



ACT
Government

**Canberra Health
Services**

FOI19-14



Dear 

Freedom of Information Request: FOI19/14

I refer to your application under section 30 of the *Freedom of Information Act 2016* (the Act), received by Canberra Health Services on 12 April 2019 in which you sought access to:

"I would like copies of documents related to maternal health services:

- 1. Documents sent to the CEO of Canberra Health Services related to Queen Elizabeth II dated from 1 October 2018 to the current day. This excludes purely administrative documents and routine reports on bed occupancy and the like.*
- 2. Documents related to the search for another organisation to run the Queen Elizabeth II Hospital dated since 1 October 2018.*
- 3. Documents prepared for tier 2 Women, Youth and Children internal committees that deal with issues related to maternity services from 1 October 2018 to the current day. These include agendas, minutes and documents prepared for the committee including reports.*
- 4. Documents prepared for the ACT Health Business Support and Infrastructure Committee related to maternity services including the Centenary Hospital, Calvary Public Hospital and Queen Elizabeth II Hospital."*

I am an Information Officer appointed by the Director-General of ACT Health under section 18 of the Act to deal with access applications made under Part 5 of the Act.

Canberra Health Services was required to provide a decision on your access application by 31 May 2019.

Decision on access

Searches were completed for relevant documents and 19 documents were identified that fall within the scope of your request.

I have included as Attachment A to this decision the schedule of relevant documents. This provides a description of each document that falls within the scope of your request and the access decision for each of those documents.

I have decided not to grant access to 4 documents, to grant access in full to 4 documents relevant to your request and partial access to 11 documents. As I consider them to be information that I would, on balance, be contrary to the public interest to disclose under the test set out in section 17 of the Act.

I have decided to grant access, under section 50 of the Act, to copies of documents with deletions applied to information that I consider would be contrary to the public interest to disclose. One document, document 16, has had information redacted that was not within the scope of the request.

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

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

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

I have decided to not grant access to 4 documents, Reference Numbers 6, 12, 13 and 15 as these documents are entirely composed of information that is considered on balance to be contrary to the public interest to disclose under the test set out in section 17 of the Act.

Public Interest Factors Favouring Disclosure

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

- Schedule 2.1(a)(i) the release of the document could be expected to promote open discussion of public affairs and enhance the government's accountability;
- Schedule 2.1(a) (ii), the release of the documents could contribute to positive and informed debate on important issues or matters of public interest.

Public Interest Factors Favouring Non-Disclosure

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

- Schedule 2.2 (a) (xv) prejudice the management function of an agency
- Schedule 2.2 (a) (xvii) prejudice the effectiveness of testing or auditing procedures

I have decided to grant partial access to 11 documents under section 50 of the Act, to copies of documents with deletions applied to information that I consider would be contrary to the public interest to disclose.

Documents 5, 7, 9, 12, 13, 15, 17 and 18 of the identified documents are composed of, or contain information that I consider, on balance, to be contrary to the public interest to disclose under the test set out in section 17 of the Act.

Public Interest Factors Favouring Disclosure

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

- Schedule 2.1(a)(i) the release of the document could be expected to promote open discussion of public affairs and enhance the government's accountability;
- Schedule 2.1(a)(ii), the release of the documents could contribute to positive and informed debate on important issues or matters of public interest.

Public Interest Factors Favouring Non-Disclosure

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

- Schedule 2.2 (a)(xv) prejudice the management function of an agency
- Schedule 2.2 (a)(xvii) prejudice the effectiveness of testing or auditing procedures

Document 6 of the identified documents are composed of, or contain information that I consider, on balance, to be contrary to the public interest to disclose under the test set out in section 17 of the Act.

Public Interest Factors Favouring Disclosure

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

- Schedule 2.1(a)(i) the release of the document could be expected to promote open discussion of public affairs and enhance the government's accountability;
- Schedule 2.1(a) (ii), the release of the documents could contribute to positive and informed debate on important issues or matters of public interest.

Public Interest Factors Favouring Non-Disclosure

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

- Schedule 2.2 (a) (xvii) prejudice the effectiveness of testing or auditing procedures

Document 8, 10 and 11 of the identified documents are composed of, or contain information that I consider, on balance, to be contrary to the public interest to disclose under the test set out in section 17 of the Act.

Public Interest Factors Favouring Disclosure

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

- Schedule 2.1(a)(i) the release of the document could be expected to promote open discussion of public affairs and enhance the government's accountability;
- Schedule 2.1(a) (ii), the release of the documents could contribute to positive and informed debate on important issues or matters of public interest.

Public Interest Factors Favouring Non-Disclosure

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

- Schedule 2.2 (a)(xv) prejudice the management function of an agency

Document 19 of the identified documents are composed of, or contain information that I consider, on balance, to be contrary to the public interest to disclose under the test set out in section 17 of the Act.

Public Interest Factors Favouring Disclosure

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

- Schedule 2.1(a)(i) the release of the document could be expected to promote open discussion of public affairs and enhance the government's accountability;
- Schedule 2.1(a) (ii), the release of the documents could contribute to positive and informed debate on important issues or matters of public interest.

Public Interest Factors Favouring Non-Disclosure

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

- Schedule 2.2 (a) (iii) prejudice security, law enforcement or public safety
- Schedule 2.2 (a) (xv) prejudice the management function of an agency
- Schedule 2.2 (a) (xvii) prejudice the effectiveness of testing or auditing procedures

Charges

Processing charges are not applicable to this request.

Online publishing – disclosure log

Under section 28 of the Act, ACT Health maintains an online record of access applications called a disclosure log. As your request sought your own personal information, section 28(6) of the Act provides that your access application will not be published in ACT Health's disclosure log.

Ombudsman review

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

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

The ACT Ombudsman
GPO Box 442
CANBERRA ACT 2601
Via email: ACTFOI@ombudsman.gov.au.

ACT Civil and Administrative Tribunal (ACAT) review

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

Further information may be obtained from the ACAT at:

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

If you have any queries concerning Canberra Health Service's processing of your request, or would like further information, please contact the FOI Coordinator on 5124 9829 or email HealthFOI@act.gov.au.

Yours sincerely



Elizabeth Chatham
Chief Operation Officer
Canberra Health Services

31 May 2019

FREEDOM OF INFORMATION REQUEST SCHEDULE

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

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

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

NAME	WHAT ARE THE PARAMETERS OF THE REQUEST	File No
<div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div>	<p><i>"I would like copies of documents related to maternal health services:</i></p> <ol style="list-style-type: none"> <i>1. Documents sent to the CEO of Canberra Health Services related to Queen Elizabeth II dated from 1 October 2018 to the current day. This excludes purely administrative documents and routine reports on bed occupancy and the like.</i> <i>2. Documents related to the search for another organisation to run the Queen Elizabeth II Hospital dated since 1 October 2018.</i> <i>3. Documents prepared for tier 2 Women, Youth and Children internal committees that deal with issues related to maternity services from 1 October 2018 to the current day. These include agendas, minutes and documents prepared for the committee including reports.</i> <i>4. Documents prepared for the ACT Health Business Support and Infrastructure Committee related to maternity services including the Centenary Hospital, Calvary Public Hospital and Queen Elizabeth II Hospital."</i> 	<p>FOI19/14</p>

Ref No	No of Folios	Description	Date	Status	Reason for non-release or deferral	Open Access release status
1	1 - 11	Emails – CHS representative for QEII service provision	8 March 2019	Full		Yes
2	12 - 17	Emails – QEII documents for review	22 January 2019	Full		Yes
3	18 – 41	Emails - Current MoC QEII	21 January 2019	Full		Yes
4	42	Email – Reference group QEII	21 December 2019	Full		Yes
5	43 - 75	WY&C Divisional Quality & Safety Meeting – Agenda & Minutes	20 March 2019	Partial	Not within scope of request Schedule 2.2 (a) (xv) Schedule 2.2 (a) (xvii)	Yes
6	76 – 85	Quality and Safety Data Bundle	December 2018	Not released	Not within scope of request Schedule 2.2 (a) (xvii)	No
7	86 - 110	WY&C Divisional Management Meeting – Agenda & Minutes	28 February 2019	Partial	Not within scope of request Schedule 2.2 (a) (xv) Schedule 2.2 (a) (xvii)	Yes
8	111 - 123	WY&C Divisional Quality & Safety Meeting – Agenda & Minutes	20 February 2019	Partial	Not within scope of request Schedule 2.2 (a) (xv)	Yes
9	124 - 165	Quality and Safety Data Bundle	December 2018	Partial	Not within scope of request Schedule 2.2 (a) (xv) Schedule 2.2 (a) (xvii)	Yes

10	166 – 197	WY&C Divisional Management Meeting – Agenda & Minutes	24 January 2019	Partial	Not within scope of request Schedule 2.2 (a) (xv)	Yes
11	198 - 210	WY&C Divisional Quality & Safety Meeting – Agenda & Minutes	13 December 2018	Partial	Not within scope of request Schedule 2.2 (a) (xv)	Yes
12	211 - 229	Quality and Safety Data Bundle	November 2018	Not released	Not within scope of request Schedule 2.2 (a) (xv) Schedule 2.2 (a) (xvii)	No
13	230 - 232	Quality and Safety Data Bundle	September 2018	Not released	Schedule 2.2 (a) (xv) Schedule 2.2 (a) (xvii)	No
14	233 - 252	WY&C Divisional Quality & Safety Meeting – Agenda & Minutes	21 November 2018	Partial	Not within scope of request Schedule 2.2 (a) (xv)	Yes
15	253 - 283	Quality and Safety Data Bundle	August 2018	Not released	Not within scope of request Schedule 2.2 (a) (xv) Schedule 2.2 (a) (xvii)	No
16	284 - 293	WY&C Divisional Management Meeting – Agenda & Minutes	20 November 2018	Partial	Not within scope of request	Yes
17	294 - 321	WY&C Divisional Management Meeting – Agenda & Minutes	26 October 2018	Partial	Not within scope of request Schedule 2.2 (a) (xv) Schedule 2.2 (a) (xvii)	Yes

18	322 - 372	WY&C Divisional Quality & Safety Meeting – Agenda & Minutes	10 October 2018	Partial	Not within scope of request Schedule 2.2 (a) (xv) Schedule 2.2 (a) (xvii)	Yes
19	373 - 474	CH&HS Division of Women Youth & Children - Quality & Safety Committee and attachments	21 November 2018	Partial	Schedule 2.2 (a) (iii) Schedule 2.2 (a) (xv) Schedule 2.2 (a) (xvii)	Yes
Total No of Docs						
19						

Whittall, Christine (Health)

From: McDonald, Bernadette (Health)
Sent: Friday, 8 March 2019 8:39 AM
To: olivia tzavalas (Olivia.Tzavalas@act.gov.au)
Subject: FW: CHS representative for QEII service provision

UNCLASSIFIED

Yes, lets get one with Liz, me and Janine.
 Thanks
 B

Bernadette McDonald
Chief Executive Officer
 Canberra Health Services

Phone: 02 5124 2728 | **Email:** bernadette.McDonald@act.gov.au
 Building 24, Level 2, Canberra Hospital, Yamba Drive, Garran ACT 2605

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**Canberra Health
 Services**

From: Chatham, Elizabeth (Health)
Sent: Thursday, 7 March 2019 11:12 AM
To: McDonald, Bernadette (Health) <Bernadette.McDonald@act.gov.au>
Cc: Hammat, Janine (Health) <Janine.Hammat@act.gov.au>
Subject: RE: CHS representative for QEII service provision

Bern,
 Let me know if you would like me to organise a meeting.
 Thanks
 Liv

Hi See below my thoughts

1. It is my understanding that if staff are transferred to CHS they cannot be transferred out to new NGO. They would stay on with us forever. You will need advice from HR re this risk. There are about 40 EFT that CHS may be left with. We could absorb some. Maybe there is an approach in business transition arrangements that can avoid this.
2. Resources would be required to manage transition in and out. 1 ADON level EFT project line manager, some HR resources and communications too. May be funding for this in QE11 funding envelope for this but that would need to be checked with CB
3. Before I said yes, if I was you, CHS needs to be fully briefed about there the transition arrangements/progress etc and clarity about what ACT Health will do and continue to do, Risk is that not much has been done in this space and CHS will be left to sort out with impossible deadlines.

Happy to discuss further. I suggest meeting with you and Michael

Elizabeth Chatham

Executive Director
Ph 02 6174 7389
Division of Women, Youth & Children

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From: McDonald, Bernadette (Health)
Sent: Thursday, 7 March 2019 10:42 AM
To: Chatham, Elizabeth (Health) <Elizabeth.Chatham@act.gov.au>
Subject: Fwd: CHS representative for QEII service provision

Just following up are you ok to do this?
Sent from my iPad

Begin forwarded message:

From: "Bartholomew, Carolyn (Health)" <Carolyn.Bartholomew@act.gov.au>
Date: 6 March 2019 at 12:12:19 pm AEDT
To: "McDonald, Bernadette (Health)" <Bernadette.McDonald@act.gov.au>
Cc: "McGregor, Leonie (Health)" <Leonie.McGregor@act.gov.au>, "De'Ath, Michael (Health)" <Michael.De'Ath@act.gov.au>
Subject: **FW: CHS representative for QEII service provision**

UNCLASSIFIED

Hello Bernadette

As you may be aware, the current provider for services at the QEII Family Centre in Curtin, Canberra Mothercraft Society, has advised of their intention to transition out from managing the service when their current contract expires 30 June 2019. The Minister has now signed off on the recommendation for a select tender process (12 month + 12 month option) to be pursued with alternate providers. We have two potential providers identified and we are currently preparing a draft Statement of Requirement to engage with them in initial discussions and we are working towards having a new provider in place prior to 30 June to ensure a smooth transition.

