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13. To provide continuity of service and to allow for future planning, AHD has developed four broad options.
14. Once endorsed, a more detailed project plan and briefing will be provided on the endorsed option.

Option 1- Targeted select tender process

15. The AHD would offer a short-term (12 month + 12 month option) contract to a provider on a select or single select basis to allow time for a full open tender process to be completed.
16. AHD is aware that CMS has received inquiries from both [REDACTED] and [REDACTED] about the program's future, however there is a risk that no provider will accept such a short-term contract.
17. This approach ensures program continuity, maintenance of the service by a third-party provider within the Local Hospital Network and would allow AHD to undertake a detailed analysis of current and future service needs whilst investigating the full spectrum of national providers.
18. On this basis there would be a continuity of current service and continuation for current staff.

Option 2 - Temporary operational responsibility by CHS prior to full open tender

19. Given the uncertainties provided by option one, AHD is simultaneously working with Women, Youth and Children (WY&C) Division of CHS on a fallback option of CHS taking over operational responsibility should AHD be unable to secure a new service provider.
20. This option would provide continuity of current service and continuation of current staff in the short term. The option also allows time for future planning and service model development.
21. The full open tender process would be for a non-government/private community service provider.
22. In the longer term, there may be challenges associated with the transfer of staffing once AHD engages a new service provider.

Option 3 – Permanent operational responsibility by CHS (no tender)

23. The WY&C Division of CHS would provide permanent, ongoing parenting support services at QEII, as an integrated component of the public program.
24. A Business Case would be developed to determine this option's Value for Money in satisfaction of the Procurement Act requirements and in respect of no tender process.
25. This option would give the ACT Government the most control of the service's transition and modernisation and provide greater continuity and certainty for existing QEII staff.

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26. The delivery of all community-based maternity and child health services by one service provider would lead to greater efficiency and effectiveness of current service offerings and would allow greater ongoing linkages between the Maternal and Child Health (MACH) services of CHS and those of QEII, including alignment with the new Maternity Services Strategy and the Sustained Nurse Home Visiting Trial being undertaken as part of the Early Support by Design project of the Human Services Cluster.
27. Bringing services into the public system reduces the diversity of providers and limits option to develop private offerings and expanded services.
28. All risks, *including financial* and others will transfer to Government.

Option 4 - Public / Private mix in service provision

29. The WY&C Division of CHS would provide public services at QEII similarly to option two but on a permanent basis. A third party could provide additional services beyond what would be offered by CHS once the Model of Care has been fully developed and elements of private service offerings have been identified. This will then go through a full open tender process.
30. The current service offering at QEII is a four-day inpatient/residential program for families with baby feeding concerns and parenting support services for a small number of Canberra families.
31. In this approach, CHS would assume responsibility for public services to the community, including to support vulnerable and disadvantaged families.
32. Similar to option three, this process would also allow the ACT Government to provide continuity of existing QEII staff and direct control over the innovation and modernisation of the service.
33. In addition, it would also provide for the enhancement of current services for the ACT community through a non-government provider and will allow the ACT Government to diversify the number of providers in the ACT.
34. This option, however, would require further identification of the desired service offerings in this space, and a more fulsome analysis of the costs involved in the delivery of those services to ensure the proper allocation of funding between CHS and any non-government provider.
35. To determine the services that are considered public and private a service review would be required. CHS has advised that there is a need for the provision of more contemporary services such as greater support for vulnerable groups and families at risk, and day therapy.
36. Once a comprehensive service review is completed, a full tender process would occur for the private services. It will take time to undergo an open tender process for the private services, but current services would be maintained through CHS.

Financial Implications

37. A comprehensive identification of desired service offerings and subsequent analysis of delivery costs to ensure the proper funding allocation is required.
38. The current CMS Agreement is valued at around \$3.5 million per annum.

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39. The ACT Government has agreed to assist CMS in covering the cost of transition, with those costs capped at a maximum of \$3 million. Payment of transition costs require substantiated evidence to be provided by CMS.

ConsultationInternal

40. This brief has been prepared jointly by the Health Services Planning and Policy, Partnerships and Programs Branches.
41. Input has been sought from Corporate Services Group of AHD regarding finance and procurement matters.

Cross Directorate

42. The WY&C Division of CHS has been consulted regarding QEII's current and future Models of Care and the practicalities of potentially taking over service provision.

External

43. AHD continues to engage with CMS concerning the transition process.

Work Health and Safety

44. Not applicable.

Benefits/Sensitivities

45. CMS has provided services to many women in Canberra for a long time, and this transition must to be handled carefully, and as much as possible in close collaboration with CMS.
46. The Australian Nursing and Midwifery Federation (ANMF) has recently written to the Director-General, AHD, seeking answers and assurances in relation to the tender process for a new provider. Answering these questions may pre-empt and compromise the public tender process. The AHD is unable to provide detailed assurances for reasons of public probity.
47. In relation to questions regarding employment conditions and continuity, while AHD will seek to ensure a smooth transition for patients and staff of QEII and CMS, as AHD is not the employer of CMS staff it cannot provide assurances regarding current and future employment conditions.
48. Throughout the negotiation process, the ACT GSO provided extensive advice in relation to AHD obligations, potential liabilities, and risks associated with the transition of business.

Communications, media and engagement implications

49. As part of any transition plan developed in consultation with CMS, the AHD will also develop a comprehensive communication and media issues management plan to support the transition. This plan outlines the media approach and associated media materials (statement, talking points, Q&As) to ensure effective media management and monitoring of the issue by AHD and the ACT Government more broadly.

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50. The plan includes strategies to provide appropriate information for reporters to ensure accurate reporting, and a community information strategy to ensure the ACT public can access necessary information about the impacts of any transition process.

Signatory Name: Carolyn Bartholomew

Phone: 5124 9699

Action Officer: Marc Emerson

Phone: 5124 9716

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ISSUE: MATERNITY SERVICES IN THE ACT

Talking points:

- The ACT Government continues to make maternity services in the ACT a priority.
- Over the next three years the ACT Government has committed \$65.5 million to continue the expansion of the Centenary Hospital for Women and Children (CHWC) to provide additional capacity and support for maternity and paediatric services.
- I have provided a submission to the current Inquiry into Maternity Services in the ACT. I understand that the Committee will be visiting the CHWC and Calvary Public Hospital Bruce (CPHB) maternity units in late February/early March 2019.
- I look forward to receiving the Committee's report and considering its findings as we expand and improve maternity services in the ACT.

Key Information

- On 18 September 2018 an inquiry into maternity services in the ACT was announced by the Chair of the Standing Committee on Health, Ageing and Community Care, Mr Michael Pettersson MLA.
- Minister Fitzharris provided a submission to the Inquiry on 20 December 2018. Prepared by the ACT Health Directorate, this was informed by advice from Canberra Health Services and CPHB.
- The Committee will visit the CHWC and CPHB in late February and early March 2019 respectively.

Cleared as complete and accurate: 25/01/2019
Cleared by: Executive Director Ext: 49808
Information Officer name: Patrick Henry
Contact Officer name: Paul Wyles Ext: 49751
Lead Directorate: Health

Background Information

- Maternity services at public hospitals in the ACT are provided in a multidisciplinary team model offering women a variety of options for their care during pregnancy, birth, and postnatally. The available options include general practitioner shared care; midwife led care; private midwife led care; and obstetrician led care.
- The safety and quality of the maternity care provided by Canberra Health Services is assured through a comprehensive clinical governance system involving the Division of Women, Youth and Children Quality and Safety Committee, Maternity Quality and Safety Committee, and the Perinatal Mortality and Morbidity Committee. The divisional committee reports to the Canberra Health Services Executive Committee and the Canberra Health Services Clinical Review Committee.

