

Our reference: **ACTHDFOI23-24.45**

[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 the ACT Health Directorate (ACTHD) on **Tuesday 23 April 2024**.

This application requested access to:

'Under the FOI Act I would like to be supplied with the following Ministerial briefs:'

MIN2024/00072

MIN2024/00092

AHM24/6

GBC24/82

GBC24/53

GBC24/68

GBC24/58

GBC24/43

GBC24/28

COR24/173

GBC24/20

GBC24/3

GBC24/23.

I am an Information Officer appointed by the Director-General of 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 06 June 2024**.

I have identified 13 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.

Explanatory Note

Please note that of the requested documents there is an administration and typographical error in GBC24/23. The brief provided on pages 47-52 of the package of documents is correct as GBC24/23, however, this unfortunately shows an incorrect reference on the document itself of GBC24/24. The correct document has been provided, verified as matching GBC24/23 as requested in the application.

Decisions

I have decided to:

- grant full access to seven documents; and
- grant partial access to six 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 *Human Rights Act 2004*.

Full Access

I have decided to grant full access to the documents at references: 4-12.

Partial Access

I have decided to grant partial access to the documents at references: 1-3 and 13. These documents 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 FOI Act. These documents also include information that is taken to be contrary to the public interest to release under Schedule 1 of the FOI Act.

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; and
- Schedule 2, 2.1 (a)(ii) contribute to positive and informed debate on important issues or matters of public interest.

Public Interest Factors Favouring Non-Disclosure

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

- Schedule 2, 2.2 (a)(x) prejudice intergovernmental relations; and
- Schedule 2, 2.2(a)(xi) prejudice trade secrets, business affairs or research of an agency or person; and
- Schedule 2, 2.2 (a)(xiii) prejudice the competitive commercial activities of an agency.

Documents at references 1 and 2 are partially comprised of information classified as information that would be contrary to the public interest in accordance with Schedule 2, 2.2 (a)(xiii) prejudice the competitive commercial activities of an agency.

Documents at reference 2 are partially comprised of information classified as information that would be contrary to the public interest in accordance with Schedule 2, 2.2 (a)(xii) prejudice the business affairs of an agency.

Documents at references 1 and 3 are partially comprised of information classified as information that would be contrary to the public interest in accordance with Schedule 2, 2.2 (a)(x) prejudice intergovernmental relations.

Documents at reference 1, 6 and 8 are partially comprised of cabinet information under Schedule 1.6, 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).

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
Website: 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
Allara House
15 Constitution Avenue
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.

Yours sincerely

A handwritten signature in black ink, appearing to read 'C. Ellis', written in a cursive style.

Catherine Ellis
Senior Director
Ministerial and Government Services

6 June 2024




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>Under the FOI Act I would like to be supplied with the following Ministerial briefs:</i> MIN2024/00072 MIN2024/00092 AHM24/6 GBC24/82 GBC24/53 GBC24/68 GBC24/58 GBC24/43 GBC24/28 COR24/173 GBC24/20 GBC24/3 GBC24/23.	ACTHDFOI23-24.45

Ref Number	Page Number	Description	Date	Status Decision	Factor	Open Access release status
1.	01 - 04	MIN2024/00072 - Implementation of additional Medicare Urgent Care Clinics	5 February 2024	Partial Release	Schedule 1.6 Cabinet Schedule 2.2(x) Intergovernmental Relations Schedule 2.2(xiii) Commercial Activities	YES
2.	05 - 10	MIN2024/00092 - ACT Health Infrastructure Overarching Communication and Engagement Strategy	12 February 2024	Partial Release	Schedule 2.2(xi) Business Affairs Schedule 2.2(xiii) Commercial Activities	YES
3.	11 - 16	AHM24/6 - Release of the National Digital Health Strategy, 2023-2028	08 February 2024	Partial Release	Schedule 2.2(x) Intergovernmental Relations	YES
4.	17 - 18	GBC24/82 - Minister's Weekly Brief	29 February 2024	Full Release		YES
5.	19 - 21	GBC24/53 - 2024-25 ACT Health Directorate Asset Renewal Program	29 February 2024	Full Release		YES
6.	22 - 25	GBC24/68 - Minister's Weekly Brief	23 February 2024	Partial Release	Schedule 1.6 Cabinet	YES
7.	26 - 28	GBC24/58 - Minister's Weekly Brief	15 February 2024	Full Release		YES
8.	29 - 32	GBC24/43 - Minister's Weekly Brief	08 February 2024	Partial Release	Schedule 1.6 Cabinet	YES
9.	33 - 35	GBC24/28 - Minister's Weekly Brief	01 February 2024	Full Release		YES
10.	36 - 38	COR24/173 - Community Pharmacy Scope of Practice Trial and National Immunisation Program (including Shingrix®)	31 January 2024	Full Release		YES

11.	39 - 42	GBC24/20 - Quarter 1 and Quarter 2, 2023-24 Emergency Department Monthly Performance Report	30 January 2024	Full Release		YES
12.	43 - 46	GBC24/3 - ACT Health Directorate - 2023-24 Capital Works Program – (period ending 31 December 2023)	30 January 2024	Full Release		YES
13.	47 - 52	GBC24/23 - Minister's Weekly Brief	25 January 2024	Partial Release	Schedule 2.2(xi) Business Affairs	YES
Total Number of Documents						
13						



ACT Health Directorate

To: Minister for Health Tracking No.: MIN2024/00072

CC: Dave Pepper, CEO, Canberra Health Services

From: Rebecca Cross, Director-General, ACT Health Directorate

Subject: Implementation of additional Medicare Urgent Care Clinics

Critical Date: 06/02/2024

Critical Reason: To meet the timeframe for the submission of funding proposals to the Commonwealth Department of Health and Aged Care

Recommendations

That you:

1. Note the information contained in this brief; and

Noted / Please Discuss

2. Agree to seek the Chief Minister’s advice on providing a funding proposal to the Commonwealth Department of Health and Aged Care [REDACTED].

Agreed / Not Agreed / Please Discuss

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

Minister’s Office Feedback

Background

1. At National Cabinet on 6 December 2023, First Ministers agreed to a \$1.2 billion package of measures to relieve pressure on hospitals. The measures will grow and support Australia’s health workforce (via implementation of the Kruk Review), reduce

[Redacted text block]

Financial Implications

[Redacted text block]

Consultation

Internal

17. Consultation was undertaken with the GP Liaison Unit (GPLU) and Policy, Partnerships and Programs division.

Cross Directorate

18. Consultation was undertaken with the Executive Director, Cancer and Ambulatory Services, Canberra Health Services. The Executive Director, who oversees the operation of the ACT's WiCs, is supportive of the proposal.

External

[Redacted text block]

Work Health and Safety

21. Nil

Benefits/Sensitivities

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

Communications, media and engagement implications

25. In the event the proposal is accepted by the Commonwealth, ACTHD will work with the Department of Health and Aged Care and your office to prepare communications materials.

Signatory Name: Rebecca Cross, Director-General Phone: 5124 9400

Action Officer: Robyn Hudson, Deputy Director-General, Policy and Transformation Phone: 5124 7976



ACT Health Directorate

To: Minister for Health Tracking No.: MIN2024/00092

CC: Rebecca Cross, Director General, ACT Health Directorate
Dave Peffer, Chief Executive Officer, Canberra Health Services

Through: Liz Lopa, Deputy Director General, ACT Health Directorate

From: Catherine Loft, Executive Group Manager, Infrastructure, Communications & Engagement

Subject: ACT Health Infrastructure Overarching Communication and Engagement Strategy

Critical Date: 19/02/2024

Critical Reason: To enable papers to be prepared and lodged for the Strategic Communications Review Group meeting to be held on 29 February 2024

Recommendation

That you:

1. [REDACTED] Strategy for consideration by the Strategic Communications Review Group on 29 February 2024.

Noted / Please Discuss

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

Minister's Office Feedback

Background

1. The Health Infrastructure Communications and Engagement Team has led the development of the ACT Health Infrastructure Communication and Engagement Strategy (the Strategy) provided at ([Attachment A](#)).

