



ANNUAL REPORT HEARING BRIEF

- Operational and governance policies for the NBHF;
- Resourcing, training and supervision procedures to best support staff in their work; and
- Current and future infrastructure needs of the NBHF.

Key Information

- NBHF programs are targeted at improving social and individual worth and self-esteem, imparting new and useful skills and attributes, and education around social and/or cultural heritage. Specifically the programs provide:
 - focus on life skills or job training;
 - promotion of cultural programs;
 - involved traditional healing practices and/or promoted healing;
 - aimed to reconnect Aboriginal and Torres Strait Islander people to land and culture;
 - provided support and education, and /or contributed to breaking the cycle of drug dependence (to overcome drug and alcohol issues);
 - encouraged physical health and wellbeing;
 - supported people to make ongoing and meaningful changes in their lives;
 - involved activities related to land management and;
 - promotion social and emotional wellbeing (to break the cycle of drug addiction and substance abuse).
- The third program includes services delivered by the following providers:
 - Blacksmithing and toolmaking – Valley Forge Cuppcumbalong;
 - Physical fitness and wellbeing – Thriving Life and Strive Fitness;
 - Music therapy – Johnny Huckle;
 - Cultural walks and talks – ACT Parks and Conservation Aboriginal Rangers ‘Health Country Program’;
 - Horse therapy – Peakgrove Equine Assisted Therapy;
 - Relapse prevention – SMART Recovery; and
 - Cartoon therapy – FunnyOz Works.

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ANNUAL REPORT HEARING BRIEF

GBC18/688 - 79

Portfolio/s: Health and Wellbeing

ISSUE: PALLIATIVE CARE AND CLARE HOLLAND HOUSE CAPACITY

Talking points:

- Treating people with respect and in a manner that protects their dignity is an important role for our health service at all stages of life.
- Palliative care is not just care provided in the final stages of life, but helps people to live well with a terminal illness. Sometimes palliative care can be of benefit for a person at their initial diagnosis of a life-limiting condition, or be useful on and off through various stages of an illness. Many people have long-term interactions with their palliative care team, seeing them during the course of their illness.
- There are many elements to palliative care, including pain and symptom management and advice and support to carers. Palliative care ensures people are kept comfortable and maintain a good quality of life.
- In the ACT, there are a number of palliative care services offered. These primary and specialist palliative care services are of high quality and deliver excellent care to the community.
- The ACT Government spends over \$10 million each year to provide palliative care services in the ACT.
- In recent years, the Government has provided additional investment in palliative care services, with increased support of home based palliative care packages, a new paediatric palliative care service to specifically address the palliative needs of children and adolescents, as well as investment in more staff and education.
- Calvary is funded to provide the majority of specialist palliative care services in the ACT, with Clare Holland House being the largest palliative care inpatient unit in the ACT.

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- The Clare Holland House inpatient unit currently has a capacity of 19 beds.
- Other palliative care service models provided from Clare Holland House include:
 - Home based palliative care;
 - specialist outpatient clinics;
 - outreach programs to residential aged care facilities; and
 - a specialist care and support clinic at Winnunga Nimmityjah Aboriginal and Community Health Service.
- Demand for palliative care will continue to increase as our population ages, and people live longer lives. We need to respond to this so that people receive the care and dignity they deserve at the end of their life.
- As part of the Territory-wide Health Services Framework, ACT Health is developing a specialty services plan for palliative care.
- On 25 September 2018, a major expansion of Clare Holland House was announced with a \$6 million commitment from the Australian Government in partnership with The Snow Foundation, which will see an increase in the number of specialist in-patient palliative care beds.

Key Information

Clare Holland House

- Clare Holland House consists of a specialist inpatient unit, home based palliative care services and community specialist palliative care services.
- The average length of stay in 2017-18 was 11.7 days, but it can vary widely from hours to months.
- Clare Holland House staffing is 61.53 Full Time Equivalent positions or a headcount of 90 staff across all categories of employees. Staffing levels at Clare Holland House are adjusted to meet patient/staff ratios and to ensure consistently high quality, safe and compassionate care is provided to all admitted patients and their families.

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- All staff at Clare Holland House receive education in all clinical aspects of palliative care, from primary care to specialist care, to enable support of other health practitioners, carers and patients.
- Clare Holland House staff also provide extensive palliative care education and training programs for primary care providers, other health facilities and residential aged care facilities staff. This extends to programs such as the Program of Experience in the Palliative Approach which provides education to enhance the capacity of health professionals to deliver a palliative care approach through their participation in either clinical placements in specialist palliative care services or interactive workshops.
- Medical specialists are on duty from Monday to Friday from 8:00am to 5:30pm, and on call after hours.

Referrals

- Palliative care services are available to patients with a life limiting illness whose complexity of symptoms (physical, psychosocial/emotional, and spiritual/existential symptoms) cannot be managed by their primary care provider. Care is provided to patients who need end of life care and who choose to die at the inpatient unit at Clare Holland House.
- Care to patients requiring palliative support is provided by their primary treating team such as a general practitioner, community nurse or the team on an inpatient ward. These treating clinicians are able to access advice and support from the specialist palliative care service without needing to refer their patient for direct services.
- Patients who have more complex needs and require specialist palliative care are referred to the service by their treating specialty team or general practitioner. Patients can be referred for either inpatient or outpatient treatment at Canberra Hospital. The focus of care is on advanced symptom management and psychosocial support.

Calls for palliative care ward at Canberra Hospital

- Consideration may be given to a specialist palliative care ward at Canberra Hospital as part of future health services planning.

Palliative Care in Residential Aged Care Facilities

- The 2018-19 Federal Budget included a measure on Comprehensive palliative care in aged care, which forms part of the Australian Government's *More Choices for a Longer Life – healthy ageing and high quality care* package.

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- The Measure will provide \$32.8 million over four years from 2018-19 to support state and territory governments to improve palliative and end-of-life care coordination for older Australians living in residential aged care homes. Funding for individual jurisdictions will be negotiated over coming months.
- The Measure is premised on a cost-shared model with states and territories matching Commonwealth funding. The Commonwealth recently sought the nomination of the appropriate ACT Health representative to receive a draft National Project Agreement and accompanying schedule.

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ANNUAL REPORT HEARING BRIEF

GBC18/688 - 80

Portfolio/s: Health & Wellbeing

ISSUE: FOOD REGULATION

Talking points:

- The Health Protection Service (HPS) is responsible for food safety regulation in the ACT. This includes managing the registration of food businesses, providing food safety information to food businesses, managing enforcement activities, and responding to foodborne illness outbreaks. HPS advise that the ACT Health Directorate has adequate tools and resources to address and manage registered food businesses' compliance with food safety requirements.
- Despite media reports to the contrary, ACT Health Directorate has never implemented a scores on doors rating scheme. ACT Health Directorate relies on a range of other tools and actions to increase food business compliance rates.
- An analysis of compliance data over recent years indicates food safety breaches have declined. This can be attributed to the effective use of the 'Engage, Educate, Enforce' compliance model. Emphasis is placed on education to encourage compliance.
- Public Health Officers are responsible for inspecting registered food businesses in the ACT, including those operating at markets, declared events such as the National Multicultural Festival, and undeclared events such as Floriade.
- ACT Health Directorate lead the jurisdictional response to the national strawberry incident. Public Health Officers informed food businesses of the strawberry brands implicated and verified that those brands had been removed from the shelves. Action taken by ACT Health Directorate ensured that the public and food businesses were informed and provided with up to date information as the incident unfolded.
- In response to several complaints related to illegal waste water discharge, the HPS and Environment Protection Authority (EPA)

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ANNUAL REPORT HEARING BRIEF

undertook a joint proactive education and compliance operation in May 2018 targeting food business. The operation focussed on kitchen maintenance, cleaning facilities and the rear of the food business, particularly around stormwater drains. Stage 2 of the operation is scheduled to commence late October 2018 focussing on the Woden, Weston and Tuggeranong areas.

- At the end of September 2018, there were 3,169 registered food businesses. Risk classification of a food business is determined by their food preparation activities. Most ACT food businesses are classified as medium risk.
- ACT Health Directorate endeavours to follow-up all medium and high risk food businesses that have had a revoked prohibition order prior to their scheduled reinspection.
- There are number of issues that Public Health Officers take into account on a case by case basis when determining the timing of a follow-up inspection, including:
 - The nature of the non-compliance and other factors that may contribute to non-compliance;
 - The attitude of the proprietor, their willingness to work with ACT Health Directorate and the actions taken to address the non-compliance;
 - The willingness of the proprietor to accept responsibility and their commitment to the maintenance of a food safety culture; and
 - The level of food safety training for all staff.
- All food businesses closed by a prohibition order in 2017 and 2018 that reopened have been reinspected.
- Upon revocation of a prohibition order, businesses with further outstanding issues that do not pose a serious public health are issued an improvement notice. As such, these businesses have ongoing inspections until all items identified on the improvement notice are rectified.

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ANNUAL REPORT HEARING BRIEF

Key Information:

- In the period 1 July 2017 to 30 June 2018, Public Health Officers:
 - Conducted 2,429 inspections of food businesses, including at Declared Events;
 - Issued 341 Improvement Notices – 14 per cent of inspected businesses; and
 - Issued three Prohibition Orders – 0.12 per cent of inspected businesses.
- In the period 1 July 2016 to 30 June 2017, Public Health Officers:
 - Conducted 2,559 inspections of food businesses, including at Declared Events;
 - Issued 472 Improvement Notices – 18 per cent of inspected businesses; and
 - Issued eight Prohibition Orders – 0.31 per cent of inspected businesses.
- The HPS works closely with registered food businesses and has developed resources to help businesses and their staff comply with food safety laws and standards, and to better understand food safety practices.
- HPS enforcement action is proportionate to the degree of public health risk. This ensures necessary enforcement action is taken to protect the community. All public complaints are taken seriously and investigated as a matter of priority. If a non-compliance that poses a serious public health risk is identified during an inspection, the HPS will issue the proprietor a prohibition order. The safety and wellbeing of the community is ACT Health's first priority.

Background Information:

- The HPS has always undertaken food business regulation in line with national food standards, such as the Australia New Zealand Food Standards Code. Food business inspections are undertaken by professional Public Health Officers who are trained subject matter experts.
- There has been a noticeable reduction in the number of critical food safety breaches in the ACT over the past few years. This positive change has been aided by an improved working relationship between industry and regulators. It has also been assisted by continuous improvements being implemented by ACT Health with respect to published food safety information, tools for industry and inspectors, and improved internal procedures.
- In recent years, there have been several changes to the *Food Act 2001* aimed at improving food safety and regulation in the ACT. For instance in 2013, changes

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ANNUAL REPORT HEARING BRIEF

commenced that required registered food businesses to appoint a trained food safety supervisor. The HPS has also increased its efforts to engage with industry in a constructive and transparent way. For instance, the food business inspection manual and information on common compliance issues have been published online. Food safety resources have also been published online in the eleven languages most commonly used in food businesses (other than English).

- Since September 2014, a collaborative approach has been fostered through the work of the Food Regulation Reference Group. The group includes representatives from industry, public health and consumer groups, as well as government stakeholders in the ACT hospitality sector. The group meets quarterly to discuss and provide advice to ACT Health on certain aspects of the food regulation system and emerging issues that affect industry.
- The ACT Government's decision not to proceed with a food hygiene grading system in the ACT follows a noticeable reduction in the number of critical food safety breaches observed at ACT food businesses in the past few years.