Summary of Maternity Care Options Across CHWC and CPHB

Care options	CHWC	CPHB
General practitioner shared care	✓	✓
Continuity of midwifery care	✓	✓
Private midwifery led care	✓	✓
Obstetrician led care	✓	✓
Maternity assessment unit	✓	✓
Early pregnancy assessment unit	✓	✓
Postnatal care	✓	✓
Low and acceptable risk factor pregnancies	✓	✓
Neonatal special care	✓	✓
Neonatal intensive care	✓	X
High risk factor pregnancies	✓	X

Issues

Demand for Maternity services in the ACT

- There has been significant media coverage of maternity services in the ACT and, in particular, the demand levels and the impact of that demand on staffing levels and morale. Birthing events at CHWC have increased from 2,743 in 2010-11 to 3,561 in 2016-17 (annual growth of 4.5 per cent). Increases in beds over this period have been made in line with the increase in demand.
- Canberra Health Services acknowledges the concerns raised last year by some staff at CHWC. Canberra Health Services has been working with staff and their representatives to ensure they are supported and their concerns are addressed appropriately. All issues of any nature raised by staff are fully investigated.
- Canberra Health Services recognises that all staff at CHWC are caring people who want to provide the very best care for women and their families.

- The table below shows the distribution of births across maternity services in the ACT, by month for 2017.

Month of birth (2017)	Canberra Hospital	Calvary Bruce Public	Calvary John James	Calvary Bruce Private	Private Homebirth	ACT
January	334	155	89	4	0	582
February	289	123	78	4	0	494
March	318	140	84	6	1	549
April	291	129	73	2	0	495
May	308	133	82	5	0	528
June	288	133	90	6	1	518
July	306	128	86	1	1	522
August	325	148	64	2	0	539
September	351	133	57	0	0	541
October	325	133	97	2	0	557
November	315	125	64	4	1	509
December	290	99	72	2	0	463
Total	3740	1579	936	38	4	6297
Monthly average	311.7	131.6	78	3.2	0.3	524.8



CORRESPONDENCE CLEARANCE

Subject: ANMF correspondence re Tendering process for QEII Family Centre's new provider

Number: DGC18/1455

Date Due: _____

Director-General - ACT Health: _____ Date: 21/1/19

Deputy Director-General - Corporate Services: _____ Date: _____

Alg Deputy Director-General - Health Systems, Policy and Research: _____ Date: 15/01/2019

Chief Health Officer: _____ Date: _____

Co-ordinator-General - Mental Health and Wellbeing: _____ Date: _____

Professional Leads: _____ Date: _____

Contextually Correct [x] Grammatically Correct [x] Spell Checked [x]
Position: Executive Director Area name: Policy, Partnerships & Programs
Signature: _____ Date: 21/1/19

Director - Area name: _____ Date: _____

Senior Manager -Area name: _____ Date: _____

Manager -Area name: _____ Date: _____

Communications - ACT Health Directorate: _____ Date: _____

Ministerial and Government Services - ACT Health Directorate: _____ Date: _____

Other: _____ Date: _____



ACT Health

DIRECTOR-GENERAL MINUTE

TRIM Reference No.: DGC18/1455

SUBJECT:	Letter from the Australian Nursing and Midwifery Federation concerning Queen Elizabeth II Family Centre
From:	Patrick Henry, Executive Director, Policy, Partnerships and Programs
Through:	Carolyn Bartholomew, Acting Deputy Director-General, Health Systems, Policy and Research
Critical Date:	Not applicable
Reason:	

Recommendations

That you:

Note the information contained in this brief	NOTED PLEASE DISCUSS
Agree to sign the letter at <u>Attachment B</u>	AGREED NOT AGREED PLEASE DISCUSS

Michael De'Ath
Director-General
ACT Health

21 January 2019



Purpose

To provide you information on and response to correspondence from the Australian Nursing and Midwifery Federation (ANMF) concerning the tendering process for a new service provider for the Queen Elizabeth II Family Centre (QEII).

Background

1. On 27 August 2018, the Canberra Mothercraft Society (CMS) met with the Minister for Health and Wellbeing. At this meeting, CMS indicated that it wished to transition out of service delivery at QEII.
2. Policy, Partnerships and Programs (PPP) also understands that at this meeting CMS sought, and the Minister agreed, to provide financial assistance to support CMS' costs related to the transition from service delivery, including payment of staff entitlements.
3. A final Deed of Variation (DoV) was executed between CMS and ACT Health Directorate (ACTHD) on 12 October 2018. This agreement will expire on 30 June 2019.
4. In this DoV, ACTHD agreed to fund the transition out costs.
5. These transition out costs are capped at a maximum of \$3 million, and defined to include:
 - a. any redundancy pay, pay in lieu of notice of termination, and payment of any outstanding annual and long service leave entitlements;
 - b. costs of engaging a manager on a full-time basis to facilitate transition out activities;
 - c. legal and accounting costs incurred to facilitate transition out;
 - d. business run-off activities; i.e. asset management costs associated with the disposal of plant and equipment; and
 - f. run off insurance.
6. The payment of invoices related to transition costs would be subject to CMS providing invoices with appropriate evidence to substantiate the cost as being directly related to the transition of the service as provided for in the proposed definition.

Issues

7. On 12 December 2018, the ANMF wrote to you seeking answers and assurances to a range of questions related to the tender process for a new provider. A copy of this letter is at [Attachment A](#).
8. PPP has drafted a response to the ANMF letter. A copy for your signature is at [Attachment B](#).
9. In drafting this response, PPP has been mindful that ACTHD is currently considering a number of options concerning the future operations of the QEII Family Centre.
10. Health Systems, Policy and Research is currently preparing a brief to the Minister for Health and Wellbeing to provide options for the Minister concerning the provision of a new provider.



11. Until final options are agreed, ACTHD is unable to provide specific answers to the ANMFs questions regarding the operations of the QEII Family Centre and ongoing employment of staff.
12. It is likely that there will be amendments to the current model of care to reflect a more contemporary practice and to better reflect the current and emerging needs of the community.
13. In addition, PPP is concerned that providing detailed information at this stage concerning the transition of staff may create an expectation that ACTHD is able to guarantee the transfer of staff or staffing entitlements.
14. As noted in the letter to the ANMF, QEII staff are employees of CMS, and as such, ACTHD cannot provide direct assurances related to staff entitlements, as these are governed by CMS' own enterprise agreement.
15. Similarly, ACTHD cannot compel any new provider to employ current staff of CMS nor continue the conditions of their employment.

Benefits/Sensitivities

16. The transition of service providers is likely to create a high level of anxiety amongst current CMS Staff. Staff may seek continued assurances of continuity of employment through both the ANMF and CMS management. ACTHD cannot provide such direct assurances.

Media

Have relevant communications material to support this brief been attached (communications plan, draft media release, talking points etc)? Yes No N/A

Has the Communications Branch been consulted? Yes No N/A

Signed off by:	Patrick Henry	Phone:	49808
Title:	Executive Director		
Branch:	Policy, Partnerships and Programs		
Date:	21 December 2018		

Action Officer:	Marc Emerson	Phone:	49716
Unit:	Office of the Executive Director and Strategic Support		



Australian
Nursing &
Midwifery
Federation
AUSTRALIAN CAPITAL TERRITORY

12 December 2018

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

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

Dear Mr De'Ath

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

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

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

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

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



Australian
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Federation

AUSTRALIAN CAPITAL TERRITORY

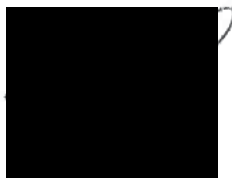
6. Further to Question 5, how will ACT Health ensure such expectations are met during the life of any agreement made with a provider?
7. What preliminary work, if any, has ACT Health conducted to scope the adequacy of the market to ensure there are potential providers who can continue providing the services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

Way Forward

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

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

Yours sincerely



ANMF ACT

**ACT**
Government**ACT Health**

Office of the Director-General



Australian Nursing and Midwifery Federation ACT
anmfact@anmfact.gov.au

Dear 

Re: Tendering Process for Queen Elizabeth II Family center new provider

Thank you for your correspondence regarding the process concerning a tendering process for a new provider for the Queen Elizabeth II Family Centre (QEII).

The ACT Government was advised in August 2018 that the Canberra Mothercraft Society (CMS) would be seeking to exit service delivery at QEII by 30 June 2019. As a result of this decision the ACT Government is currently considering a range of options to ensure the ACT community can continue to receive the high-quality care they have come to expect from QEII.

You will appreciate that until such time as a final decision in relation to the future service provision at QEII has been made, I am limited in what information I can provide to your members.

I can, however, confirm that it is the intention of the ACT Government to maintain a service at QEII. In addition, I expect both CMS and any new provider to co-operate to ensure a smooth transition of service for effected patients and staff.