2. This Strategy is a high-level document that presents a vision and direction to guide our communication and engagement approach to connect First Nations peoples, groups with barriers to participation including LGBTQIA+ and those with a disability, stakeholders, consumers and local communities to future health infrastructure projects and investment across the Territory. It will guide who we engage with, and how we engage, as well as the way we manage the unique complexities across the health infrastructure program.
3. Our communication and engagement approach is centred on communication and engagement that is timely, authentic, respectful and inclusive. Our engagement program will facilitate input from communities, stakeholders, First Nations peoples, clinicians and consumers while ensuring they share in the project success.
4. To effectively execute a strategy and engagement approach of this size and scale, across such diverse audience segments, procurement was undertaken during September and October to engage a dedicated external engagement service provider.
5. Becscomm, a Sydney-based communications and engagement specialist company, has recently joined the team. They have extensive experience across largescale health infrastructure projects, health services and master planning.
6. Qualitative market research was undertaken in 2023 by Orima Research that showed there is a lack of awareness and understanding about the overall health infrastructure program including the existence of the Canberra Hospital Master Plan and the new northside hospital.
 - a. The research showed that few participants were aware of the work underway at the Canberra Hospital campus, and none had heard of the Master Plan. In addition, whilst some participants had heard of the North Canberra Hospital transition, many were not aware of the ACT Government's plans to build a new northside hospital.
 - b. However, once participants were questioned further, they viewed expansion of Canberra Hospital and the new northside hospital as "necessary", "encouraging", and would ensure equitable access to healthcare across Canberra.
7. The strategy will be supported by a number of operational communication and engagement plans focused on the key programs of work as well as key target audience groups. These plans will contain detailed action plans for all communication and engagement activity that are site and service specific. They will be bespoke plans that provide opportunities for input and feedback throughout key program and project milestones across the project lifecycle.

Issues

8. The strategy sets out a series of guiding principles that serve as foundational values to shape how ACT Health Directorate (ACTHD) will interact and connect with stakeholders throughout the life of the health infrastructure program. These include:
 - a. person-centred and culturally aware;
 - b. genuine, respectful, and culturally sensitive;
 - c. safe and culturally secure;
 - d. locally focused and community-driven;
 - e. collaborative and inclusive;
 - f. innovative and culturally informed;
 - g. no surprises and culturally consultative;
 - h. accountable, transparent and culturally responsive;
 - i. authentic and culturally engaged;
 - j. targeted and culturally relevant;
 - k. inclusive and holistically engaged; and
 - l. committed and trust-building.
9. Our people-focused approach means we will actively involve our First Nations peoples, groups with barriers to participation including those with a disability and the LGBTQIA+ community, stakeholders and local communities to understand their needs.
10. There are three project phases that are common for new health infrastructure: planning, design and delivery. The communication and engagement approach and tools used in each phase may vary depending on individual project needs, including its size and scale.
11. We will continuously evaluate input and measure success of the program to ensure it is effective and appropriate.
12. ACTHD has engaged First Nations engagement specialists YarnUp to work in step with ACTHD to deliver First Nations engagement that is appropriate and sensitive to the ACT and surrounding region First Nations peoples.
13. Our First Nations engagement initiatives will aim to address the unique health needs of First Nations peoples as well as extend cultural education among staff, integrate traditional knowledge and practices into design, and establish an ongoing partnership framework. We will be guided by the First Nations community to deliver an approach that enhances their wellbeing. We are dedicated to ensuring that our facilities are centres for healing and environments that embody cultural respect, understanding, and celebration.

Consultation

Internal

20. Infrastructure Delivery Branch and Infrastructure Planning and Policy Branch.

Cross Directorate

21. CHS and MPC have been consulted in the development of the Strategy. ACTHD are working closely with the communications teams to ensure consistency and coordination of ongoing communications, engagement, and media opportunities.
22. The CMTEDD Communications have been consulted on the development of the education campaign and the use of whole of government channels. The Built for CBR brand will be the brand guardian applied to all content and engagement for the health infrastructure program. We will continue to work closely with CMTEDD Communications to ensure content developed aligns with the brand and the broader ACT Government Infrastructure Plan messaging.

External

23. Health Care Consumers Association (HCCA) were provided a draft of the Strategy for review. Changes have been made incorporating feedback received. A particular focus was around strengthening the focus around hard-to-reach communities such as the LGBTIQ+ communities, different Culturally and Linguistically Diverse (CALD) communities, people with disabilities, people with chronic health conditions and older persons communities.

Work Health and Safety

24. Not applicable.

Benefits/Sensitivities

25. The SCRG requires projects to present for discussion through a staged approach, first presenting the Communications and Engagement Strategy and then returning to present the creative concepts, media plan and engagement design. At the completion of the project the evaluation report is to be presented. Given the extensive volume of work in these projects and the projected timelines, ACT Health will be seeking an exemption from returning to SCRG prior to implementing all phases of these projects.
26. If the second stage of development requires formal presentation to the SCRG delays are expected to occur in the release of campaigns and engagement activities. Projects particularly at risk of delay will be the education campaign for the overarching health infrastructure program and the engagement for community health centres.

Communications, media and engagement implications

27. The Strategy is being presented to the SCRG on 29 February 2024.
28. Communication and Engagement Strategies have been developed for the three key health infrastructure projects for 2024. These have been included in Attachments B-E.

29. We will work with your office on ongoing media and engagement opportunities as part of the infrastructure program, aligning with the Built for CBR and ACT Capital Framework project milestones.

Signatory Name: Catherine Loft, Executive Group Manager, Infrastructure, Communications & Engagement Phone: Via Teams

Action Officer: Nicole Rogan Phone: Via Teams

Attachments

Attachment	Title
Attachment A	ACT Health Infrastructure Communications and Engagement Strategy
Attachment B	Communications and Engagement Strategy Overview – ACT Health Infrastructure Communications and Engagement Strategy
Attachment C	Communications and Engagement Strategy Overview – a new northside hospital
Attachment D	Communications and Engagement Strategy Overview – Canberra Hospital Master Plan Phase 2
Attachment E	Communications and Engagement Strategy Overview – Health Centres



ACT Health Directorate

To: Minister for Health Tracking No.: AHM24/6

CC: Liz Lopa, Deputy Director-General, Corporate, Communication and Delivery

From: Rebecca Cross, Director General, ACT Health Directorate

Subject: Release of the National Digital Health Strategy, 2023-2028

Critical Date: 12/02/2024

Critical Reason: The letter of response is due to the National Health Secretariat by COB 12 February 2024

Recommendations

That you:

1. Sign the response to the National Health Secretariat at Attachment E to endorse the National Digital Health Strategy 2023-2028.

Signed / Not Signed / Please Discuss

2. Note the HMM OOS 485 - PAPER – Release of the National Digital Health Strategy 2023-2028 and the supporting documents at Attachment A - D.

Noted / Please Discuss

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

Minister's Office Feedback

Background

1. The National Digital Health Strategy supports national health system reforms agreed by the Commonwealth and all state and territory governments. The Federal

Government's 2023-24 Budget included authority and funding for a new 4-year *Intergovernmental Agreement (IGA) on National Digital Health 2023–27* that commenced in July 2023. Priorities in the IGA are reflected in the strategy.