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ANNUAL REPORT HEARING BRIEF

GBC18/688 - 81

Portfolio/s: Health & Wellbeing

ISSUE: PILL TESTING

Talking points:

- The ACT Government received a proposal from STA-SAFE to conduct a pill testing service at the Spilt Milk festival in Commonwealth Park on 17 November 2018.
- I asked the ACT Health Directorate to reconvene the cross-government pill testing working group to consider the public health, legal and social issues relating to the proposal and to provide advice to Government about this specific proposal.
- Agreement between all relevant parties, the festival promoter, STA-SAFE and the land owner, the National Capital Authority (NCA), is necessary for a pill testing service to proceed at the Spilt Milk music festival.
- Whilst the ACT Government has encouraged the Commonwealth to consider the harm minimisation benefits of pill testing, the NCA has made clear that it will not allow a pill testing service to be offered at the upcoming Spilt Milk festival.
- On 2 October 2018, STA-SAFE submitted a proposal to conduct pill testing on 17 November at a location not controlled by the NCA.
- The working group has considered the new issues raised, but the off-site proposal has very different operational challenges compared to the previous trial. Unfortunately there is not enough time for the government to examine and work through the logistics of establishing an off-site service in time for Spilt Milk.
- The ACT Government continues to support an evidence based, harm minimisation approach to drug policy and believes the recent announcement by the NSW Government to increase the penalties

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ANNUAL REPORT HEARING BRIEF

associated with drug possession is unlikely to prevent further deaths at music festivals.

- The ACT Government would welcome any proposal to conduct pill testing at any music festivals held in the ACT. However, the option to make a pill testing service available is not intended to be an incentive to bring new events to the ACT, but rather to make an event safer.
- STA-SAFE have recently changed their name to Pill Testing Australia. Pill Testing Australia have submitted a proposal to conduct a pill testing service at the 2019 Canberra Groovin' the Moo festival.
- This proposal will be considered by the cross-government pill testing working group, who will provide advice to the Government.
- The success of a pill testing proposal requires support from the festival promoter and the land owner. On 13 November 2018, it was announced that the 2019 Groovin the Moo will be held at EPIC.

Key Information:

- Australia's first trial of a pill testing service took place at Groovin the Moo Canberra on 29 April 2018.
- The service was provided by the Safety Testing and Advisory Service at Festivals and Events (STA-SAFE) and was supported by the ACT Government, the festival promoters (Cattleyard Promotions) and the University of Canberra, where the festival was held.
- STA-SAFE has submitted its report on the trial. The report indicates that potentially lethal substances were identified in two of the 85 samples submitted for testing. Following testing, a number of patrons utilised the amnesty bins to discard their pills instead of consuming them.

Background Information:

- Pill testing is a harm minimisation intervention that includes the chemical analysis of drugs surrendered by festival patrons, and the provision of relevant drug information and counselling by qualified personnel.
- The ACT Government reinforces that it is illegal to manufacture, possess, distribute and sell illicit drugs in the ACT. The ACT Government does not approve or condone illicit drug use. It is risky and dangerous to consume illicit drugs. The ACT Government is committed to harm minimisation, in line with the National Drug Strategy. The Government

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ANNUAL REPORT HEARING BRIEF

considers that pill testing as a component of harm reduction measures is a sensible approach to limiting the dangers of illicit drug use at ACT music festivals. This position is in no way softening the Government's stance on illegal drugs.

- The public debate around pill testing has been reinvigorated following the tragic deaths of attendees of the Defqon.1 music festival in Penrith on Saturday 15 September 2018.
- On 23 October 2018, the NSW Premier announced harsher penalties for music festival drug dealers and users - \$500 on the spot fines for drug possession and a new offence which holds drug dealers responsible for the deaths caused by the drugs they supply with up to 25 years imprisonment.

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ANNUAL REPORT HEARING BRIEF

GBC18/688 - 82

Portfolio/s: Health and Wellbeing

ISSUE: QEII (MOTHERCRAFT MATTER)

Talking points:

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

Key Information

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

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TALKING POINTS – WOG PFAS Contamination

Minister: Chief Minister
Date: 8 October 2018

SUBJECT: PFAS contamination

KEY MESSAGES:

General points on PFAS

- Per- and poly-fluoroalkyl substances (PFAS) are man-made chemicals that have been used in industry and consumer products worldwide since the 1950s.
- They have been used in aqueous film-forming foam (AFFF), non-stick cookware, water-repellent clothing, stain-resistant fabrics and carpets, some cosmetics, and products that resist grease, water, and oil.
- Firefighting foam concentrates used to suppress flammable liquid fires previously contained PFAS.
- These phasing out of these concentrate by ACT Fire & Rescue (ACTF&R) commenced in September 2004. It was completely withdrawn from service in April 2005.

Health and PFAS

- PFAS are very stable compounds and do not break down in the environment (i.e. they persist in the environment and in human bodies for a long time).
- There is no conclusive proof that PFAS cause any specific illnesses in humans, including cancer.
- There is also no consistent evidence that PFAS causes adverse human health outcomes in pregnant women or their babies.
- Expert advice currently does not advise any specific biochemical or disease screening for groups exposed to PFAS outside of specific research studies.

PFAS nationally

- Governments in Australia work to a framework for PFAS management in accordance with the *Intergovernmental Agreement on a National Framework for Responding to PFAS Contamination* (February 2018) and the PFAS National Environment Management Plan (NEMP), adopted by all jurisdictions March 2018.
- The NEMP defines the level of PFAS in soil and water that require further investigation.
- The NEMP also details methods for site assessments, sampling protocols and analytical determinations.
- Commonwealth, state and territory governments are currently working nationally to update the NEMP, which will be considered by Environment Ministers at their meeting in November, to ensure it remains current and scientifically robust.
- Issues with PFAS that have been widely reported in other jurisdictions have involved direct contamination of drinking water and/or food supplies.
- Such issues are improbable in the ACT because of the remote catchments used for town water supply and the insignificant volume of food production in the ACT.

The ACT and PFAS

- There are four known affected sites for PFAS in the ACT:
 - Canberra Airport
 - the former Charnwood Fire Station
 - the former Belconnen Fire Station and Training Centre, and
 - the West Belconnen Resource Management Centre (landfill).
- In recent years the ACT Environment Protection Authority (EPA), in conjunction with the National Capital Authority and Icon Water, undertook sampling across ACT waterways to determine background levels of PFAS. The water sampling results did not detect PFAS in ACT waterways.
- An assessment is being undertaken by the ACT Government to determine what further investigations may be required of ACT sites, in accordance with the NEMP.
- The United Firefighters Union have recently raised concerns around potential health impacts for firefighters who may have come into contact with PFAS. *[Refer to more detail below]*

ACT Fire & Rescue/ACT Emergency Services Agency (UFU Concerns)

- Our firefighters and the community can be assured that the ACT Emergency Services Agency (ESA) and government take this issue very seriously. We did so thirteen years ago (2005) when ACTF&R phased out its use of PFAS, and continue to do so today.
- ESA has been working hard to ensure equipment is replaced and changed over. Ten fire pumpers have been replaced and all equipment has either been decontaminated or replaced.
- Australian health authorities, including Canberra Health Services, report that there is no conclusive proof that PFAS cause any specific illnesses in humans, including cancer.
- There is also no consistent evidence that PFAS causes adverse human health outcomes in pregnant women or their babies.
- Expert advice currently does not advise any specific biochemical or disease screening for groups exposed to PFAS outside of specific research studies.
- ESA is working with WorkSafe ACT to ensure work health and safety obligations are being met.
- ESA has undertaken a risk assessment to prioritise the testing of remaining sites and further testing will be done at the higher priority locations in the near future.

Jervis Bay and PFAS

- The Jervis Bay Territory (JBT) is a separate Commonwealth Territory. Under Commonwealth law, ACT legislation is applied in JBT.
- The ACT Government is contracted by the Australian Government to supply certain services to JBT, including education, licences, justice services and environmental water testing.
- The Department of Defence has undertaken a national program of investigation and response to PFAS contamination from Defence sites.
- One such site is the Jervis Bay Range Facility in the JBT.
- Defence is leading the response to PFAS contamination in JBT, including conducting water testing. The ACT Government is a member of Defence's Project Control Group and provides advice and support where required.

- Defence testing regime is still ongoing in JBT and the Department of Infrastructure, Regional Development and Cities (DRDC), and the ACT, are consulted by Defence as results become available.
- A Defence Factsheet as well as a contact for further media enquiries is available on the [Defence website](#).
- At the request of the Department of Infrastructure and Regional Development, the ACT Government undertook tests of both drinking and recreational waters in JBT in 2016 – 17. The results of these tests were:
 - No detectable PFAS has been found in the potable (drinking) water supply.
 - Low levels of PFAS were found in environmental waters, and will be the subject of ongoing monitoring as part of the Defence-led investigation program.
- ACT Health recently assisted DIRDC with the development of Commonwealth precautionary advice relating to waterways and marine life in JBT. DIRDC has now issued [Community Bulletin](#) providing precautionary advice to the JBT community that while Defence's investigation is ongoing consumption of fish and shellfish from a number of marine locations should be avoided.

Jervis Bay School

- As part of a comprehensive testing program on the presence of PFAS in the Jervis Bay Area, Defence sampled the fruit of several Lilly Pilly trees at Jervis Bay School.
- Low levels of PFAS were found in a small number of samples.
- The only way people can be exposed to PFAS from the trees is to eat the fruit.
- In line with the school's wishes to take a zero-risk approach, the trees were removed from the school grounds in early October 2018.
- The Education Directorate worked with the school to ensure the community were provided accurate and timely information.

Charnwood (former Fire Station) site

- The former Charnwood Fire Station site has been sold and is now privately owned.
- The development application (DA) for the child care centre on the site of the former Charnwood Fire Station was approved following assessment of the site, on the condition that requirements of the Health Protection Service and the Environment Protection Authority were met.

West Belconnen Resource Management Centre

- There will be further sampling undertaken at the West Belconnen Resource Management Centre as part of the environmental audit that is being undertaken for its redevelopment, consistent with NEMP.

Belconnen (former Fire Station and Training Centre)

- The former Belconnen Fire Station and Training Centre is on the Register of Contaminated Sites as it is subject to a formal environmental audit to enable its redevelopment.
- The EPA must endorse the environmental audit for the site to ensure it is suitable for the proposed development.

Canberra Airport

- Canberra Airport is on Commonwealth land and is therefore under the control of the Commonwealth Government and should be managed in accordance with the PFAS National Environment Management Plan.

Action officer: CMTEDD Communications

Cleared by (Business Unit Head): Various

Date: 9 October 2018



ANNUAL REPORT HEARING BRIEF

GBC18/688 - 84

Portfolio/s: Health and Wellbeing

ISSUE: SUPPORT FOR BULK BILLING GPs

Talking points:

On 19 and 22 October 2018, three successful winners were announced for the Bulk Billing General Practices Grant Fund:

- Interchange General Practice—\$500,000 excluding GST to establish a new practice in Tuggeranong. Funding will cover the complete fit-out for the proposed new seven to eight room general practice. The practice will have a focus on medical services for people with drug and alcohol dependency, issues of sexuality and gender diversity, chronic conditions and mental health conditions.
- National Health Co-op—\$350,000 excluding GST to establish a new practice in Coombs. Funding will cover part of the establishment and fit-out costs for a new eleven room general practice. The multidisciplinary practice will incorporate GPs, Nursing and a range of Allied Health services.
- Isabella Plains Medical Centre—\$111,244 excluding GST to extend the existing practice in Tuggeranong. Funding will cover renovations and fitout to improve access for vulnerable and less able groups to two practice rooms; medical equipment; upgraded IT systems; and IT equipment to support outreach, home visits and visits to residential aged care facilities.
- Remaining funds (\$88,756 excluding GST) will be utilised to support a project to investigate options to improve the accessibility of primary health care for consumers and encourage bulk billing in the ACT.

