



Dear 

DECISION ON YOUR ACCESS APPLICATION

I refer to your application under section 30 of the *Freedom of Information Act 2016* (FOI Act), received by ACT Health Directorate (ACTHD) on **Tuesday 24 May 2022**. The application was rescoped on **Wednesday 22 June 2022**.

The request was rescoped to:

‘I request all documents/correspondence since the 1/2/2022 between the Ministers office and the Ministerial and Governance Services relating to Questions On Notice’

I am an Information Officer appointed by the Director-General of ACT Health Directorate (ACTHD) under section 18 of the FOI Act to deal with access applications made under Part 5 of the Act. ACTHD was required to provide a decision on your access application by **Wednesday 20 July 2022**.

I have identified 68 documents holding the information within scope of your access application. These are outlined in the schedule of documents included at [Attachment A](#) to this decision letter.

Decisions

I have decided to:

- grant full access to 40 documents; and
- grant partial access to 28 documents.

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

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

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

Full Access

I have decided to grant full access to 40 documents at references 1, 3-4, 6-10, 15, 17, 19-23, 27, 29, 32-35, 39, 43-44, 49-50, 53-64, 66 and 68.

Partial Access

I have decided to refuse access to 28 documents.

Document at reference 14 is partially comprised of information classified as Cabinet information, and under Schedule 1.6 (1) Cabinet Information, they are taken to be contrary to the public interest to release. Schedule 1.6 (1) provides that Cabinet Information is information that:

- Schedule 1.6 (1)(a) that has been submitted, or that a Minister proposes to submit, to Cabinet for its consideration and that was brought into existence for that purpose; and
- Schedule 1.6 (1)(b) that is an official record of Cabinet; and
- Schedule 1.6 (1)(d) the disclosure of which would reveal any deliberation of Cabinet (other than through the official publication of a Cabinet decision).

This document also contains personal information of an ACT Government employees' mobile numbers.

Documents at references 2, 5, 11-13, 16, 18, 24-26, 28, 30-31, 36-38, 40-42, 45-48, 51-52, 65 and 67 have been identified containing 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. The information contained in these documents are partially comprised of personal information such as ACT Government employees' mobile numbers.

Public Interest Factors Favouring Disclosure

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

- Schedule 2, 2.1(a)(i) promote open discussion of public affairs and enhance the government's accountability; and
- Schedule 2, 2.1(a)(ii) contribute to positive and informed debate on important issues or matters of public interest.

Public Interest Factors Favouring Non-Disclosure

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

- Schedule 2, Schedule 2.2 (a)(ii) prejudice the protection of an individual's right to privacy or any other right under the *Human Rights Act 2004*

I have given significant consideration to the factors favouring disclosure and I believe the factors favouring non-disclosure outweighed these as the information requested would not provide any government information pertinent to your request regarding the personal information. Therefore, I have determined the information identified is contrary to the public interest and would not advantage the public in disclosing this information.

Charges

Processing charges are not applicable to this request.

Disclosure Log

Under section 28 of the FOI Act, ACTHD maintains an online record of access applications called a disclosure log. The scope of your access application, my decision and documents released to you will be published in the disclosure log not less than three days but not more than 10 days after the date of this decision. Your personal contact details will not be published.

<https://www.health.act.gov.au/about-our-health-system/freedom-information/disclosure-log>.

Ombudsman review

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

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

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

ACT Civil and Administrative Tribunal (ACAT) review

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

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

Further assistance

Should you have any queries in relation to your request, please do not hesitate to contact the FOI Coordinator on (02) 5124 9831 or email HealthFOI@act.gov.au.

Yours sincerely



Chadia Rad
Senior Director
Ministerial and Governance Services

7 July 2022

FREEDOM OF INFORMATION SCHEDULE OF DOCUMENTS

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

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

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

APPLICANT NAME		WHAT ARE THE PARAMETERS OF THE REQUEST				FILE NUMBER
[REDACTED]		'I request all documents/correspondence since the 1/2/2022 between the Ministers office and the Ministerial and Governance Services relating to Questions On Notice'				ACTHDFOI21-22.64
Ref Number	Page Number	Description	Date	Status Decision	Factor	Open Access release status
Annual Report Hearings						
1.	1 – 4	Annual Report Hearings (ARH) QON 13 Version 1 & Signed Version	22 March 2022	Full Release		YES
2.	5	Email - RE: QON on Nursing Scholarships	17 March 2022	Partial Release	Schedule 2, 2.2(a)(ii) Privacy	YES
3.	6 – 9	Annual Report Hearings (ARH) QON 25 Version 1 & Signed Version	22 March 2022	Full Release		YES
4.	10 – 17	Annual Report Hearings (ARH) QON 26 Version 1 & Signed Version	24 March 2022	Full Release		YES
5.	18 – 20	Email - RE: Annual Reports 2020-21 Inquiry - HCW QON 28 - Mental Health (Redirected to Mental Health - formerly ECI QON 17)	9 March 2022	Partial Release	Schedule 2, 2.2(a)(ii) Privacy	YES

6.	21 – 22	Email with Attachments - FW: Annual Reports 2020-21 Inquiry - HCW QON 28 - Mental Health (Redirected to Mental Health - formerly ECI QON 17)	9 March 2022	Full Release		YES
7.	23 – 27	Annual Report Hearings (ARH) QON 28 Version 1 & Signed Version	16 March 2022	Full Release		YES
8.	28 – 31	Email with Attachment - QON Homebirth Trial	22 March 2022	Full Release		YES
9.	32 – 39	Annual Report Hearings (ARH) QON 39 Versions 1,2,3 & Signed Version	11 April 2022	Full Release		YES
10.	40 – 47	Annual Report Hearings (ARH) QON 40 Version 1 & Signed Version	22 March 2022	Full Release		YES
11.	48	Email - Advice Please - 20220316 GBC22-152 - QON41 - AR Hearing - Northside Hospital - please check before submitting	22 March 2022	Partial Release	Schedule 2, 2.2(a)(ii) Privacy	YES
12.	49 – 53	Email - RE: Outstanding QON 41 Answer Please advise	22 April 2022	Partial Release	Schedule 2, 2.2(a)(ii) Privacy	YES
13.	54	Email - RE: Advice Please - 20220316 GBC22-152 - QON41 - AR Hearing – Northside Hospital - please check before submitting	23 March 2022	Partial Release	Schedule 2, 2.2(a)(ii) Privacy	YES
14.	55 – 56	Email - RE: URGENT Review - 20220316 GBC22-152 - QON41 - AR Hearing – Northside Hospital - please check before submitting	29 March 2022	Partial Release	Schedule 1.6 Cabinet & Schedule 2, 2.2(a)(ii) Privacy	YES
15.	57 – 63	Annual Report Hearings (ARH) QON 41 Versions 1,2 & Signed Version	22 April 2022	Full Release		YES
16.	64	Email - RE: QON - Avoidable Readmissions	17 March 2022	Partial Release	Schedule 2, 2.2(a)(ii) Privacy	YES
17.	65 – 70	Annual Report Hearings (ARH) QON 42 Version 1 & Signed Version with Attachment	22 March 2022	Full Release		YES
18.	71 – 72	Email - URGENT for QT: Hydro QON	22 March 2022	Partial Release	Schedule 2, 2.2(a)(ii) Privacy	YES
19.	73 – 75	Email with Attachment – FW: Hydro QON	22 March 2022	Full Release		YES