As a contingency, the Minister has asked that we simultaneously work with Canberra Health Service to plan for continuation of current service provision in the event that the proposed select tender process is not successful in securing a new provider before 30 June 2019. This 'option B' would see CHS assume operational management of the service in the short term prior to undertaking a full open tender process.

Whilst every effort will be made to avoid this plan being put into action, we acknowledge this as a risk and request your nomination of a suitable representative from Canberra Health Services. This representative will form part of the Steering Committee for this project and will inform the development of the CHS contingency plan, service review activities and alignment with the maternity access strategy.

I would be happy to clarify any questions that you may have.

Many thanks Carolyn

Carolyn Bartholomew | A/g Executive Group Manager
Health System Planning & Evaluation Division | Health Systems, Policy & Research Group
ACT Health Directorate | ACT Government
Level 4, 2-6 Bowes Street, Phillip ACT 2606 | GPO Box 825 Canberra ACT 2601 | www.act.health.gov.au
Phone (02) 620 52646 | Mobile 0431 297 061

Whittall, Christine (Health)

From: Chatham, Elizabeth (Health)
Sent: Friday, 8 March 2019 8:20 AM
To: McDonald, Bernadette (Health)
Subject: RE: CHS representative for QEII service provision

Have done

Elizabeth Chatham

Executive Director
 Ph 02 6174 7389
 Division of Women, Youth & Children

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From: McDonald, Bernadette (Health)
Sent: Friday, 8 March 2019 8:09 AM
To: Hammat, Janine (Health) <Janine.Hammat@act.gov.au>; Chatham, Elizabeth (Health) <Elizabeth.Chatham@act.gov.au>
Subject: RE: CHS representative for QEII service provision

UNCLASSIFIED For-Official-Use-Only

Dear Liz and Janine, all points raised are very valid. Liz I will raise these with Michael and I would appreciate if you can raise at the committee. Can I just check also that you have let Carolyn know that you will be our rep on the committee. I don't want to duplicate messages.

Thanks

B

Bernadette McDonald
 Chief Executive Officer
 Canberra Health Services

Phone: 02 5124 2728 | Email: bernadette.Mcdonald@act.gov.au
 Building 24, Level 2, Canberra Hospital, Yamba Drive, Garran ACT 2605

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**Canberra Health
 Services**

From: Hammat, Janine (Health)
Sent: Friday, 8 March 2019 7:34 AM
To: Chatham, Elizabeth (Health) <Elizabeth.Chatham@act.gov.au>; McDonald, Bernadette (Health) <Bernadette.McDonald@act.gov.au>
Subject: RE: CHS representative for QEII service provision

UNCLASSIFIED For-Official-Use-Only

Hi Liz and Bernadette,

Liz raises some really good points. If the proposal is to use their current staff in any way that will require a lot of HR support as the NGO would not be an "administrative unit" of ACTPS. Therefore anything we do in that space, I am assuming would be similar to what we had to do with Calvary staff for UCH, which ended up being much more complex than first planned. Happy to discuss.

Regards,

Janine

Janine Hammat
Executive Group Manager People and Culture
 Canberra Health Services

Phone: 02 5124 9631 | Email: janine.hammat@act.gov.au
 Level 1 Building 23, Canberra Hospital
 PO Box 11, WODEN ACT 2606

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From: Chatham, Elizabeth (Health)
Sent: Thursday, 7 March 2019 12:20 PM
To: McDonald, Bernadette (Health) <Bernadette.McDonald@act.gov.au>
Cc: Hammat, Janine (Health) <Janine.Hammat@act.gov.au>
Subject: RE: CHS representative for QEII service provision

Happy to join the committee

Elizabeth Chatham
 Executive Director
 Ph 02 6174 7389
 Division of Women, Youth & Children

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From: McDonald, Bernadette (Health)
Sent: Thursday, 7 March 2019 12:08 PM
To: Chatham, Elizabeth (Health) <Elizabeth.Chatham@act.gov.au>

Cc: Hammat, Janine (Health) <Janine.Hammat@act.gov.au>

Subject: Re: CHS representative for QEII service provision

Liz first question is can you join the committee if yes please let Carolyn know.

U and I can discuss the issues.

B

Sent from my iPhone

On 7 Mar 2019, at 11:11 am, Chatham, Elizabeth (Health) <Elizabeth.Chatham@act.gov.au> wrote:

Hi See below my thoughts

1. It is my understanding that if staff are transferred to CHS they cannot be transferred out to new NGO. They would stay on with us forever. You will need advice from HR re this risk. There are about 40 EFT that CHS may be left with. We could absorb some. Maybe there is an approach in business transition arrangements that can avoid this.
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3. Before I said yes, if I was you, CHS needs to be fully briefed about there the transition arrangements/progress etc and clarity about what ACT Health will do and continue to do, Risk is that not much has been done in this space and CHS will be left to sort out with impossible deadlines.

Happy to discuss further. I suggest meeting with you and Michael

Elizabeth Chatham

Executive Director

Ph 02 6174 7389

Division of Women, Youth & Children

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<image001.jpg>

From: McDonald, Bernadette (Health)

Sent: Thursday, 7 March 2019 10:42 AM

To: Chatham, Elizabeth (Health) <Elizabeth.Chatham@act.gov.au>

Subject: Fwd: CHS representative for QEII service provision

Just following up are you ok to do this?

Sent from my iPad

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Date: 6 March 2019 at 12:12:19 pm AEDT

To: "McDonald, Bernadette (Health)" <Bernadette.McDonald@act.gov.au>

Cc: "McGregor, Leonie (Health)" <Leonie.McGregor@act.gov.au>, "De'Ath, Michael

(Health)" <Michael.De'Ath@act.gov.au>

Subject: FW: CHS representative for QEII service provision

UNCLASSIFIED

Hello Bernadette

As you may be aware, the current provider for services at the QEII Family Centre in Curtin, Canberra Mothercraft Society, has advised of their intention to transition out from managing the service when their current contract expires 30 June 2019. The Minister has now signed off on the recommendation for a select tender process (12 month + 12 month option) to be pursued with alternate providers. We have two potential providers identified and we are currently preparing a draft Statement of Requirement to engage with them in initial discussions and we are working towards having a new provider in place prior to 30 June to ensure a smooth transition.

As a contingency, the Minister has asked that we simultaneously work with Canberra Health Service to plan for continuation of current service provision in the event that the proposed select tender process is not successful in securing a new provider before 30 June 2019. This 'option B' would see CHS assume operational management of the service in the short term prior to undertaking a full open tender process.

Whilst every effort will be made to avoid this plan being put into action, we acknowledge this as a risk and request your nomination of a suitable representative from Canberra Health Services. This representative will form part of the Steering Committee for this project and will inform the development of the CHS contingency plan, service review activities and alignment with the maternity access strategy.

I would be happy to clarify any questions that you may have.

Many thanks Carolyn

Carolyn Bartholomew | A/g Executive Group Manager
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Phone (02) 620 52646 | Mobile 0431 297 061

Whittall, Christine (Health)

From: Chatham, Elizabeth (Health)
Sent: Thursday, 7 March 2019 12:24 PM
To: Bartholomew, Carolyn (Health)
Cc: McDonald, Bernadette (Health)
Subject: FW: CHS representative for QEII service provision

Hi Carolyn,

Bernadette has asked me to advise you that the ED WYC will be the CHS representative on the Steering Committee.

Cheers Liz

Subject: FW: CHS representative for QEII service provision

UNCLASSIFIED

Hello Bernadette

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Happy to discuss further. I suggest meeting with you and Michael

Elizabeth Chatham

Executive Director
 Ph 02 6174 7389
 Division of Women, Youth & Children

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From: McDonald, Bernadette (Health)
Sent: Thursday, 7 March 2019 10:42 AM
To: Chatham, Elizabeth (Health) <Elizabeth.Chatham@act.gov.au>
Subject: Fwd: CHS representative for QEII service provision

Just following up are you ok to do this?
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From: "Bartholomew, Carolyn (Health)" <Carolyn.Bartholomew@act.gov.au>
Date: 6 March 2019 at 12:12:19 pm AEDT
To: "McDonald, Bernadette (Health)" <Bernadette.McDonald@act.gov.au>
Cc: "McGregor, Leonie (Health)" <Leonie.McGregor@act.gov.au>, "De'Ath, Michael (Health)" <Michael.De'Ath@act.gov.au>
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Many thanks Carolyn

Carolyn Bartholomew | A/g Executive Group Manager
Health System Planning & Evaluation Division | Health Systems, Policy & Research Group
ACT Health Directorate | ACT Government
Level 4, 2-6 Bowes Street, Phillip ACT 2606 | GPO Box 825 Canberra ACT 2601 | www.act.health.gov.au
Phone (02) 620 52646 | Mobile 0431 297 061

Whittall, Christine (Health)

From: McDonald, Bernadette (Health)
Sent: Wednesday, 6 March 2019 12:39 PM
To: Chatham, Elizabeth (Health)
Cc: Stevenson, Nicole (Health)
Subject: Fwd: CHS representative for QEII service provision

Liz are u happy to be our rep on this?
 Sent from my iPhone

Begin forwarded message:

From: "Bartholomew, Carolyn (Health)" <Carolyn.Bartholomew@act.gov.au>
Date: 6 March 2019 at 12:12:19 pm AEDT
To: "McDonald, Bernadette (Health)" <Bernadette.McDonald@act.gov.au>
Cc: "McGregor, Leonie (Health)" <Leonie.McGregor@act.gov.au>, "De'Ath, Michael (Health)" <Michael.De'Ath@act.gov.au>
Subject: FW: CHS representative for QEII service provision

UNCLASSIFIED

Hello Bernadette

As you may be aware, the current provider for services at the QEII Family Centre in Curtin, Canberra Mothercraft Society, has advised of their intention to transition out from managing the service when their current contract expires 30 June 2019. The Minister has now signed off on the recommendation for a select tender process (12 month + 12 month option) to be pursued with alternate providers. We have two potential providers identified and we are currently preparing a draft Statement of Requirement to engage with them in initial discussions and we are working towards having a new provider in place prior to 30 June to ensure a smooth transition.

As a contingency, the Minister has asked that we simultaneously work with Canberra Health Service to plan for continuation of current service provision in the event that the proposed select tender process is not successful in securing a new provider before 30 June 2019. This 'option B' would see CHS assume operational management of the service in the short term prior to undertaking a full open tender process.

Whilst every effort will be made to avoid this plan being put into action, we acknowledge this as a risk and request your nomination of a suitable representative from Canberra Health Services. This representative will form part of the Steering Committee for this project and will inform the development of the CHS contingency plan, service review activities and alignment with the maternity access strategy.

I would be happy to clarify any questions that you may have.

Many thanks Carolyn

Carolyn Bartholomew | A/g Executive Group Manager
 Health System Planning & Evaluation Division | Health Systems, Policy & Research Group
 ACT Health Directorate | ACT Government
 Level 4, 2-6 Bowes Street, Phillip ACT 2606 | GPO Box 825 Canberra ACT 2601 | www.act.health.gov.au
 Phone (02) 620 52646 | Mobile 0431 297 061

Lang, Samantha (Health)

From: Chatham, Elizabeth (Health)
Sent: Tuesday, 22 January 2019 9:15 AM
To: Wall, Megan (Health)
Cc: Grace, Karen (Health)
Subject: RE: QE11 documents for review [SEC=UNCLASSIFIED]

Looks good cheers And thank. Spoke to CB yesterday and QE11 is on the HM a meeting agenda this morning which I am attending. Cheers Liz

From: Wall, Megan (Health)
Sent: Monday, 21 January 2019 4:56 PM
To: Chatham, Elizabeth (Health) <Elizabeth.Chatham@act.gov.au>; Faichney, Karen (Health) <Karen.Faichney@act.gov.au>
Cc: Bartholomew, Carolyn (Health) <Carolyn.Bartholomew@act.gov.au>
Subject: QE11 documents for review
Importance: High

UNCLASSIFIED For-Official-Use-Only

Hi Liz and Karen

Thank you for meeting with me this afternoon.

I have amended the MoC document as per our discussion. I have used track changes to highlight the areas amended. Please let me know if there are any further amendments required before endorsement.

I have also attached the draft schedule for the transition please note the attached dates will need to be amended once we commence. Please let me know if there is anything I have missed in the schedule.