Key Information

Grant Fund

- In 2016, the ACT Government made an election commitment to deliver a grant scheme to support the establishment of bulk billing general practices in the ACT. The 2017–18 ACT Budget announced \$1.05 million (GST exclusive) over three years for the ‘Better care when you need it—Support for bulk billing GPs’ initiative.
- The Bulk Billing General Practices Grant Fund is to encourage the expansion or establishment of new general practices with a demonstrated commitment to bulk

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ANNUAL REPORT HEARING BRIEF

billing in the Tuggeranong and Molonglo areas. The aim is to provide residents in those suburbs and surrounding areas with better access to affordable, connected, quality primary health care.

- Grant guidelines were developed in consultation with key stakeholders: Health Care Consumers' Association (HCCA); Australian Medical Association (AMA) ACT; and Capital Health Network (CHN).
- The grant round opened on 12 February 2018, and closed on 6 April 2018, with 13 applications received, requesting a total of \$4,215,717.
- Applications were assessed by a panel including ACT Health, HCCA, AMA ACT, CHN. This included a process for declaration of potential conflict of interest.
- Grant winners were announced in October 2018.

Other activities to improve access to primary health care in the ACT

Since 2009, the ACT Government has invested over \$12 million in incentives to support and grow the GP workforce of the ACT, including infrastructure funding, an intern placement program, scholarships, and services to assist GPs to attend housebound and aged care patients.

Additionally, the ACT government has boosted the provision of primary health care in the community by:

- Providing financial support to two general practices that target vulnerable and hard-to-reach populations (Aboriginal and Torres Strait Islanders, and refugees). The GP services at these organisations are free at the point of delivery and they also provide some allied health services and social services.
- Providing funding to support the provision of primary health care once a week to vulnerable and homeless clients of the Early Morning Centre at UnitingCare in the city.
- Establishing three nurse led Walk-in Centres, in Tuggeranong, Gungahlin and Belconnen, which provide free one-off advice and treatment for people with minor illness and injury, from 7.30am to 10.00pm every day of the year.
- A fourth Walk-in Centre is anticipated to open in Weston Creek in late 2019, and a fifth is planned for the Inner North.

Bulk billing rates in the ACT

- The ACT has the lowest rate of bulk billing for general practice in the country, with rates historically hovering around the 50 per cent mark. In the last few years, bulk billing rates in the ACT have slowly climbed. According to the latest Medicare statistics, in the June quarter of 2018, the ACT rate was 62.8 per cent (although this is still the lowest rate in Australia). The next lowest was in Tasmania, with a rate of 76.3 per cent, and the national average was 85.6 per cent.

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- Although the provision of general practice care is a Commonwealth Government rather than an ACT Government responsibility, population groups that are unable to access primary health care due to cost ultimately have an impact on the ACT-funded hospital system.
- All general practices in the ACT are private businesses. There are many general practices in the ACT that will bulk bill patients who have a particular need (for example those with limited incomes). However, as private businesses, the decision on whether to bulk bill or not is up to each general practice. Neither the ACT nor the Commonwealth Governments can compel general practices to bulk bill.
- The ACT's comparatively low rates of bulk billing are, at least in part, due to our low GP-to-population ratio, which results in a lack of competition for clients amongst general practices in Canberra. In essence, GPs in the ACT can charge more for their services because they are not competing with other GPs on price.

Cleared as complete and accurate:	24/10/2018	
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ANNUAL REPORT HEARING BRIEF

GBC18/688 - 85

Portfolio/s: Health & Wellbeing

ISSUE: TERRITORY-WIDE HEALTH SERVICES FRAMEWORK

Talking points:

- ACT Health is developing an overarching Strategic Framework which provides a common vision and direction for the range of strategies and plans that inform the future work program in ACT Health.
- The vision is to provide a high performing, safe health system with the primary focus being person-centred care.
- The system wide strategic goals of access, accountability and sustainability are the pillars that align the strategies and plans to the vision. The intent of each strategy or plan is summarised in the Framework.
- Consultation has occurred with the Executives responsible for each strategy and their feedback has been incorporated into the document.
- The Territory-wide Health Services Advisory Group has also provided input into the development of this document.
- The key strategies and plans that are described in the Strategic Framework include:
 - Territory-wide Health Services Strategy (formerly Framework)
 - Digital Health Strategy
 - Quality Strategy
 - Workforce Strategy
 - ACT Preventive Health and Wellbeing Plan
 - ACT Regional Mental Health and Suicide Prevention Plan
 - Performance, Reporting and Data Management Strategy
 - Research Strategy

Cleared as complete and accurate:	05/11/2018	
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ANNUAL REPORT HEARING BRIEF

- The Strategic Framework has been developed in line with new branding guidelines. This has resulted in the requirement for the strategies and plans underneath it to also be redesigned to conform with the branding guidelines.
- A tentative launch date of February 2019 has been indicated for the finalisation of this work.

Cleared as complete and accurate: 05/11/2018
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ANNUAL REPORT HEARING BRIEF

Item 86

Portfolio/s: Health and Wellbeing

ISSUE: National Code of Conduct for Health Care Workers

The National Code of Conduct for health care workers (the Code) will be implemented in the ACT by the Assembly passing the *Human Rights Commission Amendment Act*.

The Code will protect the public by providing nationally agreed standards of conduct and practice for health care workers, and enables the Health Services Commissioner (the Commissioner) to investigate complaints and impose sanctions on those who breach the Code.

Talking points:

- The Code will cover workers who are not registered under the National Registration and Accreditation Scheme for health practitioners, as well as registered practitioners providing services unrelated to their registration (for example, a nurse practising as a herbalist or homeopath).
- The vast majority of health care workers practise in a safe, competent and ethical manner. However, it is important that there is a robust set of standards and regulations in place to guide practitioners and protect the community.
- Implementation of the Code will enable the Commissioner to investigate complaints and take action in circumstances where the community may be put at risk.
- The Code will be implemented by making amendments to the *Human Rights Commission Act 2005*.

Key Information

- In June 2013, the Standing Council on Health, the precursor to the COAG Health Council, agreed in principle to strengthen state and territory health complaints mechanisms, by implementing a single national code of conduct for unregistered health practitioners in each jurisdiction, a nationally accessible register of prohibition orders, and mutual recognition arrangements between states and territories to support national enforcement of the code.
- National consultations were held in all states and territories the following year, in conjunction with local health departments, to seek public comment on the terms of a draft code. Over 100 submissions were received.

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ANNUAL REPORT HEARING BRIEF

- A final document, the National Code of Conduct for Health Care Workers, was agreed by the COAG Health Council in 2015. The decision required each jurisdiction to enact new, or amend existing, legislation and regulations to implement the Code.
- The ACT has taken a considered and consultative approach to implementing the Code, and expects to finalise legislation this year.
- ACT community consultation was conducted in August 2018, including targeted consultation to over 60 stakeholders outside government. Eight submissions were received. ACT Health, in consultation with the Health Services Commissioner and the Parliamentary Counsel's Office, determined that all issues raised were addressed by existing legislation and by the *Human Rights Commission Amendment Bill 2018*, and that no change to draft legislation is necessary.
- The Code has standards against which to assess a health care worker's conduct and practice in the event of a complaint or serious adverse event, including to:
 - provide health services in a safe and ethical manner;
 - have client consent before providing a health service;
 - not claim that they can cure cancer or other terminal illnesses;
 - not misinform clients about matters such as the efficacy of the service they are providing or their qualifications;
 - provide accurate advice;
 - not exploit their clients, either through financial or sexual misconduct;
 - mitigate harm to the client if an adverse event occurs in connection with the health service they are providing;
 - control infection and taking appropriate action when they have been diagnosed with a transmissible medical condition;
 - not practise while under the influence of intoxicating or unlawful substances;
 - seek advice about how, or whether, they should provide a health service if they have a physical or mental impairment, disability, condition or disorder (including an addiction);
 - comply with privacy laws, keep records and have appropriate insurance;
 - report concerns about the conduct of another health care worker if they believe they have put a client at risk or failed to comply with the Code; and
 - display the code and information about making a complaint on their premises, where clients can easily see it.

Cleared as complete and accurate:	23/10/2018	
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ANNUAL REPORT HEARING BRIEF

- The Code also provides for a 'negative licensing' regulatory regime that does not restrict entry to practice, but allows effective action to be taken by the Commissioner against an unregistered health care worker who fails to comply with proper standards of conduct or practice.
- The Commissioner will be able to:
 - receive and investigate complaints about a breach of the Code;
 - issue interim orders prohibiting a health care worker from providing a health service or setting conditions on that service, of up to eight weeks, while they are conducting an investigation;
 - issue public warnings during an investigation to alert the public early in relation to risks of particular health treatments and providers; and
 - issue final prohibition and condition orders, and to make public statements about a health care worker who is subject to an order following an investigation.
- Before the Commissioner makes an order, they must find that the health care worker has breached the Code and poses a serious risk to the health and safety of members of the public.
- The Commissioner is bound by the rules of natural justice and must give a health care worker the opportunity to be heard before making a decision.
- The Bill will also establish offence provisions for any person who does not comply with an order.
- The Commissioner is able to vary or cancel a prohibition or condition order, and must keep a public register.
- The Commissioner is also able to enforce an order issued in another state or territory where that prohibition order corresponds (or substantially corresponds) to the type of prohibition order that can be made in the ACT.

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ANNUAL REPORT HEARING BRIEF

GBC18/688 - 87

Portfolio/s: Health and Wellbeing

ISSUE: PROCUREMENT OF SERVICES FROM THE COMMUNITY SECTOR

Talking points:

- We know that community organisations do a lot of good work that complements the public health system to support people in better managing their health.
- We will be contacting current service providers in the coming weeks in relation to the process and timing for future funding arrangements.

Key Information

- ACT Health funds services that improve health outcomes and complement and support services delivered directly by the public health system.
- Funding decisions in relation to many of the services delivered by NGOs are subject to the Government Procurement Act.
- The majority of 2016-19 service funding agreements expire on 30 June 2019. To provide continuity of access to services for consumers and provide greater certainty to current service providers and enable their participation in a procurement process, it is proposed that existing contracts be extended.
- Rather than conducting all procurement processes simultaneously, a staged approach is proposed.
- The staged approach allows for flexibility and responsiveness as improvements can be implemented when they are identified, rather than needing to wait for the following funding cycle. This includes the ability to implement improvements identified through the work of the Human Services Cluster and coordination with the Community Services Directorate.
- Services have been grouped into tranches based on degree of alignment with policy objectives as well as consideration of internal resourcing and capacity.
- It is intended that the sector will be informed of the funding process, timing and any extensions by late December.

Cleared as complete and accurate:	29/10/2018	
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ANNUAL REPORT HEARING BRIEF

GBC18/688 - 88

Portfolio/s Health & Wellbeing

ISSUE: CANBERRA REGION MEDICAL EDUCATION COUNCIL – ANNUAL REPORT 2018

Talking points:

- In October 2018 the CRMEC submitted its application to the Australian Medical Council for reaccreditation as the intern training body in the ACT and linked regional network.
- The Canberra Region Medical Education Council (CRMEC) undertook accreditation of South East Region Hospital (SERH) in July 2018, and approved a final report in September 2018 recommending accreditation with five provisos. The CRMEC undertook accreditation of Calvary Public Hospital Bruce (CPHB) in October 2018, for which the final report is pending. The outcome of the CPHB accreditation process will be available after the 30-day response period is completed and the outcome has been reported to the Medical Board of Australia.
- The CRMEC and its Accreditation Committee continue to monitor the accreditation status and ongoing reports for Canberra Hospital and Health Services (last accredited in 2017), Goulburn Base Hospital (last accredited in 2016), SERH (last accredited in 2018) and CPHB (accreditation in progress).
- The CRMEC negotiated with the Health and Education Training Institute (HETI) to undertake joint accreditation of Moruya Hospital, which is seeking accreditation of a new junior doctor training program. A provisional site visit will be conducted in December 2018.
- The CRMEC delivered the Teaching for Clinicians course five times in 2018, with over 50 junior doctor and supervisor attendees. This program provides opportunity for training in supervision, education and leadership for the medical workforce in ACT Health and linked regional network, with opportunity for Fellowship with the Higher Education Academy (UK) for those completing assessment.

