.	Young people in the ACT, consumers and carers, CAMHS staff, government and non-government partners and stakeholders.	5+ members in each working group, 10 members of steering committee, 10+ members of CAMHS consultative committee, 10 to 20 in consumer/carer forums, 20+ adolescents (Children's Commissioner), 10 patient journeys.	Feedback from the forums, working groups and the steering committee has been compiled to develop recommendations for the re-design of the service (model of care). This work will be finalised in July 2012.
Mental Health Services	Smoke-free environment working groups.	Consultation forums.	Consumers, carers and stakeholder groups.		Working groups were set up across the Division of MHJHADS in order to establish and work through the issues before the 1 January 2013 implementation. Membership is made up of staff and consumers in order to better engage the workforce as well as the consumer group to make this a success.
Mental Health Services	Satisfaction Survey at Brian Hennessy Rehabilitation Centre.	Satisfaction Survey sent to all staff, consumers and their carers.	Staff, consumers and their carers.	Eighty surveys were sent out for completion.	The return rate was smaller than for the two previous surveys. The November 2011 survey resulted in a return rate of 20% of staff (10), and 56% of consumers (17) and a nil return from families. The issues identified are being progressively worked through and the team is making the required changes to improve overall staff, consumer and carer satisfaction. The next survey is yet to be planned.

Line area	Project	Consultation process (tools used)	Groups/individuals consulted	Approximate number consulted	Outcome
Mental Health Services	Education sessions for residential aged care facilities (RACFs) as part of the National Partnership Agreement.	Staff from the Older Persons Mental Health Community Team provide in-service education to residential aged care facilities on the management of mental health conditions/issues.	Various RACFs within Canberra. Sessions include general education on older persons' mental health practice as well as individual case consultations.	Approximately four or more sessions are held per quarter.	A half-yearly report is provided to the Australian Government. Positive responses from participants have been received so far and a survey is planned for 2012 to further assess education needs and other issues for RACFs and other key stakeholders.
Mental Health Services	Older Persons Mental Health Service and community stakeholder meetings.	Originating from the OPMHS Planning Day in November 2010, follow-up meetings have occurred to consider issues of relevance to the aged care sector and ACT Mental Health e.g. education, communication processes.	Residential aged care facilities, ACT Division of GPs, RADAR, DBMAS, Aged Care and Rehabilitation Service, TCH and others.	Two meetings have been held since November 2010 but none in 2012.	Increased awareness of older persons' mental health/aged care/provision of services and improved networking of stakeholders in this sector. No stakeholder meeting was held in 2012, as the utility of these sessions is being reviewed and alternative means of improving consultation are being explored (e.g. survey as described above).
Alcohol and Drug Services	Consumer engagement on suboxone film implementation working group.	Meetings with consumer representatives from Canberra Alliance for Harm Minimisation and Advocacy (CAHMA) and Pharmacotherapy Advocacy and Action Team (PHAAT).	Consumer representatives from CAHMA and PHAAT.	5	Smooth implementation of change from suboxone tablets to suboxone film.
Alcohol and Drug Services	Participation in the AOD sector consumer engagement survey.	Held on 21 June 2012 in conjunction with Drug Action week.	120 surveys completed.	120	Second survey (first in 2009) will provide trending data of consumer satisfaction.
Alcohol and Drug Services	Active consumer participation on ADS forums such as clinical governance, business planning meeting and smoke-free environment implementation group.	Consumer participation in ADS forums.	AOD sector organisations, including consumer advocacy group.	6 (representatives of organisations).	Good workable networks and rapport established, with consumer voices having an influence on business, service delivery models, and policy planning.

Line area	Project	Consultation process (tools used)	Groups/individuals consulted	Approximate number consulted	Outcome
Capital Region Cancer Service					
Capital Region Cancer Service	Cancer support groups.	Participation in meetings about specific issues.	Leukaemia Foundation, prostate support group, brain tumour group.	10	Ongoing meetings to communicate with cancer support groups.
Capital Region Cancer Service	Clinical Governance Committee.	Consumer representation and participation in monthly meetings.	Representative from HCCA.	1	Consumer participation in establishment of the Clinical Governance Committee and establishment of processes to develop a clinical governance framework for CRCs.
Capital Region Cancer Service	Information Management and Information Technology (IM&IT).	Participation in monthly meetings.	Representative from the HCCA.	1	Committee suspended during 2012 with the Cancer Information Management Steering Committee taking precedence for the implementation of the CHARM cancer information system across the organisation.
Capital Region Cancer Service	Cancer Information Management System (CIMS).	Participation in monthly steering committee meeting.	Representative from the HCCA.	1	Ongoing. Consumer input into the governance and implementation of the information system.
Capital Region Cancer Service	Radiation Oncology Major Equipment Procurement Project (ROMEPP).	Participation in monthly meetings.	A consumer representative from the Health Care Consumers' Association.	1	Ongoing. Consumer input into the procurement of equipment.
Capital Region Cancer Service	Cancer Network Project (CanNET).	Committee meeting.	A consumer representative that is a member of both HCCA and Cancer Voices ACT.	1	Consumer input into the CanNET project direction. As per the project schedule, this committee meeting concluded on 30 June 2012.
Capital Region Cancer Service	BreastScreen Program Advisory Group.	Participation in quarterly meetings.	Consumer representatives from Breast Cancer Network Australia, Cancer Council and Bosom Buddies.	2	Ongoing. Consumer input into BreastScreen direction.