While the ACT Government expects and will support a smooth transition of services, as QEII staff are not employees of the ACT Government, I am not able to provide assurances regarding continuity of employment nor entitlements for current staff. It is my expectation that such matters will be handled in accordance with the staffing agreements of CMS.

The ACT Health Directorate remains in discussion with CMS, and I anticipate that further information will be provided to CMS shortly concerning the approach that will be taken regarding the transition of the service.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Michael De'Ath'.

Michael De'Ath
Director-General

21 January 2019

Cramond, Sarah (Health)

From: Ritchie, Angela (Health) on behalf of DGACTHealth
Sent: Monday, 21 January 2019 4:27 PM
To: 'anmfact@anmfact.org.au'
Subject: Re: Tendering Process for Queen Elizabeth II Family center new provider
Attachments: Letter to Mr Daniel.pdf

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Dear 

Please see attached letter on behalf of Mr Michael De'Ath, Director-General ACT Health Directorate.

Kind regards

Angela Ritchie

Administrative Support to Director-General | ACT Health

Level 5, 2-6 Bowes Street, Woden | GPO Box 825 Canberra ACT 2601

T: (02) 5124 9403 | **E:** angela.ritchie@act.gov.au | **W:** www.health.act.gov.au

Care ▲ Excellence ▲ Collaboration ▲ Integrity

**ACT**
Government**ACT Health**

Office of the Director-General

[REDACTED]
Australian Nursing and Midwifery Federation ACT
anmfact@anmfact.gov.au

Dear [REDACTED]

Re: Tendering Process for Queen Elizabeth II Family center new provider

Thank you for your correspondence regarding the process concerning a tendering process for a new provider for the Queen Elizabeth II Family Centre (QEII).

The ACT Government was advised in August 2018 that the Canberra Mothercraft Society (CMS) would be seeking to exit service delivery at QEII by 30 June 2019. As a result of this decision the ACT Government is currently considering a range of options to ensure the ACT community can continue to receive the high-quality care they have come to expect from QEII.

You will appreciate that until such time as a final decision in relation to the future service provision at QEII has been made, I am limited in what information I can provide to your members.

I can, however, confirm that it is the intention of the ACT Government to maintain a service at QEII. In addition, I expect both CMS and any new provider to co-operate to ensure a smooth transition of service for effected patients and staff.

While the ACT Government expects and will support a smooth transition of services, as QEII staff are not employees of the ACT Government, I am not able to provide assurances regarding continuity of employment nor entitlements for current staff. It is my expectation that such matters will be handled in accordance with the staffing agreements of CMS.

The ACT Health Directorate remains in discussion with CMS, and I anticipate that further information will be provided to CMS shortly concerning the approach that will be taken regarding the transition of the service.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'De'Ath'.

Michael De'Ath
Director-General

21 January 2019

Briones, Danielle (Health)

From: Bartholomew, Carolyn (Health)
Sent: Friday, 18 January 2019 2:06 PM
To: Wall, Megan (Health)
Subject: FW:
Attachments: Model of Care QE11 - 2019.docx

UNOFFICIAL

From: Wall, Megan (Health)
Sent: Friday, 18 January 2019 2:01 PM
To: Bartholomew, Carolyn (Health) <Carolyn.Bartholomew@act.gov.au>
Subject:

UNOFFICIAL

Good afternoon Liz and Karen

Please see the attached Model of Care for the **Current** QEII service, that will be required if ACTH Directorate pursues a short term tender process.

Could I kindly request you review the document with the view that this is the current service you believe to be operating at QEII.

We have added a section in the Description of Service section of the document on the future services that should be included in a contemporary early parenting service.

Looking forward to the meeting scheduled for Monday to discuss this document.

Kind Regards
Megan

Megan Wall | Senior Project Co-ordinator
Health System Strategies & Program Support Unit | Health System Planning & Evaluation Division
(02) 5124 9674 | megan.wall@act.gov.au
2-6 Bowes Street | Woden ACT 2606 | GPO Box 825, Canberra ACT 2601
Care | Collaboration | Excellence | Integrity





- Model of Care
Queen Elizabeth II Family
Centre (QEII)- Current Service
Provision

Approvals

Position	Name	Signature	Date

Document Version History

Version	Issue Date	Issued By	Issued To	Reason for Issue
0.1		Megan wall	Karen Faichney and Elizabeth Chapman	Review

Introduction A **Model of Care (MoC)** sets out an evidence-based framework describing the right care, at the right time, by the right person / team and in the right location across the continuum of care¹. A clearly defined and articulated MoC helps ensure that all health professionals are 'viewing the same picture', working towards common goals and most importantly evaluating performance on an agreed basis².

A MoC will vary dependent upon its area of focus and can be developed for an event (e.g. injury, procedure), a condition or disease grouping (e.g. diabetes, renal) or a population group or sub group (e.g. children and young people). A MoC:

- outlines the aims, principles and elements of care
- provides the basis for how we deliver evidence-based care to every patient, every day through integrated clinical practice, education, and research, and
- contains information of patient flows (the areas from where patients enter and exit the service) and service co-ordination (the linkages required for seamless patient treatment).

Models of Care are dynamic and can be changed over time to support new evidence and more efficient ways of working. Implementation and evaluation of the model, along with the required change management, should also be addressed³.

The purpose of this MoC is to inform the Request for Tender (RFT) for a service provider to deliver the services required.

Philosophy QEII ensures the rights for the child are central to any decisions taken and seeks to maximise positive health outcomes for families while strengthening and promoting the healthy physical, social and emotional development of the child. As an Early Parenting Centre, it is our responsibility to strengthen and improve capacity of parents and other primary carers to meet the needs of their children as they grow and develop.

¹ Dept of Health, *Clinical Services Framework 2010 – 2020*, Govt of WA, 2009, p.5.

² Davidson et al, op. cit., p.49.

³ Agency for Clinical Innovation, 'Understanding the process to develop a Model of Care', vol. 1.0, Chatswood (NSW), May 2013, p.3.

Description of service QEII is an Early Parenting Centre that provides early parent health care services that specialises in post-natal and early childhood health services to families of young children up to three years of age. QEII offers programs to all families primarily within the ACT and surrounding region of NSW, that provides support for many needs, including:

- Unsettled babies
- Children with sleeping difficulties
- Complex lactation and other feeding problems
- In-risk families
- Special needs families
- Mood disorders
- Parenting support and education
- Nutritionally compromised infants
- Child behaviour difficulties.

Working in partnership with families, QEII seeks to maximise positive health outcomes for primary carers, babies and young children and for all family members, while strengthening and promoting healthy physical, social and emotional development. QEII's principal aims are to provide and promote programs that help families develop their own resources to enjoy a fulfilling family life. The purpose of QEII is to assist families with young children who need support and advice, to confidently manage the challenges of early parenting. Families vary greatly in their personal levels of education, and confidence. Effective services take account of this, beginning with parents own perceptions and experiences of their situation, and basing service on what parents can contribute. It is important that QEII takes these factors into consideration, so that engagement of families occurs. When service providers and families work collaboratively to identify family goals and priorities, services are more likely to address the families' most salient needs.

QEII currently delivers Residential Parenting Programs service directly and in partnership with maternity hospitals and Maternal and Child Health Nurses (MACH).

Future QEII services that should be included to provide a contemporary Early Parenting Support Service are:

- Community based day programs
- Parenting assessment and skill development service
- In home support programs
- Parenting and relationship education and support for mothers and fathers in prison
- Group support programs including programs for families of children with disability and programs for fathers
- Parenting advice and support through print and digital publications
- Professional support and advice in the areas of child and family health

Care Setting This MoC will utilise the existing facility based in Curtin.