20.	76 – 79	Annual Report Hearings (ARH) QON 43 Version 1 & Signed Version	22 March 2022	Full Release		YES
Health, Community and Wellbeing (HCW) Committee						
21.	80 – 82	Email - Fwd: Annual Reports 2020-21 Inquiry - HCW QONs 24-26 and 38-43 - from hearings 02 March for Stephen-Smith	28 March 2022	Full Release		YES
22.	83 – 88	Health, Community and Wellbeing (HCW) QON 5 Version 1 & Signed Version	8 March 2022	Full Release		YES
23.	89 – 92	Health, Community and Wellbeing (HCW) QON 7 Version 1 & Signed Version	8 March 2022	Full Release		YES
24.	93 – 94	Email - FW: URGENT - QON for approval - Winnunga Funding and Improved Services at AMC	10 March 2022	Partial Release	Schedule 2, 2.2(a)(ii) Privacy	YES
25.	95 – 97	Email - RE: URGENT - QON for approval - Winnunga Funding and Improved Services at AMC	10 March 2022	Partial Release	Schedule 2, 2.2(a)(ii) Privacy	YES
26.	98	Email - Updated QON response - HCW QON 23 - Increased funding for Winnunga and service improvements (GBC22/130)	15 March 2022	Partial Release	Schedule 2, 2.2(a)(ii) Privacy	YES
27.	99 – 106	Health, Community and Wellbeing (HCW) QON 23 Version 1,2,3 & signed Version	16 March 2022	Full Release		YES
Legislative Assembly						
28.	107 – 108	Email - RE: MH Outstanding QONs	6 May 2022	Partial Release	Schedule 2, 2.2(a)(ii) Privacy	YES
29.	109	Email - Mental Health & Education QON	18 May 2022	Full Release		YES
30.	110 – 111	Email - RE: QoNs	9 June 2022	Partial Release	Schedule 2, 2.2(a)(ii) Privacy	YES
31.	112 – 113	Email - RE: QON Paper - Clarity on Questions	10 June 2022	Partial Release	Schedule 2, 2.2(a)(ii) Privacy	YES
32.	114 – 117	Email with attachment - RE: QON – Tobacco	2 June 2022	Full Release		YES
33.	118 – 131	QON 523 Version 1,2,3 & signed version	10 February 2022	Full Release		YES

34.	132 – 136	QON 602 Version 1 & signed version with attachment	4 May 2022	Full Release		YES
35.	142 – 149	QON 594,608,609,614 Version 1 with attachments	11 February 2022	Full Release		YES
36.	150 – 151	Email - FW: QON 676 - Castley - Policies, actions, reports, plans and projects since 2016	6 April 2022	Partial Release	Schedule 2, 2.2(a)(ii) Privacy	YES
37.	152 – 153	EMAIL - Follow p: QON 676 - Castley - Policies, actions, reports, plans and projects since 2016	13 April 2022	Partial Release	Schedule 2, 2.2(a)(ii) Privacy	YES
38.	154 – 156	Email - FW: Follow p: QON 676 - Castley - Policies, actions, reports, plans and projects since 2016	22 April 2022	Partial Release	Schedule 2, 2.2(a)(ii) Privacy	YES
39.	157 – 160	QON 676 Version 1 & signed version	1 May 2022	Full Release		YES
40.	161 – 162	Email - RE: QON 685 - Replacement of the MAJICeR system	3 May 2022	Partial Release	Schedule 2, 2.2(a)(ii) Privacy	YES
41.	163 – 164	Email - RE: Follow-up on QON's	28 April 2022	Partial Release	Schedule 2, 2.2(a)(ii) Privacy	YES
42.	165 – 168	Email - RE: Justice Health QoNs	29 April 2022	Partial Release	Schedule 2, 2.2(a)(ii) Privacy	YES
43.	169 – 170	Email with attachment - For Review - QON 700 – Has a new wing opened in Claire Holland House - Castley	1 June 2022	Full Release		YES
44.	171 – 197	QON 700 Version 1,2,3,4 & signed version	5 June 2022	Full Release		YES
45.	198 – 201	Email – RE: Questions on Notice for Redirection – QON 701 – Sudden Cardiac Arrests	14 April 2022	Partial Release	Schedule 2, 2.2(a)(ii) Privacy	YES
46.	202 – 206	Email – RE: Questions on Notice for Redirection – QON 701 – Sudden Cardiac Arrests	19 April 2022	Partial Release	Schedule 2, 2.2(a)(ii) Privacy	YES
47.	207 – 208	Email – RE: Questions on Notice Input - QON701 - Sudden Cardiac Arrests	21 April 2021	Partial Release	Schedule 2, 2.2(a)(ii) Privacy	YES
48.	209 – 212	Email with attachment - Assembly Resolution re. Defibrillator QON 701 re. Sudden Cardia Arrests	28 April 2022	Partial Release	Schedule 2, 2.2(a)(ii) Privacy	YES
49.	213 – 216	Email with attachment – FW: QoN 701	6 May 2022	Full Release		YES

50.	217	Email – RE: Response to QON 701 – Sudden cardiac arrests - Castley	24 May 2022	Full Release		YES
51.	218 – 220	Email – FYI: STOP! – RSS MO comment – RE: For Signing - Response to QON 701 – Sudden cardiac arrests – CASTLEY Attachment at reference 49	25 May 2022	Partial Release	Schedule 2, 2.2(a)(ii) Privacy	YES
52.	221 – 223	Email – RE: STOP! – RSS MO comment – RE: For Signing - Response to QON 701 – Sudden cardiac arrests - CASTLEY	25 May 2022	Partial Release	Schedule 2, 2.2(a)(ii) Privacy	YES
53.	224 – 227	QON 702 Version 1 & Signed Version	25 April 2022	Full Release		YES
54.	228 – 233	QON 736 Version 1 & Signed Version	6 May 2022	Full Release		YES
55.	234 – 249	QON 737 Version 1 & Signed Version	15 May 2022	Full Release		YES
56.	250	Email – GBC22/224: Assembly March 2022 – Minister for Health – Question on Notice (QON) 738 – Can the Minister provide a list of all ACT Government run health services - Castley	24 May 2022	Full Release		YES
57.	251 – 259	Email with attachment– For review- QON738 - Can the Minister provide a list of all ACT Government run health services- Castley	1 June 2022	Full Release		YES
58.	260 – 261	Email – RE: For review - QON 738 - Can the Minister provide a list of all ACT Government run health services - Castley	1 June 2022	Full Release		YES
59.	262 – 264	Email – RE: For review - QON 738 - Can the Minister provide a list of all ACT Government run health services - Castley	2 June 2022	Full Release		YES
60.	265 – 266	Email – RE: Please advise – QON 738 – ACT Government run health services - Castley	6 June 2022	Full Release		YES