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
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Lang, Samantha (Health)

From: Wall, Megan (Health)
Sent: Monday, 21 January 2019 4:56 PM
To: Chatham, Elizabeth (Health); Grace, Karen (Health)
Cc: Bartholomew, Carolyn (Health)
Subject: QE11 documents for review
Attachments: CHS Transition schedule draft 21012019.docx; Model of Care QE11 - 2019 v0.2.docx

Importance: High

UNCLASSIFIED For-Official-Use-Only

Hi Liz and Karen

Thank you for meeting with me this afternoon.

I have amended the MoC document as per our discussion. I have used track changes to highlight the areas amended. Please let me know if there are any further amendments required before endorsement.

I have also attached the draft schedule for the transition please note the attached dates will need to be amended once we commence. Please let me know if there is anything I have missed in the schedule.

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

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Task Name	Duration	Start	Finish	Predecessors	% Complete	Resource Names
Transition		Fri 26/10/18			8%	
Handover Process / Activities TBC				34SS	0%	
Communications	41 days	Fri 26/10/18	Fri 21/12/18		58%	
Talking points for messaging to current CMS staff	1 day	Sat 27/10/18	Sat 27/10/18		100%	CMS
CMS to inform staff of changes	5 days	Fri 26/10/18	Thu 01/11/18		100%	CMS
ANMF informed of changes to QEII	1 day	Fri 26/10/18	Fri 26/10/18		100%	CMS
Prepare public statement and media FAQ	5 days	Mon 17/12/18	Fri 21/12/18		0%	Comms Team
Public Statement released	0 days				0%	Comms Team
Records Management Process					0%	
Clinical Records - Electronic retention, retrieval and destruction					0%	CMS
Finance Records - Electronic retention, retrieval and destruction					0%	CMS
Admin Records - Electronic retention, retrieval and destruction					0%	CMS
Employee Records - Electronic retention, retrieval and destruction					0%	CMS
Determine and implement records management system required					0%	
Clinical (TBC)					0%	CoRP
Finance (TBC)					0%	CoRP
Admin (TBC)					0%	CoRP
Employee (TBC)					0%	CoRP
HR					0%	
	10 days	Mon 21/01/19	Mon 04/02/19		0%	
CMS to provide leave liability for staff	10 days	Mon 21/01/19	Mon 04/02/19		0%	CMS
Finance					0%	

Transfer of monies to new service provider.								0%	CoR
LHN requirements								0%	CoRP
Facility	22 days	Mon 04/02/19	Tue 05/03/19					0%	
Stores / Equipment	22 days	Mon 04/02/19	Tue 05/03/19					0%	
Determine stores and equipment currently available	3 days	Mon 04/02/19	Wed 06/02/19					0%	CoRP
Determine equipment required	3 days	Thu 07/02/19	Mon 11/02/19			51		0%	CoRP
Liaise with supply regarding new service	1 day	Tue 12/02/19	Tue 12/02/19			52		0%	CoRP
Order required stores and equipment	1 day	Wed 13/02/19	Wed 13/02/19			53		0%	CoRP
Stores and Equipment delivered	14 days	Thu 14/02/19	Tue 05/03/19			54		0%	CoRP
Determine linen service	1 day	Thu 07/02/19	Thu 07/02/19			51		0%	CoRP
Maintenance	2 days	Mon 04/02/19	Tue 05/02/19					0%	
Determine maintenance required	1 day	Mon 04/02/19	Mon 04/02/19					0%	CoRP
Determine maintenance service	1 day	Tue 05/02/19	Tue 05/02/19			58		0%	CoRP
Cleaning	1 day	Mon 04/02/19	Mon 04/02/19					0%	
Determine cleaning services	1 day	Mon 04/02/19	Mon 04/02/19					0%	CoRP
Food services	1 day	Mon 04/02/19	Mon 04/02/19					0%	
Determine food services	1 day	Mon 04/02/19	Mon 04/02/19					0%	CoRP
Mail	1 day	Mon 04/02/19	Mon 04/02/19					0%	

Determine mail service	1 day	Mon 04/02/19	Mon 04/02/19		0%	CoRP
IT	1 day	Mon 04/02/19	Mon 04/02/19		0%	
Determine IT requirements	1 day	Mon 04/02/19	Mon 04/02/19		0%	CoRP
Security	1 day	Mon 04/02/19	Mon 04/02/19		0%	
Determine security requirements	1 day	Mon 04/02/19	Mon 04/02/19		0%	CoRP
Transition of service from CMS to new service provider	30 days	Fri 17/05/19	Sun 30/06/19		0%	CMS,CoRP,HR
New Service provider commences QE11 Service	0 days	Mon 01/07/19	Mon 01/07/19		0%	
Task Name	Duration	Start	Finish	Predecessors	% Complete	Resource Names
2. CHS to provide interim service delivery	20 days	Thu 20/12/18	Thu 24/01/19		0%	
HR process	20 days	Thu 20/12/18	Thu 24/01/19		0%	
Determine Staffing requirements	2 days	Thu 20/12/18	Fri 21/12/18		0%	CHS
Identify Nursing staff requirements	1 day				0%	
Identify Medical staff requirements	1 day				0%	
Identify Allied Health staff requirements	1 day				0%	
Existing Canberra Mothercraft Service staff					0%	
Liase with Legal and Insurance Unit	1 day				0%	HR
Seek legal advice regarding employment of staff	5 days				0%	
Inform/Consult with staff	20 days				0%	
Determine staff transitioning to CHS	20 days				0%	
Draft contracts	20 days				0%	
Required documentation received (police checks etc)	20 days				0%	
Employ Project Manager ADON for WYC					0%	CHS
Inform ANMF of CHS service provider	1 day				0%	CHS

Draft DS&SC	10 days				0%	CHS
DS&SC Approved by Delegate	3 days				0%	CHS
Recruitment	10 days	Thu 20/12/18	Thu 10/01/19		0%	
Advertise any nursing positions required	10 days	Thu 20/12/18	Thu 10/01/19		0%	
Determine recruitment panel	1 day	Thu 20/12/18	Thu 20/12/18		0%	
Panel to review applications	3 days				0%	
Interviews of applicants	3 days	Thu 20/12/18	Mon 24/12/18		0%	
Draft selection report	10 days	Thu 20/12/18	Thu 10/01/19		0%	
Selection report to delegate for approval	5 days	Thu 20/12/18	Thu 03/01/19		0%	
Recruitment to advertised positions complete	0 days	Thu 20/12/18	Thu 20/12/18		0%	
HR process completed	0 days				0%	
Staff induction / training					0%	
induction training identified					0%	
Mandatory training identified					0%	
Induction training complete					0%	

Lang, Samantha (Health)

From: Chatham, Elizabeth (Health)
Sent: Monday, 21 January 2019 8:53 AM
To: Raco, Ida (Health)
Subject: FW: Current MoC QEII
Attachments: Model of Care QE11 - 2019.docx

Elizabeth Chatham

Executive Director
 Ph 02 6174 7389
 Division of Women, Youth & Children

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From: Wall, Megan (Health)
Sent: Friday, 18 January 2019 2:33 PM
To: Faichney, Karen (Health) <Karen.Faichney@act.gov.au>; Chatham, Elizabeth (Health) <Elizabeth.Chatham@act.gov.au>
Cc: Bartholomew, Carolyn (Health) <Carolyn.Bartholomew@act.gov.au>
Subject: Current MoC QEII

UNCLASSIFIED For-Official-Use-Only

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

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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	18 January 2019	Megan Wall	Karen Faichney and Elizabeth Chapman	Review
0.2	21 January 2019	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.

Current Model of Care

This MoC document reflects the current QEH MoC for a Residential Parenting Program. The purpose of this MoC is to inform the Request for Tender (RFT) for a service provider to deliver the current services required. It is expected that during 2019 a full MoC and Governance Review will occur. During the review the following could be considered:

- Community based day programs
- Parenting assessment and skill development service
- In home support programs

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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.

QEII Current ~~and~~ CHHS Model of Care v0.2x

- 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
- Professional support and advice in the areas of child and family health
- Flexibility in residential program
- Direct admission from Maternity Hospitals

Philosophy QEII ensures ~~the rights for the child are~~ is 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~~ the responsibility to strengthen and improve capacity of parents and other primary carers to meet the needs of their children as they grow and develop.

Description of service QEII ~~currently delivers a referral based residential parenting~~ is an Early Parenting Centre that provides early parent health care services that ~~program 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/vulnerable families such as those with disabilities
- ~~Special needs families~~
- ~~Mood disorders~~
- Parenting support and education
- ~~Nutritionally compromised infants~~
- Child behaviour difficulties for zero to three-year old.

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 a residential program and ~~promote pr ograms that help families develop their own resources capacity~~ 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).

	<p>Future QEII services that should be included to provide a contemporary Early Parenting Support are:</p>	<p>Formatted: Right: 0 cm</p>
	<ul style="list-style-type: none"> • Community-based day programs 	<p>Formatted: Normal, Right: 0 cm, No bullets or numbering</p>
	<ul style="list-style-type: none"> • Parenting assessment and skill development service 	
	<ul style="list-style-type: none"> • In home support programs 	
	<ul style="list-style-type: none"> • Parenting and relationship education and support for mothers and fathers in prison 	
	<ul style="list-style-type: none"> • Group support programs including programs for families of children with disability and programs for fathers 	
	<ul style="list-style-type: none"> • Parenting advice and support through print and digital publications 	
	<ul style="list-style-type: none"> • Professional support and advice in the areas of child and family health 	<p>Formatted: Normal, No bullets or numbering</p>

<p>Care Setting</p>	<p>This MoC will be delivered in the utilise the existing facility based in Curtin which has the capacity to have thirteen families in a residential four-day program.</p>
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<p>Business Rules</p>	<p>Canberra Mothercraft Society Inc Service Delivery Model January 2017-2020.</p>
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<p>Patient Pathway</p>	<p>Currently the Community Health Intake (CHI) service manages all referrals to QEII and all admissions occur via ACT Patient Administration System (ACTPAS). 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).</p>	<p>Formatted: Font: 11 pt, Not Italic, Font color: Auto</p> <p>Formatted: Font: 11 pt, Font color: Auto</p> <p>Formatted: Font: 11 pt, Not Italic, Font color: Auto</p> <p>Formatted: Font: 11 pt, Font color: Auto</p> <p>Formatted: Font: Font color: Auto</p>
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QEII is a public hospital, utilising a primary health care model of care, providing residential services to families of young children experiencing health and/or 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.
- Post discharge follow-up

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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 SBAR 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 SBAR Da~~ 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

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.

Administrative Staff
 Allied Health
 Medical
 Nursing

Families of young children zero to three, experiencing health and/or 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)

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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				

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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

Clinical/Technology requirements

The residential parenting program is delivered by a multidisciplinary team comprising medical, nursing and allied health personal.

Corporate:

- Human Resources;
- Infrastructure;
- Finance;
- Reporting;
- Quality and Safety;
- Clinical Support Services; and
- Contract management
- 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

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Activities

Care and service delivery

QEH 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, Accreditation current until August 2020.
training,

 education and
 research

 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.

QEII Current ~~xxx~~ CHHS-Model of Care v0.2x

Abbreviations

Abbreviation	Description
QEII	Queen Elizabeth II Family Centre
RFT	Request for Tender
MoC	Model of Care
CHI	Community Health Intake
ACTPAS	ACT Patient Administration System

MoC development participants

Position	Name

Lang, Samantha (Health)

From: Wall, Megan (Health)
Sent: Friday, 18 January 2019 2:33 PM
To: Grace, Karen (Health); Chatham, Elizabeth (Health)
Cc: Bartholomew, Carolyn (Health)
Subject: Current MoC QEII
Attachments: Model of Care QE11 - 2019.docx

UNCLASSIFIED For-Official-Use-Only

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

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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

QEI 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 (CHI)</i> service and the <i>ACT Patient Administration System (ACTPAS)</i>.</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.
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 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

Lang, Samantha (Health)

From: Chatham, Elizabeth (Health)
Sent: Friday, 21 December 2018 5:49 PM
To: Wall, Megan (Health); Henry, Patrick (Health); Emerson, Marc (Health); Nolan, Julie (Health); Jelbart, Merryn (Health); Southwell, Hoami (Health)
Cc: Bartholomew, Carolyn (Health); Grace, Karen (Health)
Subject: RE: Reference group QE11 [SEC=UNOFFICIAL]

Please include Karen Faichney

From: Wall, Megan (Health)
Sent: Friday, 21 December 2018 2:54 PM
To: Chatham, Elizabeth (Health) <Elizabeth.Chatham@act.gov.au>; Henry, Patrick (Health) <Patrick.Henry@act.gov.au>; Emerson, Marc (Health) <Marc.Emerson@act.gov.au>; Nolan, Julie (Health) <Julie.Nolan@act.gov.au>; Jelbart, Merryn (Health) <Merryn.Jelbart@act.gov.au>; Southwell, Hoami (Health) <Hoami.Southwell@act.gov.au>
Cc: Bartholomew, Carolyn (Health) <Carolyn.Bartholomew@act.gov.au>
Subject: Reference group QE11

UNOFFICIAL

Good afternoon everyone

This is to inform you that a reference group is being established to address the QE11 transition from Canberra Mothercraft Service to another service provider.