Business Rules	Canberra Mothercraft Society Inc Service Delivery Model January 2017-2020.
Patient Pathway	<p>The current pathway a patient follows including pre-admission and discharge Admission, discharge, referral and clinical coding information is processed through the <i>Community Health Intake</i> (CHI) service and the <i>ACT Patient Administration System</i> (ACTPAS).</p> <p>QEII is a public hospital, utilising a primary health care model of care, providing residential services to families of young children experiencing health and behavioural difficulties in the postnatal and early childhood periods (<i>Service Funding Agreement 2013-2016 Schedule 2 Item 1 The Services (2)</i>).</p> <p><i>Pre-admission</i></p> <ul style="list-style-type: none"> ● Referral to QEII relates to the complexity and severity of the presenting issues, the frequency of interventions required to achieve resolution and the extent to which supports needs to be intensive and continuous (<i>Service Funding Agreement 2013-2016, Schedule 6 Item 11</i>). ● Clients must have accessed community-based services prior to the admission and found community-based strategies not adequate or appropriate for the effective management of the presenting issues (<i>Service Funding Agreement 2013-2016, Schedule 6 Item 11</i>). <p><i>Admission</i></p> <p>To be admitted to QEII clients must be referred and meet the QEII admission criteria (<i>2013-2016 Service Funding Agreement Schedule 6 Item 11</i>):</p> <ul style="list-style-type: none"> ● referrals for admission are accepted from health professionals or social and community service providers (Family Services (ACT) and Family and Community Services (NSW)) through CHI (<i>Service Funding Agreement 2013-2016, Schedule 2 Item 3</i>); and ● within one working day of receipt of the referral at QEII, date and times are arranged with clients for: <ul style="list-style-type: none"> ➢ admission <ul style="list-style-type: none"> - Category 1 clients admitted with 48 hours - Category 2 clients admitted within 3 weeks - Category 3 clients within 6 weeks; and ➢ pre-admission interview. <p><i>Discharge</i></p> <ul style="list-style-type: none"> ● Discharge occurs on the morning after a four-night admission. ● A copy of the discharge summary is provided to the client and their nominated care providers. ● In partnership with the family and community-based services a series of subsequent admissions, at the child developmental milestones (3 monthly in the first year and six monthly in the child's second and third year), may be arranged for families of: <ul style="list-style-type: none"> ➢ children at risk; ➢ special needs families; and ➢ behavioural problems in children and families. <p>Current treatment and discharge pathway</p>

Informed by the social determinant of health, applying the principles and practices of primary health care (*Service Funding Agreement 2013-2016, Schedule 2 Item 1*) and utilising the family partnership approach:

- assessment, care and discharge planning commence at the pre-admission interview and continues until the day of discharge;
- on admission Care Plans are developed by clinical staff with the client for each issue identified;
- the client establishes short and long-term goals and evaluates their progress for achievement throughout the admission;
- care is provided by nurses, midwives, medical officers and a client counsellor;
- continual evaluation is undertaken by the client and their care providers on the efficacy of the agreed interventions and care plans progressively evaluated and amended;
- referrals are made to community-based health and social service providers as necessary;
- ACT Pathology services may be utilised;
- using the QEII ISBAR Client Transfer Form, clients may be transferred to Canberra Hospital for evaluation or continuing care for acute issues that may be apparent on admission or arise during the admission and are beyond the scope of QEII; and
- on discharge, a QEII ISBAR Discharge Summary is provided to the client and faxed to care providers nominated by the client, including the referrer and the clients General Practitioner.

Workflow and work processes

Administrative Staff
Allied Health
Medical
Nursing

The 2013-2016 Agreement with ACT Health and subsequent Deeds of Variation are the foundation of the CMS comprehensive Model of Care. Based upon the Agreement, primary health care at QEII is provided by members of an interdisciplinary team. The social determinants of health, the principles and practices of primary health care and working in partnership with families informs the delivery of care at QEII.

Families of young children experiencing health and behavioural difficulties in the postnatal and early childhood periods are admitted (*Service Funding Agreement 2013-2016 Schedule 2 Item 1 The Services (2)*). All members of the family affected by the issue may be referred and admitted. There is always at least one child and one primary carer admitted. Health records and care plans are established for each admitted client.

The complexity and severity of the presenting issues, the frequency of interventions required to achieve resolution and the extent to which supports needs to be intensive and continuous inform the need to be admitted to QEII (*Service Funding Agreement 2013-2016, Schedule 6 Item 11*). Care is provided on a 24 hour a day, 7 days a week basis (*Service Funding Agreement 2013-2016, Schedule 2 Item 4*).

An evidenced based platform for the delivery of primary health care, called C-Frame (Connect, Collaborate, Change), is utilised by clinical staff and clients. Initial assessments and care planning are undertaken by midwives and nurses in partnership with the client. Other members of the team, counsellor and medical officers, may also form part of the care team as required. Referral may be made to community and hospital based allied health and medical services as required.

List members of the current team by profession or occupation

- Counsellor
- Medical officers (General Practitioners)
- Midwives (Registered)
- Nurses (Registered and Enrolled)

Workforce

Position/Level	FTE	Headcount	FTE	Headcount	
	2018	2018	2028	2028	Comments
Director of Nursing/Executive Officer	1.2	1			
Clinical Manager Nursing & Midwifery RNL4	1.2	1			
RNL3	0.72	1			
RNL2	6.46				
RNL1	9.6				
EN	5.74				
Counsellor	0.48	1			
Accountant	0.24	1			
ASO 2	0.5	1			
ASO 3	1.34				
ASO 5	2.05				
Clinical Coders	0.4				
Project Officer	1				
SOGB	1				
Support Services Officers	4.2				
General Practitioners	0.56	3			
Total FTE	36.69				

Service
Support
Elements

Technology requirements

- Business, accounting, data, health record management and project management software including the ACT Health clinical portal and ACTPAS
- Internet
- Computers
- Interactive whiteboard
- iPads

-
- Laptop computers
 - Phones
 - Smart television
 - Training through Capability for the use of ACT Health critical business systems including ACTPAS
 - Video conferencing facilities

Activities

Care and service delivery

QEII is a Schedule A public hospital, utilising a primary health care model of care, providing residential services to families of young children experiencing health and behavioural difficulties in the postnatal and early childhood periods (*Service Funding Agreement 2013-2016 Schedule 2 Item 1 The Services (2)*).

The admission criteria (*Service Funding Agreement 2013-2016 Schedule 6 Item 11 (1-8)*) includes:

1. Complex lactation and other feeding problems
2. Failure to thrive
3. Unsettled baby
4. Mood disorders
5. Child at risk
6. Special needs families
7. Primary carer support
8. Behavioural problems in children and families

Communication

- Annual report
- email
- Facebook
- Internet
- Newsletter
- Phone
- Reports
- Twitter
- Videoconferencing
- Website

Clinical

- CMS Service Delivery Model (Attachment B)
- Counselling
- Medical*
- Midwifery
- Nursing
- Research

Non-clinical

- Administration
 - Accounting
 - Change management
 - Financial management
-

-
- Human resource management
 - Legal services
 - Marketing
 - Project management
 - Risk management
 - Strategic management

 - Operations
 - Annual audit
 - Accounts
 - Asset management
 - Business continuity
 - Business planning
 - Business records management
 - Communications
 - Contract management
 - Cleaning services
 - Clinical coding
 - Community & public relations
 - Data entry and management
 - Facility management
 - Food services
 - Fire & emergency prevention and training
 - Grounds maintenance
 - Health records & forms management
 - Information systems
 - Insurance
 - Intellectual property
 - Internal audit
 - Legislation compliance
 - Linen services
 - Payroll
 - Procurement
 - Routine maintenance
 - Repairs
 - Reception
 - Regulatory compliance
 - Sanitary services
 - Security
 - Staff development
 - Support services

 - Safety & Quality
 - Accreditation
 - Continuous quality improvement program
 - Cultural safety program
 - Service user satisfaction program
 - Staff training and development
 - Workplace safety management
-

Accreditation, training, education and research

Accreditation current until August 2020.

Monitoring and Evaluation

- Total number of admissions to QEII annual target 1,400
- Maintain waiting time for admission of urgent cases 9equal to or less than two days)
- Maintain optimum occupancy rate (85%)
- Monitor readmission rates (<5%)
- 24 hr operation, seven days per week
- Meeting agreed service targets within budget
- Appropriate written standards, policies and protocols which cover the range of interventions, Service user education and support activities provided in the facility
- Development of agreement/business plan as a requirement in maintaining clinical standards against agreed standards and participate in an external review
- Undertake user satisfaction program
- The staffing profile mix of staff and staff development program will be appropriate in meeting the complex needs of Service Users
- All admissions meet the Residential Service Admission Criteria
- National Minimum Data Set and Activity Data
 - Number of admissions;
 - Number separations;
 - Number of readmissions;
 - Number of occupied bed days;
 - Primary reason for readmission;
 - Primary Service User admitted;
 - Subsequent admissions;
 - Source of referrals;
 - Length of stay;
 - Number of referrals/consultations with other health professionals;
 - Discharge information;
 - Emergency discharges;
 - Child protection admissions; and
 - Demographic data.