61.	267 – 270	Email - RE: For review- QON738 - Can the Minister provide a list of all ACT Government run health services - Castley	6 June 2022	Full Release		YES
62.	271 – 307	QON 738 Versions 1,2,3,4,5 & Signed version	7 June 2022	Full Release		YES
63.	308 – 315	QON 739 Version 1 & Signed Version	6 May 2022	Full Release		YES
64.	316 – 317	Email – For your urgent attention please – EDU’s input into QON # 740	5 May 2022	Full Release		YES
65.	318 – 319	Email – RE: MH Outstanding QONs	6 May 2022	Partial Release	Schedule 2, 2.2(a)(ii) Privacy	YES
66.	320 – 325	QON 740 Version 1 & Signed Version	23 May 2022	Full Release		YES
67.	326 – 329	Email with attachment – RE: QoNs	9 June 2022	Partial Release	Schedule 2, 2.2(a)(ii) Privacy	YES
68.	330 – 331	QON 772 Version 1	6 May 2022	Full Release		YES
Total Number of Documents						
68						



Standing Committee on Environment, Climate Change and Biodiversity

Inquiry into Annual and Financial Reports 2020-2021 **ANSWER TO QUESTION ON NOTICE**

Asked by **JO CLAY MLA**:

[Ref: Portfolio area, Annual Report, subject matter]

In relation to the ACT Government's commitment to a zero emissions government:

The ACT Government is committed to leading by example to showcase best practice sustainability in Government operations, by pursuing rapid emission reduction targets of greater than a 33 per cent reduction in emissions from Government operations by 2025 (from 2020 levels), and zero emissions from Government operations from 2040.

- 1) While this is a whole of government commitment, can you explain how the Health Directorate (HD) calculates its contributions to this emission reduction target?
- 2) What is HD's current % reduction in emissions?
- 3) What measures have you put in place to reduce emissions?
- 4) Can you confirm that this is a reduction of Scope 1 and 2 emissions only?

RACHEL STEPHEN-SMITH MLA: The answer to the Member's question is as follows:-

- 1) ACT Health Directorate (ACTHD) uses the ACT Government's Enterprise Sustainability Platform (ESP) to track and calculate its emissions. The ESP is a database that collates utility data such as natural gas consumption and transport fuel consumption and calculates the emissions profile for the Directorate.
- 2) In 2020-21, ACTHD's emissions decreased by 3.79 per cent.
- 3) ACTHD is committed to environmental sustainability in its own operations and in the ACT health system more broadly. The ACT Climate Change Strategy 2019-25 commits ACTHD to several actions to improve the environmental performance of the health system and contribute to a zero-emissions health sector.

One of the actions outlined in the Climate Change Strategy is joining the Global Green and Healthy Hospitals network, which is a worldwide group of hospitals and health facilities that are committed to sustainable healthcare operations. The ACT joined in early 2021.

There are several other key areas in which ACTHD is focusing on environmental sustainability:

- a) The ACTHD headquarters in Bowes Street, Phillip, is operating at a NABERS efficiency rating of above 5 stars and has a rooftop solar PV system;
 - b) The ACTHD vehicle fleet is transitioning to electric vehicles. All new vehicles ACTHD leases are zero emissions (ZE) unless there is no fit-for-purpose ZE vehicle. In 2020-21 ACTHD leased six new electric vehicles, and one hydrogen vehicle; and
 - c) Embedding environmental sustainability into new infrastructure projects, including:
 - o The Canberra Hospital Master Plan, which was issued in December 2021, lays out a pathway for the hospital campus to become zero emissions in the coming two decades;
 - o The Government has announced that the Canberra Hospital Expansion will be all-electric; and
 - o Planning is currently under way for the new hospital in Canberra's north to be all-electric.
- 4) Scope 2 emissions are recorded as zero as the ACT has 100 per cent renewable energy since 2020. The Government targets are for reducing Scope 1 emissions only.

Approved for circulation to the Standing Committee on Education and Community Inclusion

Signature:

Date:

By the Minister for Health, Rachel Stephen-Smith



Standing Committee on Environment, Climate Change and Biodiversity

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Approved for circulation to the Standing Committee on Education and Community Inclusion

Signature:



Date:

22 / 3 / 22

By the Minister for Health, Rachel Stephen-Smith

From: Ellis, Catherine (Health) on behalf of ACT Health DLO
Sent: Thursday, 17 March 2022 8:41 AM
To: Bransgrove, Meagen
Subject: RE: QON on Nursing Scholarships

OFFICIAL

Hi Meg

Received and returned for urgent review.

Thanks
Cathy

Catherine Ellis | Directorate Liaison Officer | ACT Health Directorate

[REDACTED] | Email: ACTHealthDLO@act.gov.au

Office of Rachel Stephen-Smith | Minister for Health

Officer of Emma Davidson | Minister for Mental Health

Level 2, Legislative Assembly Building, Civic Square



From: Bransgrove, Meagen <Meagen.Bransgrove@act.gov.au>
Sent: Wednesday, 16 March 2022 7:31 PM
To: ACT Health DLO <ACTHealthDLO@act.gov.au>
Subject: QON on Nursing Scholarships
Importance: High

Hi Cathy,

I have removed quite a bit of the information in this QON so that it only addresses the question. I have placed a comment in there for some additional information just on the workforce development programs please.

Now located [here](#).

Thanks,

Meg Bransgrove

Senior Adviser

Office of Minister Rachel Stephen-Smith MLA

ACT Government

Email: meagen.bransgrove@act.gov.au

[REDACTED]
ACT Legislative Assembly, 196 London Circuit, Canberra, ACT 2600



Standing Committee on Education and Community Inclusion

Inquiry into Annual and Financial Reports 2020-2021

QUESTION ON NOTICE

NICOLE LAWDER MLA: To ask the Minister for Women

Ref: CALD Women Information Packs

In relation to:

1. When will information packs outlining health issues for ACT CALD women and families be available in ACT schools and GP surgeries?
2. Why has this initiative taken so long to be delivered?

RACHEL STEPHEN-SMITH MLA: The answer to the Member's question is as follows:–

1. In 2016 under the First Action Plan of the ACT Women's Plan, ACT Health Directorate (ACTHD) committed to *Action 2.46: Create an information pack for ACT GP Surgeries and Schools outlining: Health issues for ACT CALD women and their families; difficulties CALD women face accessing health care; what services are available for CALD families in the ACT; and how GPs and schools can assist CALD families to access assistance.*

Women's Health Matters (WHM) agreed to support ACTHD to achieve this action by drafting an information sheet, in consultation with ACTHD, using their survey of CALD women as the basis for the content. A health promotion resource (i.e. a factsheet) is intended to be completed and published by the end of June 2022. ACTHD will support WHM with the distribution of this resource across ACT GP surgeries and schools from June - December 2022.

2. To inform the health promotion resource being drafted by WHM for ACTHD, WHM is developing a research report, which has required additional stakeholder engagement, including:

In-language focus groups

Two focus groups have been held in partnership with local ACT women's organisations and the analysis of these focus groups will be included in the WHM report:

- Bengali language focus group, in partnership with Alo Enlightened Women (1 January 2021); and
- Arabic language focus group, in partnership with Canberra Multicultural Women’s Forum (12 March 2021).

Key informant interviews

Key informant interviews with service providers were intended to be undertaken through February 2022 but were delayed due to the 2021-22 COVID-19 outbreak and competing priorities.

WHM has begun consulting informally with key stakeholders, and will continue over March and April 2022, for the purpose of understanding health promotion opportunities and best practice in other jurisdictions.