2. The strategy and roadmap were informed by extensive consultation between the Commonwealth and all state and territory governments, consumers, healthcare organisations, industry, researchers and technology vendors and have been built around the needs of healthcare consumers. The process, which included workshops, forums, surveys and public consultation, was designed to be inclusive to all stakeholders. The documents provide strategic direction to guide the work of all stakeholders on initiatives that require national leadership, coordination and investment.
3. The roadmap shows the pathway to deliver on the strategy. It is not intended to outline all digital health activity, rather it focuses on the areas of shared endeavour, where coordinated effort and investment is required. The roadmap assumes existing infrastructure, services and arrangements will be leveraged to deliver the initiatives. The roadmap will be reviewed and updated as required, to keep pace with policy priorities, technology developments and emerging health challenges.
4. The strategy and roadmap are complemented by the Digital Health Blueprint 2023-2033 (Attachment D), which articulates the Australian Government's 10-year vision for the role digital health capabilities will play to deliver a more personalised, accessible and connected health system.
5. [REDACTED]
6. [REDACTED]

Aboriginal and Torres Strait Islander health impact statement

7. The strategy and roadmap align with and support the [National Agreement on Closing the Gap](#), particularly [Priority Reform Four](#): Shared Access to Data and Information at a Regional Level. Sharing data on health services, needs and outcomes with Aboriginal

and Torres Strait Islander peoples to strengthen data sovereignty and support and empower communities to obtain a comprehensive picture of what is happening in their communities to make decisions about their futures. The strategy and roadmap also align with and support the [National Aboriginal and Torres Strait Islander Health Plan 2021–2031](#), to provide greater access to culturally safe and responsive health services for Aboriginal and Torres Strait Islander peoples.

- 8. The strategy is consumer centred and acknowledges cultural safety for Aboriginal and Torres Strait Islander people including building digital health literacy. Digital technologies have the potential to improve access to healthcare, however the strategy and roadmap highlight the need for infrastructure improvements and access to digital technologies in rural and remote settings to enable equitable access.
- 9. Aboriginal and Torres Strait Islander people were consulted in the development of the strategy and roadmap. Guidance and feedback were received from the National Indigenous Australians Agency, the National Aboriginal Community Controlled Health Organisation affiliates and the Consumer Health Forum through surveys, ‘kitchen table’ conversations, and direct input on earlier drafts.

Issues

10. In December 2023, Health Chief Executives endorsed the *National Digital Health Strategy 2023-2028* and *Strategy Delivery Roadmap* and agreed it should be presented to Health Ministers for endorsement.

11. [Redacted text block]

12. [Redacted text block]

d. [REDACTED]

13. To date, ACTHD has agreed to, and endorsed all the requests from the National Health Secretariat in relation to the National Digital Health Strategy given that all the work we do in the digital space including the implementation of the Digital Health Record (DHR) in November 2022 aligns with the requirements of the *National Digital Health Strategy 2023-2028 and Delivery Roadmap*.
14. ACTHD has also confirmed with the National Health Secretariat through various correspondence that ACTHD remains committed to the National Digital Health Strategy through the intergovernmental Agreement on National Digital Health. ACTHD has also advised the National Health Secretariat that in line with the requirements of the National Digital Health Strategy, the ACT recently implemented the DHR across all ACT public health services and noted that the DHR incorporates national capabilities and digital health standards delivered through the current Intergovernmental Agreement.
15. In addition, ACTHD has informed the National Health Secretariat on various occasions that ACTHD supports the Digital Roadmap (Attachment C) and key principles, including the Ministerial forward.
16. The response for endorsing the strategy has been prepared for your signature at Attachment E.

Financial Implications

17. Not applicable.

Consultation

Internal

18. Not applicable.

Cross Directorate

19. Not applicable.

External

20. Not applicable.

Work Health and Safety

21. Not applicable.

Benefits

22. Your endorsement of the *Digital Health Strategy 2023-2028 and Strategy Delivery Roadmap* will be beneficial to facilitating the delivery of digital health across Australia. This is due to the Digital Health Strategy being responsible for setting the vision and

pathway for Australia's digital health future for an inclusive, sustainable and healthier future for all Australians through a connected and digitally enabled health system.

Communications, media and engagement implications

23. Not applicable.

Signatory Name: Rebecca Cross, Deputy Director-General

Phone: MS Teams

Action Officer: Holger Kaufmann, Chief Information Officer, ACTHD

Phone: x49000

Attachments

Attachment	Title
Attachment A	HMM OOS 485 - PAPER – Release of the National Digital Health Strategy, 2023-2028
Attachment B	National Digital Health Strategy 2023-2028
Attachment C	Delivery Roadmap
Attachment D	Digital Health Blueprint 2023-2033
Attachment E	Response to the National Health Secretariat



MINISTERIAL BRIEF

ACT Health Directorate

Tracking No.: GBC24/82

To: Minister for Health

CC: Rebecca Cross, Director-General

From: Robyn Hudson, Deputy Director-General

Subject: Minister’s Weekly Brief

Critical Date: Friday, 1 March 2024

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

Recommendations

That you note the:

- Information in the Minister’s Weekly Brief for 19-23 February 2024;
- 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**Eating Disorders Residential Centre**

2. Building lock-up is expected by the end of February 2024.
3. CHS has requested a variation increasing the bariatric weight limit of the ensuite and an additional bedroom in the residential wing. ACTHD is currently awaiting confirmation of requirements to investigate impact to design, cost and program. A further brief will be progressed in the next two weeks with additional details on this matter.
4. Wet weather contingency has been exhausted and the handover date (construction completion) has now been pushed to 3 July 2024. Noting this date does not reflect the new bariatric variation requested by Canberra Health Services (CHS) as outlined below.
5. Engagement with the head contractor and independent cost assessor continues in order to finalise CHS requested variations.

Southside Hydrotherapy Pool

6. Major Projects Canberra is finalising the contract to engage the head contractor.
7. A sod turning event is scheduled for 6 March 2024, a separate arrangements brief is being prepared for your attendance at this event.

MINISTER'S OFFICE REQUESTS FOR INFORMATION

8. Nil.

KEY STAKEHOLDER MEETINGS/COMMUNITY ENGAGEMENTS

9. Nil.

Action Officer: Catherine Ellis, 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**UNCLASSIFIED**

To:	Minister for Health	Tracking No.: GBC24/53
CC:	Rebecca Cross, Director-General Catherine Loft, A/g Executive Group Manager, Infrastructure and Engagement	
From:	Liz Lopa, Deputy Director-General, Corporate, Communications and Delivery	
Subject:	2024-25 ACT Health Directorate Asset Renewal Program	
Critical Date:	As soon as possible	
Critical Reason:	The approved 2024-25 Asset Renewal Program was due to Treasury on 26 February 2024. Treasury has been notified of a delay.	

Recommendations

That you agree the 2024-25 Asset Renewal Program funding allocations (Attachment A) for provision to Treasury.

Agree / Not Agreed / Please Discuss

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

Minister's Office Feedback

UNCLASSIFIED

Background

1. Budget memorandum 2024/01 - 2024-25 Asset Renewal Program (ARP), formerly known as the Better Infrastructure Fund provides an indexed capital funding budget to deliver improvements and critical upgrade works across ACT Health Directorate (ACTHD) infrastructure assets.
2. ACTHD was required to provide funding allocations to planned projects, with ministerial approval, to Treasury by 26 February 2024. A draft has been provided and Treasury has been notified of a delay to ministerial approval due to a directorate oversight.
3. Under the new ARP arrangements, agencies are now permitted to rollover ARP program underspends for up to one financial year with no penalties, agencies will be required to physically spent the appropriation by the end of that financial year.

Issues

4. The total 2024-25 ARP allocation for ACTHD is \$0.580 million. ACTHD has transferred all ARP funding related to the North Canberra Hospital in the 2023-24 budget review.
5. The planned projects to be undertaken in the 2024-25 financial year includes:
 - (a) electrical upgrades across various health sites to meet current safety standards;
 - (b) multiple asset remediation works, sustainability works, electric hot water system conversions at Karralika and Step Up, Step Down in Kambah; and
 - (c) upgrades to Marie Stopes Theatre and rest rooms to support accreditation compliance.
6. The list of ARP projects is at Attachment A.
7. In recognition of the limited ARP funding available, a risk-based approach has been undertaken to prioritise infrastructure works to provide the greatest benefit for the general public and staff safety.

Financial Implications

8. In 2022-23, ACTHD was allocated \$0.490 million to undertake a range of safety and mechanical work upgrades across all Health sites and is forecasting to fully utilise this budget by 30 June 2024.

Consultation

Internal

9. ACTHD Infrastructure Communication and Engagement Division was consulted to identify the proposed ARP projects within ACTHD.