Cleared as complete and accurate:	07/11/2018	
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Lead Directorate:	Health	
TRIM Ref:	GBC18/688	



ANNUAL REPORT HEARING BRIEF

- The CRMEC partnered with ACT Health to deliver a leadership course for registrars. This two day course provides advanced training options for registrars and senior registrars employed in ACT Health.
- The CRMEC has developed numerous resources for junior doctors this year, including a pamphlet offering guidance for junior doctors experiencing or witnessing bullying or harassment. Following review from People and Culture, this resource is in final stages of stakeholder review with Directors of Medical Services and planned for distribution in 2019 orientation. Additional resources included guidance developed by junior doctors and registrars on promoting constructive workplace cultures.
- In September 2018 the CRMEC ran an Expression of Interest for the position for Chair of the Council (due to vacate on January 2019). The CRMEC received one application are awaiting Cabinet appointment of the selected applicant.
- The CRMEC Chair, Associate Professor Katrina Anderson, was the recipient of a 2018 Australian Award for University Teaching, as well as the Royal Australian College of General Practitioners (RACGP) general practitioner of the year award for the ACT and NSW/
- ACT Health has committed to partnering with the CRMEC to host the annual national Australian and New Zealand Prevocational Medical Education Forum in Canberra in 2019.

Background

- The CRMEC was established in 2014 by the Minister for Health. The CRMEC is accredited by the Australian Medical Council as an intern training accreditation authority until March 2018.
- The CRMEC performs accreditation functions for the intern training and education program in the ACT and surrounding region for CHHS, Calvary Hospital Bruce, Goulburn Base Hospital and South East Regional Hospital in Bega. Additionally, the CRMEC oversees the development of medical education standards, policies, processes and functions of the prevocational network in the ACT and surrounding region.
- The CRMEC has representation from medical educators, supervisors, registrars and junior medical doctors. The CRMEC also has strong consumer engagement and representation. The Secretariat is supported by ACT Health.

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- The CRMEC is committed to identifying, evaluating, monitoring and promoting medical education and training programs for JMOs and their educators, in conjunction with key stakeholders. The Council's goal is to continue to develop partnerships nationally and locally with other Postgraduate Medical Councils and professional networks to ensure familiarity with the work of other jurisdictions.

Cleared as complete and accurate:	07/11/2018	
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ANNUAL REPORT HEARING BRIEF

GBC18/688 - 89

Portfolio/s: Health and Wellbeing

**ISSUE: WORKFORCE STRATEGIES
(ATSI/DISABILITY/APPRENTICESHIPS/TRAINEESHIPS)**

Talking points:

- In 2017-18, ACT Health employed a number of strategies to encourage employee attraction, retention and support, including for Aboriginal and Torres Islander staff, and People with Disability.
- ACT Health has significant clinical graduate recruitment and development programs operating annually, with a 2017 Graduate intake of 49 Allied Health graduates, 100 Medical (Interns), 103 Registered Nurses and 44 Enrolled Nurses. The 2018 Graduate intake was 31 Allied Health graduates, 100 Medical (Interns), 103 Registered Nurses and 31 Enrolled Nurse Graduates.
- In addition, ACT Health supports the annual ACT Public Service Graduate Program coordinated by CMTEDD, with an intake of seven Graduates during 2017 and seven during 2018.
- In the 2017-18 financial year, the number of Aboriginal and Torres Strait Islander people employed by ACT Health rose from 77 in June 2017 to 83 in June 2018, a 9.1 per cent rise compared with the previous year. 83 positions equates to 1.1% per cent of total ACT Health staff, and of the 83 positions, 29 were designated Aboriginal and Torres Strait Islander positions and four were Aboriginal and Torres Strait Islander traineeships.
- ACT Health employed 138 People with Disability in the 2017-18 financial year, or 1.8 per cent of total ACT Health staff. Of these 138 positions, three were designated positions and one was a work experience staff member.
- ACT Health also had three positions occupied by Inclusion (Disability) participants, as part of the ACT Public Service Graduate Program.
- In 2017-18, ACT Health participated in the Whole of Government Vocational Employment Program (VEP).

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- ACT Health had a number of strategies in 2017-18 to improve the cultural awareness of staff. All employees commencing with ACT Health were required to complete a mandatory induction online module entitled 'Working with Aboriginal and Torres Strait Islander patients and clients'.

Key Information

Diversity Employment Targets

- ACT Health had a target of 94 Aboriginal and Torres Strait Islander staff, and 188 People with Disability, to be employed by June 2018. The Directorate achieved a headcount of 83 (11 below target) Aboriginal and Torres Strait Islander staff, and 138 (50 below target) People with Disability, by June 2018.
- ACT Health failed to meet its Diversity Employment Targets because the restructure in September 2018 and the transition to two directorates in 2018 meant that a number of business areas were not in a position to commit to additional staffing due to budget constraints. Some clinical areas provided feedback that certain positions might not be suitable for people with particular physical disabilities (depending on the nature of the disability), as it could put patient safety at risk.

Measures to support employment diversity

- Measures used by ACT Health in 2017-18 to support employees from diversity target groups included the Reconciliation Action Plan 2015-2018 (RAP), the Disability Employment Plan 2015-2018, and other initiatives.
- Actions under the RAP included the promotion of culturally significant days and events, including Reconciliation Week, Sorry Day and NAIDOC week.
- A number of other initiatives in 2017-18 were aimed at supporting employees from diverse target groups, including the promotion of culturally significant days and events. These included Director General Messages and ACT Health Staff Bulletin articles, distributed to all ACT Health staff. These messages and articles included the following topics related to workplace diversity.
 - DG Messages: National Multicultural Festival, International Women's Day, Reconciliation Week, ACT Health Aboriginal and Torres Strait Islander Awards 2017, NAIDOC Week 2017;
 - Staff Bulletin: NAIDOC Award Winners, Aboriginal and Torres Strait Islander leave provisions, Refugee Week Staff Profile, Men's Health Week, National Reconciliation Week, Have your say – ACTPS Gender Inclusion Survey, Reconciliation in the Park, ACTPS Survey – let us know how LGBTIQ staff can be better supported, Harmony Day – everyone belongs.

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ANNUAL REPORT HEARING BRIEF

- The Workforce Strategy Development Project (the Workforce Strategy) is in progress, and will shape the future direction of the ACT Health workforce. The Workforce Strategy will support the delivery of a sustainable workforce, able to deliver person- and family-centred, safe and high quality care into the future. The Workforce Strategy will also enable the delivery of ACT Government commitments, implementation of the Territory Wide Health Services Framework and the ACT Health Quality Strategy.

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GBC18/688 - 90

Portfolio/s: Health and Wellbeing**ISSUE: FRAUD PREVENTION MATTERS AND PUBLIC INTEREST DISCLOSURES****Talking Points**

- The head of the public sector entity to which a PID relates is required to investigate each PID, except in limited circumstances where that would be inappropriate. The investigating entity is required to report all such PIDs to the Public Service Standards Commissioner, and to keep the Commissioner informed about the progress of all PIDs.
- Canberra Health Services is unable to divulge any information about a public interest disclosure, including whether a public interest disclosure has been made, as to do so would be an offence under the *Public Interest Disclosure Act 2012*.
- There were four fraud matters reported in the 2017–18 Annual Report, one of which has proceeded to investigation by Professional Standards Unit.
- Fraud risk assessment are undertaken by divisions within ACT Health by the Director General, Deputy Directors-General or Executive Directors, in-line with the ACT Health Risk Management Protocols.
- ACT Health is currently in the process of reviewing and revising the organisation's 'Fraud and Corruption Control Plan' (previously known as Fraud and Corruption Policy and Plan).

Key Information

- The ACT Health Senior Executive responsible for Business Integrity Risk (SERBIR):
 - analyses trends and risk assessments for fraud and other integrity breaches; and
 - provides biannual reports to the Audit and Risk Management Committee.
- Under the provisions of section 13 of the *Public Sector Management Act 2006* the Director-General of each agency is required to ensure that threats to the integrity of the agency are addressed in a detailed fraud and prevention plan.
- To address this obligation ACT Health has:
 - Fraud and Corruption Policy; and

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TRIM Ref: GBC18/688

- Fraud and Corruption Plan.
- In ACT Health, the Director-General, Deputy Directors-General and Executive Directors are responsible for:
 - managing fraud and corruption; and
 - ensuring compliance with the policy and plan at all levels within their areas.
- Staff receive fraud control and prevention training during orientation and through an e-learning program titled Ethics, Integrity and Fraud Prevention.
- Managers are provided with further fraud control and prevention information and training during managers' orientation programs.
- Staff and manager training is supported by targeted information that alerts staff to the responsibilities and protocols intended to improve systems or mitigate identified fraud threats and risks.

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GBC18/688 - 91

Portfolio/s: Health and Wellbeing**ISSUE: WORKPLACE BULLYING AND HARASSMENT****Talking points:**

- The Canberra Health Service (CHS) and the ACT Health Directorate (ACTHD) have embedded the principles of the ACT Public Service's Respect, Equity and Diversity (RED) Framework and developed training programs to educate staff on respectful workplace behaviours and educate managers on how to manage complaints of inappropriate behaviour.
- The existing avenues for staff to raise incidents of bullying and harassment in the workplace include:
 - Raising issues with People and Culture (HR);
 - Discussing the alleged bullying with their Senior Manager;
 - Raising incidents via ACT Health's electronic incident reporting system 'Riskman'. This system is also monitored by People and Culture (HR), Employee Relations Unit to ensure all matters related to bullying and harassment are managed in accordance with the relevant Enterprise Agreements;
 - Via the established network of 101 RED Contact Officers across all professions; and
 - Via the Fair Work Commission's Bullying jurisdiction.
- Since the events explored by the ACT Auditor-General, the Australian Council on Healthcare Standards Accreditation Report of July 2018 commented on ACT Health's "commitment and hard work has resulted in a significant shift and improvement in work place culture. With staff now openly taking pride in their work place environment..."
- We agree with the Accreditor's view that "It will be crucial that this leadership and level of commitment is maintained to ensure all improvements are sustained and further developed across the health service."

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TRIM Ref: GBC18/688

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- CHS are working on a number of short and medium term strategies and actions to shift the focus from formal investigative processes to early intervention and alternative dispute resolution, with the intention to recast existing frameworks in a way that results in a more connected approach to employee behavior and positive workplace culture, including:
 - The introduction of an Employee Advocate function which will report directly to the Chief Executive Officer, CHS. This role will assist employees in the resolution of their workplace issues, by providing support and advice wherever possible encouraging resolution through alternative dispute resolution mechanisms;
 - Modifying existing Preliminary Assessment (PA) processes for bullying and interpersonal disputes to prioritise early intervention and alternative dispute resolutions, including mediation and facilitated conversations;
 - Utilising the RED Contact Officers network to assist with the introduction of this new approach; and
 - An external and trusted avenue for employees of both the ACT Health Directorate and Canberra Health Services on bullying or harassment matters is currently being considered.
- This approach recognises that formal processes often result in both complainants and respondents losing agency over the process. Alternative dispute mechanisms provide all parties with a level of involvement throughout.
- The independent review into ACT Health's culture will provide further insight into this process and any further considerations that ACT Health may need to take into account.