Approved for circulation to the Standing Committee on Education and Community Inclusion

Signature:

Date:

By the Minister for Health, Rachel Stephen-Smith MLA



Standing Committee on Education and Community Inclusion

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Signature:



Date:

22 / 3 / 22

By the Minister for Health, Rachel Stephen-Smith MLA



Standing Committee on Health and Community Wellbeing

Inquiry into Annual and Financial Reports 2020-2021 **ANSWER TO QUESTION ON NOTICE**

Asked by Elizabeth Lee MLA:

ACT Health, Annual Report, tenders awarded by ACT Health Directorate

In relation to:

1. How many tenders were awarded by the ACT Health Directorate in the financial years:
 - a. 2021-22
 - b. 2020-21
 - c. 2019-20
 - d. 2018-19
 - e. 2017-18

2. Of those, how many were awarded to an entity that was not the preferred tenderer for each financial year:
 - a. 2021-22
 - b. 2020-21
 - c. 2019-20
 - d. 2018-19
 - e. 2017-18

3. Please provide the tender evaluation reports and delegate's recommendations for each of the cases identified in the answers to question 2.

4. For all procurements entered into with an exemption in financial year 2020-21, please provide:
 - a. The vendor
 - b. The contract title
 - c. The estimated value
 - d. The final value

[Minister Stephen-Smith]: The answer to the Member's question is as follows: –

1. How many tenders were awarded by the ACT Health Directorate (ACTHD) in the financial years:
 - a. 2021-22 = 4
 - b. 2020-21 = 16
 - c. 2019-20 = 35
 - d. 2018-19 = 16
 - e. 2017-18 = 54

2. The procurement framework provides scope for delegates to make a decision that differs from the recommendation of the evaluation team if circumstances warrant. This discretion is specifically allowed because the delegate is expected to use their expertise and judgment, within clearly set out parameters, to ensure the most effective and efficient delivery of procured projects. There is no specific requirement to report information on cases where delegates depart from an evaluation team's recommendation. Identifying and providing the data for the purposes of this request by the Committee would represent an unreasonable diversion of directorate resources.

3. See response to question 2.

4. Data below in response to question 4, has been extracted from the ACT Contract Register, Tenders ACT. Further information in relation to individual contracts is available from ACT Contract Register on the Tenders ACT website.

Data on the estimated value of the contract before the procurement was undertaken is not available.

Contract Title	Vendor Name	Original Amount
COVID-19 Wastewater Surveillance Project - ALS Hydrographics	ALS Hydrographics	\$76,742.4
Mental Health Foundation (ACT) Inc	Mental Health Foundation ACT	\$550,000.
Delivery of Cultural Immersion Program	Murri Matters Pty Ltd	\$38,280.
Audit & Fire Safety Strategy Review of Calvary public Hospital Bruce	Blackett Maguire + Goldsmith Pty Ltd	\$26,950.

COVID-19 Wastewater Surveillance Project - Sydney Water Monitoring Services	Sydney Water Monitoring Services	\$83,160.
Fresh Tastes: Sustaining cooking and growing activities through Australian curriculum delivery	Naked Option Pty Ltd trading as Curriculum Leadership	\$23,100.
Health Protection Services (HPS) – Securitas contract for CCTV and access control	FREDON SECURITY (ACT) PTY LTD	\$505,375.2
Provation Endoscopy Reporting Software Licence and Maintenance	Provation Medical Australia Pty Ltd	\$29,853.42
Motorola - IMW Licence	Motorola Solutions Australia Pty Ltd	\$40,186.9
HPS PERIMETER DOORS AND SECURE COMMS ROOM	MBSFM PTY LTD	\$270,162.42
Management of Calvary Multistorey Car park	Calvary Health Care ACT	\$138,050.
Oral Health Program	Titanium Solutions Australia Limited	\$58,231.8
Delivery of Opioid Maintenance Treatment During COVID-19 Response	Directions Health Services	\$97,900.
Epilepsy Association ACT Inc	Epilepsy Association ACT Inc	\$112,090.
RISKMAN01 - Support Services	RLDatix Australia Pty Ltd	\$32,226.96
IBM Infosphere Master Data Management Software License and Support Agreement	IBM Australia Limited	\$408,152.8
Cisco Switches and APs for Garran Covid Surge Centre – SSICT267, HM - 05686	DXC Connect	\$68,934.04
ACT Health Clinical Portal Support Services	Orion Health Pty Limited	\$2,577,431.85
Connecting with People Suicide Prevention Training	4 Mental Health Ltd	\$170,000.
Clinical Terminology content for the Digital Health Record	Intelligence Medical Objects	\$233,110.

Notifiable Disease Management System (NDMS)	Sunquest Information Systems Pty Ltd	\$2,407,184.12
T-DOC Sterilising Services	Getinge Australia Pty Ltd	\$222,310.
BD BACTEC MGIT 960	Becton Dickinson Pty Ltd	\$159,489.
Clinical Terminology content for the Digital Health Record System	Hearst Health Middle East Inc	\$2,072,982.

Approved for circulation to the Standing Committee on Education and Community Inclusion

Signature:

Date:

By the [Minister for], [name of Minister]



Standing Committee on Health and Community Wellbeing

Inquiry into Annual and Financial Reports 2020-2021 **ANSWER TO QUESTION ON NOTICE**

Asked by **ELIZABETH LEE MLA**:

ACT Health, Annual Report, enders awarded by ACT Health Directorate

In relation to:

1. How many tenders were awarded by the ACT Health Directorate in the financial years:
 - a. 2021-22
 - b. 2020-21
 - c. 2019-20
 - d. 2018-19
 - e. 2017-18
2. Of those, how many were awarded to an entity that was not the preferred tenderer for each financial year:
 - a. 2021-22
 - b. 2020-21
 - c. 2019-20
 - d. 2018-19
 - e. 2017-18
3. Please provide the tender evaluation reports and delegate's recommendations for each of the cases identified in the answers to question 2.
4. For all procurements entered into with an exemption in financial year 2020-21, please provide:
 - a. The vendor
 - b. The contract title
 - c. The estimated value
 - d. The final value

RACHEL STEPHEN-SMITH MLA: The answer to the Member's question is as follows: –

1. How many tenders were awarded by the ACT Health Directorate (ACTHD) in the financial years:
 - a. 2021-22 = 4
 - b. 2020-21 = 16
 - c. 2019-20 = 35
 - d. 2018-19 = 16
 - e. 2017-18 = 54

2. The procurement framework provides scope for delegates to make a decision that differs from the recommendation of the evaluation team if circumstances warrant. This discretion is specifically allowed because the delegate is expected to use their expertise and judgment, within clearly set out parameters, to ensure the most effective and efficient delivery of procured projects. There is no specific requirement to report information on cases where delegates depart from an evaluation team's recommendation. Identifying and providing the data for the purposes of this request by the Committee would represent an unreasonable diversion of directorate resources.

3. See response to question 2.

4. Data below in response to question 4, has been extracted from the ACT Contract Register, Tenders ACT. Further information in relation to individual contracts is available from ACT Contract Register on the Tenders ACT website.

Data on the estimated value of the contract before the procurement was undertaken is not available.