Cross Directorate

10. Not applicable.

External

11. Not applicable.

UNCLASSIFIED

UNCLASSIFIED

Work Health and Safety

12. Not applicable.

Benefits/Sensitivities

13. Not applicable.

Communications, media and engagement implications

14. Not applicable.

Signatory Name: Rebecca Cross, Director-General Phone: (02) 5124 9400

Action Officer: Fiona Barbaro, Executive Group Phone: (02) 5124 6146
Manager, Corporate and Governance

Attachments

Attachment	Title
Attachment A	ACT Health Directorate ARP 2024-25 Allocations template

UNCLASSIFIED



MINISTERIAL BRIEF

ACT Health Directorate

Tracking No.: GBC24/68

To: Minister for Health

CC: Rebecca Cross, Director-General

From: Robyn Hudson, Deputy Director-General

Subject: Minister’s Weekly Brief

Critical Date: Friday, 23 February 2024

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

Recommendations

That you note the:

- Information in the Minister’s Weekly Brief for 12 – 16 February 2024;
- 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**Eating Disorders Residential Centre**Construction Progress:

2. The structural work for all three wings has been completed.
3. Building lock-up is expected by the end of February 2024.
4. Continuous engagement with head contractor and independent cost assessor is being progressed to finalise Canberra Health Services (CHS) requested variations.
5. There is no remaining wet weather contingency within the construction program. This has resulted in a delay to the construction completion and a handover date after 3 July 2024.
6. The time required for operational commissioning may allow minor works to be complete and not impact the 'Go Live' date significantly, however this is pending further wet weather and resolution of Bariatric requirements variation.
7. The ACT Health Directorate (ACTHD) is working with the Contractor on the revised program and completion date. A brief is being prepared to provide you with a project update, issues and update to the completion and handover of the site.

Increased Bariatric Weight Limit:

8. ACTHD received initial advice from CHS to increase the bariatric requirements within the design and construction of the Eating Disorders Facility.
9. ACTHD and CHS are working to understand the requirements of this design change and impacts to design, construction progress, time and costs.
10. As a result, the Head Contractor has issued a notification of partial stop works to the eastern residential wing where the change in the room layout and requirements is expected and avoid abortive works.

Nurses and Midwives Towards a Safer Culture 'The Next Steps' Strategy

11. Four wards have been confirmed to implement Safewards this financial year - 7A and Adolescent Unit at Canberra Hospital; and Acacia and 4 East at North Canberra Hospital.
12. The Safewards champion training has commenced, and rollout will commence in March 2024.
13. The Clinical Supervision SharePoint site has been launched where supervisors and supervisees can update their details and connect with each other.

Nurse /Midwife RatiosPhase One

14. A revised evaluation strategy was endorsed via the Ratio Implementation Steering Committee (RISC), allowing for the finalisation of the qualitative report for phase one implementation at Canberra Hospital. This will progress for endorsement at the March 2024 RISC.
15. The phase one final report will be completed following the March 2024 RISC, allowing closure of the phase.

Phase Two

16. Enterprise Agreement negotiations are nearing finalisation and in principle agreement.

17. [REDACTED]

Safer Baby Bundle

18. Health Services are actively auditing clinical files on SharePoint to monitor Safer Baby Bundle (SBB) care recommendations locally, aiding in identifying implementation gaps while awaiting Digital Health Record (DHR) reporting. The audit questions and corresponding results are now accessible on SharePoint, with the responsibility for completion resting with the respective health services.
19. The DHR SBB Dashboard is currently in the final stages of development and is anticipated to be concluded within the next month. The initial utilisation of the dashboard will focus on pinpointing gaps in reporting and data entry, facilitating a more streamlined and comprehensive approach.
20. ACT-wide Smoking Cessation in Pregnancy Flowcharts have been submitted for finalisation by the Communications Teams. Two distinct flowcharts tailored for General Practitioners and Health Services have been crafted, ensuring a more precise representation of the specialised efforts within each respective field.

MINISTER'S OFFICE REQUESTS FOR INFORMATION

21. Nil.

KEY STAKEHOLDER MEETINGS/COMMUNITY ENGAGEMENTS

22. Nil.

Action Officer: Catherine Ellis, 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



MINISTERIAL BRIEF

ACT Health Directorate

Tracking No.: GBC24/58

To: Minister for Health

CC: Rebecca Cross, Director-General

From: Robyn Hudson, Deputy Director-General

Subject: Minister’s Weekly Brief

Critical Date: Friday, 16 February 2024

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

Recommendations

That you note the:

- Information in the Minister’s Weekly Brief for 5-9 February 2024;
- 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**GEN aged care data: Residential aged care quality indicators - Reporting Period: July to September 2023**

2. The Australian Institute of Health and Welfare's (AIHW) quarterly publication of reporting data on Residential Aged Care Quality Indicators (QI) that measures the quality of care and service provision for residential aged care facilities (RACFs) was released on 13 February 2024.
3. The data is from July-September 2023.
4. ACT Government does not own, run or regulate RACFs, data on the ACT paints a picture of the Territory performing better than the national average in some areas, and needing improvement in others:
 - The use of physical restraint (total) in RACFs in the ACT (16.3 per cent) is lower than the national average (17.4 per cent).
 - Use of antipsychotic medications in RACFs in the ACT is lower (15.0 per cent) compared to the national average (17.7 per cent).
 - Use of antipsychotics for residents with diagnosed psychosis is 6.3 per cent compared to national average of 9.1 per cent.
 - Falls (total) and falls that resulted in major injury in RACFs in the ACT was 33.4 per cent and 1.8 per cent, which was higher than the national average of 32.0 per cent and 1.7 per cent respectively.
 - Emergency department presentations in the ACT (11.9 per cent) was slightly higher than the national average (11.7 per cent).
 - The ACT had a higher percentage (8.8 per cent) of all eligible residential aged care staff that stopped working during the quarter higher than the national average (6.0 per cent).
 - ACTHD also notes ongoing aged care reforms including the requirement for RACFs to have a registered nurse onsite 24/7 and minimum sector average of 200 care minutes per resident per day (mandatory from 1 October 2023) would have an unfavourable effect on the workforce challenges already existing in the ACT.
 - Care recipient experience in the ACT (81.0 per cent) and care recipients' quality of life in the ACT (69.0 per cent) were lower than the national average of 81.8 per cent and 72.5 per cent respectively.

Ngunnawal Bush Health Farm

5. The ACT Health Directorate has initiated critical first steps required to successfully implement recommendations of the 2023 review of the governance supporting progress towards residential services at the Ngunnawal Bush Healing Farm.

MINISTER'S OFFICE REQUESTS FOR INFORMATION

6. Nil.

KEY STAKEHOLDER MEETINGS/COMMUNITY ENGAGEMENTS**Health Infrastructure Communications**

7. The ACTHD is currently working with Canberra Health Services on the Critical Services Building communication and engagement plan to ensure alignment of activities and to maximise opportunities for collaboration.
8. The media announcement planned for the start of demolition of Buildings 6 and 23 at Canberra Hospital in mid-February may be delayed until March due to complications onsite – a new date will be advised ASAP.

Action Officer: Catherine Ellis, 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



MINISTERIAL BRIEF

ACT Health Directorate

Tracking No.: GBC24/43

To: Minister for Health

CC: Rebecca Cross, Director-General

From: Robyn Hudson, Deputy Director-General

Subject: Minister’s Weekly Brief

Critical Date: Friday, 9 February 2024

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

Recommendations

That you note the:

- Information in the Minister’s Weekly Brief for 29 January – 2 February 2024;
- 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**Canberra Hospital Master Plan Phase 2, and Buildings 6 and 23 Decanting Update**

2. [REDACTED]
3. The ACT Health Directorate (ACTHD) handed over another Canberra Health Services (CHS) dedicated flexi-space (at Canberra Hospital/ Lower Mezzanine in B12) on 15 January 2024.
4. Two tasks remain outstanding at the flexi-space at Bowes Street. Installation of signage for the glass panel – “Welcome to CHS Flexi space” and the rekeying of lockers.
5. Works continue at the new warehouse (Mitchell) for CHS medical records team and storage.