Line area	Project	Consultation process (tools used)	Groups/individuals consulted	Approximate number consulted	Outcome
Capital Region Cancer Service	Breast and Cervical Programs Community Reference Group.	Participation in biannual meetings.	Representatives from Council on the Ageing, Cancer Council, YWCA, CWA, Migrant Youth Advocacy, Canberra Multicultural Community Forum, Bosom Buddies, Winnunga Nimmitjah AMS, HCCA ACT, Women with Disabilities ACT.	10	Ongoing. Consumer ideas and feedback on resources, and events to increase participation in the programs.
Capital Region Cancer Service	Breast Cancer Treatment Group ACT.	Participation in quarterly meetings.	A consumer representative from Health Care Consumers' Association.	1	Ongoing. Consumer input into breast cancer treatment support.
Capital Region Cancer Service	Outpatient Service Steering Group.	Participation in monthly committee meeting.	A consumer representative of the HCCA.	1	Ongoing. Consumer input into this meeting with a broad agenda of redesign working groups, Outpatient Operational Management, Capital Works Update and Financial Reporting.
Capital Region Cancer Service	Adolescent and Young Adult (AYA) Cancer steering committee.	Quarterly.	A consumer representative from the HCCA and CanTeen.	2	Consumer input on the AYA project deliverables and progress of the new Care Coordinator position.

B.2 Internal and external scrutiny

Reports

The following table summarises reports during the reporting year on aspects of the Health Directorate's operations.

Name of agency	Nature of inquiry/ report title	Recommendations/outcome of inquiry	Response to the outcome of inquiry
Pricewaterhouse-Coopers	Post-Implementation Review: Radiology Information System—Picture Archival Communication System (RIS—PACS).	<p>Six recommendations were made relating to:</p> <ul style="list-style-type: none"> developing mechanisms to maintain an appropriate level of communication to hospital clinicians and other stakeholders who provide input into system requirements maintaining a high level of visibility and clarity of the original budget assigned to the project and availability of this information within other key project documents investigating alternative user interfaces or portals to address the more significant usability concerns about the system implementing training and user help facilities ensuring hardware performance requirements are thoroughly tested before going live developing circumvention of system-based user profiles, including implementation of automated system logout and mandatory periodic password change. 	Health Directorate agreed to five recommendations and noted one related to training.

Name of agency	Nature of inquiry/ report title	Recommendations/outcome of inquiry	Response to the outcome of inquiry
Pricewaterhouse-Coopers	Review of compliance with dangerous substance policies.	<p>Nine recommendations were made relating to:</p> <ul style="list-style-type: none"> • reviewing the current storage arrangements to establish appropriate strategies and controls to prevent interaction with other substances • ensuring disposal procedures are performed in accordance with the policy requirements • finalising the updated Dangerous Substance Guidelines, endorsement and distribution to relevant staff • Capital Region Cancer Service establishing an appropriate quality assurance process to ensure compliance with key legislative and regulatory requirements • Capital Region Cancer Service implementing a process where training, induction and information provided to staff are recorded • investigating staff ability to use the centralised training management system to record training completed • completion of a risk assessment to determine any risks to staff, patients and contractors associated with exposure to dangerous substances and potential changes to operational environments • pathology ensuring that the Long-Term Review of Quality and Safety Activity has been completed and endorsed and ensuring that timely reviews are performed • establishing and communicating to construction site managers the relevant policies and responsibilities for the management of dangerous substances. 	Health Directorate agreed to all recommendations.