Contract Title	Vendor Name	Original Amount
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Mental Health Foundation (ACT) Inc	Mental Health Foundation ACT	\$550,000
Delivery of Cultural Immersion Program	Murri Matters Pty Ltd	\$38,280
Audit & Fire Safety Strategy Review of Calvary public Hospital Bruce	Blackett Maguire + Goldsmith Pty Ltd	\$26,950

COVID-19 Wastewater Surveillance Project - Sydney Water Monitoring Services	Sydney Water Monitoring Services	\$83,160
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Clinical Terminology content for the Digital Health Record System	Hearst Health Middle East Inc	\$2,072,982

Approved for circulation to the Standing Committee on Health and Community Wellbeing

Signature:



Date: 24 / 3 / 22

By the Minister for Health, Rachel Stephen Smith MLA

From: Sullivan, Clare
Sent: Wednesday, 9 March 2022 9:29 AM
To: ACT Health DLO
Cc: Moloney, Eliza
Subject: RE: Annual Reports 2020-21 Inquiry - HCW QON 28 - Mental Health (Redirected to Mental Health - formerly ECI QON 17)

Importance: High

Thank you

From: Ellis, Catherine (Health) <Catherine.Ellis@act.gov.au> **On Behalf Of** ACT Health DLO
Sent: Wednesday, 9 March 2022 9:25 AM
To: Sullivan, Clare <Clare.Sullivan@act.gov.au>
Cc: Moloney, Eliza <Eliza.Moloney@act.gov.au>
Subject: RE: Annual Reports 2020-21 Inquiry - HCW QON 28 - Mental Health (Redirected to Mental Health - formerly ECI QON 17)

OFFICIAL

Hi Clare

Confirming this was passed to the team to commence work yesterday.

Is very similar to one of the QTONs from the Mental Health Session from Castley so think the team should be able to take much of the input from there.

Will get it through to the Office ASAP.

Thanks
Cathy

Catherine Ellis | Directorate Liaison Officer | ACT Health Directorate

| Email: ACTHealthDLO@act.gov.au

Office of Rachel Stephen-Smith | Minister for Health

Office of Emma Davidson | Minister for Mental Health

Level 2, Legislative Assembly Building, Civic Square



From: Sullivan, Clare <Clare.Sullivan@act.gov.au>
Sent: Wednesday, 9 March 2022 9:12 AM
To: ACT Health DLO <ACTHealthDLO@act.gov.au>
Cc: Moloney, Eliza <Eliza.Moloney@act.gov.au>
Subject: FW: Annual Reports 2020-21 Inquiry - HCW QON 28 - Mental Health (Redirected to Mental Health - formerly ECI QON 17)
Importance: High

Hi Cathy

Could you please pass this one onto the team?

Thanks

Clare

From: Hallett, Alison <Alison.Hallett@act.gov.au> **On Behalf Of** DAVIDSON
Sent: Tuesday, 8 March 2022 2:54 PM
To: Sullivan, Clare <Clare.Sullivan@act.gov.au>; Moloney, Eliza <Eliza.Moloney@act.gov.au>
Subject: FW: Annual Reports 2020-21 Inquiry - HCW QON 28 - Mental Health (Redirected to Mental Health - formerly ECI QON 17)

Hi Clare and Eliza

For your information.

Kind regards

Ally

From: LA Committee - HCW <LACommitteeHCW@parliament.act.gov.au>
Sent: Tuesday, 8 March 2022 1:48 PM
To: ACT Health DLO <ACTHealthDLO@act.gov.au>
Cc: DAVIDSON <DAVIDSON@act.gov.au>
Subject: Annual Reports 2020-21 Inquiry - HCW QON 28 - Mental Health (Redirected to Mental Health - formerly ECI QON 17)

OFFICIAL

Good afternoon Cathy,

Please find attached redirected question on notice as agreed, and as follows; (NB. This QON was formerly ECI QON 17)

Type of Question	No	Received Date	Hearing Date	Asked By	Directorate/ Portfolio	Subject
QON	28	08/03/2022	N/A see remarks	Castley	Mental Health	Mental health services for non-government schools

Refer Standing Order 254D(a) - A member must lodge a question on notice with the Committee within **5 business days following the conclusion of a Committee hearing. A response is due within **5 business days** of receipt of the question.*

Warm regards,

Nick Byrne
 Administrative Officer
 Committee Support
 The Office of the Legislative Assembly
 P 02 62054142 | E nick.byrne@parliament.act.gov.au



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<http://www.parliament.act.gov.au>

From: Sullivan, Clare
Sent: Wednesday, 9 March 2022 9:12 AM
To: ACT Health DLO
Cc: Moloney, Eliza
Subject: FW: Annual Reports 2020-21 Inquiry - HCW QON 28 - Mental Health (Redirected to Mental Health - formerly ECI QON 17)
Attachments: HCW QON 28 - Mental health services for non government schools - Castley.pdf;
 HCW QON 28 - Mental health services for non government schools - Castley.docx
Importance: High

Hi Cathy

Could you please pass this one onto the team?

Thanks

Clare

From: Hallett, Alison <Alison.Hallett@act.gov.au> **On Behalf Of** DAVIDSON
Sent: Tuesday, 8 March 2022 2:54 PM
To: Sullivan, Clare <Clare.Sullivan@act.gov.au>; Moloney, Eliza <Eliza.Moloney@act.gov.au>
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OFFICIAL

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QON	28	08/03/2022	N/A see remarks	Castley	Mental Health	Mental health services for non-government schools
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Standing Committee on Health and Community Wellbeing

Inquiry into Annual and Financial Reports 2020-2021 **QUESTION ON NOTICE**

Leanne Castley MLA: Redirected to ask the Minister for Mental Health, 08 March 2022.

[Ref: Mental Health services in Schools, ACT Health 2020-21, Mental Health services in non-government schools]

Topic: Government funded mental health services for students in non-government schools

Table 13 (p94-95) refers to the government's response to the Inquiry into the Appropriation Bill 2017-18 and Appropriation (Office of the Legislative Assembly) Bill 2017-18.

Recommendation 112 (p95) says the Committee *"recommends that the ACT Government undertake a review of the accessibility of ACT Government funded mental health services for students in non-government schools."*

The 'Government response' stated that the government 'Agreed' to Recommendation 112 and that "ACT Health will provide advice to the Assembly in relation to mental health services for students in non-government schools."

However, under the section "Update", it states: *"The Office for Mental Health and Wellbeing (OMHW) will commence this work in 2021-22."*

Questions:

1. Did the government undertake a review of its funded mental health services for students in non-government schools? If not, why not?
2. Given the report was tabled on August 15, 2017, why has nothing happened since then?

3. What, if any, ACT government funded mental health services are there for students in non-government schools?

03/03/2022



Standing Committee on Education and Community Inclusion

Inquiry into Annual and Financial Reports 2020-2021 **ANSWER TO QUESTION ON NOTICE**

Asked by Leanne Castley MLA: Redirected to ask the Minister for Mental Health, 08 March 2022

[Ref: Mental Health services in Schools, ACT Health 2020-21, Mental Health services in non-government schools]

In relation to:

Topic: Government funded mental health services for students in non-government schools

Table 13 (p94-95) refers to the government's response to the Inquiry into the Appropriation Bill 2017-18 and Appropriation (Office of the Legislative Assembly) Bill 2017-18. Recommendation 112 (p95) says the Committee "recommends that the ACT Government undertake a review of the accessibility of ACT Government funded mental health services for students in non-government schools."