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ANNUAL REPORT HEARING BRIEF

Key Information

Complaints, Preliminary Assessments and Investigations data

- As at 25 October 2018, CHS and ACTHD currently have 37 bullying reports open, including three bullying related investigations.
- Over the course of the 2017-2018 Annual Report period, there were 160 reports of bullying, and two investigations with the PSU.
- People and Culture have improved data collection over the last quarter, which will provide greater detail for the coming Annual Report period.

Staff Development

- In late 2017 to early 2018, the Respect at Work program was extensively revised resulting in the program having two components – an e-learning module and a two hour face-to-face program. The e-learning program was developed in-house by the one FTE staff member responsible for developing many of ACT Health's e-learning modules.
- In 2017-18, the new University of Canberra Hospital was being commissioned, with significant interactive workshops focussing on building positive culture and values based behaviours being undertaken with the staff at the new hospital. As part of these activities, themes of the Respect at Work program around appropriate and inappropriate behaviour in the workplace were included. Over 300 staff participated in these workshops.
- Further development programs will be developed to support the new Alternate Dispute Resolution approach to bullying matters.

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ANNUAL REPORT HEARING BRIEF

GBC18/688 - 92

Portfolio/s: Health and Wellbeing**ISSUE: WORKPLACE HEALTH AND SAFETY****Talking points:**

- In 2017–18, 1,418 personnel incident were reports compared to 2016–17, where there were 1,454 personnel incident reports.
- One Workplace Health and Safety (WHS) improvement notice was issued by WorkSafe ACT to ACT Health. This related to an electric shock to an employee from a sandwich press on 27 July 2017. On 1 September 2017, the improvement notice was lifted by WorkSafe ACT after ACT Health demonstrated a robust system for electrical testing and tagging.
- The cause of this electric shock was a frayed cord on a sandwich press. The electrical test and tag of the electrical item was 16 days overdue (a 12 monthly inspection is required). The employee suffered superficial burns to the hand. Electrical Safety Infrastructure cut the electrical circuit almost immediately (residual current device protection) to prevent further injury. The incident has been used to improve awareness of electrical safety issues, precautions, and risk control measures.
- There were several achievements by Workplace Safety in 2017/18 that contributed to safer and healthier workplaces for employees, patients, consumers, contractors and visitors, by:
 - Providing ‘safety in design’ advice for the design of new buildings and renovation works, including the safe design of the University of Canberra Hospital;
 - Providing 3,956 free influenza vaccinations to ACT Health staff, volunteers, Visiting Medical Officers (VMOs), locums and students on clinical placement through the Occupational Medicine Unit; and
 - Providing a total of 2,144 physiotherapy clinical appointments and 615 workstation ergonomic assessments for ACT Health staff through Staff Early Intervention Physiotherapy.

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ANNUAL REPORT HEARING BRIEF

- Workplace Safety progressed several WHS improvement activities in 2017–18, including the drafting the *ACT Health Work Health Safety Strategic Plan 2018–2022*.
- A key project under the plan is to gain a collective understanding of occupational violence exposures across the organisation and to identify systemic risk control opportunities to reduce harm to staff. Work has already commenced to support this project.
- **Target 1 – Reduce the incidence rate of claims resulting in one or more weeks off work by at least 30 per cent**
 - Since 2012, ACT Health has consistently reduced the number of new Comcare claims resulting in one or more weeks off work per 1000 employees.
 - ACT Health’s Target 1 result for 2017-18 of 7.06 has also exceeded ACT Health’s 2017-18 target of 8.20 claims per 1000 employees.
 - Key reasons for this continued improvement include proactive work health safety prevention strategies, the Early Intervention Physiotherapy Service, training in manual handling techniques, the early identification of suitable duties for injured employees and proactive return to work case management practices.
 - Performance against this target is based on accepted Comcare claims.
- **Target 2 – a reduction of at least 30 per cent in the in the incident rate of claims for musculoskeletal disorders resulting in one or more weeks off work**
 - ACT Health has continued to reduce the incident rate of claims for musculoskeletal disorders (MSD) resulting in one or more weeks off work.
 - ACT Health’s Target 2 result for 2017-18 of 4.95 has exceeded ACT Health’s 2017-18 target of 6.03 claims per 1000 employees.
 - Key reasons for this continued improvement include proactive work health safety prevention strategies, the Early Intervention Physiotherapy Service, training in manual handling techniques, the early identification of suitable duties for injured employees and proactive return to work case management practices.
 - Performance against this target is based on accepted Comcare claims.

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TRIM Ref: GBC18/688

GBC18/688 - 93

Portfolio/s: Health and Wellbeing

**ISSUE: AUDITOR-GENERAL REPORT NO. 9/2018 – ACT HEALTH’S
MANAGEMENT OF ALLEGATIONS OF MISCONDUCT AND
COMPLAINTS ABOUT INAPPROPRIATE WORKPLACE BEHAVIOUR**

Talking points:

- On 2 August 2018, the ACT Auditor-General released Report No. 9/2018 – ACT Health’s management of allegations of misconduct and complaints about inappropriate workplace behaviour.
- The Minister for Mental Health, the Director-General of the Health Directorate and I have made numerous public statements since in relation to this matter, reiterating that the ACT Government has zero tolerance for bullying and that there are safe and respectful pathways available to people wishing to raise concerns about bullying within ACT directorates. The Health Directorate and the Canberra Health Service have a range of measures in place to support staff, including:
 - Training programs to educate staff on respectful workplace behaviours, how to raise concerns about inappropriate behaviour and educate managers on how to manage complaints of inappropriate behaviour.
 - Avenues for staff to raise incidents of bullying and harassment, which include raising concerns with their Senior Manager, People and Culture (HR) Employee Services Unit and through the electronic internal incident reporting mechanism.
 - An established network of over 101 Respect Equity and Diversity (RED) Contact Officers for all professions.
 - Rigorous processes for investigating bullying appropriately and independently in line with the requirements of ACT Health Enterprise Agreements and the *Public Sector Management Act 1994*, to which all ACT Health and ACT Government employees are required to adhere.

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ANNUAL REPORT HEARING BRIEF

- Ensuring the employee against whom the allegation has been made is afforded their right to natural justice and procedural fairness in the process.
- Existing investigative processes, which still have their place for more serious matters, are often of limited assistance for interpersonal disputes in the workplace.
- Due to privacy obligations and procedural fairness, the complainant will not be informed of the outcome and sanction taken against the other individual. And investigative processes do not often deal with the relationships, but only find fact as to what has occurred.
- Where these processes fail, then there will evidently be existing processes for raising these matters internally, and potentially escalating to an investigation in accordance with the relevant enterprise agreement.
- Canberra Health Service is working on a number of short and medium term strategies and actions to shift the focus from formal investigative processes to early intervention and alternative dispute resolution, with the intention to recast existing frameworks in a way that results in a more connected approach to employee behavior and positive workplace culture, including:
 - The introduction of an Employee Advocate function, reporting directly to the CEO of the Canberra Health Service. This role will assist employees in the resolution of their workplace issues, by assisting with resolution through alternative dispute resolution mechanisms in the first instance. This role is expected to be advertised in December 2018;
 - Modifying existing Preliminary Assessment process for bullying and interpersonal disputes to prioritise early intervention and alternative dispute mechanisms, including mediation and facilitated conversations;
 - Utilising the REDCO network to assist with the introduction of this new approach;
 - An external and trusted avenue for employees of the ACT Health Directorate and the Canberra Health Service on bullying matters.

Cleared as complete and accurate: 31/10/2018
Cleared by: Executive Director Ext: 51086
Information Officer name: Janine Hammat
Contact Officer name: Jim Tosh Ext: 50006
Lead Directorate: Health

Key Information

- The report contained three recommendations, two for which ACT Health has responsibility. These recommendations were as follows:
 - Recommendation 1: ACT Health should implement training for executives and managers for the handling of allegations of potential breaches of the ACT Public Sector Code of Conduct. This training should include:
 - Managing and documenting the conduct of preliminary assessments;
 - The need to fully consider options available prior to proceeding with a misconduct investigation (eg. Underperformance management); and
 - Processes for managing and documenting allegations of breaches of the ACT Public Sector Code of Conduct.
 - Recommendation 3: ACT Health should implement awareness training for Executives and Managers to reinforce requirements for receiving, documenting and managing reports of inappropriate workplace behaviours.
- In relation to both Recommendations 1 and 3: ACT Health have trained 206 managers in undertaking Preliminary Assessments, throughout the course of the 2017/18 financial year. ACT Health now reports higher Preliminary Assessment completions than any other Directorate, according to preliminary figures for the State of the Service Report.
- The ‘*Addressing Workplace Issues – Preliminary Assessment for Managers*’ training, has increased our managers’ understanding of their legal obligations under the Enterprise Agreements to conduct preliminary assessments to address bullying complaints. The skills based component of the workshop provides managers with the skills for conducting a preliminary assessment, and appropriately documenting and reporting such matters.
- ACT Health is also currently reviewing the Preliminary Assessment training to reflect the new early intervention and Alternative Dispute Resolution mechanisms

Cleared as complete and accurate: 31/10/2018
Cleared by: Executive Director Ext: 51086
Information Officer name: Janine Hammat
Contact Officer name: Jim Tosh Ext: 50006
Lead Directorate: Health

TRIM Ref: GBC18/688

ANNUAL REPORT HEARING BRIEF

GBC18/688 - 94

Portfolio/s: Health and Wellbeing

ISSUE: ACT HEALTH ATTRACTION AND RETENTION INCENTIVES (ARIns) AND SPECIAL EMPLOYMENT ARRANGEMENTS (SEAs).

Talking points:

- There are currently 321 staff in ACT Health and Canberra Health Services covered by Attraction and Retention Incentives (ARIns) and Special Employment Arrangements (SEAs).
- This represents an increase of 39 from July 2017, primarily as a result of a group ARIn being offered to psychiatrists to address recruitment and retention issues.
- Total expenditure on ARIns/SEAs in 2017-18 was 18.7 million, the vast majority of which went to doctors and other health professionals.
- All ARIns are subject to annual review. That review process is ongoing, with particular emphasis on senior medical staff owing to the complexity and extent of arrangements for this group.

Key Information

- The outcomes of the ARIn review as it pertains to senior medical staff is currently being reviewed by the Interim Chief Executive Officer, Canberra Health Services.
- Of the 321 staff on ARIns/SEAs, 311 are in Canberra Health Services, with the remaining 10 in the Health Directorate.

Cleared as complete and accurate: 30/10/2018
Cleared by: Executive Director Ext:51086
Information Officer name: Janine Hammat
Contact Officer name: Steven Linton Ext:75569
Lead Directorate: Health



ANNUAL REPORT HEARING BRIEF

GBC18/688 - 95

Portfolio/s: Health and Wellbeing

ISSUE: NURSES AND MIDWIVES: TOWARDS A SAFER CULTURE

Talking points:

- Consultation on the Nurses and Midwives: Towards a Safer Culture Strategy has occurred to improve the safety of front-line nurses and midwives as they carry out their important health care role with our community and reduce the risks of harm in the workplace. Nurses and midwives and ACT Health employees were consulted and provided opportunities to give feedback.
- Three separate rounds of consultations were undertaken.
- A series of initiatives will be adopted, including:
 - Promoting a workplace culture of respect and empowerment;
 - Developing preventative workplace strategies, which will include adequate staffing levels and support;
 - Strengthening risk assessment practices;
 - Improving incident reporting systems, data collection and feedback;
 - Developing and reviewing dedicated staff education; and
 - Implementing an awareness campaign.
- A further round of staff consultation has occurred to further inform the Strategy.
- The Australian Nursing and Midwifery Federation (ANMF) has been involved in the consultation process.
- The Discussion Paper, Strategy and Implementation Plan have been finalised.
- The documents have been sent to Communication and Marketing for branding.