Watson Health Hub

6. A meeting with Major Projects Canberra (MPC), ACTHD, the Emergency Services Agency (ESA), the project design consultants and the bush fire consultant took place on Tuesday 30 January 2023, to further discuss the issues raised with the development.
7. The project design team and bush fire consultant are now working through some minor design changes and performance solutions. Following this, a further meeting will be arranged with the ESA, to present the proposed changes and negotiate an outcome.
8. ACTHD will implement the lessons learnt in this project, namely early engagement with entities, on all future projects to prevent delays during the development application process.

Nurses and Midwives Towards a Safer Culture ‘The Next Steps’ Strategy

9. North Canberra Hospital (NCH) has confirmed wards Acacia and 4 East will commence introduction to Safewards in-services.
10. Safewards champion training dates and attendance from the clinical staff who will lead the implementation of Safewards are confirmed.

Clinical Placement Office

11. The Clinical Placement Office (CPO) has recently negotiated some new and noteworthy placements of special interest including:
 - Southern NSW Local Area Health District Registered Nurses undertaking training to work as Forensic Nurse Examiners to attend clinical placement in with the CHS Clinical Forensic Medical Service to complete their studies;

SENSITIVE - CABINET

- The Jafna teaching hospital in Sri Lanka is sponsoring an Oncology / Palliative care nurse to attend a six week observational placement at CHS Palliative Care service Clare Holland House. Palliative care services are not well developed in Sri Lanka and the provision of this observational placement will educate the nurse to inform Jafna hospital palliative care practices. This placement is planned for February – March 2024;
 - The five Walk in Centres have commenced facilitation of Bachelor of Nursing, and Bachelor of Nursing and Paramedicine students. These services have not previously facilitated student placements; and
 - The CPO has negotiated Health Service Assistant (HSA) placement within CHS for the first time in three years, with the first cohort completing placement 15-29 January 2024. Positive feedback was received on placements and further cohorts are planned. The return of this course running in the ACT provides a supply of individuals qualified as Assistants in Nursing who are ready to enter the workforce immediately on successful completion of clinical placement.
12. The CPO Manager met with the new University of Canberra (UC) Work Integrated Learning Dean and is collaborating on several projects to enhance UC health student experience including:
- Oversight of, and maximal utilisation of available CHS midwifery clinical placement opportunities;
 - Potential for health students to access CHS Digital Health Record 'Play' space for teaching purposes; and
 - Actioning student feedback on clinical placement sites.

Health Partnership Agreement with the University of Tasmania

13. The Office of the Chief Nursing and Midwifery Officer has negotiated access to the University of Tasmania Health Partnership Program through which eligible ACT Health staff can access online postgraduate health courses at significantly reduced cost.
14. The ACTHD Communication & Engagement team will coordinate and liaise with their CHS counterparts for the promotion of this opportunity.

MINISTER'S OFFICE REQUESTS FOR INFORMATION

15. Nil.

KEY STAKEHOLDER MEETINGS/COMMUNITY ENGAGEMENTS**Ngunnawal Bush Healing Farm – Program 16**

16. Program 16 (Gugaburra) commenced at the Ngunnawal Bush Healing Farm on Monday, 5 February 2024, with 14 participants registered.

Health Infrastructure Communications

17. The draft Territory-wide Engagement Strategy for Health Infrastructure is being finalised. A brief is currently being prepared for finalised endorsement with ACT Health executives and your Office. The Strategy has been placed on the agenda for the upcoming Strategic Communications Review Group meeting on 29 February 2024.
18. Work is now underway on a number of supporting communication and engagement strategies for particular audience groups for northside hospital, Canberra Hospital Masterplan and Healthhubs
19. A media announcement is being organised for the start of demolition of Buildings 6 and 23 at Canberra Hospital in mid-February 2024. In addition, ACTHD is working closely with the communications team at the Community Services Directorate and MPC to finalise talking points, web updates, social media, and letters to neighbours.

Action Officer: Catherine Ellis, 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



MINISTERIAL BRIEF

ACT Health Directorate

Tracking No.: GBC24/28

To: Minister for Health

CC: Rebecca Cross, Director-General

From: Robyn Hudson, Deputy Director-General

Subject: Minister’s Weekly Brief

Critical Date: Friday, 2 February 2024

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

Recommendations

That you note the:

- Information in the Minister’s Weekly Brief for 22-25 January 2024;
- 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**Eating Disorders Clinic**

2. It is expected that the site will reach lock up stage of all three (3) wings in the next two to three weeks.
3. With wet weather delays, external works are at risk of being delayed.
4. The project team continues to work with the Head Contractor regarding the risks of delays. However, this is unlikely to impact service delivery, as the time required for operational commissioning would allow minor works to be completed.
5. All Canberra Health Services variations have now been received by Major Projects Canberra and a final price review is being performed by the cost assessors for all related items.
6. Continuous engagement is being performed with concerned stakeholders for development of a consensus on outstanding design issues.

Northside Hospital Project

7. The ACT Health Directorate (ACTHD) is exploring the process for declaring Northside Hospital and associated works a Territory Priority Project under the new planning Act.
8. ACTHD are working with Treasury to identify any opportunities to use part of Dickson Block 6, Section 72 for Northside Hospital Enabling Works Relocations, specifically Directions.

MINISTER'S OFFICE REQUESTS FOR INFORMATION

9. Nil.

KEY STAKEHOLDER MEETINGS/COMMUNITY ENGAGEMENTS

10. Nil.

Action Officer: Catherine Ellis, 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

GBC23/809

Portfolio: Population Health**Community Pharmacy Scope of Practice Trial and National Immunisation Program (including Shingrix®)****Talking points:****Community Pharmacy Scope of Practice Trial**

- The ACT is currently participating in the NSW Health Pharmacy Trial to enable pharmacists to supply antibiotics to women to treat uncomplicated urinary tract infections (UTI) and allow continuation of the oral contraceptive pill (OCP).
- The ACT will also be participating in the next phase of the NSW Health trial to allow community pharmacists to supply certain medicines without a prescription for treatment of minor skin conditions. These include impetigo, shingles, dermatitis and mild psoriasis. This phase of the trial is due to commence in the first half of 2024.
- The UTI and OCP components commenced in July and September 2023 respectively and are currently due to conclude after 12 months. NSW Health has recently confirmed they are likely to extend the trial, and will continue to work with ACT Health to support local participation. In the ACT, trial participation is a patient-funded service. The NSW Government has provided a limited fee for service for the consultation, however, patients pay for any medications provided.
- The trial initially included five ACT community pharmacies. In early 2024 the trial will expand to a total of 15 ACT community pharmacies. The selected pharmacies represent different business model diversity, geographic spread across the ACT and different demographics including the university population.
- Pharmacists participating in the trial can:
 - supply certain treatments for uncomplicated UTIs to women aged from 18 to 65 years (inclusive) who meet the eligibility criteria, and
 - continue a prescription for the resupply of a low-risk OCP for women aged from 18 to 35 years (inclusive) that meet the eligibility criteria.
- ACT Health continues to review the data provided by the researchers at the University of Newcastle to consider the variations in service uptake between ACT and NSW. Early data indicate a higher rate of willingness from participating pharmacies and a higher rate of uptake of the services by consumers.
- To date, ACT has had significant uptake, with Canberran women actively engaging with these services. These services provide a valuable addition to the healthcare of woman across Canberra.