The 'Government response' stated that the government 'Agreed' to Recommendation 112 and that "ACT Health will provide advice to the Assembly in relation to mental health services for students in non-government schools."

However, under the section "Update", it states: "The Office for Mental Health and Wellbeing (OMHW) will commence this work in 2021-22."

Questions

1. Did the government undertake a review of its funded mental health services for students in non-government schools? If not, why not?
2. Given the report was tabled on August 15, 2017, why has nothing happened since then?
3. What, if any, ACT government funded mental health services are there for students in non-government schools?

Minister Davidson: The answer to the Member's question is as follows: –

Yes. In 2019 the Office for Mental Health and Wellbeing (OMHW) undertook a review of Children and Young People in the ACT (the Review) to understand the challenges facing our young community members in relation to their mental health and wellbeing. A key component of this Review included a landscape analysis of all services and programs available from 0-25 years of age, both within a school setting and out in the community.

Co-design was undertaken across 2018-19 to inform the Work Plan for the newly established OMHW. This considered community concerns and questions including accessibility of government funded mental health services across the board. Following this, in depth mapping, analysis and consultation was undertaken to inform the Review. Which specifically addressed mapping of mental health services for children and young people in the ACT.

The Review highlighted that there are dedicated services that offer promotion and prevention programs/activities/services in the ACT, including all schools. These are delivered as face-to-face targeted and universal education programs and via online resources for additional support. It was noted that there was a lack of programs available for primary age students and limited targeted programs for 8-12 year-olds.

In addition, the Review outlined that there are programs and services offered in schools that provide support for young people with mild to moderate mental health concerns including counselling and psychology, and a range of programs to help this cohort of young people within a school setting and out in the community. As outlined in the final report of this Review, all mental health education programs delivered in the ACT rely on individual school selection.

Following the feedback from the community through this Review, the OMHW made a commitment to enhance evidence-informed mental health and wellbeing education programs in schools. Information on some of these programs was provided in my response to Question Taken on Notice 106.

In addition, the OMHW also launched the 24/7 online youth navigation portal MindMap in October 2021. This resource supports people to navigate what resources are available to meet their needs and is accessible via <https://www.mindmap.act.gov.au>.

In my response to Question Taken on Notice 106, I also advised that the OMHW agreed to undertake a review of the mental health and wellbeing programs offered to primary school aged children, 8-12 years. This review was to include government, non-government and independent schools and was scheduled to take place in 2020, however due to the global pandemic this was put on hold. The OMHW are currently working with the Australian National University to undertake this commitment.

Information has been publicly released on mental health services for young people, including students in non-government schools as part of the Review. However, as the OMHW is continuing to progress work in this area, the status of Recommendation 112 is considered to remain 'In Progress'.

Approved for circulation to the Standing Committee on Education and Community Inclusion

Signature: *Emma Davidson*

Date: *16/03/2022*

By the Minister for Mental Health, Emma Davidson

From: Bransgrove, Meagen
Sent: Tuesday, 22 March 2022 11:01 AM
To: ACT Health DLO
Subject: QON Homebirth Trial
Attachments: 20211110 Budget Estimates 2021 - QoN 20- Homebirth Trial - signed.pdf

Importance: High

Hi Cathy,

QoN 39 needs some more information about the Homebirth Trial and I have left a comment in the document. Available [here](#).

Thanks,

Meg



STANDING COMMITTEE ON HEALTH AND COMMUNITY WELLBEING
Mr Johnathan Davis MLA (Chair), Mr James Milligan MLA (Deputy Chair),
Mr Michael Pettersson MLA

**Inquiry into ACT Budget 2021–22
ANSWER TO QUESTION ON NOTICE**

JOHNATHAN DAVIS MLA: To ask the Minister for Health

Ref: Canberra Health Services, Budget paper C, page number 39, Output 1.1: Acute Services

In relation to: Homebirth Trial

1. Have the recommendations made at the end of the Homebirth trial been implemented yet?
2. What are the numbers of births happening through the home birth program each month since the trial finished?
3. Have the eligibility criteria for home birth been expanded (as recommended) and if not, why not?
4. What sort of time frame is the department looking at before the changes are implemented?
5. Has there been any consumer input from people who would like to use home birth services? Has this facilitation of consumer input been put on hold and if so, why?
6. What would need to happen to give every pregnant person in Canberra the option to have continuity of care throughout their pregnancy and birth?
7. In New Zealand, women were encouraged to consider giving birth at home during the COVID-19 pandemic.
 - a. Why are we not taking advantage of the fact that home birth for low-risk women is as safe as hospital birth?
 - b. Why are we not doing everything we can to keep healthy women out of hospitals during the pandemic?

MINISTER STEPHEN-SMITH: The answer to the Member's question is as follows:–

1. Nine of the 12 recommendations from the Burnet Institute Homebirth Trial Review are under the consideration of a Working Group implemented by Centenary Hospital for Women and Children (CHWC). Six of the nine recommendations have been endorsed and implemented.

Recommendation 3 is currently being considered by the CHWC Quality Assurance Committee. Recommendation 7 regarding physiological management is yet to be considered by the working group. Recommendation 11 has been considered by the working group and is not able to be implemented at this time within the current staffing profile in Maternity Services at CHWC.

The Joint Maternity Project, governed by the ACT Health Directorate (ACTHD), will address Recommendations 4, 5, and 6 given their Territory-wide implications. This work is being undertaken collaboratively with Canberra Health Services (CHS) and Calvary Public Hospital Bruce (CPHB). The Chief Nursing and Midwifery Office has engaged with ACT Ambulance Service and gathered evidence around geographical boundaries from both the literature and all Australian jurisdictions offering publicly funded home birth. This has resulted in a formal

proposal being sent to the ACT Insurance Authority (ACTIA) regarding Recommendation four. The expected time response from ACTIA is anticipated to be six weeks. The Chief Nursing and Midwifery Office and other Executives from ACTHD met with Executive Officers from Calvary Public Bruce Hospital on Monday 8 November 2021 to further discuss the implications of Recommendation 5 and 6.

2. Since the trial finished in March 2020, there has been an average of 1 to 2 births per month and a total of 69 births through the Publicly Funded Home Birth Program.
3. CHS has agreed to implement Recommendation 7. Recommendation 3 is currently being considered by the CHWC Quality Assurance Committee. Both will expand criteria for women accessing homebirths.

ACTHD is actively liaising with key stakeholders to progress Recommendation four on revisiting the geographical boundaries of homebirth services. Joint Maternity Project officers are currently engaging with the ACT Insurance Agency and the ACT Ambulance Service to address this recommendation.

ACTHD is continuing to work with Calvary Public Hospital to discuss Recommendations 5 and 6. The implementation of the recommendations has progressed at a steady rate. At times both CHS and ACTHD have had to prioritise the COVID-19 response, with a number of staff being re-deployed for significant periods. Implementation of all recommendations requires consultation with key stakeholders including consumers, ACT Insurance Authority (ACTIA), CHS Insurance and Legal Unit, ACT Ambulance Service, the University of Canberra and within the Division of Women, Youth and Children, midwifery, obstetric and neonatal specialists. The implementation process has required development of new procedures and processes, developing training competencies, consumer handouts and medical forms. This takes time but ensures a robust quality and safety framework is in place to support these new practices within a woman's home.