Carolyn Bartholomew has been appointed the lead for this project and would like to invite you to be a part of the reference group.

It is planned the reference group will meet fortnightly.

The Program Support Unit (PSU) will be providing all program coordination required of this project.

Please do not hesitate to contact me if there are any issues or concerns regarding this email.

Kind Regards

Megan

Megan Wall | Senior Project Co-ordinator

Health System Strategies & Program Support Unit | Health System Planning & Evaluation Division

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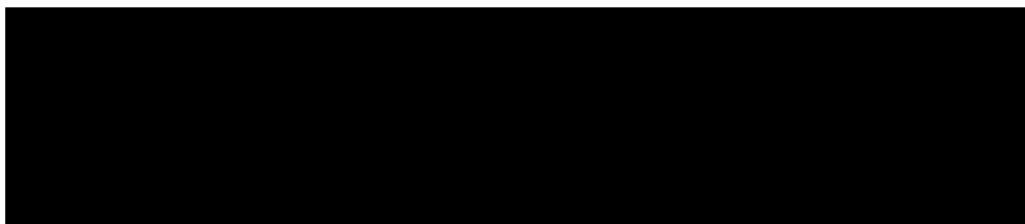
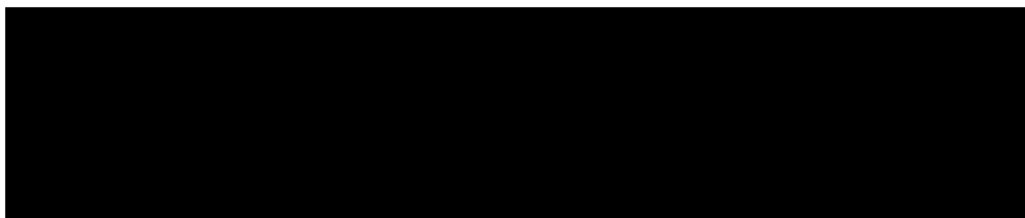
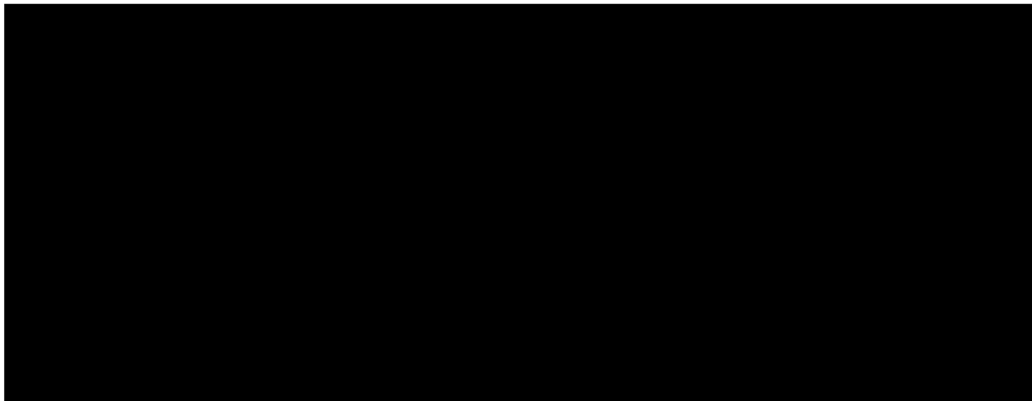


Agenda

Women, Youth & Children, Divisional Quality & Safety Meeting

Wednesday 20 March 2019 (14:00 to 15:30)
Meeting Room 8, Level 2, Building 11, WY&C

1. **Attendance /Apologies/Reason we are meeting**
Apologies – Noted
- 1.1. Welcome to Country
We wish to acknowledge the traditional custodians of the land we are meeting on, the Ngunnawal people. We acknowledge and respect their continuing culture and the contribution they make to the life of this city and this region.
2. **Minutes and Actions Arising from Previous Meeting**
- 2.1. Action Minutes of Meeting from – 20 February 2019
3. **Consumer Representative Items – Priyanka Rai**
4. **Departmental Reports - 20 mins**
- 4.1. Departmental reports are to include an update on the following;
Risk Register, M&M recommendations, Quality Improvement Projects, Policy Developments, Complaints & Compliments, Benchmarking and any other Quality issues:
 - **March 2019 – Community Health Programs**
 - **April 2019 – Paediatrics**
5. **National Standards Update**
- 5.1. Correspondence/ Feedback/ Issues arising relating to Standards
- 5.2. **National Standards**
 1. **CLINICAL GOVERNANCE**– Executive Director WY&C
 2. **PARTNERING WITH CONSUMERS** - Elizabeth Chatham / Zsuzsoka Kecskes
 3. **PREVENTING AND CONTROLLING HEALTHCARE-ASSOCIATED INFECTIONS** – Tejasvi Chaudhari
 4. **MEDICATION SAFETY** –Tiffany Krause
 5. **COMPREHENSIVE CARE** – Wendy Alder / Helen Perkins / Alison Moore
 6. **COMMUNICATION FOR SAFETY** – Cathy O’Neill A/g DONM
 7. **BLOOD MANAGEMENT**- Penny Maher
 8. **RECOGNISING AND RESPONDING TO ACUTE DETERIORATION** – Anne Mitchell



9. Policy Documents

9.1 Divisional Policy Report: review overdue for revision/completion - *update*

10. Safety and Quality Committee Minutes for noting:

- a) EDC (Organisational) – CHHS Risk Register Provided
- b) WYC Department Quality & Safety Meeting Minutes;

11. Other Business/Correspondence

- 11.1 NEWS/MEWS/PEWS Audit Update – Mary Bodilsen
- 11.2 Management of Sensitive Records – Deborah Colliver



Canberra Health
Services

Action Statements/Minutes

Women, Youth & Children,
Divisional Quality & Safety Meeting

Meeting Date: Wednesday 20 March 2019 (15:00 to 16:30)
Meeting Room 8, Level 2, Building 11, WY&C

Agenda Item No: 2.1

Subject: Action Minutes of Women, Youth & Children
Divisional Quality & Safety Meeting
Wednesday 20 March 2019

Source:

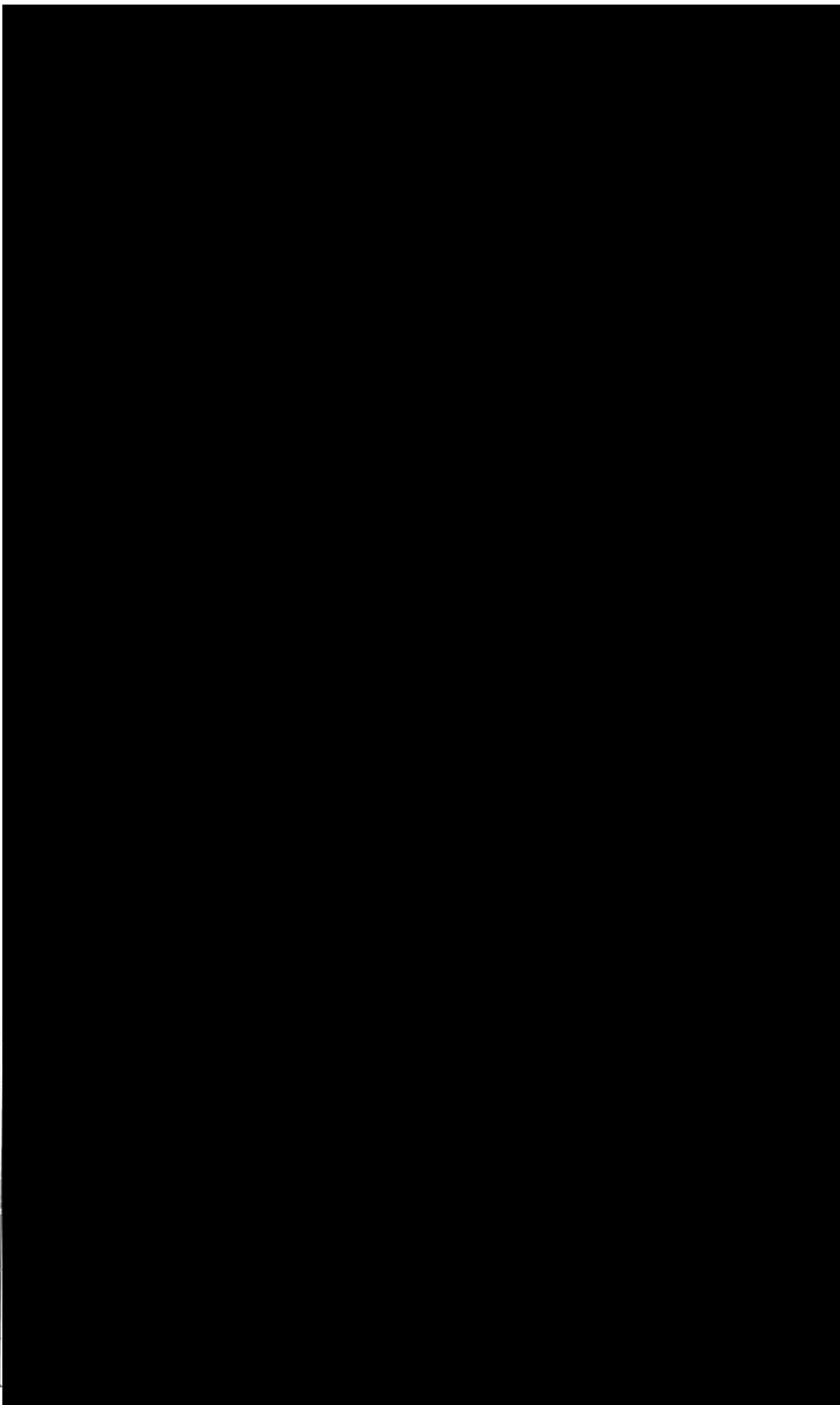
Purpose/comments:

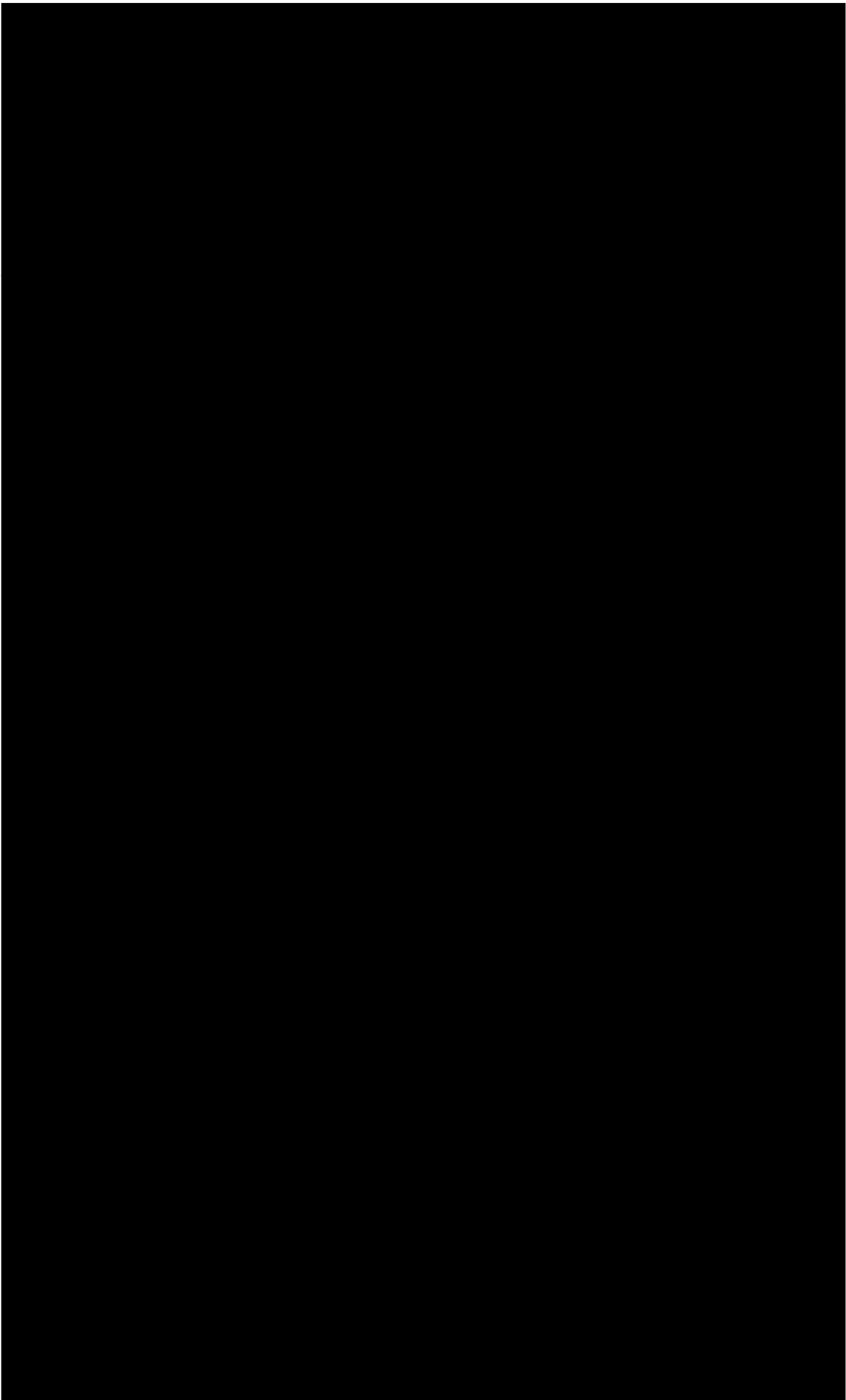
Wednesday 20 March 2019 – 14:00-15:46
 Meeting Room 8, Level 2, WY&C - Building 11
 MINUTES