Cleared as complete and accurate: 25/01/2024

Cleared for public release by: Executive Branch Manager

Ext: x49262

Contact Officer name: Victor Martin

Lead Directorate: Health

TRIM Ref: GBC23/809

National Immunisation Program (including Shingrix®)

- In November 2023, ACT Health invited community pharmacies to register to receive certain National Immunisation Program (NIP) funded vaccines for administration to eligible individuals. The NIP is funded by the Commonwealth Government.
- By the conclusion of 2023, 31 community pharmacies had received eligible NIP vaccines ahead of the commencement of NIP Vaccination in Pharmacies (NIPVIP) on 1 January 2024.
- Discussions with the Pharmacy Guild of Australia and Pharmaceutical Society of Australia have been positive with both bodies welcoming the ACT approach.
- The NIP funded Shingrix program commenced on 1 November 2023. The vaccine was distributed to ACT Health approved NIP providers and at that time there was no community pharmacist program for administration of NIP vaccines in the ACT.
- ACT Health is receiving NIP Shingrix® stock from the Department of Health and Aged Care (DHAC) in tranches. The Immunisation Unit is experiencing high demand for the vaccine and DHAC has advised they are working with the supplier to increase stock levels.
- The Shingrix® vaccine supply forecast is currently available to 30 June 2023. The forecasted supply is significantly lower than the identified eligible cohorts across jurisdictions. As a result, ACT Health is closely monitoring and managing supply to ensure equitable distribution to general practice. Communication received from general practice indicates challenges with the current supply not meeting demand and pressure being placed on providers to manage patient expectations.
- ACT Health communicated to community pharmacists that initially, NIP funded Shingrix® vaccine would not be available to them and further information around ordering Shingrix® will be communicated in 2024.
- ACT Health is receiving feedback from community pharmacists concerned at the inability to access NIP Shingrix® vaccine, noting availability of the vaccine at NSW pharmacies.
- NSW Health has allowed access to pharmacist approved NIP vaccines for pharmacist immunisers for some time. As such, approved pharmacist immunisers were included to receive vaccine at commencement of the NIP Shingrix® program from 1 November 2023.
- ACT Health will continue to engage with pharmacy peak bodies and pharmacists to update them on the status of vaccine supply from the Commonwealth and the ability to extend access to Shingrix® to community pharmacies.

Background Information

Community Pharmacy Scope of Practice Trial

- On 3 March 2023, the ACT Minister for Health, Rachel Stephen-Smith announced the ACT would join the NSW Government trial to enable pharmacists to supply antibiotics to treat UTIs and the OCP.
- The management of UTIs and provision of the OCP are conducted under the trial run by the University of Newcastle in association with a consortium of other researchers (consortium partners included: the University of Technology Sydney, Macquarie University, University of New England, Charles Sturt University, The George Institute for Global Health and the Hunter Medical Research Institute).
- The trial framework ensures that patient safety is promoted and allows the gathering of robust evaluation data. The findings from this trial will inform the role of pharmacists and pharmacies in our healthcare system.
- The trial is enabling selected ACT Health licensed pharmacists to provide appropriate antibiotics, as per the trial protocols. Patients will be directed to seek further consultation from their GP after 48 hours if they do not experience symptomatic improvement. Pharmacists are not able to provide these services outside the trial.
- To be eligible to participate, pharmacies were required to:
 - meet the criteria set out in the [NSW Health Authority allowing pharmacists to supply medications](#);
 - have access to MedAdvisor to complete clinical record keeping and allow access to the researchers for the purposes of the clinical trial assessment;
 - provide geographic spread across the ACT to enable equity of access to Canberrans; and
 - provide of an appropriate, fully-enclosed, consultation room.
- Pharmacists must refer to clinical management protocols when assessing a person's eligibility, assessment and overall management, which may include referral to a GP or Emergency Department.
- To ensure safe care and familiarity with the specific requirements of the trial, all participating pharmacists must complete mandatory training before providing any services.

National Immunisation Program (including Shingrix®)

- From 1 January 2024, the Commonwealth will provide additional funding for pharmacists to administer NIP Vaccines to people aged 5 years and over. Community pharmacies will be able to opt-in to receive a payment of \$18.85 per NIP vaccine administered under the program.

- Each state and territory have determined which NIP vaccines will be available to community pharmacies.
- A phased approach was planned for introduction in the ACT, with an evaluation to commence after 12 months.
- The vaccines for Phase 1 of the program in the ACT commencing from 1 January 2024 are:
 - Influenza vaccines for eligible people aged 5 years and over.
 - NIP Schedule (the Schedule) vaccines at recommended age points from 10 years and over (excluding pneumococcal vaccines).
 - Diphtheria, tetanus, acellular pertussis (dTpa) vaccine for pregnant people.
 - Herpes Zoster vaccine (Shingrix only) for:
 - i. First Nations people aged 50 years and over.
 - ii. non-Indigenous people, as per the Schedule.
- Prior to this, the only vaccine available to administer in the ACT through the NIP was influenza vaccine for people aged 65 years and over.



ACT Health Directorate

To: Minister for Health

Tracking No.: GBC24/20

CC: Rebecca Cross, Director-General
Janet Zagari, Acting Chief Executive Officer, Canberra Health Services
Holger Kaufmann, Chief Information Officer, ACT Health Directorate

From: Robyn Hudson, Deputy Director-General, Policy and Transformation

Subject: Quarter 1 and Quarter 2, 2023-24 Emergency Department Monthly Performance Report

Critical date: 31 January 2024

Critical reason: Your Office requested the Quarter 1 and Quarter 2, 2023-24 Emergency Department Monthly Performance Report by this date.

Recommendations

That you agree to publish the Emergency Department Monthly Performance Report for Quarter 1 and Quarter 2, 2023-24 (Attachment A).

Agreed / Not Agreed / Please Discuss

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

Minister's Office Feedback

Background

1. On Monday, 15 January 2024 your Office met with the ACT Health Directorate (ACTHD) acting Chief Data Officer and requested the Quarter 1 and Quarter 2 Emergency Department Monthly Performance Report (ED MPR).
2. Monthly figures will continue to be released on a quarterly basis while work is undertaken to improve the quality of this data.
3. The Monthly Performance Reports will, in time, be presented as interactive dashboards, published on the ACT Health website. This will provide a high level of accessibility and interpretability for the performance data. It is anticipated that monthly data will be published in these dashboards.

Issues

Emergency Department Monthly Performance Report (ED MPR)

4. An ED MPR has been prepared for Quarter 1 and Quarter 2, 2023-24 ([Attachment A](#)). This report provides a snapshot of ED performance for the whole of Canberra Health Services (CHS), Canberra Hospital and North Canberra Hospital (NCH) for the period from July to December 2023.
5. Due to the short timeframe for the development and release of this report, comparison tables to previous quarters have not been provided to accompany this report.
6. This report includes activity and performance metrics included in Quarterly Performance Reports released prior to the implementation of the Digital Health Record (DHR), including:
 - a. Number of ED presentations by triage category;
 - b. Number of ED arrivals by ambulance;
 - c. Number of admissions to hospitals from EDs;
 - d. Number of patients treated and discharged home;
 - e. Proportion of patients starting treatment on time by triage category;
 - f. Median waiting time to treatment by triage category;
 - g. Proportion of patients leaving the ED within four hours of presentation; and
 - h. Proportion of patients who did not wait to be seen.
7. This report has been prepared in PDF format, as opposed to a dynamic dashboard. The Monthly Performance Reports will, in time, be presented as interactive dashboards, published on the ACT Health website. This will provide a high level of accessibility and interpretability for the performance data.

ED Data

8. Some data quality issues have been identified for the ED data. The DHR Data and Reporting Remediation project team is working closely with staff at CHS and NCH to resolve the issues, where possible.
9. The data in the ACTHD data warehouse reflects the data recorded in the DHR at the time of creation of the ED data set used for this report.
10. Due to issues related to contemporaneous capture of clinical care in the DHR, data may not reflect timeliness of actual clinical care provided. This is important to note, specifically in relation to the proportion of patients treated within clinically appropriate timeframes.
11. Considerable work has occurred over the past few months to ensure care and timeliness of care is being measured from the correct data elements, and clinical and administrative staff have appropriate instructions and reports to manage this. Data quality work being undertaken by the project will be ongoing to resolve known issues related to the capture of clinical activity in the DHR.
12. The current report contains ED data that was reflective of the data on 22 January 2024 and is subject to change.
13. Data presented in this report are not directly comparable to data reported prior to the implementation of the DHR. This is due to data being drawn from different source systems.