Abbreviations

Abbreviation	Description

MoC development participants

Position	Name

Emerson, Marc (Health)

From: Emerson, Marc (Health)
Sent: Wednesday, 9 January 2019 10:20 AM
To: [REDACTED] (Health)
Cc: McGregor, Leonie (Health); Bartholomew, Carolyn (Health)
Subject: RE: Request for Tender documentation

UNCLASSIFIED

Thanks [REDACTED]

Apologies for not getting back to you but I understand you also spoke to Carolyn Bartholomew who provided further clarification. I also understand that we are meeting this afternoon so Carolyn can have a site visit.

Thanks again for the information, I will pass it along to the relevant team.

Marc

From: [REDACTED] (Health)
Sent: Tuesday, 8 January 2019 6:23 PM
To: Emerson, Marc (Health) <Marc.Emerson@act.gov.au>
Cc: McGregor, Leonie (Health) <Leonie.McGregor@act.gov.au>
Subject: RE: Request for Tender documentation

UNCLASSIFIED

Hi Marc,
 I returned from leave yesterday and left a phone message with you seeking clarification. I have put this together and trust it may be useful.

Regards,

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

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



Towards Healthy Families 

Ija Mulanggari, Goodtha Mulanggari

Thriving Mothers, Thriving babies [Ngunnawal meaning]

From: Emerson, Marc (Health)
Sent: Wednesday, 2 January 2019 11:53 AM
To: [REDACTED] (Health) [REDACTED]@act.gov.au>
Subject: Request for Tender documentation

UNCLASSIFIED

Hi [REDACTED]

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

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

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

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

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

Thanks

Marc

Marc Emerson | Manager

Phone: 02 5124 9716 | Email: marc.emerson@act.gov.au

Policy, Partnerships and Programs | ACT Health Directorate | ACT Government

2-6 Bowes Street, PHILLIP ACT 2606

Emerson, Marc (Health)

From: [REDACTED] (Health)
Sent: Tuesday, 8 January 2019 6:23 PM
To: Emerson, Marc (Health)
Cc: McGregor, Leonie (Health)
Subject: RE: Request for Tender documentation
Attachments: QEII Equipment list 2018-2019 No 2.xlsx; QEII Equipment & Fitout List 2018-19.xlsx; Marc Emerson patient pathway & service information Jan 19.docx; Service Delivery Model 2017 - 2022.doc

Follow Up Flag: Follow up
Flag Status: Completed

UNCLASSIFIED


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Regards,
 [REDACTED]
 [REDACTED]

Queen Elizabeth II Family Centre
 PO Box 126
 (129 Carruthers Street)
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Sent: Wednesday, 2 January 2019 11:53 AM
To: [REDACTED] (Health) [REDACTED]@act.gov.au
Subject: Request for Tender documentation

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Thanks

Marc

Marc Emerson | Manager

Phone: 02 5124 9716 | Email: marc.emerson@act.gov.au

Policy, Partnerships and Programs | ACT Health Directorate | ACT Government
2-6 Bowes Street, PHILLIP ACT 2606.

Queen Elizabeth II Family Centre

Patient pathway

The current pathway a patient follows including pre-admission and discharge Admission, discharge, referral and clinical coding information is processed through the *Community Health Intake (CHI)* service and the *ACT Patient Administration System (ACTPAS)*.

QEII is a public hospital, utilising a primary health care model of care, providing residential services to families of young children experiencing health and behavioural difficulties in the postnatal and early childhood periods (*Service Funding Agreement 2013-2016 Schedule 2 Item 1 The Services (2)*).

Pre-admission

- Referral to QEII relates to the complexity and severity of the presenting issues, the frequency of interventions required to achieve resolution and the extent to which supports needs to be intensive and continuous (*Service Funding Agreement 2013-2016, Schedule 6 Item 11*).
- Clients must have accessed community-based services prior to the admission and found community-based strategies not adequate or appropriate for the effective management of the presenting issues (*Service Funding Agreement 2013-2016, Schedule 6 Item 11*).

Admission

To be admitted to QEII clients must be referred and meet the QEII admission criteria (*2013-2016 Service Funding Agreement Schedule 6 Item 11*):

- referrals for admission are accepted from health professionals or social and community service providers (Family Services (ACT) and Family and Community Services (NSW)) through CHI (*Service Funding Agreement 2013-2016, Schedule 2 Item 3*); and
- within one working day of receipt of the referral at QEII, date and times are arranged with clients for:
 - admission
 - Category 1 clients admitted with 48 hours
 - Category 2 clients admitted within 3 weeks
 - Category 3 clients within 6 weeks; and
 - pre-admission interview.

Discharge

- Discharge occurs on the morning after a four night admission.
- A copy of the discharge summary is provided to the client and their nominated care providers.
- In partnership with the family and community-based services a series of subsequent admissions, at the child developmental milestones (3 monthly in the first year and six monthly in the child's second and third year), may be arranged for families of:
 - children at risk;
 - special needs families; and
 - behavioural problems in children and families.

Current treatment and discharge pathway

Informed by the social determinant of health, applying the principles and practices of primary health care (*Service Funding Agreement 2013-2016, Schedule 2 Item 1*) and utilising the family partnership approach:

- assessment, care and discharge planning commence at the pre-admission interview and continues until the day of discharge;
- on admission Care Plans are developed by clinical staff with the client for each issue identified;
- the client establishes short and long-term goals and evaluates their progress for achievement throughout the admission;
- care is provided by nurses, midwives, medical officers and a client counsellor;
- continual evaluation is undertaken by the client and their care providers on the efficacy of the agreed interventions and care plans progressively evaluated and amended;
- referrals are made to community-based health and social service providers as necessary;
- ACT Pathology services may be utilised;
- using the QEII ISBAR Client Transfer Form, clients may be transferred to Canberra Hospital for evaluation or continuing care for acute issues that may be apparent on admission or arise during the admission and are beyond the scope of QEII; and
- on discharge, a QEII ISBAR Discharge Summary is provided to the client and faxed to care providers nominated by the client, including the referrer and the clients General Practitioner.

Workflow and workforce

Describe how medical, nursing, allied health and other direct care providers deliver their care

The 2013-2016 Agreement with ACT Health and subsequent Deeds of Variation are the foundation of the CMS comprehensive Model of Care. Based upon the Agreement, primary health care at QEII is provided by members of an interdisciplinary team. The social determinants of health, the principles and practices of primary health care and working in partnership with families informs the delivery of care at QEII.

Families of young children experiencing health and behavioural difficulties in the postnatal and early childhood periods are admitted (*Service Funding Agreement 2013-2016 Schedule 2 Item 1 The Services (2)*). All members of the family affected by the issue may be referred and admitted. There is always at least one child and one primary carer admitted. Health records and care plans are established for each admitted client.

The complexity and severity of the presenting issues, the frequency of interventions required to achieve resolution and the extent to which supports needs to be intensive and continuous inform the need to be admitted to QEII (*Service Funding Agreement 2013-2016, Schedule 6 Item 11*). Care is provided on a 24 hour a day, 7 days a week basis (*Service Funding Agreement 2013-2016, Schedule 2 Item 4*).

An evidenced based platform for the delivery of primary health care, called C-Frame (Connect, Collaborate, Change), is utilised by clinical staff and clients. Initial assessments and care planning are undertaken by midwives and nurses in partnership with the client. Other members of the team, counsellor and medical officers, may also form part of the care team as required. Referral may be made to community and hospital based allied health and medical services as required.

List members of the current team by profession or occupation

- Counsellor
- Medical officers (General Practitioners)
- Midwives (Registered)
- Nurses (Registered and Enrolled)

How many FTE currently required to run the service

Category	FTE
Counsellor	0.48
Medical officers	0.56
Midwives & nurses	
EN	5.74
RN L1	9.6
RN L2	6.46
RN L3	0.72
RN L4	1.2
Total	23.72
TOTAL	24.76

How many administrative staff are required to run the existing service

Category	FTE
Accountant	0.24
ASO 2	0.5
ASO 3	1.34
ASO 5	2.05
CEO	1.2
Clinical coders	0.4
Project officer	1.0
SOG B	1.0
Support services officers	4.2
TOTAL	11.93

What essential equipment and technology requirements are required for service delivery – what care and service delivery, communication, clinical and non-clinical support activities are required.