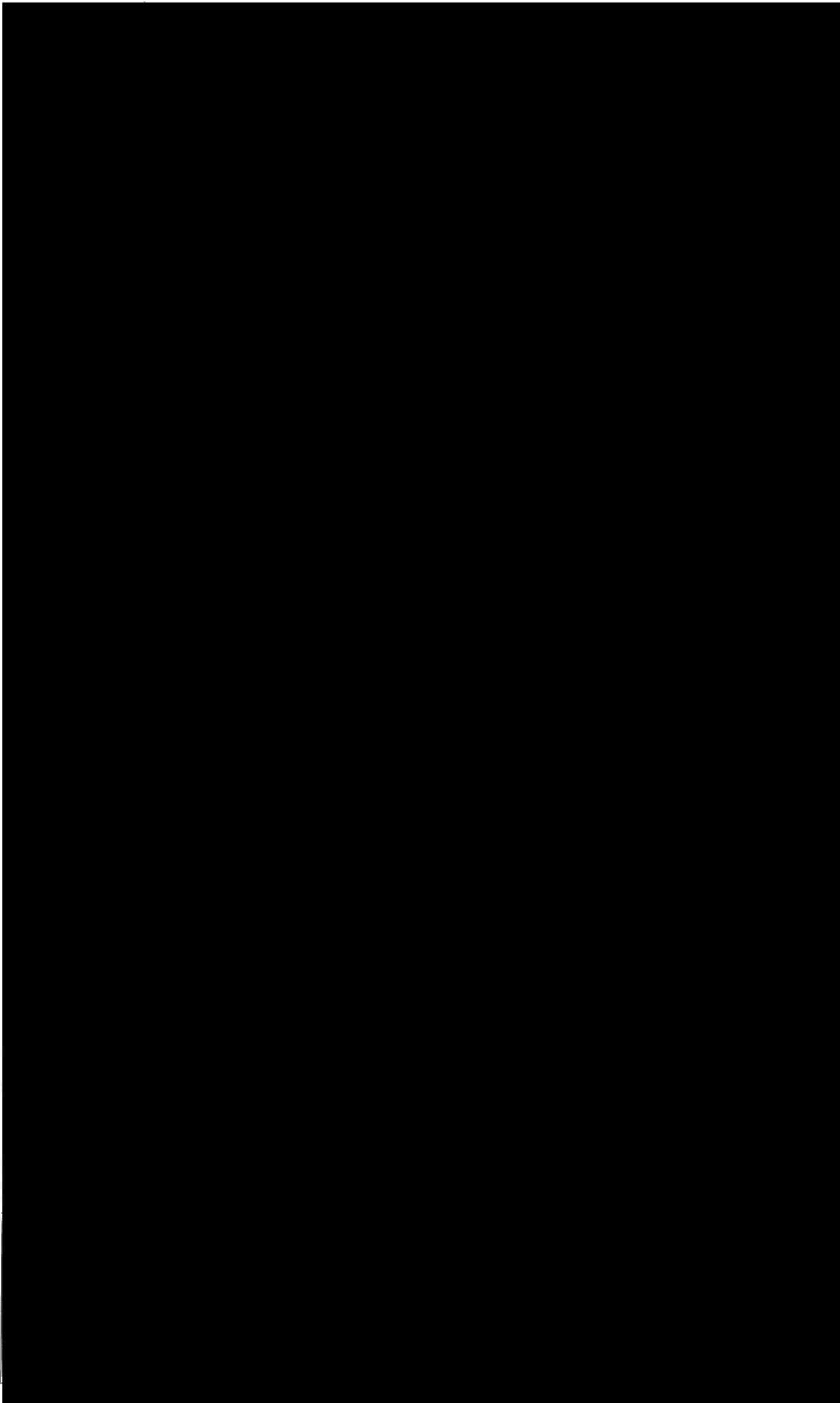
NAME	POSITION	ATTENDED	APOLOGY	ABSENT
Chatham, Elizabeth	Executive Director, WY&C	✓		
O'Neill, Cathy	A/g Director of Nursing & Midwifery, WY&C		✓	
Carlisle, Hazel	Clinical Director, Neonatology CHWC		✓	
Chaudhari, Tejasvi	Deputy Clinical Director, Neonatology CHWC	✓		
Davis, Deborah	Professor of Midwifery			✓
Maher, Penny	ADON&M Maternity & Gynaecology		✓	
Edwards, Stephanie	A/g Operations Manager, WY&C	✓		
Kecskes, Zsuzsoka	Professor, Department of Neonatology		✓	
Mohamed, Abdel- Latif	Professor, Department of Neonatology	✓		
Moore, Alison	A/g ADON Neonatology & Paediatrics		✓	
Lang, Samantha	Executive Officer, WY&C	✓		
Raco, Ida	PA to ED, WY&C, Secretariat	✓		
Lim, Boon	Clinical Director, Obstetrics & Gynaecology		✓	
Mitchell, Anne	Clinical Director, Paediatrics	✓		
Murphy, Louise	A/g ADON CHP, Division of WY&C		✓	
Thomas, Carolyn	A/g ADON Community Health Program		✓	
Golley, Pip	A/g Director Allied Health	✓		
Peek, Michael	Professor, Department of Obstetrics & Gynaecology		✓	
Colliver, Deborah	Director, WY&C Community Health Programs	✓		
Sansum, Cath	Deputy Clinical Director, Community Paediatrics		✓	
Warwick, Linda	Manager, ACT Genetics Service		✓	
Brimms, Felicity	Deputy Clinical Director, Obstetrics & Gynaecology			✓
Nissen, Julianne	Quality & Safety Representative	✓		
Rampersad, Rajay	Medical Rep, Paediatric Surgery		✓	
Ringland, Cathy	A/g Manager Child Health Targeted Support Services	✓		
Rai, Priyanka	Consumer Representative		✓	
Cameron, Fiona	Nursing/Midwifery Clinical Support Manager	✓		
Ehrlich, Leanne	Clinical Support Nurse, Neonatology	✓		

1. **ATTENDANCE, APOLOGIES, PURPOSE OF MEETING**
 - 1.1. **Attendance:**
 - 1.2. **Apologies:** *noted*
 - 1.3. **Chair welcomed committee members:**
 - 1.4. **Welcome to Country**
2. **PREVIOUS MINUTES, ACTION MINUTES AND ACTIONS ARISING, OUTSTANDING ACTIONS FROM PREVIOUS MEETINGS**
 - 2.1. **Previous Actions/Minutes from:** *20 February 2019*
 - 2.2. **Outstanding Actions Arising from Previous Meetings –** *20 February 2019*
 - 2.3. **Item/s to be removed:**
 - 2.4. **Outstanding Action Arising from previous meetings:**
 - 2.4.1 **Updates on progress against actions noted.**

Running Sheet of Outstanding Actions Arising from previous meetings:
Refer to the Outstanding Actions Arising Running Sheet for updates and ongoing actions.