Cleared as complete and accurate:	06/11/2018	
Cleared by:	Deputy Director-General	Ext: 42147
Information Officer name:	Dr Marg McLeod	
Contact Officer name:	Danielle Rutter	Ext: 76772
Lead Directorate:	Health	

TRIM Ref: GBC18/688



ANNUAL REPORT HEARING BRIEF

- They will be presented to both the Minister for Health and Wellbeing and the Minister for Mental Health in November.

Key Information

- The project to prevent and manage workplace aggression and violence towards nurses and midwives concluded in March 2018, and a Report was forwarded to the Minister for Health and Wellbeing for consideration.
- Detailed feedback from the Minister highlighted a number of deficits in the Report that require further development, including but not limited to the need for further consultation with the ANMF, safety culture considerations, system issues with data reporting and analysis, tools for assessment, mental and physical stress issues, development of an implementation plan, and governance considerations for the Territory.
- A senior project officer was appointed to develop an action plan addressing all elements of the Ministerial feedback and comments from the ANMF.
- Further high level consultation has occurred with the ANMF, Workplace Safety, the Communication and Stakeholder Engagement team and the ACT Chief Nursing and Midwifery Officer to progress issues including the project Implementation Plan.
- A suite of documents have been developed including a Discussion Paper, Strategy and an Implementation Plan.
- The suite of documents will be presented to Minister for Health and Wellbeing and the Minister for Mental Health for consideration and endorsement.

Cleared as complete and accurate:	06/11/2018	
Cleared by:	Deputy Director-General	Ext: 42147
Information Officer name:	Dr Marg McLeod	
Contact Officer name:	Danielle Rutter	Ext: 76772
Lead Directorate:	Health	

GBC18/688 - 96

Portfolio/s: Health and Wellbeing**ISSUE: SENIOR MANAGEMENT CHANGES AT CALVARY****Talking points:**

- A new organisational structure for Calvary will see both public and private hospitals on the Bruce site report to a single Chief Executive, rather than separate Executives.
- Ms Barbara Reid has commenced as the Chief Executive for the Australian Capital Territory (ACT).
- Robust governance arrangements are in place for funding public health services delivered by Calvary, to ensure accountability and transparency of funding arrangements.

Key Information

The Canberra Times published an article on this issue on 22 July 2018 raising these points:

- A new organisational structure will see both the public and private hospitals on the Bruce site report to a single Chief Executive, rather than separate Executives.
- This restructure follows similar changes taking place at other Calvary owned facilities in NSW, Victoria, Tasmania and SA.
- The management changes at Calvary hospital in the ACT came into effect on 3 September 2018, with an eight week transition period taking place.
- The changes to management is not expected to impact upon inpatient services at the hospital.
- Calvary's Deputy Chief Executive Officer, Mr Matt Hanrahan said Calvary funding from the ACT Government will not go towards operations in the private hospital.
- Public health and hospital services at CPHB, including the emergency department, will be unaffected.
- Palliative care services at Clare Holland House will also be unaffected by the management changes.
- Territory funding will only be used for public health and hospital services.

Cleared as complete and accurate:	24/10/2018	
Cleared by:	Deputy Director-General	Ext:52248
Information Officer name:	Karen Doran	
Contact Officer name:	Jacob Fell	Ext:76230
Lead Directorate:	Health	

ANNUAL REPORT HEARING BRIEF

GBC18/688 - 97

Portfolio/s: Health and Wellbeing**ISSUE: VISITING MEDICAL OFFICER (VMO) CONTRACT NEGOTIATIONS****Talking Points:**

- The *Health Act 1993* requires that the core conditions for VMO contracts must be negotiated with the nominated negotiating agents of the VMOs with current contracts with the Territory.
- These negotiations occur approximately every three years.
- It is intended that the next round of negotiations will occur in early 2019. The exact timing will be discussed with the ACT Visiting Medical Officers Association (VMOA) and the Australian Medical Association ACT (AMA) at the next meeting of the VMO Contract Committee on 10 December 2018.
- Canberra Health Services is currently seeking nominations for negotiating agents from VMOs.

Key Information

- The VMO Contract Committee includes representatives of Canberra Health Services, Calvary Public, the VMOA and the AMA. It meets quarterly to discuss issues relating to VMO contracts.
- To date Canberra Health Services has received 28 valid nominations for negotiating agents, mostly in favour of the VMOA. The *Health Act 1993* requires that in order to be appointed, a negotiating agent must be nominated by at least 50 VMOs.
- VMO contracts currently provide for automatic annual indexation. This will occur regardless of progress on negotiations for new core conditions.

Cleared as complete and accurate: 30/10/2018
Cleared by: Executive Director Ext:51086
Information Officer name: Janine Hammat
Contact Officer name: Steven Linton Ext:75569
Lead Directorate: Health

ANNUAL REPORT HEARING BRIEF

GBC18/688 - 98

Portfolio/s: Health and Wellbeing**ISSUE:** ACT HEALTH BUDGET – CHALLENGES**Talking points:**

- The ACT Health budget (including the ACT Local Hospital Network) is set to increase to \$1.683 billion in 2018-19. This represents an increase of 4.2 per cent on the 2017-18 Budget.
- There are no significant new savings targets incorporated into the 2018-19 Budget for Health. ACT Health will, however, be required to achieve the \$10 million savings target contained in the 2017-18 Budget (which commences in 2018-19).
- ACT Health will be required to internally fund \$3.752 million (in 2018-19 only) towards the Hospital in the Home (\$4.925 million) new initiative. The outyear amounts (\$9.850 million), however, are fully funded.
- ACT Health will also be required to internally absorb the gap between 1.3 per cent and 1.9 per cent for the expected EBA pay rises in 2018-19. This is estimated to cost approximately \$6 million.

Cleared as complete and accurate: 30/10/2018
Cleared by: Chief Finance Officer Ext: 78441
Information Officer name: Trevor Vivien
Contact Officer name: Jean-Paul Donda Ext: 50915
Lead Directorate: Health

GBC18/688 - 99

Portfolio/s: Health and Wellbeing

ISSUE: CROSS BORDER REVENUE

Talking points:

- ACT Health received \$105.028 million in Cross Border revenue from other States and the Northern Territory in 2018-19. This represents an increase of \$3.748 million or 3.7 per cent on 2017-18.
- Most of this revenue (\$101.553 million) is received from New South Wales.
- In addition, the ACT received \$79.102 million from the Commonwealth via the National Health Reform Agreement for treating interstate patients in the ACT.
- The ACT also pays \$22.9 million to other States and the Northern Territory for ACT residents receiving care interstate.
- Cross Border receipts and payments are received through the ACT Local Hospital Network.

Cleared as complete and accurate:	30/10/2018	
Cleared by:	Chief Finance Officer	Ext: 78441
Information Officer name:	Trevor Vivien	
Contact Officer name:	Jean-Paul Donda	Ext: 50915
Lead Directorate:	Health	

ANNUAL REPORT HEARING BRIEF

GBC18/688 - 100

Portfolio/s: Health and Wellbeing

ISSUE: FINANCIAL STATEMENT ANALYSIS (PAGE 167 – 245)

Key Information

**HEALTH DIRECTORATE
OPERATING STATEMENT
FOR THE YEAR ENDED 30 JUNE 2018**

	Note No.	Actual 2018 \$'000	Original Budget 2018 \$'000	Actual 2017 \$'000
Income				
<i>Revenue</i>				
Controlled Recurrent Payments	3	265 993	313 371	290 692
User Charges	4	1 002 882	1 001 509	972 980
Grants from the Commonwealth		4 171	4 085	4 107
Resources Received Free of Charge		1 762	1 766	1 600
Other Revenue	5	18 590	15 121	16 821
Total Revenue		1 293 398	1 335 852	1 286 200
<i>Gains</i>				
Gains on Investments		-	-	10
Other Gains	6	1 552	992	2 266
Total Gains		1 552	992	2 276
Total Income		1 294 950	1 336 844	1 288 476
Expenses				
Employee Expenses	7	744 588	748 651	703 423
Superannuation Expenses	8	93 544	95 393	91 254
Supplies and Services	9	368 954	382 898	359 199
Depreciation and Amortisation	10	48 238	45 601	45 223
Grants and Purchased Services	11	101 024	95 149	101 162
Cost of Goods Sold	12	8 342	12 059	9 150
Other Expenses	13	10 831	7 339	18 567
Total Expenses		1 375 521	1 387 090	1 327 978
Operating (Deficit)		(80 571)	(50 246)	(39 502)
Other Comprehensive Income				
<i>Items that will not be reclassified subsequently to profit or loss</i>				
(Decrease)/increase in the Asset Revaluation Surplus	25	(2 461)	-	1 594
Total Comprehensive (Deficit)		(83 032)	(50 246)	(37 908)

Cleared as complete and accurate:

25/10/2018

Cleared by:

Chief Finance Officer

Ext: 620 78441

Information Officer name:

Trevor Vivian

Contact Officer name:

Sasith Wickramasinghe

Ext: 620 76184

Lead Directorate:

Health

ANNUAL REPORT HEARING BRIEF

HEALTH DIRECTORATE BALANCE SHEET AT 30 JUNE 2018

	Note No.	Actual 2018 \$'000	Original Budget 2018 \$'000	Actual 2017 \$'000
Current Assets				
Cash and Cash Equivalents	15	60 401	59 454	109 219
Investments		3 022	3 019	3 029
Receivables	16	33 721	42 742	32 975
Inventories	17	6 884	10 506	9 018
Other Assets	21	6 483	6 157	8 068
Total Current Assets		110 511	121 878	162 309
Non-Current Assets				
Property, Plant and Equipment	18	1 197 751	1 375 316	1 028 959
Intangible Assets	19	30 368	39 193	45 022
Other Assets	21	6 907	-	10 909
Capital Works in Progress	20	79 759	13 397	184 735
Total Non-Current Assets		1 314 785	1 427 906	1 269 625
Total Assets		1 425 296	1 549 784	1 431 934
Current Liabilities				
Payables	22	48 411	52 459	89 377
Borrowings		425	-	352
Employee Benefits	23	243 030	242 660	224 886
Other Liabilities	24	7 987	652	8 064
Total Current Liabilities		299 853	295 771	322 679
Non-Current Liabilities				
Borrowings		2 069	-	2 567
Employee Benefits	23	15 284	18 922	16 016
Other Provisions		193	-	1 462
Other Liabilities	24	13 925	4 733	15 039
Total Non-Current Liabilities		31 471	23 655	35 084
Total Liabilities		331 324	319 426	357 763
Net Assets		1 093 972	1 230 358	1 074 171
Equity				
Accumulated Funds		963 807	1 099 327	941 545
Asset Revaluation Surplus	25	130 165	131 031	132 626
Total Equity		1 093 972	1 230 358	1 074 171

Cleared as complete and accurate:

25/10/2018

Cleared by:

Chief Finance Officer

Ext: 620 78441

Information Officer name:

Trevor Vivian

Contact Officer name:

Sasith Wickramasinghe

Ext: 620 76184

Lead Directorate:

Health

Operating Deficit

- ACT Health, like most agencies, budgets to make an operating deficit. This is because agencies are not fully funded for movements in employee provisions (recreation and long service leave) or depreciation (cash funding is provided at the time of purchase of assets for their cash cost).

Revenue

- Total own source revenue of \$1,029.0 million was 1 per cent higher than the 2017-18 budget of \$1,023.5 million.
- Controlled Recurrent Payments was \$47.3 million lower than the budget mainly due to transfers to Expenses on behalf of the Territory for capital grants to Calvary Public Hospital and Winnunga Nimmityjah Aboriginal Health Service and maintaining Directorate's cash balance at appropriate liquidity levels to meet future cash requirements.
- Other Revenue was \$3.5 million higher than the budget due to refunds received from Shared Services relating to salary sacrifice arrangements from prior years.