Equipment

- See attachment A

Technology requirements

- Business, accounting, data, health record management and project management software including the ACT Health clinical portal and ACTPAS
- Internet
- Computers
- Interactive whiteboard
- iPads
- Laptop computers
- Phones
- Smart television
- Training through Capability for the use of ACT Health critical business systems including ACTPAS
- Video conferencing facilities

Activities

Care and service delivery

QEII is a Schedule A public hospital, utilising a primary health care model of care, providing residential services to families of young children experiencing health and behavioural difficulties in the postnatal and early childhood periods (*Service Funding Agreement 2013-2016 Schedule 2 Item 1 The Services (2)*).

The admission criteria (*Service Funding Agreement 2013-2016 Schedule 6 Item 11 (1-8)*) includes:

1. Complex lactation and other feeding problems
2. Failure to thrive
3. Unsettled baby
4. Mood disorders
5. Child at risk
6. Special needs families
7. Primary carer support
8. Behavioural problems in children and families

Communication

- Annual report
- email
- Facebook
- Internet
- Newsletter
- Phone
- Reports
- Twitter
- Videoconferencing
- Website

Clinical

- CMS Service Delivery Model (Attachment B)
- Counselling
- Medical*
- Midwifery
- Nursing
- Research

Non-clinical

- Administration
 - Accounting
 - Change management
 - Financial management
 - Human resource management
 - Legal services
 - Marketing
 - Project management
 - Risk management
 - Strategic management

- Operations
 - Annual audit
 - Accounts
 - Asset management
 - Business continuity
 - Business planning
 - Business records management
 - Communications
 - Contract management
 - Cleaning services
 - Clinical coding
 - Community & public relations
 - Data entry and management
 - Facility management
 - Food services
 - Fire & emergency prevention and training
 - Grounds maintenance
 - Health records & forms management
 - Information systems
 - Insurance
 - Intellectual property
 - Internal audit
 - Legislation compliance
 - Linen services
 - Payroll
 - Procurement
 - Routine maintenance
 - Repairs
 - Reception
 - Regulatory compliance
 - Sanitary services
 - Security
 - Staff development
 - Support services

- Safety & Quality
 - Accreditation
 - Continuous quality improvement program
 - Cultural safety program
 - Service user satisfaction program
 - Staff training and development
 - Workplace safety management

QEII Equipment

Item	Description	Category			
Breast Pump	2 Symphony	Medical Equipment			
Breast Pump	1 Symphony	Medical Equipment			
Breast Pump	1 Symphony	Medical Equipment			
Breast Pump	1 Symphony	Medical Equipment			
Breast Pump	1 Symphony	Medical Equipment			
Breast Pump	1 Symphony	Medical Equipment			
Cot	Paediatric	Infant Furniture			
Cot	Paediatric	Infant Furniture			
Desk	Copier Rm 182 x 88cm	Office Furniture			
Desk - fitted	Reception fitted desk	Office Furniture			
Dishwasher	Washtech UD	White Goods			
Examination table	Infant exam table adjustable	Furniture			
Food Hot Box	Moduline HHT 161E	White Goods			
Refrigerator	Williams Garnet 2 door	White Goods			
Shredder	Kobra brand	Office Equipment			

**QEI FAMILY CENTRE
Assets Replacement Plan**

Item	Description	Category			
Crockery	mugs/baby	Crockery/cutlery			
Crockery	plates, dinner & side plate	Crockery/cutlery			
Crockery	Bowls	Crockery/cutlery			
Crockery	Mugs	Crockery/cutlery			
Crockery/Cutlery	child	Crockery/cutlery			
Cutlery	forks, knives, des/sp, teasp	Crockery/cutlery			
Glass	tumblers	Crockery/cutlery			
Sandwich/melt	Breville sandwich/melt toaster	Electrical			
Toaster	4 slice sunbeam cafe mate	Electrical			
Toaster	4 slice sunbeam cafe mate	Electrical			
Toaster	4 slice sunbeam cafe mate	Electrical			
Toaster	4 Slice	Electrical			
Clock Radio		Electrical			
Hairdryers		Electrical			
Stick mixer	Stick mixers for kitchens	Electrical			
Drill	Hammer drill	Electrical			
Drill	Battery drill	Electrical			
TV	LG 60" Smart TV LF6300	Electrical			
DVD Player	LG-BP250	Electrical			
DVD Player	Portable	Electrical			
DVD Player	Portable	Electrical			
DVD Player	Portable	Electrical			
Fan	Kamrook tower	Electrical			
Fan	Omega tower	Electrical			
Cordless phone	Panasonic	Electrical			
Mobile phone - Nurses	Huawei mobile	Electrical			
Mobile phone - Support	Samsung mobile	Electrical			
Sewing Machine		Electrical			
Steamer	Karcher Hand held steamer	Electrical			
Grill	Sunbeam Flip and Grill	Electrical			
Test & Tag Machine		Electrical			
Hi-Fi System	Panasonic Nurses station	Electrical			
Baby Change mat	Emmaljunga pram	Equipment			
Pram/Stroller	Emmaljunga pram s/hand	Equipment			
Pram		Equipment			
Tool Box		Equipment			
					116

QEII FAMILY CENTRE
Assets Replacement Plan

Item	Description	Category
Tools		Equipment
Child's play tunnel		Equipment
Toys and books	infant	Equipment
Bins	Client rooms (3 per room)	Equipment
340L Mobile Tub	340l mobile tub on wheels with rising base	Equipment
Ladders	Gorilla 2 step safety ladders	Equipment
Trolley	Toplift folding hand trolley	Equipment
Safety Gates	indoor child gates	Equipment
Tarket/lino		Floor Covering
Bed	Queen ensemble	Furniture
Bed	Single ensemble	Furniture
Bed	Rollaway	Furniture
Bed	Queen ensemble	Furniture
Beside Table	Beside Table	Furniture
Beside Table	Beside Table	Furniture
Bedheads		Furniture
Buffet	with sliding doors	Furniture
Cabinet	glass	Furniture
Chair	cantilever	Furniture
Chair	infant timber	Furniture
Chair	Large meeting room	Furniture
Chair	Casper plastic shell	Furniture
Chair	tub	Furniture
Stool - step	Step stool in client room	Furniture
Cupboards/hutch	infant timber	Furniture
Examination table	Infant exam table adjustable	Furniture
Lounge chair	1 seater chair	Furniture
Lounge chair	1 seater chair	Furniture
Lounge chair	2 seater chair	Furniture
Lounge chair	2 seater chair	Furniture
Lounge chair	2 seater chair	Furniture
Lounge chair	2 seater chair	Furniture/ client rm
Lounge chair	2 seater chair	Furniture/client rm
Lounge chair	Vostra chairs-lounge room	Furniture
Ottoman	Patriot chairs-lounge room	Furniture
Ottoman	10 x ottomans	Furniture
Screen	3 x ottomans	Furniture
Table	free-standing	Furniture
	coffee	Furniture

**QEII FAMILY CENTRE
Assets Replacement Plan**

Item	Description	Category			
Table	coffee (client room)	Furniture			
Table	coffee (client room)	Furniture			
Table	coffee tables (other areas)	Furniture			
Table	timber veneer 120 x 60 cm	Furniture			
Table	timber veneer 120 x 60cm with castors (lrg group rm)	Furniture			
Table	Dining Folding tables with connectors	Furniture			
Table	Dining Folding tables	Furniture			
Table	infant timber	Furniture			
Bed	trundle toddler	Infant Furniture			
Bed	trundle toddler + 2 bedheads	Infant Furniture			
Mattress	trundle toddler	Infant Furniture			
Mattress	Trundle toddler (shaped) with cover	Infant Furniture			
Bolsters	For use on trundle or queen beds	Infant Furniture			
Cot	Paediatric	Infant Furniture			
Cot (missed in previous year)	Paediatric	Infant Furniture			
Cot	Paediatric	Infant Furniture			
Highchair	Mothers Choice Happy	Infant Furniture			
Playpen	Pears highchair	Infant Furniture			
Rocker	adjustable	Infant Furniture			
Bedwraps	Double	Manchester			
Bed runners		Manchester			
Bed runners		Manchester			
Bed runners		Manchester			
Cot Sheet		Manchester			
Cot mattress covers	Hospital grade mattress covers for cots	Manchester			
Mattress Protector		Manchester			
Mattress Protector	PVC queen size	Manchester			
Mattress Protector	PVC single	Manchester			
Blankets	Cotton - king size	Manchester			
Pillow		Manchester			
Pillow protector	PVC protectors	Manchester			
Shower Curtains		Manchester			
Shower Curtains		Manchester			