Name of agency	Nature of inquiry/ report title	Recommendations/outcome of inquiry	Response to the outcome of inquiry
Pricewaterhouse-Coopers	Review of the Health Directorate's Enterprise Information Management System.	<p>Five recommendations were made relating to:</p> <ul style="list-style-type: none"> • implementing a project appraisal process at the business case stage to ensure the process is robust • investigating the establishment of a properly resourced project management office (PMO) to coordinate activities between projects within the Health Directorate and between key third parties • investigating the establishment of appropriately resourced and skilled project steering committees to ensure that resources are allocated efficiently and effectively and to ensure that projects are kept on time, to scope, on budget and aligned to organisational strategic direction • recognising organisational transformation and confirming that scope and requirements specifications remain realistic, clear and unambiguous • the project management office providing advice and guidance on better practice techniques with respect to stakeholder engagement and communication. 	<p>Health Directorate agreed to three recommendations and did not agree to two recommendations.</p> <p>The ones that were not agreed to related to establishing a resourced project management office (PMO) and stakeholder engagement of PMO.</p>
Pricewaterhouse-Coopers	Review of Management of Funded Non-Government Organisation.	No finding with recommendations identified.	N/A
Pricewaterhouse-Coopers	Review of Legislative Compliance with Territory Records.	<p>Six recommendations were made relating to:</p> <ul style="list-style-type: none"> • volume of records and the importance of completing the process of recording previously unregistered files in the electronic records management system • updating records management guidance material and ongoing compliance with the Territory Records Act • updating job descriptions for staff to outline roles and responsibilities relating to records management training • ensuring that disposals are completed in line with procedures and with the Territory Records Act • ensuring compliance of storage facilities with requirements of the Territory Records Act • ensuring compliance with quality review processes and file census requirements. 	<p>Health Directorate agreed to five recommendations and noted one related to volume of records.</p>

Name of agency	Nature of inquiry/ report title	Recommendations/outcome of inquiry	Response to the outcome of inquiry
Pricewaterhouse-Coopers	Review of the Efficiency and Effectiveness of Partnership Arrangements with the Australian National University.	<p>Six recommendations were made relating to:</p> <ul style="list-style-type: none"> • investigating the appointment of an overarching relationship owner to monitor the relationship between the Health Directorate and the ANU • reviewing the advice received from the ACT Government Solicitor and seeking updated advice in relation to risks to deeds of agreement currently in place • implementing a requirement to monitor the duties of conjoint staff to ensure clinical, teaching and research duties as required by the Deed of Agreement are met • renegotiating the schedules to the Deed of Agreement for Clinical Placement of ANU Students in the Territory • implementing procedures to confirm completion of national police checks and guarantees of immunisations by ANU student applicants • investigating functionalities of the student placement online database. 	Health Directorate agreed to all recommendations.
Pricewaterhouse-Coopers	Review of Compliance with the Relevant Rights of Practice Policies and Procedures.	<p>Three recommendations were made relating to:</p> <ul style="list-style-type: none"> • developing and implementing policies and procedures relating to the administration of exercise of the rights of private practice • ensuring monitoring of the attendance of specialists and senior specialists is included in policies and procedures • ensuring specialists conducting private practice have gained formal approval to exercise their right of private practice. 	Health Directorate agreed to all recommendations.
Pricewaterhouse-Coopers	Review of the Recruitment of Clinical and Non-Clinical Staff.	<p>Six recommendations were made relating to:</p> <ul style="list-style-type: none"> • ensuring that Selection Advisory Committee (SAC) members declare their independence prior to the review of applications • maintaining a succession plan for staff managing and coordinating recruitment activities • ensuring that employee files are managed in line with procedures to ensure limited access to confidential information • ensuring advertising window for the gazettal of employment is a minimum of a two-week period • ensuring documentation and filing of delegates' approval of higher than base level commencement salary • updating procedures to reflect the required training following significant changes to policies and procedures. 	<p>Health Directorate agreed to four recommendations and noted one related to compliance with file procedures.</p> <p>One recommendation agreed in part related to position advertising in gazette.</p>