Next Steps

14. The Monthly Performance Reports will continue to be developed as the required data becomes available.
15. Further advice on the timeframes and presentation for additional performance reporting will be provided once we are confident in the quality of the data.

Financial Implications

16. There are no direct financial implications.

Consultation

Internal

17. The ACTHD Digital Solutions Division and CHS were consulted.

Cross Directorate

18. The calculation methodologies used for this report were developed in consultation with Canberra Hospital and NCH and have been approved by the Data and Reporting Remediation Project Board.

External

19. Nil.

Work Health and Safety

20. Nil.

Benefits/Sensitivities

21. The ED performance activity remains of high interest to media and the public.

Communications, media and engagement implications

22. Any future public release of the Quarter 1 and 2, 2023-24 ED MPR may attract media attention, as has been the case with publication of previous Quarterly Performance Reports.

23. ACTHD Communications and Media will work with your office and the CHS media team to answer any enquiries from media outlets.

Signatory Name: Robyn Hudson, Deputy Director- General, Policy and Transformation Phone: MS Teams

Action Officer: Marcus Nicol, Chief Health Data Officer, Data Analytics Branch, Policy, Partnerships and Programs Division Phone: MS Teams

Attachments

Attachment	Title
Attachment A	Quarter 1 and 2 2023-24 Emergency Department Monthly Performance Report
Attachment B	Talking points: Quarter 1 and 2 2023-24 Emergency Department Monthly Performance Report

ACT Health Directorate**SENSITIVE: CABINET**

To:	Minister for Health	Tracking No.: GBC24/3
CC:	Rebecca Cross, Director-General Catherine Loft, A/g Executive Group Manager, Infrastructure and Engagement Holger Kaufmann, Executive Group Manager, Chief Information Officer, Digital Solutions Division Maria Travers, A/g Executive Group Manager, Population Health Division	
From:	Liz Lopa, Deputy Director-General	
Through:	Fiona Barbaro, Executive Group Manager, Corporate and Governance	
Subject:	ACT Health Directorate - 2023-24 Capital Works Program – (period ending 31 December 2023)	
Critical Date:	05/02/2024	
Critical Reason:	The Cabinet Submission is due to be lodged with Cabinet Office by 10am on this date ahead of Expenditure Review Committee consideration on 13 February 2024.	

Recommendation

That you note the Cabinet Submission at Attachment 1 ahead of Expenditure Review Committee consideration on 13 February 2024.

Noted / Please Discuss

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

Minister's Office Feedback

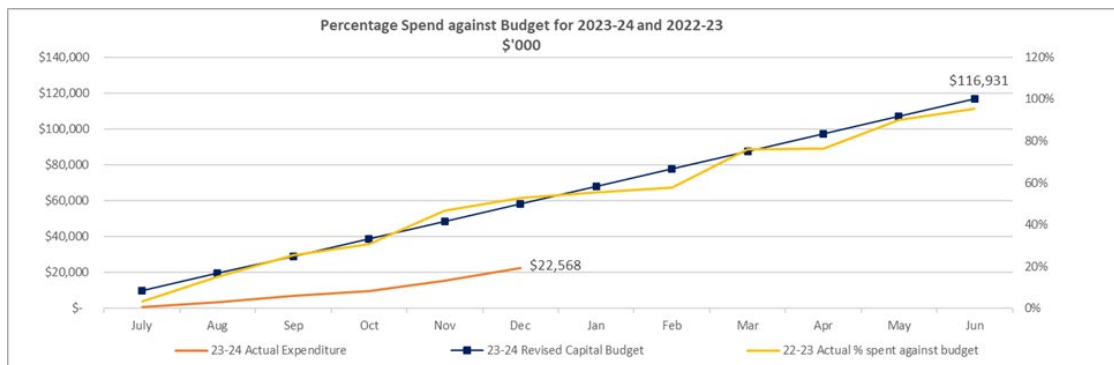
SENSITIVE: CABINET

Background

1. The Quarterly Capital Works Program is to be considered by Expenditure Review Committee on 13 February 2024. The Cabinet Submission at [Attachment 1](#) provides an update on the progress and delivery of the ACT Health Directorate (ACTHD) capital works programs as at 31 December 2023.
2. No medium or high risks were observed by ACTHD during the December 2023 quarter.

Issues

3. As at 31 December 2023, ACTHD's capital works program expenditure was \$22.6 million or 19 per cent of the revised capital budget as shown by the graph below.



4. The revised capital budget was revised from \$116.5 million to \$116.9 million during the quarter following the transfer of the Expanding Health Centres project from Canberra Health Services (CHS) which received \$0.4 million in 2023-24 or a total of \$14.9 million in capital funding across four years.
5. As part of the mid-year budget review process, a number of approved budget outcomes are currently being finalised, including:
 - capital budget reprofiling of \$29.2 million from 2023-24 into the forward years;
 - transfer of budget for North Canberra Hospital (NCH) projects from ACTHD to CHS totalling \$16.5 million;
 - 2023-24 budget provision of \$12.0 million released for the NCH transition project; and
 - allocation of new capital budget initiatives totalling \$22.9 million.
6. It is expected the 2023-24 mid-year budget review process will be finalised in January 2024 resulting in a revised budget of \$106.1 million. Revised budgets will be reflected in the March 2024 quarterly report.
7. Newly appropriated capital initiatives through the mid-year budget review will be closely monitored to ensure realistic project delivery can be achieved in the second half of the 2023-24 financial year.

SENSITIVE: CABINET

SENSITIVE: CABINET

8. Significant project activity during the December 2023 quarter includes:
- DHR Program
Phase one of the data and reporting remediation project was completed on 30 November 2023, with the delivery of the Territory's national submissions data. Planning for Phase two of the data and reporting project is underway which will address data capability, data warehousing and data integrity issues. The scope of works from December 2023 – February 2024 has been approved by the Project Board with the full scope and plan for the remainder of phase two still being finalised.
 - Detailed design for the New Northside Hospital
The commercial advisor and technical/design advisory consultants have progressed early and enabling works with site investigations for the Northern block and the development of the business case. The tender for the Reference Design consultant has also been released, with the evaluation team to complete the evaluation process in early 2024.
The scoping of the accommodation study, building condition, asset audit and decant strategy of the Northside Hospital Project commenced, along with the development of the statement of requirements for the Birth Centre feasibility study.
 - Community Based Residential Eating Disorder Treatment Centre
Construction works continued during the quarter, with the building pad, inground stormwater works, frames and truss erection completed in all three wings. Roofing is 90 per cent complete across all three wings and cladding in administration wing and residential wing is underway.
Mechanical and plumbing rough-in of services has commenced and is progressing well. Anti-ligature fittings and fixtures specification document has been provided to the clinical stream for review.
 - Canberra Hospital Master Plan – Phase 2 Implementation
The Schedule of Accommodation (SOA) with CHS has been finalised, with the consultant is now working through updating the concept design.
Buildings 6 and 23 decant project is ongoing, with the decant of the staff completed. The construction of a flexi-space was also completed at Bowes Street, with the project team now working on finalising construction of the flexi-space at Canberra hospital in Building 12 and construction of the medical records office and storage space in Mitchell. These works are expected to be completed and fully handed over to CHS in early 2024. A Letter of Award has been issued to the demolition contractor Multiplex, with the contractor commencing site establishment fencing followed by hard demolition on site to commence in February 2024.

Financial Implications

9. The ACTHD's capital program has spent \$22.6 million, or 19 per cent of the revised 2023-24 capital budget.

SENSITIVE: CABINET

SENSITIVE: CABINET

ConsultationInternal

10. Consultation has occurred and agreement has been received from:

- Holger Kaufmann, Digital Solutions Division, Chief Information Officer;
- Catherine Loft, Infrastructure and Engagement, A/g Executive Group Manager; and
- Maria Travers, Population Health Division, A/g Executive Group Manager.