QEII FAMILY CENTRE
Assets Replacement Plan

Item	Description	Category
Breast Pump	2 Symphony	Medical Equipment
Breast Pump	1 Symphony	Medical Equipment
Breast Pump	1 Symphony	Medical Equipment
Breast Pump	1 Symphony	Medical Equipment
Breast Pump	1 Symphony	Medical Equipment
Breast Pump	1 Symphony	Medical Equipment
Ophthalmoscope/otoscope		Medical Equipment
Resus Manikins	baby, junior, little Anne	Medical Equipment
Resus Manikins	2 x adult	Medical Equipment
Resus Manikins	2 x infant	Medical Equipment
Heartstart First Aid Defibrillator		Medical Equipment
Laerdal		Medical Equipment
First Aid Trainer	Laerdal	Medical Equipment
Scales	Seca 700 Column 220kg	Medical Equipment
Scales	Wedderburn (baby) IN22	Medical Equipment
Examination Light	Wesch Allyn	Medical Equipment
Stethoscope	Litman Paediatric	Medical Equipment
Linen skip	Ergo linen skip	Medical Equipment
Baby Hippy	Laerdal Hippy Baby	Medical Equipment
Computer laptop	1 x Toshiba Ultra Book	Office Equipment
Computer laptops	2 x HP15AC168T Laptops	Office Equipment
Computer and printer	CHCSS Computer/monitor & Brother printer	Office Equipment
IPAD	Apple IPAD	Office Equipment
IPAD	Apple IPAD + case	Office Equipment
Lectern		Office Equipment
Audio Visual Fitout	Audio Visual equip & install	Office Equipment
Binder	ibico thermal binder	Office Equipment
Camera and Handycam	Olympus and Sony	Office Equipment
Camera	Nikon	Office Equipment
Data Projector	sony	Office Equipment
Digital Photo Frame		Office Equipment
Display stands	display stands for quilts	Office Equipment
Guillotine		Office Equipment
Hole Punch	electric	Office Equipment
Laminator		Office Equipment
Uchida VS-25 paper drill	electric	Office Equipment
Stapler	Rapid electric	Office Equipment
Tub Trolley	with 2 bins	Office Equipment
Flat bed trolley		Office Equipment
Micro Hi-Fi System	Panasonic CD/Rc	Office Equipment

**QEII FAMILY CENTRE
Assets Replacement Plan**

Item	Description...	Category
Shelving	Dexion Shelving	Office Equipment
Shredder	Kobra brand	Office Equipment
Mobile phone	Clinical Manager	Office Equipment
Admin & Nurse's Chair	standard ergonomic	Office Furniture
Admin & Nurse's Chair	standard ergonomic	Office Furniture
Admin & Nurse's Chair	fitted ergonomic	Office Furniture
Admin Chair	standard ergonomic	Office Furniture
Admin & Nurse's Chair	standard ergonomic	Office Furniture
Admin Chair	Fitted chair	Office Furniture
Bench seat	bench seat for huddle room	Office Furniture
Book shelf	3 shelf	Office Furniture
Book shelf	5 shelf	Office Furniture
Book shelf	4 Shelf	Office Furniture
Book shelf	5 shelf	Office Furniture
Chair	admin special orders	Office Furniture
Desk	Copier Room 182 x 88cm	Office Furniture
Desk b/case return drawers	At end of corridor	Office Furniture
Desk, drawers & pigeon hole unit	Desk drawers and unit/ support office	Office Furniture
Desk	Desk Learning Centre	Office Furniture
Desk	Sit stand electric Learning Centre	Office Furniture
Desk	Sit stand electric Scanning	Office Furniture
Desk	Sit stand electric Copier rm	Office Furniture
Desk	Sit stand electric Reception	Office Furniture
Fitted desk	Reception fitted desk	Office Furniture
Cupboard 2 door	Cupboard reception	Office Furniture
Cupboard 2 door S/hand	Cupboard Learning Centre	Office Furniture
Drawers	3 drawer stationary	Office Furniture
Drawers	file bin 2 drawer	Office Furniture
Drawers	mobile locking	Office Furniture
Drawers	mobile locking	Office Furniture
Drawers	mobile locking	Office Furniture
Drawers	4 drawer reception	Office Furniture
Drawers	2 + file drawer reception	Office Furniture
Filing Cabinet	3 drawer	Office Furniture
Filing Cabinet	4 drawer	Office Furniture

QEH FAMILY CENTRE
Assets Replacement Plan

Item	Description	Category			
Hob		Office Furniture			
Hutch	Hutch reception	Office Furniture			
Hutch		Office Furniture			
Hutch	with roller door (admin off)	Office Furniture			
Storage Unit	reception	Office Furniture			
Work Stations	corner	Office Furniture			
Work Station		Office Furniture			
lockers	4 tier x 9	Office Furniture			
Barbeque	4 burner with cover	Office Furniture			
Marquee	3m x 4.5m marquee with 4 walls.	Outdoor Equipment			
Shade sail poles	Poles for large sail	Outdoor Equipment			
Shade sail	1 large sail replaced	Outdoor Equipment			
Shade sail	Replaced 1 sml, 1lrg sail	Outdoor Equipment			
Garden Shed	Large garden shed	Outdoor Equipment			
Shelving	Dexion shelving for shed	Outdoor Equipment			
Chair	devon brand outdoor	Outdoor Furniture			
Chair	devon brand outdoor	Outdoor Furniture			
Chair	(Barker)	Outdoor Furniture			
Picnic Table	Outdoor timber	Outdoor Furniture			
Table	roofed aluminium	Outdoor Furniture			
Tables	outdoor timber	Outdoor Furniture			
Tables	devon/outdoor round large	Outdoor Furniture			
Tables	devon/outdoor coffee table	Outdoor Furniture			
Tables	Beccali-Jan Juc coffee table	Outdoor Furniture			
Softfall outdoors	rubber playground surface	Playground Equip			
Clothes Dryer	5kg Fisher & Paykel	White Goods			
Clothes Dryer	4.5kg	White Goods			
Clothes Dryer	Electrolux 5.5kg	White Goods			
Cook top	Delonghi Induction cooktop	White Goods			
Dishwasher	Washtech UD	White Goods			
Freezer	Westinghouse frost free 360 ltr	White Goods			
Food Hot Box	Moduline HHT 161E plus	White Goods			
Microwave	trays electric	White Goods			
Microwave	Sharp microwave	White Goods			
Microwave	Sharp microwave	White Goods			
good Guys	Samsung 34L	White Goods			
Oven	Bonn	White Goods			
	electric	White Goods			

**QEEI FAMILY CENTRE
Assets Replacement Plan**

Item	Description	Category					
Rangehood	Modena rangehood	White Goods					
Refrigerator	Bar Fridge Pathology	White Goods					
Refrigerator	Bar fridge (medicine)	White Goods					
Refrigerator	430 ltr Westinghouse	White Goods					
Refrigerator	450ltr Haier (staff & client)	White Goods					
Refrigerator	Williams Garnet 2 door	White Goods					
Refrigerator	Hair 450Ltr (milk fridge)	White Goods					
Refrigerator	Westinghouse 100Ltr f/free (Mary's room)	White Goods					
Washing Machine	7.5kg Fisher & Paykel	White Goods					
Washing Machine	7.5kg Fisher & Paykel	White Goods					
Water unit	Billi Quadra hot & cold drinking water unit	White Goods					
Awnings		Window treatment					
Awnings	Auto Awnings	Window treatment					
Curtains		Window treatment					
Roller blind	Auto external roller blind	Window treatment					
Venetian Blinds	(nurses station)	Window treatment					

Attachment B



Service Delivery Model

January 2017 - 2022

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1.0 Executive Summary

The purpose of this document is to provide a clear overview of the service delivery model of Primary Health Care for the Canberra Mothercraft Society (CMS) and its services provided from the Queen Elizabeth II Family Centre, one of Canberra's three public hospitals (QE II). It was developed over a four month period by the Board and the service management team and revised on two occasions. The document gives an overview of the context to the work of the Society and why QEII exists. It reflects where we are now and aspects of where we would like to be in the future.