4. Both CHS and ACTHD plan to complete implementation of the relevant recommendations by April 2022.
5. Consumers were a core part of the Burnet Institute's review of the Homebirth Trial, with interviews and focus groups undertaken with women who have accessed the publicly funded homebirth trial.

Consumers are also involved in the CHWC Working Group which has considered the recommendations for implementation. ACTHD and CHS maintain a commitment to consumer consultation and input in all areas of our work. The Joint Maternity Project will be undertaking engagement with key stakeholders including consumer representatives on its draft action and implementation plan.

6. Midwifery-led continuity of care is known to improve outcomes for women and babies. The ACT is pleased to provide more than one third of women with continuity of care, compared to eight per cent nationally. The Joint Maternity Project is exploring ways to expand continuity of care as per the recommendations of the ACT Maternity Inquiry, The National Maternity Strategy, the National Stillbirth Action and Implementation Plan and the National Breastfeeding Strategy.

- 7.
- a. Through the Joint Maternity Project, ACTHD and CHS are considering opportunities to expand availability of homebirth to as many families as possible within system capability and maintaining highest level of clinical safety and outcomes for mother and child.
 - b. Healthy women with low-risk pregnancies have been provided care in their community with the use of telehealth for their antenatal appointments. To expand a homebirth service to remain a robust and safe one, takes time for staff training and development of evidence-based policies. Women at CHWC are offered all models of care dependent on the eligibility of the models.

Approved for circulation to the Standing Committee on Health and Community Wellbeing

Signature:



Date:

19/11/21

By the Minister for Health, Rachel Stephen-Smith MLA



Standing Committee on Education and Community Inclusion

Inquiry into Annual and Financial Reports 2020-2021 **ANSWER TO QUESTION ON NOTICE**

Asked by Leanne Castley MLA:

ACT Health Annual Report 2020-21, Home birth program

Topic: Expanding the home birth program – Recommendation 55 (p97)

Recommendation 55 (p97) of the Select Committee on Estimates 2018-2019 was that the ACT government “*examine the risks with expanding the home birth program to the northside catchment (through Calvary Hospital)*”.

The government agreed and the update notes “the government has commenced work ...this is expected to be completed in late 2021.”

In relation to:

1. Has the government examined the risks of expanding the home birth program to the northside catchment?
2. What are the outcomes?
3. Will the home birth program be expanded to the northside catchment?
4. Tell me about the program, how many people use it and the cost?

Minister Stephen-Smith: The answer to the Member’s question is as follows:–

1. Work has been collaboratively undertaken by the ACT Health Directorate and Canberra Health Services to examine the evidence base for expansion of the geographical boundaries of the publicly funded homebirth service operating out of Canberra Health Services, including a review of other publicly funded homebirth services in Australia and their geographical boundaries in relation to relevant servicing hospital/s.

2. Further conversations are required between the ACT Health Directorate, Canberra Health Services, Calvary Public Hospital at Bruce, ACT Ambulance Service and ACT Insurance Authority on any potential expansion of relevant catchment areas / geographical boundaries and the resultant impact on service capacity.
3. See answer to question 2.
4. Awaiting CHS input.

Approved for circulation to the Standing Committee on Education and Community Inclusion

Signature:

Date:

By the Minister for Health, Rachel Stephen-Smith



Standing Committee on Health and Community Wellbeing

Inquiry into Annual and Financial Reports 2020-2021 **ANSWER TO QUESTION ON NOTICE**

Asked by Leanne Castley MLA:

ACT Health Annual Report 2020-21, Home birth program

Topic: Expanding the home birth program – Recommendation 55 (p97)

Recommendation 55 (p97) of the Select Committee on Estimates 2018-2019 was that the ACT government “*examine the risks with expanding the home birth program to the northside catchment (through Calvary Hospital)*”.

The government agreed and the update notes “the government has commenced work ...this is expected to be completed in late 2021.”

In relation to:

1. Has the government examined the risks of expanding the home birth program to the northside catchment?
2. What are the outcomes?
3. Will the home birth program be expanded to the northside catchment?
4. Tell me about the program, how many people use it and the cost?

Minister Stephen-Smith: The answer to the Member’s question is as follows:–

1. Work has been collaboratively undertaken by the ACT Health Directorate (ACTHD) and Canberra Health Services (CHS) to examine the evidence base for expansion of the geographical boundaries of the publicly funded homebirth service operating out of CHS, including a review of other publicly funded homebirth services in Australia and their geographical boundaries in relation to relevant servicing hospital/s.

2. Further conversations are required between the ACTHD, CHS, Calvary Public Hospital Bruce, ACT Ambulance Service and ACT Insurance Authority on any potential expansion of relevant catchment areas / geographical boundaries and the resultant impact on service capacity.
3. See answer to question 2.
4. The Publicly-Funded Homebirth Trial commenced in October 2016. In June 2020, the ACT Government agreed or agreed in principle to all 12 recommendations of the Burnet Institute's Evaluation of the Publicly funded Homebirth Trial in the ACT Report. The overwhelming positive feedback shared in the report highlighted that the homebirth trial was well received and homebirth was considered an additional birth option for eligible women as part of the Continuity Midwifery Program at Centenary Hospital for Women and Children.

Since the trial finished in March 2020 there has been an average of 1 to 2 births per month at a cost of approximately \$13,450 per birth. As of January 2022, there have been 76 births through the Publicly Funded Home Birth Program.

Approved for circulation to the Standing Committee on Health and Community Wellbeing

Signature:

Date:

By the Minister for Health, Rachel Stephen-Smith



Standing Committee on Health and Community Wellbeing

Inquiry into Annual and Financial Reports 2020-2021 **ANSWER TO QUESTION ON NOTICE**

Asked by Leanne Castley MLA:

ACT Health Annual Report 2020-21, Home birth program

Topic: Expanding the home birth program – Recommendation 55 (p97)

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In relation to:

1. Has the government examined the risks of expanding the home birth program to the northside catchment?
2. What are the outcomes?
3. Will the home birth program be expanded to the northside catchment?
4. Tell me about the program, how many people use it and the cost?

Minister Stephen-Smith: The answer to the Member’s question is as follows:–

1. Work has been collaboratively undertaken by the ACT Health Directorate (ACTHD) and Canberra Health Services (CHS) to examine the evidence base for expansion of the geographical boundaries of the publicly funded homebirth service operating out of CHS, including a review of other publicly funded homebirth services in Australia and their geographical boundaries in relation to relevant servicing hospital/s.