Cross Directorate

11. Consultation has occurred and agreement has been received from the NCH Finance and transition teams.

External

12. Not applicable.

Work Health and Safety

13. Not applicable.

Benefits/Sensitivities

14. Not applicable.

Communications, media and engagement implications

15. Not applicable.

Signatory Name: Liz Lopa, Deputy Director-General Phone: TEAMS

Action Officer: Fiona Barbaro, Executive Group Manager Phone: (02) 5124 6146
Corporate and Governance

Attachments

Attachment	Title
Attachment 1	Cabinet Submission - ACT Health Directorate – 2023-24 Directorate Capital Works Program – Quarterly Update (period ending 31 December 2023)



MINISTERIAL BRIEF

ACT Health Directorate

Tracking No.: GBC24/24

To: Minister for Health

CC: Rebecca Cross, Director-General

From: Robyn Hudson, Deputy Director-General

Subject: Minister’s Weekly Brief

Critical Date: Friday, 26 January 2024

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

Recommendations

That you note the:

- Information in the Minister’s Weekly Brief for 15 – 19 January 2024;
- 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**National Health Reform Agenda Addendum Negotiations**

1. A Health Chief Executives Forum (HCEF) Out of Session paper is expected imminently regarding governance and meeting dates for National Health Reform Agenda (NHRA) negotiations.
2. NHRA negotiations is also a proposed agenda item for the next HCEF meeting, scheduled for 2 February 2024.
3. To assist with planning, the Commonwealth has proposed a list of meeting dates from February to May 2024 (see below):

Month	Key dates			
	Health Chief Executives Forum (HCEF) and Health Ministers Meeting (HMM)	System Reform Deputies Group (SRDG)	NHRA Negotiating Group (NNG)	Working Groups (WG)
Feb 2024	2 Feb – HCEF 23 Feb – HMM	5 Feb	9 Feb (Friday) 29 Feb	13 & 14 Feb 20 & 21 Feb
Mar 2024	8 Mar - HCEF 22 Mar – HMM	4 Mar	21 Mar	5 & 6 Mar 12 & 13 Mar 26 & 27 Mar
Apr 2024	5 Apr – HCEF 19 Apr – HMM	2 Apr 22 Apr	11 Apr	2 & 3 Apr 16 & 17 Apr 23 & 24 Apr
May 2024	17 May – HMM (Budget debrief) 22 May – HCEF (NHRA sign-off) 31 May – HMM (NHRA sign-off)	6 May 13 May 20 May (if required) 28 May (if required, Tuesday)	2 May 9 May 16 May (if required) 23 May (if required)	7 & 8 May (if required)

4. Throughout June 2024 all parties to then undertake Cabinet processes to finalise the NHRA Addendum, followed by progression to National Cabinet.

UPDATES ON KEY PROJECTS/PIECES OF WORK**Watson Health Hub**

5. The evaluation of the tender for the Head Contractor is complete, and the panel has provided their recommendation to the delegate for sign off.
6. Following this, contract negotiations will commence with the preferred tenderer for the construction head contractor.
7. The Development Application is still pending approval.


8. The Emergency Services Agency (ESA) has rejected the proposal and raised major concerns with the current design, given the proposal being within a bushfire prone area and the development being classified as a sensitive use development.
9. A meeting with Major Projects Canberra (MPC), and the ACT Health Directorate (ACTHD), the project design consultants and the bush fire consultant was scheduled for Friday 19 January 2023, to work through the issues raised.
10. Following this, the ACTHD will negotiate design solutions to agree an outcome with ESA.
11. Program impacts to cost, construction commencement and engagement of contractor are yet to be quantified. The project team is working through management strategies.
12. A further briefing will be prepared to provide you with an update on this issue once more information has been obtained.

Eating Disorders

13. Construction is progressing well. The project will reach lock up stage in the next two weeks.
14. Due to the recent inclement weather, all wet weather contingency has been utilised. This has pushed the handover date from 1 July to 3 July 2024.
15. The project team is currently in discussion with the Head Contractor, to identify time saving solutions.
16. It is anticipated that there will be a delay in the completion of external works. In the event on handover being pushed further into July 2024, completion of external works and commissioning activities will have to occur concurrently. This will not impact the current anticipated "go-live" date of 30 July 2024.

Canberra Hospital Master Plan - Phase 2

17. The Phase 2 project is on track to be completed this financial year.

- 
19. The project has minimal contingency in the program and is being actively monitored to ensure deadlines are met. A detailed program covering the remaining deliverables has been established with a corresponding stakeholder plan to ensure the final deliverables are reviewed and endorsed on time.
 20. The contractor is tracking mid-February to start scaffolding to B23 and then demolition. More detailed timing to support a media event is being progressed separately.

Community Health Centres

21. The head design consultant has been engaged and a startup meeting was held on 18 January 2024.

22. A workshop between ACTHD, Canberra Health Services (CHS) and the Community Services Directorate (CSD) is scheduled to take place on 25 January 2024 to discuss the service planning and functional design brief development for the Community Health Centres.
23. A brief is being prepared to provide you with an update on project timelines and service planning for all sites, as well as, outcomes of community consultation for the South Tuggeranong site.
24. Work is still underway on the site identification for both the Inner South and the North Gungahlin Community Health Centres.

Safewards

25. Introduction to Safewards in-services have commenced at CHS in wards; 7A, Child and Adolescent Unit (CAU), Stromlo, Paediatric ward and Adult Mental Health Rehabilitation Unit (AMHRU).
26. Introduction to Safewards in-services at North Canberra Hospital are to commence on 4 East and Acacia Unit, with date to be confirmed.
27. Commenced re-engagement with the Safewards pilot wards - 4 West, Banksia, 7B, Adult Mental Health Unit and Dhulwa Secure Mental Health Unit for refresher training.

Safer Baby Bundle

28. To monitor compliance with recommended Safer Baby Bundle care practices, North Canberra Hospital and Centenary Hospital for Women and Children have implemented manual clinical record audits. This data will be collated and presented by Health Services during the monthly ACT Steering Group Meetings.
29. The Digital Health Record (DHR) Safer Baby Bundle reporting and dashboard is nearing completion, with an expected launch date in February 2024, as per EPIC's latest projections.
30. The initial data presented through the DHR dashboard may not yet be completely comprehensive. This initial phase will serve as a valuable opportunity to identify and address any potential data capture and staff data entry issues. These early insights will be crucial for refining the data collection and reporting processes, ensuring reliable and accurate monitoring of Safer Baby Bundle implementation beyond December 2024.

Nurse and Midwifery Patient Ratios

31. Phase One:
 - Finalisation of Evaluation report options awaiting feedback from the Australian Nursing and Midwifery Federation (ANMF), response is due 29 January 2024.
 - Phase One Final Report delayed pending outcome of Evaluation discussions.

32. Phase Two:

- Nursing and Midwifery Enterprise Agreement (NMEA) bargaining nearing finalisation.
- Proposed implementation phasing for phase two areas under discussion.

**MINISTER'S OFFICE REQUESTS FOR INFORMATION**

33. Nil.

KEY STAKEHOLDER MEETINGS/COMMUNITY ENGAGEMENTS**Health Infrastructure Communication and Engagement**

34. A draft Territory-wide Engagement Strategy for Health Infrastructure has been prepared and is currently undergoing peer review with Health Care Consumers Association prior to being finalised for endorsement with ACT Health executives and your office.
35. A social media-led education campaign is currently being developed that will be released throughout ACT Government channels raising awareness of the overall health infrastructure program over the coming years. A focus during the campaign will be on the new Northside Hospital, the Canberra Hospital Master Plan vision and implementation. The campaign is expected to run throughout March and April 2024.
36. The listening report from North Canberra Grassroots engagement is expected to be released to North Canberra Staff in the week commencing 22 January 2024. It will be highlighted in the all-staff newsletter and available via HealthHub.
37. The listening report for South Tuggeranong Health hub has been drafted and a separate briefing is being prepared for your approval prior to public release via YourSay.
38. A media announcement is being organised for the start of demolition of Buildings 6 and 23 at Canberra Hospital in mid-February. In addition, ACTHD is working closely with the communications team at the Community Services Directorate and Major Projects Canberra to finalise talking points, web updates, social media, and letters to neighbours.

Action Officer: Catherine Ellis, 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