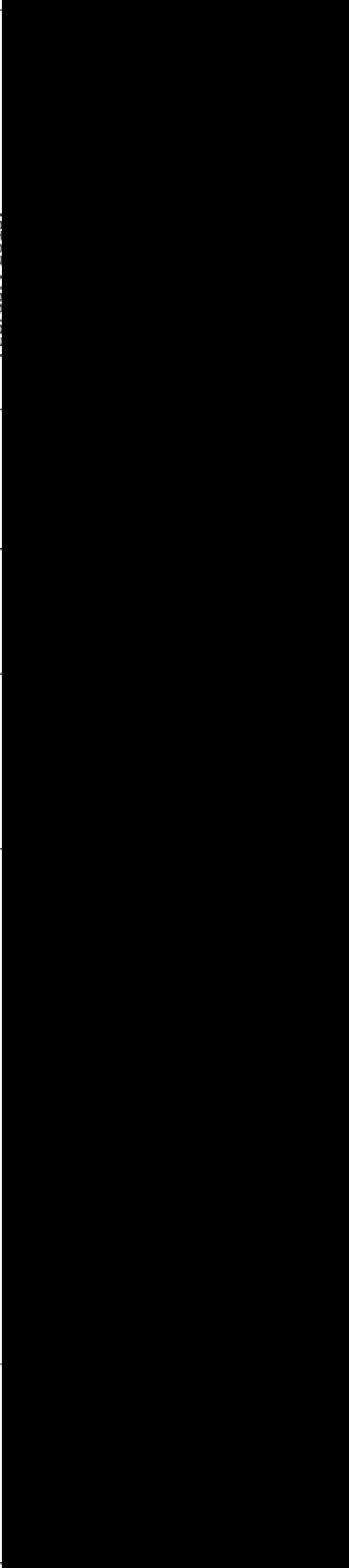




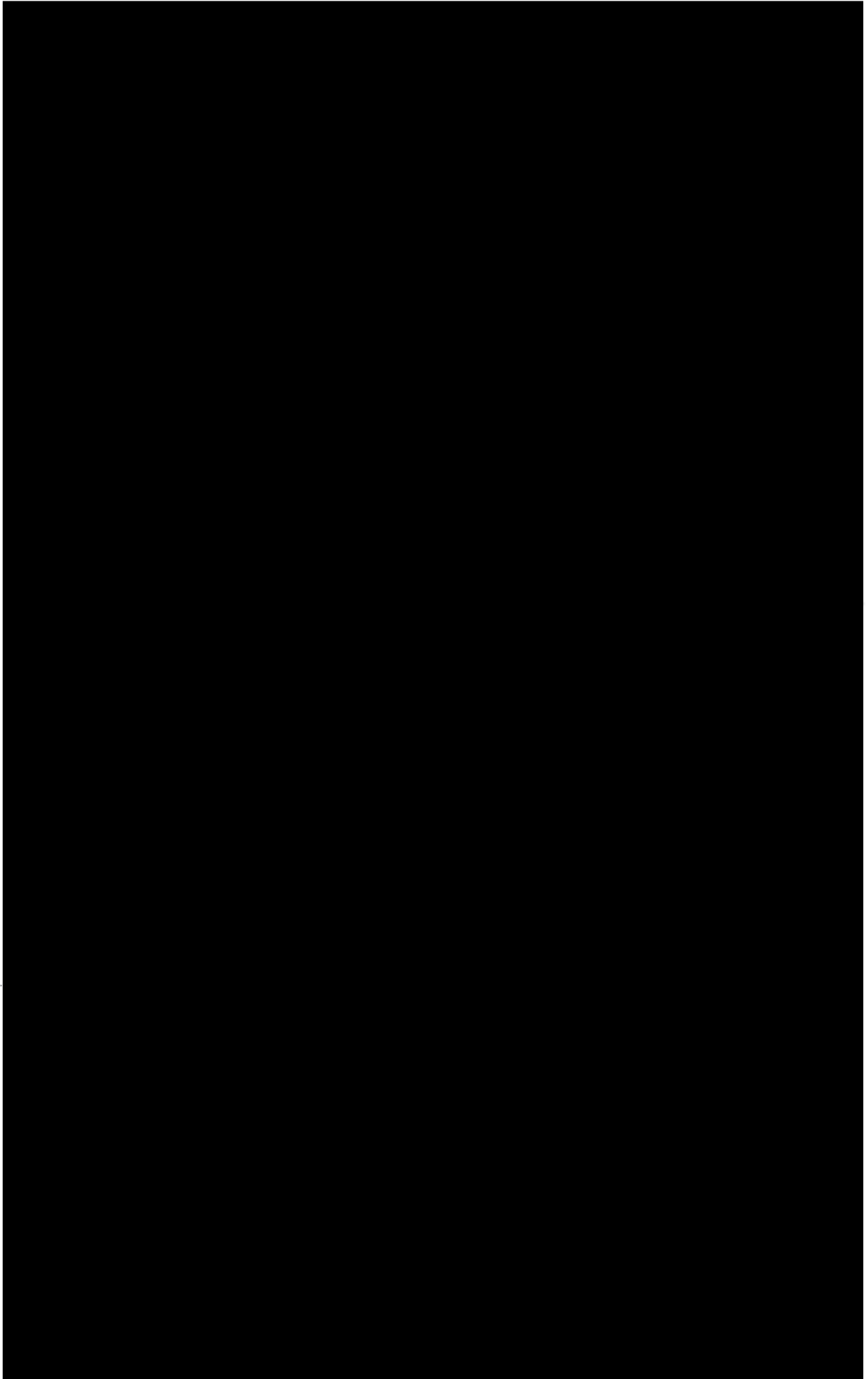


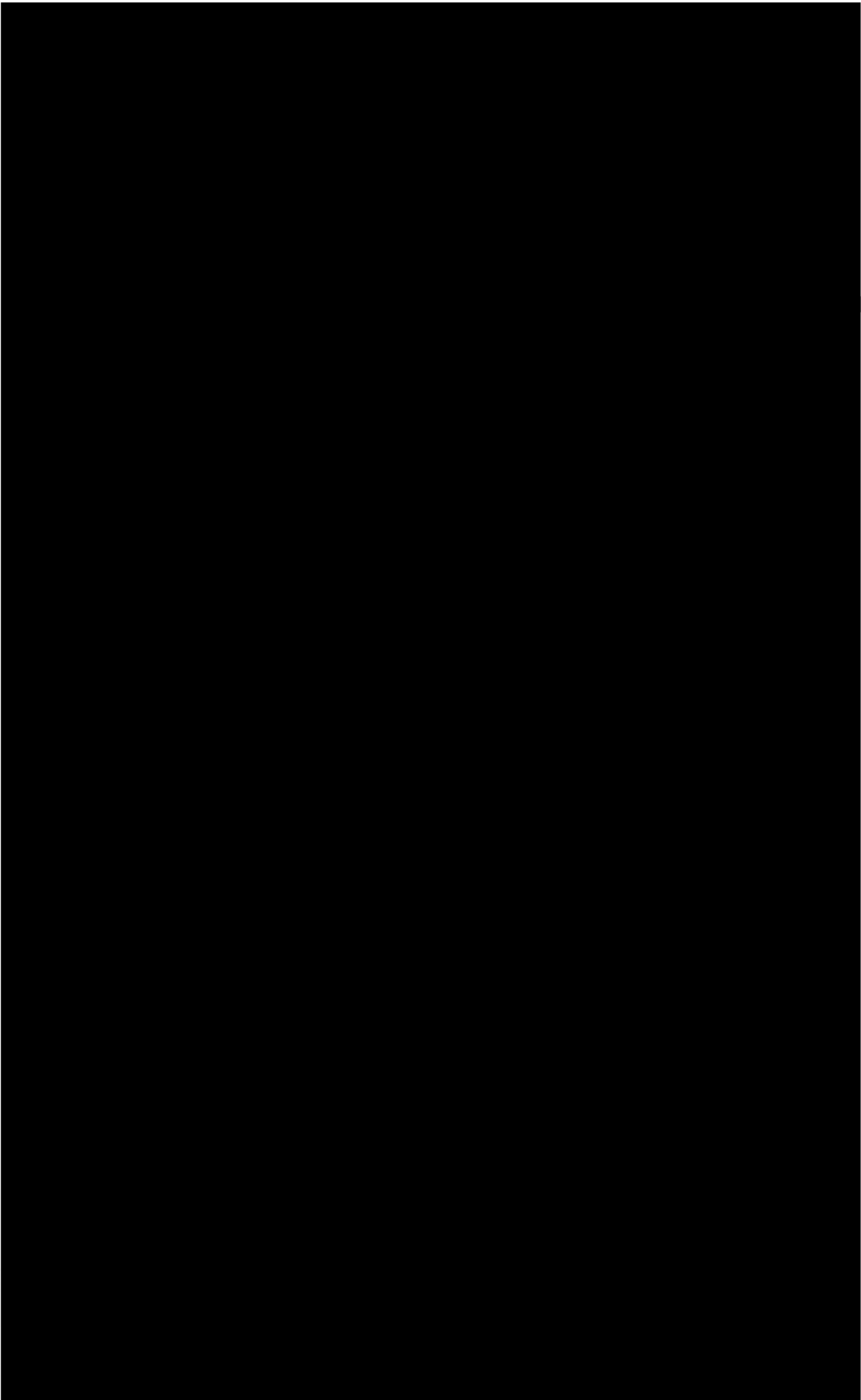
Wednesday 20 March 2019 – 14:00-15:30
 Meeting Room 8, Level 2, WY&C - Building 11
 MINUTES

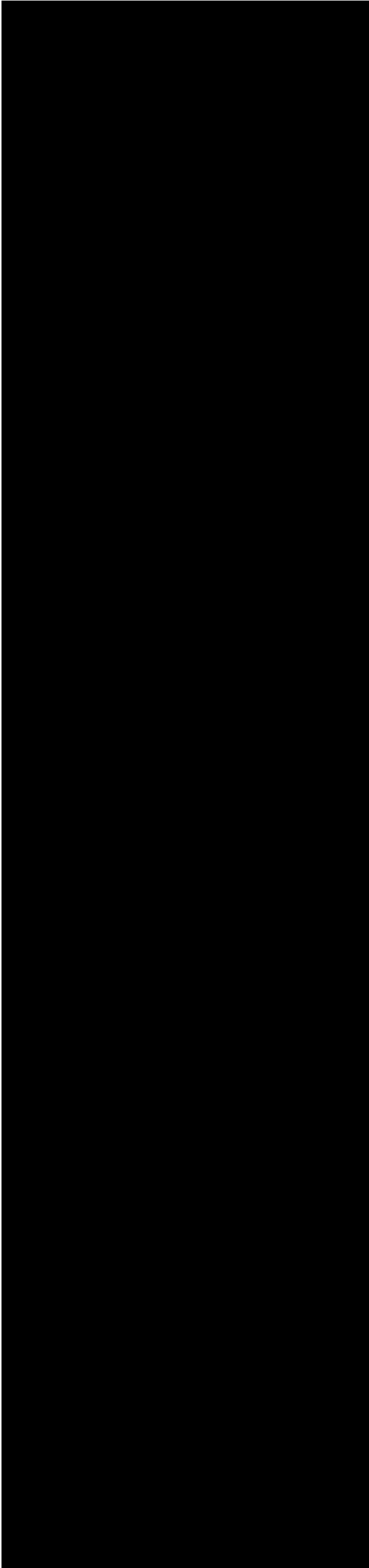
<p>Look at ways to use in-patient feedback</p>	<p>Increase feedback: in-patient antenatal elective surgery, ANW/PNW</p>	<p>Liz Chatham</p>	<p>December 2018</p>	<p>March 2019 CLOSED Feb-2019</p>	<p>However, nurse call buttons are currently being upgraded.</p> <ul style="list-style-type: none"> • Testing 13th Sept, update in OCT as to outcome or issues. • 08/08/2018 – Liz advised that software upgrade currently being completed. Donna Cleary/Penny Maher liaising with relevant area. • 11/07/2018 – Liz to provide update at next meeting.
					<ul style="list-style-type: none"> • 20/03/2019 – CLOSED. • 13/12/2018 – Possibility of completing a project using similar information from PIP/Patient Experience. • Discuss at next meeting in February 2019.



<p>Escalation WY&C Non-Clinical Policy</p>		<p>Liz Chatham</p>	<p>July 2018</p>	<p>April 2019 Mar-2019 Feb-2019 Dec-2018 Nov-2018 October 2018 August 2018</p>	<ul style="list-style-type: none"> 20/03/2019 – Update to be provided at next meeting in April. 20/02/2019 – Matter to be progressed/escalated to Policy Committee by Liz. 13/12/2018 – Escalation going through normal processes. Invite Raelene Garret to speak at next meeting in Feb 2019. 10/10/2018 – Liz to provide an update at next meeting 14 November 2018. 08/08/2018 – Liz advised that non-clinical policies are currently being worked on (Jenny Allan). 11/07/2018 - Liz to provide an update at meeting being held 10/10/18
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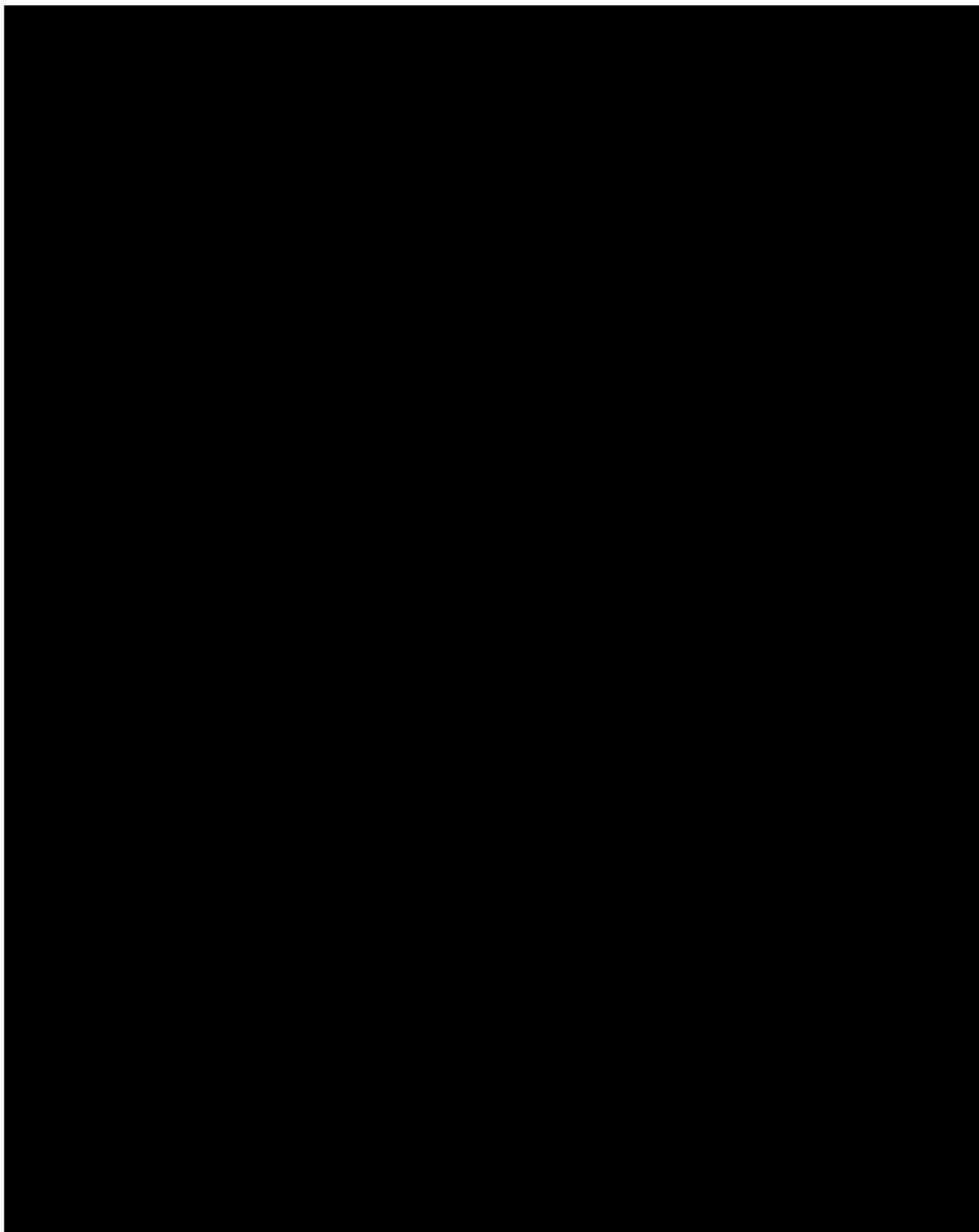
Other Business 20/03/2019:



Changes to How Women Access Public Maternity Services –

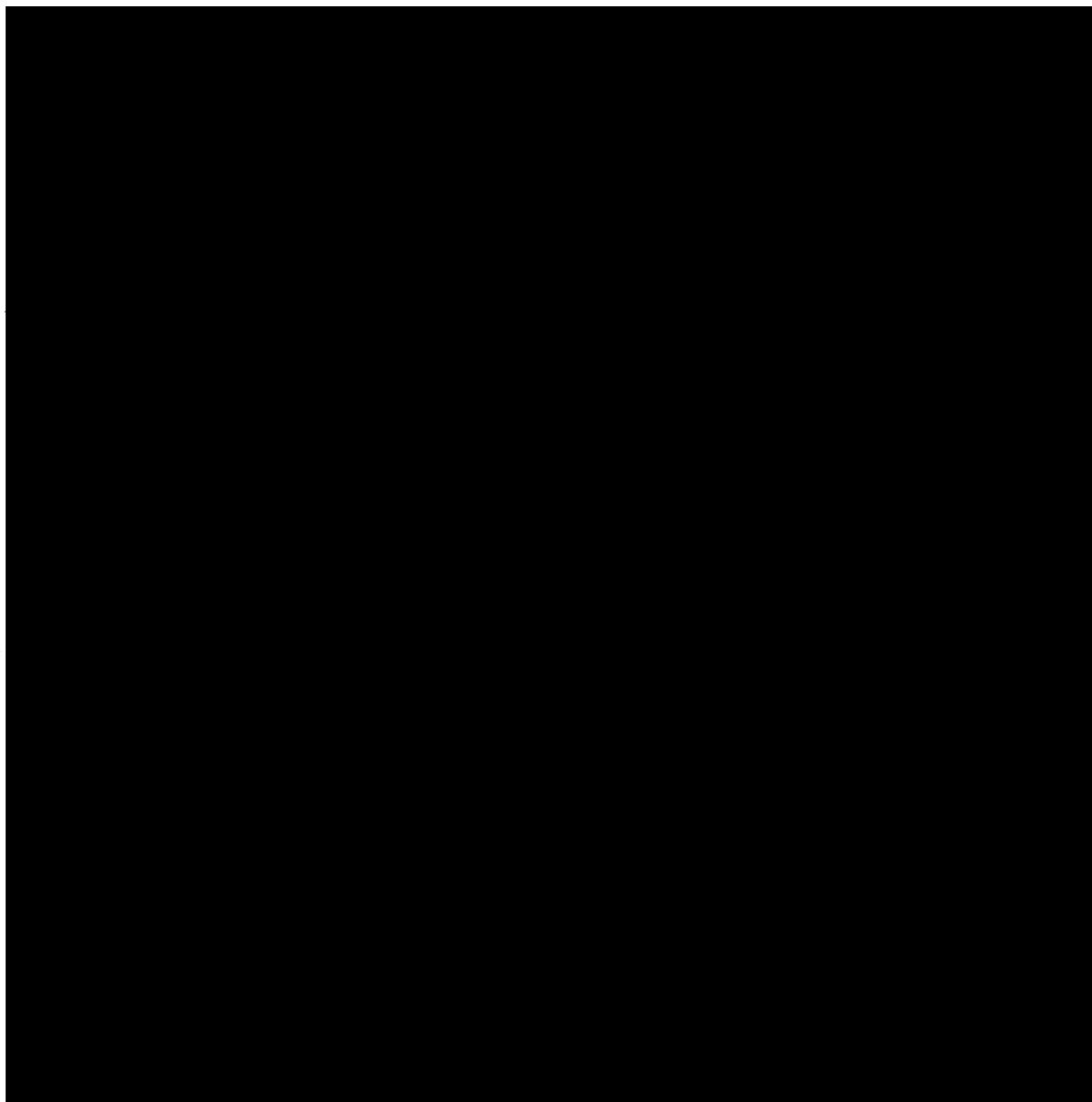
- YourSay Consultation on accessing Public Maternity Services is now open, will run from 20 March 2019 for six weeks.
- Process will clarify steps on the way pregnant women receive information about their pregnancy and birthing options available in Canberra, so that they receive the right care, at the right place, as close to home as possible.
- CHWC & Calvary Public Hospitals have worked together to develop a proposed system which creates a single entry point for public maternity services.
- Have consulted with new mums, mums-to-be, health practitioners and community organisations and have used their feedback to develop the proposed changes.
- The changes will provide women the ability to: call one phone number to arrange their first appointment with a midwife, discuss birthing options/preferences/health care needs and receive local support before, during and after pregnancy.
- All staff are encouraged to have their say at yoursay.act.gov.au

Meeting: Commenced 14:00 & ended 15:30



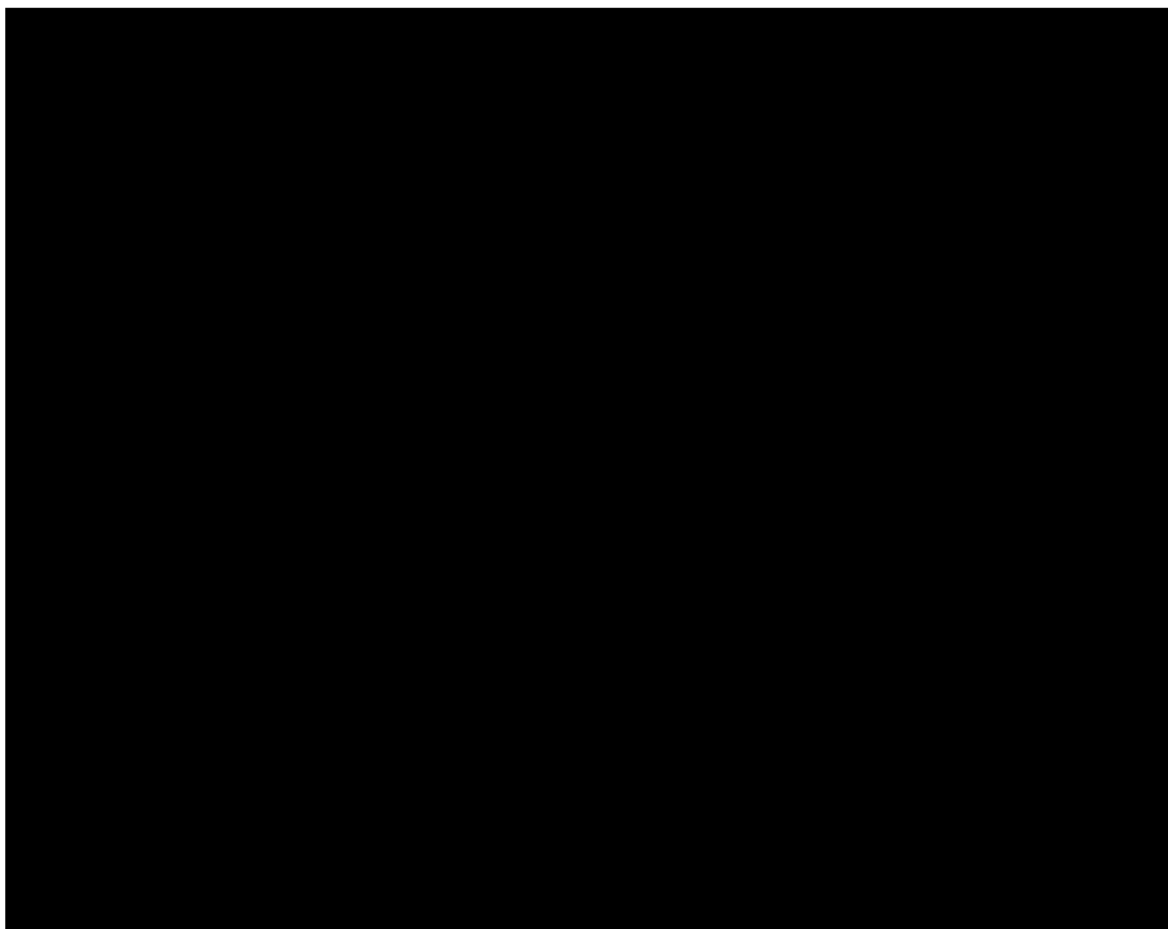
NEWS/PEWS and MEWS audits (W, Y and C)

March 2018 to Feb 2019



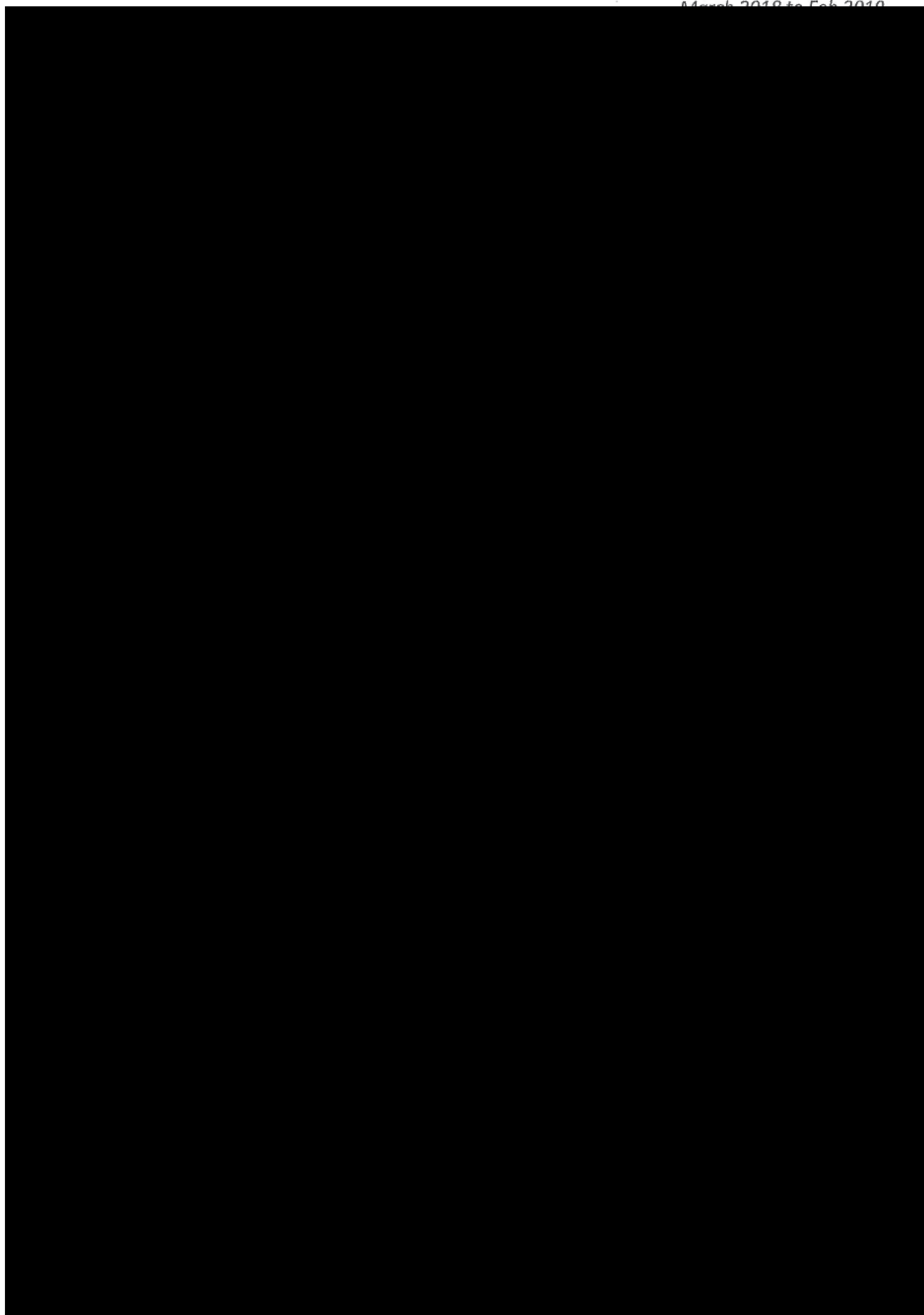
NEWS/PEWS and MEWS audits (W Y and C)

March 2018 to Feb 2019



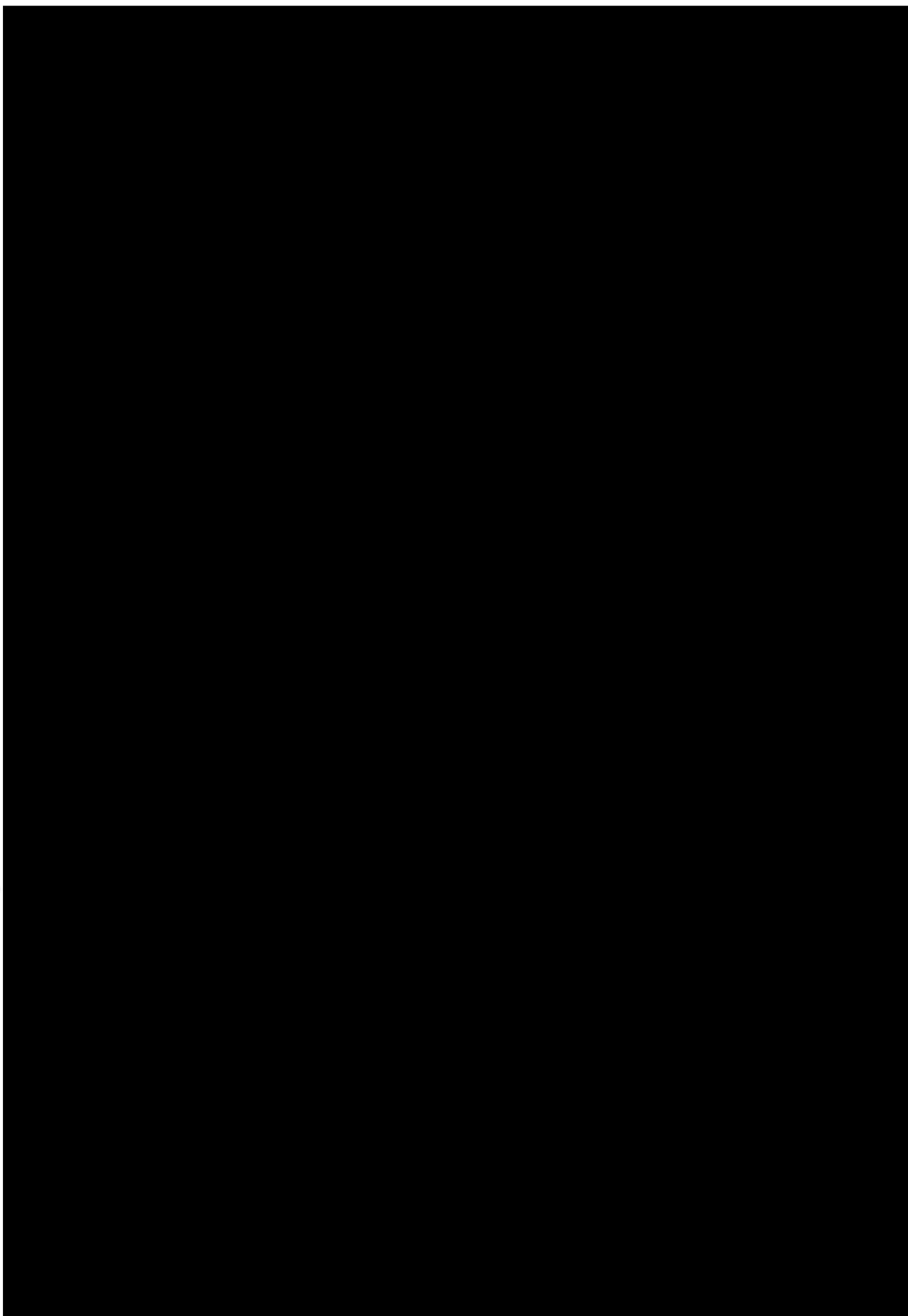
NEWS/PEWS and MEWS audits (W Y and C)