Expenses

- Total expenses of \$1,375.5 million was within 1 per cent of the 2017-18 budget of \$1,387.1 million.
- The three largest components of expense are employee expenses which represents 54.1 per cent or \$744.6 million, supplies and services which represents 26.8 per cent or \$368.9 million, and grants and purchased services, which represents 7.3 per cent or \$101.0 million.

Assets

- The total asset position at 30 June 2018 is \$1,425.3 million, \$124.5 million lower than the budget of \$1,549.8 million. The variance reflects the timing associated with the acquisition and completion of various assets over the 2017-18 financial year.
- Property, Plant and Equipment was \$177.6 million lower than budget mainly due to completion timelines of current capital works projects being adjusted for detailed design and planning work to facilitate construction activities in an active hospital environment;
- Receivables was \$9.0 million lower than budget mainly due to lower accrued revenue for high cost drugs, patient fees and facility fees.
- Capital Works in Progress was \$66.4 million higher than budget mainly due to completion timelines of current capital works projects adjusted for detailed design and planning work to facilitate construction activities in an active hospital environment.

Liabilities

- The Directorate's liabilities for the year ended 30 June 2018, of \$331.3 million were \$11.9 million higher than the budget of \$319.4 million.
- Other Liabilities was \$16.7 million higher than budget mainly relating to the building lease for 2-6 Bowes Street Phillip for the Directorate's new office space for administrative staff and the recognition of deferred income for the portion of the

Cleared as complete and accurate:	25/10/2018	
Cleared by:	Chief Finance Officer	Ext: 620 78441
Information Officer name:	Trevor Vivian	
Contact Officer name:	Sasith Wickramasinghe	Ext: 620 76184
Lead Directorate:	Health	

ANNUAL REPORT HEARING BRIEF

University of Canberra Hospital building of which the University of Canberra will have sole use.

- Payables was \$4.0 million lower than budget mainly due to lower capital works payments owing.

Cleared as complete and accurate:	25/10/2018	
Cleared by:	Chief Finance Officer	Ext: 620 78441
Information Officer name:	Trevor Vivian	
Contact Officer name:	Sasith Wickramasinghe	Ext: 620 76184
Lead Directorate:	Health	

ANNUAL REPORT HEARING BRIEF

GBC18/688 - 101

Portfolio/s: Health and Wellbeing

**ISSUE: ACT LOCAL HOSPITAL NETWORK
DIRECTORATE FINANCIAL STATEMENT ANALYSIS (PAGE 322-344)**

Key Information

ACT LOCAL HOSPITAL NETWORK DIRECTORATE OPERATING STATEMENT FOR THE YEAR ENDED 30 JUNE 2018

	Note No.	Actual 2018 \$'000	Original Budget 2018 \$'000	Actual 2017 \$'000
Income				
<i>Revenue</i>				
Controlled Recurrent Payments	3	629 747	656 143	629 964
User Charges	4	105 028	101 280	101 225
Grants from the Commonwealth	5	385 581	362 984	344 496
Total Revenue		1 120 356	1 120 407	1 075 685
Total Income		1 120 356	1 120 407	1 075 685
Expenses				
Grants and Purchased Services	6	1 107 324	1 114 063	1 065 433
Transfer Expenses	7	6 459	6 344	6 022
Total Expenses		1 113 783	1 120 407	1 071 455
Operating Surplus		6 573	-	4 230
Total Comprehensive Income		6 573	-	4 230

- The ACT Local Hospital Network Directorate (LHN) was established to receive the payments by the Commonwealth and the ACT Government to the Local Hospital Network for services funded using activity based funding, block funded services, and a public health component. Payments from the States and Northern Territory for cross border activity are also reported through the LHN.
- This revenue is then used to purchase services from the three public hospitals operating in the ACT (Canberra Hospital, Calvary Public Hospital and the Queen Elizabeth II Family Centre) and from Clare Holland House and to pay a contribution to public health costs.

Cleared as complete and accurate: 26/10/2018
 Cleared by: Chief Finance Officer Ext: 620 78441
 Information Officer name: Trevor Vivian
 Contact Officer name: Sasith Wickramasinghe Ext: 620 76184
 Lead Directorate: Health

ANNUAL REPORT HEARING BRIEF

Revenue

- Lower Controlled Recurrent Payments revenue (\$26.4 million) is due to the Directorate not drawing down appropriation to offset increased Commonwealth funding and cross border revenue.
- Higher Commonwealth Grants (\$22.6 million) relating to revenue received due to back adjustments for actual activity levels in 2016-17 and 2017-18 financial years.
- Higher Other Revenue (\$3.7 million) relating to higher cross border revenue due to growth in health services provided to interstate residents.

Expenses

- Lower Other Expenses (\$6.6 million) mainly relating to lower cross border health expenses due to a lower number of interstate patients treated than budgeted.

Cleared as complete and accurate: 26/10/2018
Cleared by: Chief Finance Officer Ext: 620 78441
Information Officer name: Trevor Vivian
Contact Officer name: Sasith Wickramasinghe Ext: 620 76184
Lead Directorate: Health

ANNUAL REPORT HEARING BRIEF

GBC18/688 - 102

Portfolio/s: Health and Wellbeing

ISSUE: GROWTH FUNDING FOR ACT PUBLIC HOSPITALS

Talking points:

- ACT Public Hospitals are funded through the ACT Local Hospital Network (LHN) Directorate. These hospitals are: Canberra Hospital, Calvary Public Hospital, Clare Holland House and QEII. In 2018-19 this will include the University of Canberra Hospital.
- LHN expenses increased from \$1.076 billion in 2016-17 to \$1.120 billion in 2017-18. This represents an increase of 4 per cent.
- LHN expenses are set to increase by a further \$56 million in 2018-19 to \$1.176 billion, an increase of 5 per cent.
- Commonwealth funding in the LHN for 2017-18 of \$386 million included a \$22.6 million back-adjustment for activity related to 2015-16 (\$15.3 million) and 2016-17 (\$7.3 million).

Cleared as complete and accurate:	30/10/2018	
Cleared by:	Chief Finance Officer	Ext: 78441
Information Officer name:	Trevor Vivien	
Contact Officer name:	Jean-Paul Donda	Ext: 50915
Lead Directorate:	Health	

GBC18/688 - 103

Portfolio/s Health & Wellbeing

ISSUE: CONSULTANCY CONTRACTS LED BY ACT HEALTH**Talking points:**

- ACT Health Directorate engages consultants to undertake work and provide expert advice in all areas of health care delivery and planning, including health infrastructure planning and design to meet the health care needs of our growing city.
- It is not unusual for Government Departments, both Federal and State, to engage consultants for this type of work.
- There are a number of different types of consultants that ACT Health Directorate engages for specialist technical advice on projects such as these. They include:
 - Cost consultants including commercial and economic advisers;
 - Architects;
 - Master planners;
 - Health facility planners; and
 - Engineers including traffic and parking; structural; aeronautical (Surgical Procedures, Interventional Radiology and Emergency Centre), civil, geotechnical, façade and mechanical, electrical or hydraulic.
- The Contracts register is a publically available website and can be found at <https://tenders.act.gov.au>

Key Information

- For the financial period 2017-18, ACT Health Directorate entered into contracts to the value of \$95,071,964.29. This is inclusive of consultants to the value of \$16,063,137.00, contractors to the value of \$35,538,877.88, and community-based services, Goods and Works to the value of \$43,469,949.41.

Cleared as complete and accurate:	30/10/2018	
Cleared by:	Deputy Director-General	Ext: 52248
Information Officer name:		
Contact Officer name:	Tim Roach	Ext: 79063
Lead Directorate:	Health	
TRIM Ref:	GBC18/688	

GBC18/688 - 104

Portfolio/s: Health and Wellbeing**ISSUE: INTENSIVE CARE UNIT****Talking Points**

- Across Australia, hospitals experience pressures and unexpected demand on intensive care units from time to time.
- Canberra Hospital is not immune to this and also experiences periods of unusually high demand in its Intensive Care Unit (ICU).
- ACT Health Directorate and Canberra Health Services (CHS) have systems that are in place to manage the demand.
- This includes rostering additional staff to ensure clinically safe staff-to-patient ratios.
- Canberrans can be assured that should they or a loved one require urgent treatment they will receive it.
- During periods of unexpected demand, patients presenting to Canberra Hospital's Emergency Department will continue to be assessed and treated as per normal.
- Canberra Hospital has well established systems and processes in place to appropriately manage periods of high demand.
- ACT Health Directorate and Canberra Health Services are jointly examining the source of the demand and will use this information to build a future proofed strategy that encompasses a territory-wide approach to acute care services.

Background

- A period of unusually high demand in the ICU at Canberra Hospital was experienced in the week of 22 October 2018.

Cleared as complete and accurate: 15/11/2018
Cleared by: Director-General Ext: 49400
Information Officer name: Michael De'Ath
Contact Officer name: Ext:
Lead Directorate: Health

ANNUAL REPORT HEARING BRIEF

- Actions taken to manage the demand included:
 - Rostering additional staff to ensure clinically safe staff-to-patient ratios
 - One ED patient requiring ICU destination was transferred to Calvary Hospital on 25 October 2018.
 - One elective surgical procedure was postponed on 25 October 2018.
 - Clinically safe Coronary Care Unit (CCU) patients were also transferred to Calvary Hospital.
 - Clinically safe ICU patients were decanted to the CCU.
 - CHS commenced bypass for non-urgent cases.
- Two patients were transferred to Sydney for specialists burns treatment following an explosion in the community yesterday evening.
- There were no adverse patient outcomes as a result of the high demand.

Cleared as complete and accurate: 15/11/2018
Cleared by: Director-General Ext: 49400
Information Officer name: Michael De'Ath
Contact Officer name: Ext:
Lead Directorate: Health

ANNUAL REPORT HEARING BRIEF

GBC18/688 - 105

Portfolio/s: Health & Wellbeing**ISSUE: ELECTIVE SURGERY WAITING LIST****Talking points:**

- Canberra Health Services (CHS) is committed to reducing the number of people waiting beyond clinically recommended timeframes for surgery.
- CHS performed well in many specialties last year. High rates of timeliness for elective surgery were achieved in cardiac, thoracic, gynaecology, head and neck, obstetrics and vascular surgery. There were also zero longwaits in paediatric surgery, an important achievement.
- Through the 'extra surgery initiative' in 2017-18, CHS completed 13,344 surgeries, the second highest on record, and was able to reduce the number of people waiting longer than clinically recommended from 464 to 406 patients by the end of June 2018.
- In addition, CHS decreased the number of people on the waitlist by nine percent from 5,322 to 4,867 at the end of June 2018.
- The proportion of patients who had surgery on time dropped from 87 per cent to 79 per cent in 2017-18. This is because focusing on the longer waiting patients means that these patients take up a higher proportion of all patients who are removed from the waiting list, so the overall average for all patients drops.
- CHS continues to experience growth in the demand for emergency and elective surgery. The ACT Government has committed to providing \$64.7 million to be invested in elective and emergency surgeries across the ACT. With certainty of this additional funding, CHS can increase the number of elective surgeries it can deliver to around 14,000 per year.
- The funding of \$64.7 million over the next four years will also help CHS to improve access to surgical care and reduce wait times, which means better health outcomes for patients in the ACT and surrounding NSW region.

Cleared as complete and accurate:	16/10/2018	
Cleared by:	Deputy Director-General	Ext:42728
Information Officer name:	Chris Bone	
Contact Officer name:	Mark Dykgraaf	Ext:45221
Lead Directorate:	Health	

ANNUAL REPORT HEARING BRIEF

- Workforce issues in the attraction and retention of surgeons and anaesthetists in the public sector are a key challenge, most notably in the specialities where wait times are longer.