Name of agency	Nature of inquiry/ report title	Recommendations/outcome of inquiry	Response to the outcome of inquiry
Pricewaterhouse-Coopers	Review of Procurement and Contract Management.	<p>Six recommendations were made relating to:</p> <ul style="list-style-type: none"> • ensuring that all staff involved in procurement activities complete basic procurement training • ensuring that staff managing contracts attend contract management training and refresher courses • developing and implementing policies and procedures in relation to contract management • implementing contract management plans for all large or complex contracts or where multiple contracts are being managed by one contract manager concurrently • including documented succession plans per contract management requirements • implementing and documenting post-contract performance reporting for the more significant service-related contracts to improve service levels and the achievement of contract deliverables. 	<p>Health Directorate agreed to five recommendations.</p> <p>One was agreed in part; this related to contract management training.</p>
Protiviti	Internal Audit Review of Compliance with the Risk Management Systems and Framework.	<p>Six recommendations were made relating to:</p> <ul style="list-style-type: none"> • appointing a risk coordinator to oversee risk management activities across Canberra Hospital and Health Services activities • liaison with the branch risk committees and coordinators to improve understanding of risk processes • ensuring that risk treatment plans are more outcome focused • documenting risk treatment plan information, including dates for completion or review and evaluation at Risk Management Committee meetings • facilitating trends and systemic issue reporting to all managers on a regular basis • liaising with the ACT Insurance Authority on a timeframe for transition to the Risk Management Standard AS/NZS ISO 31000:2009. 	<p>Health Directorate agreed to five recommendations.</p> <p>One, relating to appointing a risk coordinator to oversee risk activities across Canberra Hospital and Health Services, was agreed to in principle.</p>

Name of agency	Nature of inquiry/ report title	Recommendations/outcome of inquiry	Response to the outcome of inquiry
Protiviti	Internal Audit of the Project Management Framework for Delivery of the Capital Asset Development Plan.	<p>Nine recommendations were made relating to:</p> <ul style="list-style-type: none"> • consolidating the Capital Asset Development Plan (CADP) program objectives and key performance indicators agreed to by the Redevelopment Committee, and monitoring and reporting against the criteria at least annually • developing quantifiable benefits at the program level and creating a formal framework • implementing a dedicated information management system to store key CADP information • developing formal succession plans for key Capital Asset Development Plan positions • finalising defined roles and responsibilities for the Capital Asset Development Plan program endorsed by the Redevelopment Committee • communicating roles and responsibilities to ensure there is a clear understanding of roles and responsibilities involved with delivery of the program • enhancing communications to create a communications plan for each project delivered under the Capital Asset Development Plan • ensuring that the risk management framework is understood and consistently applied • developing key performance indicators to improve regular assessment of service provider performance. 	Health Directorate agreed to all recommendations.
Protiviti	Review of Infrastructure Maintenance across the Health Directorate.	<p>Four recommendations were made relating to:</p> <ul style="list-style-type: none"> • implementing an improved asset and maintenance management system • developing policy and procedural documentation in support of the maintenance and refurbishment functions • improving processes to ensure contracts include key performance indicators, especially with respect to quality • implementing quality assurance processes for review of maintenance and refurbishment activities. 	Health Directorate agreed to all recommendations.

Name of agency	Nature of inquiry/ report title	Recommendations/outcome of inquiry	Response to the outcome of inquiry
Auditor-General's Office	Audit Report— Final Management Report 2011.	<p>Nine recommendations were made relating to:</p> <ul style="list-style-type: none"> • reviewing the adequacy of the cross-border agreement for the provision of health services to NSW residents • amending the Director-General's Financial Instructions to require the independent review and approval of journals before recording in the general ledger, and ensuring this is evidenced as such • assessing on an annual basis whether there are any leave liabilities (contingent or otherwise) arising from its arrangements with Calvary and to ensure issues are resolved prior to certifying its financial statements • reviewing accounting processes for grants received from Commonwealth departments and other third parties to ensure that these grants are accounted for in accordance with AASB 1004 • ensuring that accountability indicator 1.2 (i) and all other performance indicators are measured on a basis that is consistent with their descriptions • investigating with evidence and resolving variances between the General Ledger and Accounts Receivable Sub-Ledger Attache and Oracle electronic systems in a timely manner, evidence investigations and resolution • ensuring that the accounting team uses the information provided by the business units to determine whether the asset impairment losses should be recognised in the financial statements and that the results for annual impairment assessments are clearly documented • ensuring that accounting work papers that support the financial statements are complete and are reviewed by an officer who is independent of the preparer of the work papers and evidenced as such • reviewing and improving its processes for identifying material variances and explanations between current and prior year figures to ensure that clear explanations for these variances are provided in the financial statements. 	Health Directorate agreed to all recommendations.