March 2018 to Feb 2019



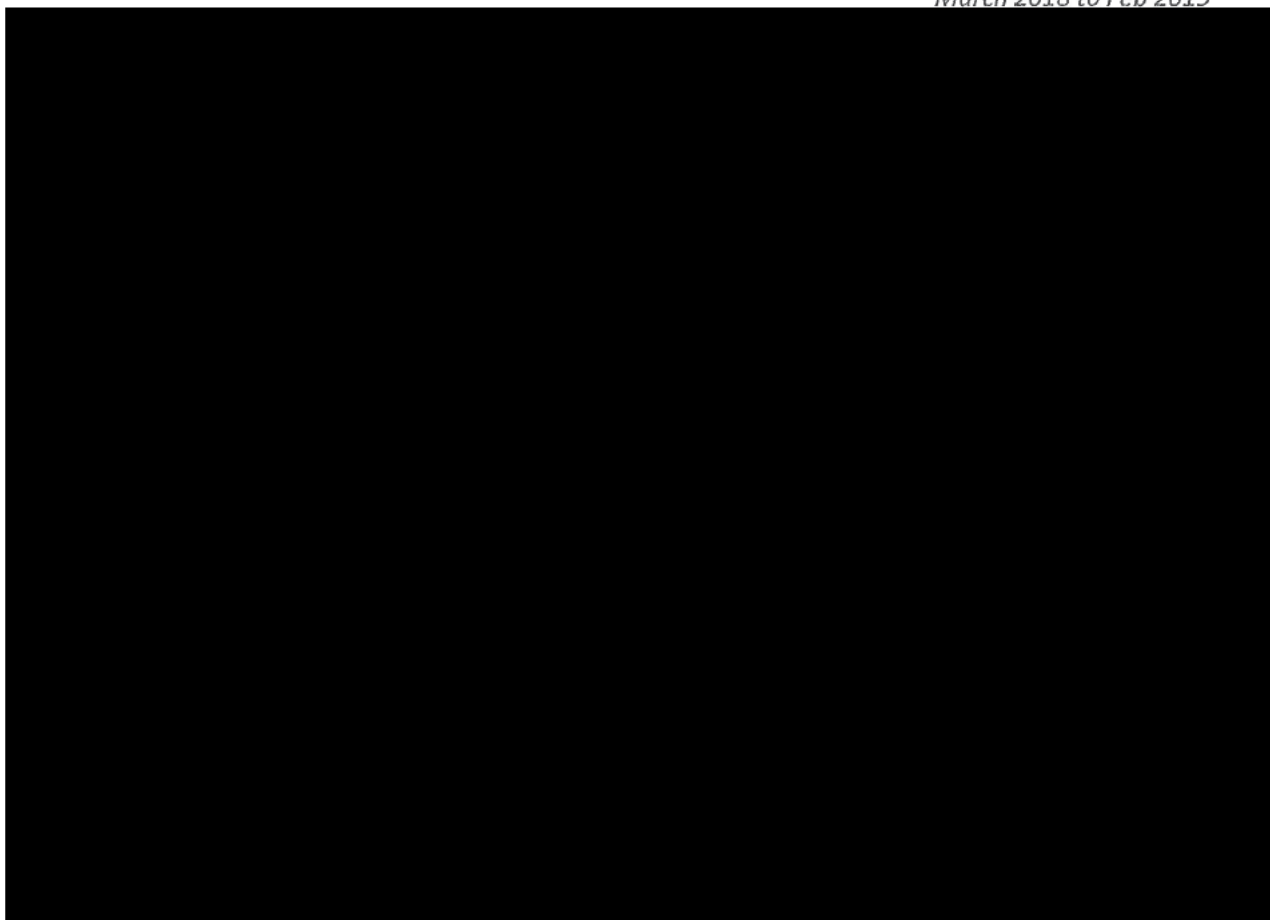
NEWS/PEWS and MEWS audits (W Y and C)

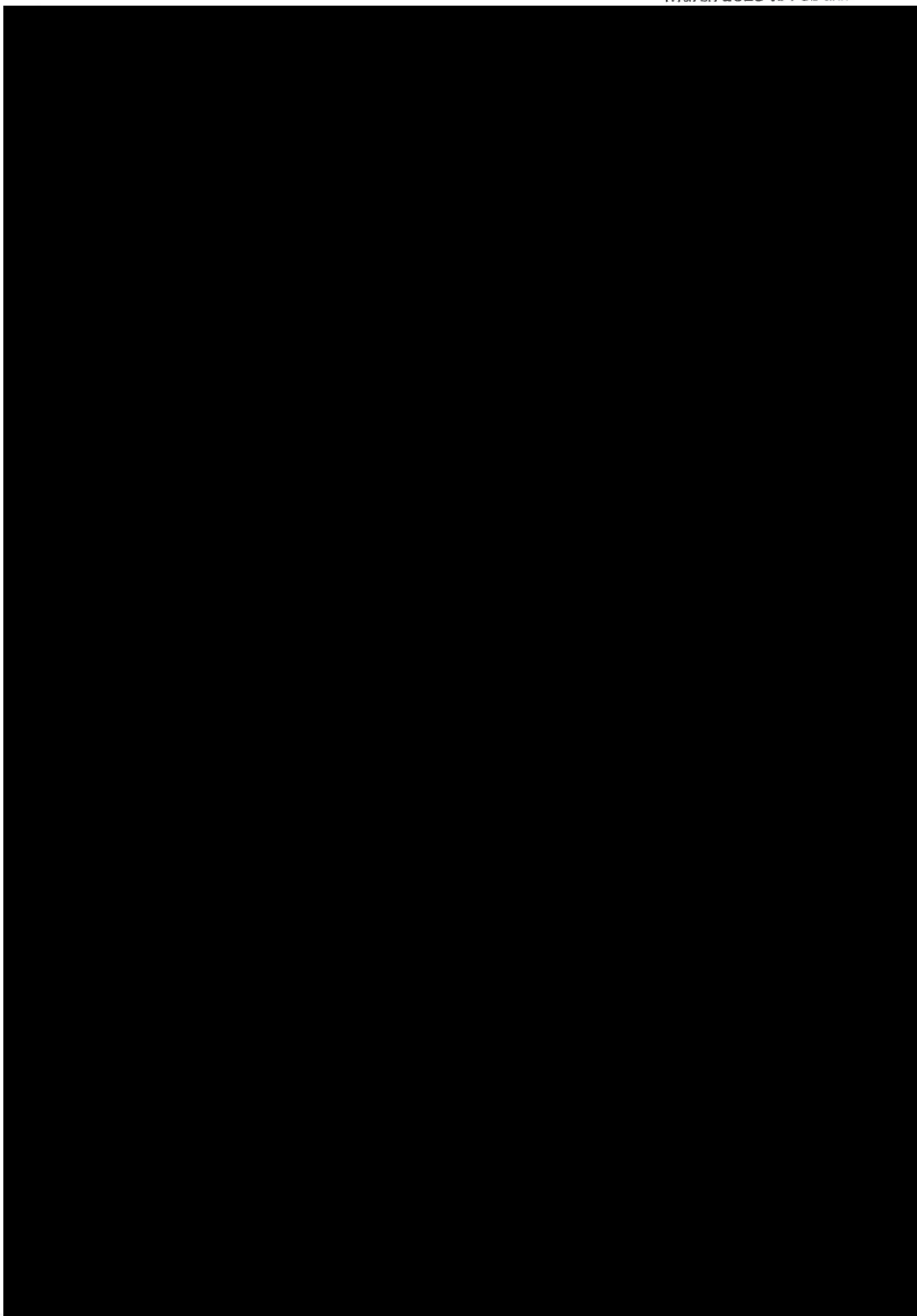
March 2018 to Feb 2019



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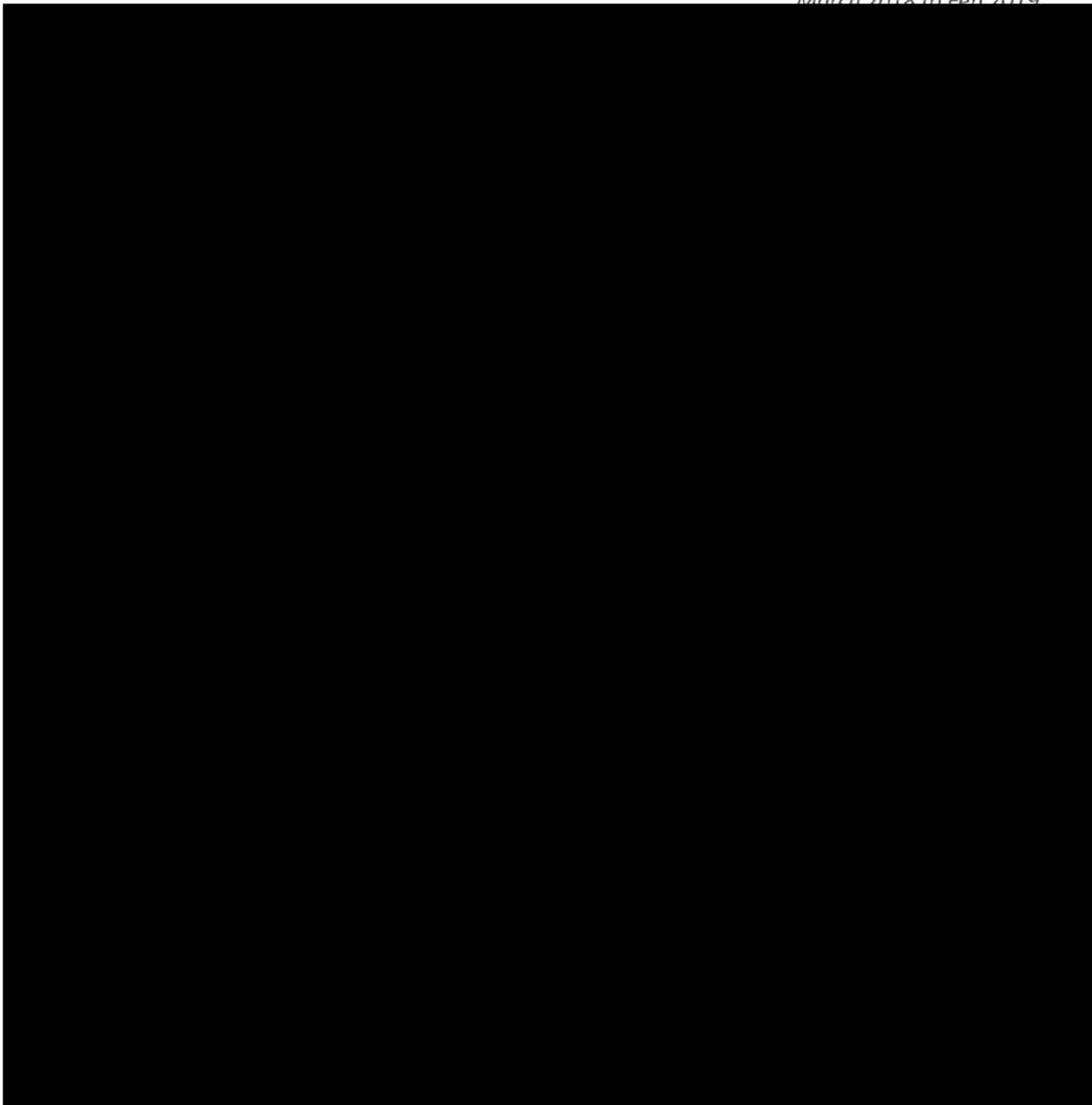
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