Cleared as complete and accurate: 16/10/2018
Cleared by: Deputy Director-General Ext:42728
Information Officer name: Chris Bone
Contact Officer name: Mark Dykgraaf Ext:45221
Lead Directorate: Health

GBC18/689 - 106

Portfolio/s: Health and Wellbeing**ISSUE: WORKFORCE COMPOSITION****Talking Points**

- The composition of the staff workforce within both the Canberra Health Services and ACT Health Directorate comprise of permanent, casual, temporary contractors and other non-permanent staff. This includes Administrative, Allied Health, Dental Health, Executive, General Service Officers, Nurses, Professional and Technical Officers, Junior and Senior Medical Officers and Visiting Medical Officers.
- Canberra Health Services and ACT Health Directorate utilise these various means of employment to provide a high level of service to the community.
- There are a number of reasons for these types of employment including:
 - The nominal position owner is on Higher Duties and a temporary contract has been raised to backfilling of this position. This can sometimes be extended if the nominal position owner is extended in their HDA position. The same applies for temporary transfers where positions are backfilled;
 - The nominal position owner is on maternity leave or on other long term leave. E.g. spouse on a posting to another state for a few years;
 - Graduate nurses who are employed on the Transition to Practice program are employed on a twelve month temporary contracts. Canberra Health Services have a 95 per cent retention rate for these staff;
 - People are employed on a temporary/casual basis to provide a specialised skill that is not found within the organisations which are required for a specific project. E.g. the capital funded projects; and
 - People are employed on a temporary/casual basis to assist during seasonal periods. Eg. Winter bed.

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- ACT Health Directorate Procurement are aware of these outsourced services:
 - Security;
 - Cleaning;
 - Gardening;
 - IT (with Internal Government Agency, Shared Services);
 - Finance (with Internal Government Agency, Shared Services); and
 - HR (with Internal Government Agency, Shared Services).

These are Canberra Health Services outsourced services:

- BEGIS contract at UCH;
- Agency nursing;
- Radiology offsite provider;
- Elective Joint Replacement Program at John James Private Hospital;
- Private Provider Program for other outsourced elective surgery;
- Private dental practitioners for some outsourced dental and denture services;
- Locum medical staff, visiting medical specialists and registrars in some specialties;
- Locum health professional staff;
- Purchased inpatient and outpatient services from National Capital Private Hospital from time to time in order to meet demand;
- Acute paediatric rehabilitation to community providers;
- Mother's Milkbank Pty Ltd;
- Neonatal emergency transport;
- Referrals to other hospitals for higher level services than what is provided at this hospital;
- Transcription services typing;
- Mammogram image reading;
- Translation and Interpretation Service;
- Management of renal patients in Southern NSW under governance of ACT Renal Services;
- Dialysis services operating out of CHS dialysis clinics in Belconnen and Tuggeranong;
- Cleaning contractors;
- Pharmacy courier services;

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ANNUAL REPORT HEARING BRIEF

- Chemotherapy compounding and oncology prescription management;
- Poisons information helpline;
- Linen services;
- Spiritual support services (volunteers);
- Central equipment and courier service;
- IV infusion pump contract;
- Rad onc xray dosimetry independent audit;
- Clinical records contracted coding;
- Systems support and maintenance on databases and equipment; and
- Some sanitation services.

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GBC18/688

Portfolio/s: Health & Wellbeing**ISSUE: EMERGENCY CODES****Talking points:**

- ACT hospitals and health services use nationally recognised colour codes to prepare, plan, respond and recover from internal and external emergencies. Plans for responding to emergency codes define and describe the required management roles, responsibilities, strategies, systems and arrangements. Each plan has been prepared in accordance with national standards.

Code Blacks

- A code black incident involves any incidence of violence or aggression, verbal, physical or psychological abuse, threats or other intimidating behaviour, intentional physical attacks, aggravated assault, threats with a weapon, sexual assault or illegal occupation of buildings and workplaces.
- While we can never fully remove this risk, the Government recognises the need to continually review our policies and procedures to make Canberra Health Services facilities as safe as they can be for all staff and patients.
- Patient and staff safety in our health service is extremely important, and everyone has a right to feel safe within our hospital and health services.
- The 787 Code Blacks recorded between 1 January 2018 and 30 June 2018 include all duress activations.
 - This includes false alarm activations, such as people leaning against wall-mounted duress buttons, faults or tilt-alarm activations on portable duress handsets.
 - All alarms are treated as true alarms until investigated. This system characteristic means that the data cannot be separated by false or true alarms.

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- Calvary utilises the same code black definition as CHS:
 Code Black – Personal Threat: any incidence of violence or aggression, verbal, physical or psychological abuse, threats or other intimidating behaviour, intentional physical attacks, aggravated assault, threats with a weapon, sexual assault or illegal occupation of buildings and workplaces.
- Calvary records code blacks via the RiskMan reporting system
- They do have a duress alarm system however this does not automatically record a code black if duress is pressed the officer would still need to enter a RiskMan report

Code Yellows

- Code yellow alarms can be activated by any member of staff. Canberra Health Services encourages all staff to report issues so that corrective action and re-occurrence prevention can be effectively implemented. When code yellow issues arise, CHS have multiple mitigation measures in place to maintain continuity of services and to ensure that patient, staff and visitor safety is at the forefront of the code response.
- Analysis of the code yellow data for the reporting periods in question shows that there were typically three categories of issue reported; smells, ICT issues and facilities/utilities issues. In the current reporting period of 2018, smell-related codes are trending downwards.
- This is associated with improved site awareness of regular planned generator testing across the Canberra Hospital site. Facilities/utilities and ICT-related codes are related to a variety of infrastructure type issues that are to be expected in a busy 24/7 hospital campus.

Reported Numbers (Question on Notice)

1 January 2018 to 30 June 2018:

CODE TYPE	Canberra Hospital	Calvary Public Hospital Bruce
Code Red	2	10
Code Blue	1032	142
Code Purple	0	0
Code Yellow	28	14

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Code Black	787	10
Code Brown	0	0
Code Orange	2	0

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1 January 2017 to 31 December 2017:

CODE TYPE	Canberra Hospital	Calvary Public Hospital Bruce
Code Red	9	18
Code Blue	1869	474
Code Purple	0	1
Code Yellow	30	13
Code Black	1,398	8
Code Brown	0	0
Code Orange	7	0

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ANNUAL REPORT HEARING BRIEF

GBC18/688-108

Portfolio/s: Health and Wellbeing

ISSUE: PERTUSSIS (WHOOPING COUGH) CLUSTER AT UC HIGH SCHOOL KALEEN

Talking points:

- A cluster of pertussis (whooping cough) cases has been identified at UC High School Kaleen.
- To date, 21 pertussis cases linked to UC High School Kaleen.
- There have been 20 ACT residents notified, of which 18 are year 7 students (12-13 years old), one is a year 10 student (15 years old), and one is a staff member at the school. One case is a NSW resident.
- The Communicable Disease Control (CDC) Section, Health Protection Service, Public Health, Protection and Regulation has initiated a public health response, consistent with national guidelines and this is ongoing.
- Follow up includes Public Health Nurses liaising with the case (or their parent) to ensure they stay home while infectious, as well as their GP to ensure they are prescribed appropriate antibiotics.
- The primary focus of public health follow up is to minimise the risk of transmission to high risk contacts, primarily pregnant women and infants younger than 6 months. No high risk contacts have been associated with this cluster.
- The Schools Team (under the Division of Women, Youth and Children, Canberra Health Services) visited UC Kaleen High School for their Year 7 immunisation program on 31 October 2018. At this visit, Year 7 students were provided with a pertussis-containing booster vaccine (dTpa) as well as a second dose of the HPV vaccine.
- Under the National Immunisation Program (NIP) a booster dose of pertussis-containing vaccines is routinely administered to Year 7 students (approximately 12-13 years of age).

Cleared as complete and accurate:	30/10/2018	
Cleared by:	Chief Health Officer	Ext: 50883
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Contact Officer name:		Ext:
Lead Directorate:	Health	



ANNUAL REPORT HEARING BRIEF

- Coincidentally, the first few cases in this cluster became unwell in the few days following the vaccination program.
- One teacher at UC High School Kaleen raised concerns that the 'delay' in providing the dTpa booster may have caused the cluster of cases and that the vaccine may have made some students unwell.
- HPS public health staff addressed these concerns and they were reassured.
- The vaccine does not contain any live bacteria and cannot cause pertussis illness in vaccinated individuals.
- In previous years, the Schools Team provided the dTpa and first dose of HPV vaccine in the first half of the school year. This scheduling was largely driven by logistical reasons and not due to clinical requirements.
- In 2018, due to the implementation of the meningococcal ACWY program for year 10 students, the dTpa vaccine was scheduled with the second dose of HPV in the second half of the year.
- Occurrences of meningococcal disease are more common in winter and spring, so offering meningococcal vaccinations earlier in Year 10 students is important for protecting this at-risk group against this potentially deadly disease.
- In 2019, the dTpa booster vaccine for year 7 students will return to the first half of the year (with the first dose of HPV vaccine).

Background Information

Pertussis, more commonly known as whooping cough, is a highly infectious respiratory illness caused by the bacterium *Bordetella pertussis*.

Between 1 January and 14 November 2018, there have been 198 cases of pertussis notified to ACT Health. The number of cases in 2018 is below the 5 year mean for the same time period (mean = 296 cases).

Anyone can get pertussis, with the majority of notified cases occurring among adolescents and adults.

All cases of pertussis notified to ACT Health are followed up in accordance with the Pertussis National Guidelines for Public Health Units by CDC. Follow up includes Public Health Nurses liaising with the case (or their parent) to ensure they stay home while infectious, as well as their GP to ensure they are prescribed appropriate antibiotics.

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Infants younger than six months of age are at the highest risk of severe illness, and account for the majority of pertussis-related hospitalisations and deaths.

No high risk contacts have been associated with this cluster.

Pertussis can affect people of all ages and cases are still reasonably common in the community.

Vaccination with a pertussis-containing vaccine is the most effective way to avoid pertussis infection.

Pertussis-containing vaccines are routinely administered under the National Immunisation Schedule and are given to infants at 2, 4 and 6 months of age, with booster doses given at 18 months, 4 years of age, and again in Year 7 (approximately 12-13 years of age).

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Portfolio/s: Health and Wellbeing

Health and Wellbeing

ISSUE: MANAGEMENT OF HEALTH FRAMEWORKS AND PLANS

Talking points:

ACT Health Workforce Plan 2013-2018

- ACT Health Directorate and Canberra Health Services intend to review the Workforce Plan in the light of the new organisational responsibilities. The Workforce Plan remains current pending review.

Towards Culturally Appropriate and Inclusive Services: A Coordinating Framework for ACT Health 2014-2018

- This Framework remains current. It is now under review and a revised document is programmed for completion in early 2019.

ACT Chronic Conditions Strategy 2013-2018

- This Strategy aligns with the National Strategic Framework for Chronic Conditions. A new National Strategic Framework for Chronic Conditions 2017-18 was developed to help *"all Australians live healthier lives through effective prevention and management of chronic conditions"*. This Framework is a collaborative effort of all state and territory governments, including the ACT, and provides high level guidance so we can all work towards the delivery of a more effective and coordinated national response to chronic conditions. In addition to improving the health and wellbeing of all Australians, the Framework commits to the delivery of a sustainable health system that is responsive to the increasing burden of chronic conditions in Australia. The ACT Strategy remains current and will be reviewed in light of the new National Framework.

ACT Palliative Care Services Plan 2013-2017

- Work is progressing on a Model of Palliative Care 2017-21 for the ACT and region, which will replace the ACT Palliative Care Services Plan 2013-2017. The ACT Palliative Care Services Plan 2013-17 will remain in place pending implementation of the Model of Palliative Care.

Cleared as complete and accurate:	15/11/2018	
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