Name of agency	Nature of inquiry/ report title	Recommendations/outcome of inquiry	Response to the outcome of inquiry
Auditor-General's Office	<p>Audit Report— Management of Food Safety in the Australian Capital Territory (AG). (Report No. 6/2011, tabled in the Legislative Assembly on 21 December 2011).</p>	<p>Ten recommendations were made:</p> <ul style="list-style-type: none"> • the Health Directorate should provide guidelines and/or checklists, and training to improve food business staff compliance with the legislative and administrative framework for food regulation in the ACT • the Health Protection Service's food safety, financial and performance information should be effectively and efficiently maintained and reported separately by the Health Directorate • the Health Protection Service has had difficulties in filling vacant staff positions; the Health Directorate should pursue options to address the shortage of skilled environmental health officers • the Health Protection Service's risk management plan should be updated to include strategies to specifically address risks to food safety resulting from inadequate staffing levels in its operational areas • the website should be updated to provide comprehensive information, in targeted languages as well as in English, on food safety standards, guidelines and good practices • the Health Protection Service's record management practices should comply with the <i>Territory Records Act 2002</i> and regulations and that all files and databases should contain accurate, complete and up-to-date information • registration of food businesses should be improved by: <ul style="list-style-type: none"> – ensuring timely follow-up of overdue registrations – ensuring that a delegated manager formally reviews and approves the re-registration of food businesses • the Health Directorate should improve complaint management by: <ul style="list-style-type: none"> – conducting complaint investigations in a timely manner – including public health complaints database additional complaint information – ensuring that the complaints database is accurate and complete • implementation of improved food safety programs by food businesses should be encouraged by the Health Directorate • compliance with food safety legislation by food businesses should be encouraged by the Health Directorate. 	<p>Health Directorate agreed to nine recommendations made in the report.</p> <p>One that was agreed in part related to qualified and skilled environmental health staff shortages.</p>

B.3 *Legislative Assembly committee inquiries and reports*

Standing Committee on Health, Community and Social Services

Report No.	Title	Date presented
7	Report on Annual and Financial Reports 2010–11.	June 2012.
Recommendation	Government response	Directorate implementation
1. The Committee recommends that the Minister for Health provide an update on the National Disability Insurance Scheme, and possible ramifications for the Territory, to the Committee prior to the first Assembly sitting day in August 2012.	The government response is still being developed as at 30 June 2012.	Not applicable.
2. The Committee recommends that the progress and operation of the National Disability Insurance Scheme become a standing item in the Health Directorate's Annual Report as the scheme develops.	The government response is still being developed as at 30 June 2012.	Not applicable.
3. The Committee recommends that the Minister for Health provide an update on the development of the workforce retention strategy during the forthcoming Estimates process.	The government response is still being developed as at 30 June 2012.	Not applicable.

Standing Committee on Public Accounts

Report No.	Title	Date presented
–	Review of Auditor-General's Report No. 1 of 2011—Waiting Lists for Elective Surgery and Medical Treatment.	Ongoing as at 30 June 2012.
Recommendation	Government response	Directorate implementation
Not applicable.	Not applicable.	Not applicable.
Report No.	Title	Date presented
–	Review of Auditor-General's Report No. 6 of 2012—Emergency Department Performance Information.	Ongoing as at 30 June 2012.
Recommendation	Government response	Directorate implementation
Not applicable.	Not applicable.	Not applicable.

Select Committee on Estimates 2012–13

Report No.	Title	Date presented
1	Select Committee on Estimates 2012–13.	Ongoing as at 30 June 2012.
Recommendation	Government response	Directorate implementation
Not applicable.	Not applicable.	Not applicable.

B.4 *Legislation report*

The following is a list of all legislation that the ACT Health Directorate was responsible for during the reporting period:

- Blood Donation (Transmittable Diseases) Act 1985
- Drugs of Dependence Act 1989
- Epidemiological Studies (Confidentiality) Act 1992
- Food Act 2001
- Gene Technology Act 2003
- Gene Technology (GM Crop Moratorium) Act 2004
- Health Act 1993
- Health Practitioner Regulation National Law (ACT) Act 2010
- Health Professionals Act 2004
- Health Professionals (Special Events Exemptions) Act 2000
- Health Records (Privacy and Access) Act 1997
- Human Cloning and Embryo Research Act 2004
- Intoxicated People (Care and Protection) Act 1994
- Medicines, Poisons and Therapeutic Goods Act 2008
- Mental Health (Treatment and Care) Act 1994, except parts 8 and 9 and sections 141, 142 and 143
- Public Health Act 1997
- Radiation Protection Act 2006
- Smoke-Free Public Places Act 2003
- Supervised Injecting Place Trial Act 1999, except sections 7, 8 and 13
- Tobacco Act 1927
- Transplantation and Anatomy Act 1978.

The following legislation was enacted during the reporting period:

1. Smoking in Cars with Children (Prohibition) Act 2011
2. Food Amendment Act 2012, only sections 1, 3 to 6, 8 to 10 and 13, and Schedule 2
3. Transplantation and Anatomy Amendment Act 2012 (commenced and repealed in the same year).