The document outlines the Primary Health Care Model, which is underpinned by the principles and practices of health promotion, and the platform for the delivery of care - C Frame. This document also outlines the scope of care and linkages and partnerships. Managing, leading and organising services to meet the demands and needs of families of young children as well as future workforce requirements will continue to be an ongoing challenge into the future.

CMS as an organisation has been evolving and changing for over eighty years, and has always striven to be relevant to the context of community at that time. During the late 20th Century and now into the new millennium, the history, context and evidence provides a strong direction for CMS's work in primary health care and early parenting. It is now well known that the effects of early life last a lifetime and that there is substantial evidence that factors operating in early life, including pregnancy and early childhood, sets the foundation for a child's future social, physical, emotional and mental well being throughout life.

The Service Delivery Model and the Strategic Plan both inform each other. This foundational document will continue to be adapted as we evolve and as substantial new evidence comes to light. The strategic direction has a focus of 5 years at which time it is reviewed and changed. QEII is one of the ACT's leading non-government primary health care service providers, and is known and respected throughout Canberra and the surrounding region for its knowledge and evidence-based approach to primary health care, and for its support to families with babies and young children, particularly in the 0-3 years. QEII works from a holistic perspective and routinely involves all primary carers, including mother, fathers and other primary carers both within and outside of the family of origin. CMS also successfully undertakes community development activities in several locations and continues to promote resources and supports be available to families in the ACT community.

CMS has always been about promoting and protecting the interests and rights of children and recognises that in our society the family remains the primary means for meeting the needs of young children. Working in partnership with families, QEII ensures that the rights for the child are central to any decisions taken and seeks to maximise positive health outcomes for families while strengthening and promoting the healthy physical, social and emotional development of the child. We know that it is important to view children in the context of broader ecologies – families, schools, neighbourhoods, churches

and communities. As a primary health care service it is our responsibility to strengthen and improve the capacity of parents and other primary carers to meet the needs of their children as they grow and develop.

The focus of CMS programs is to offer families support and assistance through its health service based at QEII and through its community development programs. We cannot do this on our own and it is a collaborative effort with sponsors, partners, universities, government and non government services. We take a transformational approach to service development and enhancement which is underpinned by our vision and values and has to be through strong partnerships and delivered locally to families.

We know there are no quick fixes that actually work. In order to improve the quality of life of children and families; therefore we purposefully take a primary health care preventive and long-term approach that is developmental in nature and one that operates in coordination with other forces in a child's life. We are also purposefully mindful that effective programs need to be linked with other systems of support and intervention to ensure they can produce and sustain their impacts over time. They also are based upon research and service development and quality professional staff having effective management support structures in place and ongoing staff development opportunities.

The principles of social inclusion provide a way of looking today and into the future at the well-being of children and families and has potential to frame a national dialogue around the creation of a just, healthy and inclusive society. This commitment affirms the need for targeted programs for vulnerable groups, programs that aim to reduce the distance between the everyday lives and the life outcomes for vulnerable and other children. Targeted programs, whether they are mainstream or discrete, acknowledge that children and families, who are vulnerable for whatever reason, will need additional support and resources if their childhoods are to be healthy and to be rich in relationships and interactions that support their social and emotional health, general wellbeing and development. Universal programs provide the framework of commitment to all children within which to sit the targeted programs necessary to achieve the social inclusion of all children¹.

2.0 Context

2.1 History and global context

CMS operates within a territory-wide context in the ACT and is recognized as a leading resource for families with babies and young children. CMS also provides services to families from the surrounding regions of NSW. CMS' history reflects the changing nature of service delivery to the families and communities it serves, as well as organizational adaptation, continual improvement and renewal.

QEII recognizes that the family remains the primary means for meeting the needs of young children. Family and family circumstances have evolved over the last two or three decades which means that the demands on families are higher and society is less homogenous. Changing family contexts and raised expectations of self and others, the variability of parenting wisdom being supported by extended families, the increase of all primary carers in the workforce and the rising costs of living without growth in wages, all contribute to make it increasingly challenging to be a parent.

Many parents have high expectations of how they should be managing, and often have a fear of 'getting it wrong'. This perceived locus of control creates high anxiety levels which are often reflected in their abilities to parent by being physically, socially and emotionally available to their children. As evidence reveals, this anxiety can have a direct impact on the wellbeing of the child and the attachment of the parent and child.

2.2 Specific factors influencing service provision

2.2.1 Demand for services

The demand for services and the factors which affect this demand has been escalating over time. Factors affecting demand for services include:

- the rise in birth rate;
- housing affordability and lack of acceptable alternative accommodation options;
- increasing prevalence of mental health issues and complexity of client issues;
- poverty and financial crises/hardship with increased reliance upon credit;
- consumers increased knowledge and expectations;
- substance misuse;
- gambling issues;

-
- an increase in culturally diverse families;
 - children caring for adults with a disability or affected by substance abuse;
 - generational effects of the “stolen generation”;
 - increase in homelessness;
 - increasing reports of domestic violence;
 - the difficulty of Government community health services to respond to unmet demands; and
 - changing Federal and State Government legislation; and
 - changing governmental contractual and fiscal initiatives.

The dynamic operating environment continues to affect QEII and other non-government services. Should funding allocation and availability of appropriately qualified staff not match demand for services this may result in reduced service quality, accessibility and availability. The situation in regard to guaranteed funding into the medium and long term future and the recruitment and retention of staff, is a challenge for CMS when balancing resourcing and the provision quality services at QEII.

2.2.2 Workforce recruitment and retention

There are a number of workforce challenges confronting QEII now and into the future. These are predominantly about the shortage of midwives and nurses as well as other health professionals immersed in primary health care. With the transition to interdisciplinary team work, a range of health professionals are required for a medium/longer term strategy². Societal issues present major challenges for services in maintaining a work environment that supports the needs of professionals in today's world. Issues affecting the availability of an appropriately qualified workforce include:

- the workforce is strongly influenced by lifestyle choices and demands increasing access to part time shifts to enable them to balance family, study, and the social elements of their lives. This presents significant challenges for managers who are required to staff 24 hour per day services;
- the majority of QEII workforce are women and often manage family responsibilities;
- the average age of the current health workforce is increasing;
- the rising percentage of part time and casual employees impacts upon the need to create capacity in the organisation for succession planning, support for staff and cost efficiencies; and

- the not-for-profit sector is struggling to maintain remuneration packages that compare with Government and the broader market; and
- guaranteed Government funding for the medium and long term.

2.3 History, passion and evidence

QEII has a proud record of assisting a minimum of 1,800 clients per annum through the provision of information, parenting skills development, support and primary health care for children and their families, as well as community development programs. Families seek assistance from QEII with issues such as adjustment to parenting and mood disorders, sleep and settling difficulties, health of children, growth and development of children, nutrition (including breastfeeding, weaning and introduction of solids), behavioural issues, high risk families and unsettled babies. In addition, QEII is utilized as a resource and a way for families to forge links with their communities.

What happens to children in the early years has consequences right through the course of their lives. There are many opportunities to intervene and make a difference to the lives of children. The evidence shows the most effective time to intervene is early childhood, including the antenatal period. Supported by the evidence, CMS and its staff have a sense of mission and belief in the work they do with families and children, and the importance of the early years as a foundation for a full and productive life.

In 1993 the *ACT Maternity Services Review*³ in one of its recommendations called for a review of postnatal health services. The subsequent *Review of ACT Postnatal Health Services for Families With Infants 1995*⁴ in its review made 110 recommendations and the following specific recommendations were to have a significant impact on CMS and the way its services were run into the future:

- the existing postnatal health service be defined in terms of primary, secondary and tertiary levels of service;
- the underlying philosophy of postnatal health care be firmly based on the principles of Primary Health Care;
- clear guidelines be developed by each service to ensure there is no duplication;
- guidelines be developed that outline client target groups, catchment areas and referral criteria to ensure clients are using the most appropriate service level at any given time, therefore maximising resources;
- a tertiary level residential child and family health service be established to meet the needs of families with children up to three years of age;