2. Further conversations are required between the ACTHD, CHS, Calvary Public Hospital Bruce, ACT Ambulance Service and ACT Insurance Authority on any potential expansion of relevant catchment areas / geographical boundaries and the resultant impact on service capacity. The discussions between key stakeholders to operationalise the boundary expansion have taken longer than anticipated due to complexity of potential patient transfers and the flow on effect on to the continuity of care program at Canberra Health Services, which is already in high demand.
3. See answer to question 2.
4. The Publicly-Funded Homebirth Trial commenced in October 2016. In June 2020, the ACT Government agreed or agreed in principle to all 12 recommendations of the Burnet Institute's Evaluation of the Publicly funded Homebirth Trial in the ACT Report. The overwhelming positive feedback shared in the report highlighted that the homebirth trial was well received and homebirth was considered an additional birth option for eligible women as part of the Continuity Midwifery Program at Centenary Hospital for Women and Children.

Since the trial finished in March 2020 there has been an average of 1 to 2 births per month at a cost of approximately \$13,450 per birth. As of January 2022, there have been 76 births through the Publicly Funded Home Birth Program.

Approved for circulation to the Standing Committee on Health and Community Wellbeing

Signature:

Date:

By the Minister for Health, Rachel Stephen-Smith



Standing Committee on Health and Community Wellbeing

Inquiry into Annual and Financial Reports 2020-2021 **ANSWER TO QUESTION ON NOTICE**

Asked by **LEANNE CASTLEY MLA:**

ACT Health Annual Report 2020-21, Home birth program

Topic: Expanding the home birth program – Recommendation 55 (p97)

Recommendation 55 (p97) of the Select Committee on Estimates 2018-2019 was that the ACT government “*examine the risks with expanding the home birth program to the northside catchment (through Calvary Hospital)*”.

The government agreed and the update notes “the government has commenced work ...this is expected to be completed in late 2021.”

In relation to:

1. Has the government examined the risks of expanding the home birth program to the northside catchment?
2. What are the outcomes?
3. Will the home birth program be expanded to the northside catchment?
4. Tell me about the program, how many people use it and the cost?

RACHEL STEPHEN-SMITH MLA: The answer to the Member’s question is as follows:–

1. Work has been collaboratively undertaken by the ACT Health Directorate (ACTHD) and Canberra Health Services (CHS) to examine the evidence base for expansion of the geographical boundaries of the publicly funded homebirth service operating out of CHS, including a review of other publicly funded homebirth services in Australia and their geographical boundaries in relation to relevant servicing hospital/s.
2. Further conversations are required between the ACTHD, CHS, Calvary Public Hospital Bruce, ACT Ambulance Service and ACT Insurance Authority on any potential expansion of relevant catchment areas / geographical boundaries and the resultant

impact on service capacity. The discussions between key stakeholders to operationalise the boundary expansion have taken longer than anticipated due to complexity of potential patient transfers and the flow on effect to the continuity of care program at Canberra Health Services.

3. See answer to question 2.
4. The Publicly-Funded Homebirth Trial commenced in October 2016. In June 2020, the ACT Government agreed or agreed in principle to all 12 recommendations of the Burnet Institute's Evaluation of the Publicly funded Homebirth Trial in the ACT Report. The overwhelming positive feedback shared in the report highlighted that the homebirth trial was well received and homebirth was considered an additional birth option for eligible women as part of the Continuity Midwifery Program at Centenary Hospital for Women and Children.

Since the trial finished in March 2020 there has been an average of 1 to 2 births per month at a cost of approximately \$13,450 per birth. As of January 2022, there have been 76 births through the Publicly Funded Home Birth Program.

Approved for circulation to the Standing Committee on Health and Community Wellbeing

Signature:



Date:

11 / 4 / 22

By the Minister for Health, Rachel Stephen-Smith



Standing Committee on Education and Community Inclusion

Inquiry into Annual and Financial Reports 2020-2021 **ANSWER TO QUESTION ON NOTICE**

Asked by **LEANNE CASTLEY MLA:**

Ref: Canberra Health Services, Annual Report, GPs, p.22

In relation to:

The Annual Report lists an 'achievement' as integrating a care pilot with GP's to support localised care of patients with Type 2 diabetes. However, the 2021-22 Total Medicare statistics reveal the ACT has the lowest bulk-billing rate in the country. For Non-Referred attendances, the ACT is 16 per cent below the national average.

Questions:

1. Why is the ACT the worst in the country when it comes to seeing a GP for free, when, in your report, you acknowledge that localised care of patients relieves pressure on our hospitals?
2. Why do almost one third of patients in the ACT who visit GP's not get their visit bulk billed?
3. How does this affect our health system?
4. What is the impact on our Walk-In Centres?
5. What is your government doing specifically to increase bulk billing rates in the ACT?
6. What modelling or work has your directorate done about GP's? Provide details on data or modelling for below.
 - a. Have bulk billing rates been declining for a few years? If so, how many?
 - b. What impact does the directorate think this has on the public health system?

RACHEL STEPHEN-SMITH MLA: The answers to the Member's questions are as follows:–

1. The Commonwealth Government has funding and policy responsibility for primary care in Australia, including setting the rebate amount offered to patients for seeing a GP. Over recent years, the Commonwealth Government has fundamentally failed in ensuring Medicare provides access to primary care for Canberrans.

While the ACT is nominally considered a major city or inner metropolitan area, the primary care sector in the ACT experiences many issues that impact rural and regional areas, including difficulty in accessing GPs and low rates of full-time GPs per capita, GPs working more hours at an older age, difficulty attracting new GPs to the area, and difficulty accessing specialists.

Despite this, the Commonwealth Government removed access to bulk billing incentives for GPs in the ACT and Queanbeyan on 1 January 2020. I have written to the Minister for Health and Aged Care, the Hon Greg Hunt MP several times to encourage the Commonwealth to reinstate this incentive in the ACT.

More broadly, the Medicare rebate for patient consultations in general practice – which operate as private businesses in Australia's health care system – has not been maintained in line with the consumer price index, despite rising practice costs in the ACT (including rent, staffing, administration, IT and indemnity).

The ACT Government continues to advocate with the Commonwealth to appropriately fund Medicare and ensure access to affordable GP services. This includes ensuring that the Medicare adequately compensates GPs to provide comprehensive care, care coordination and the longer consultations that are typically required to address complex care needs.

The Commonwealth Government also has responsibility for the GP training program. With support of the RACGP NSW/ACT Branch, I continue to advocate for improvements to the program to ensure our local training programs can better attract and retain GPs.

2. GP practices are private businesses and make their own billing decisions. The majority of general practices in the ACT are mixed billing practices, meaning that they bulk bill some or all of their services, such as services for people with a concession card, and older and younger patients. For example, 77 per cent of non-referred attendances by patients aged 0-15 years were bulk billed in the ACT in 2020-21, and 75.6 per cent for patients aged 65+.¹

GP practices charge a gap fee to make up their funding shortfall due to underfunding of Medicare by successive Liberal/National federal governments. These factors mean that affordability of GP services is an ongoing challenge for the proportion of our population who cannot afford to pay any gap fee to see a GP. As noted in response to question 1, the Commonwealth cut bulk billing incentives in the ACT from 1 January 2020, putting further pressure on primary care access.

¹ All statistics unless otherwise stated from: Productivity Commission, Report on Government Services (ROGS) 2022. Part E: Health, Table 10A. Available at: <https://www.pc.gov.au/research/ongoing/report-on-government-services>

3. The Productivity Commission's 2022 Report on Government Services (RoGS) reports that 4.7 per cent of people living in the ACT avoid or delay seeing a GP due to cost, compared to the national average of 2.4 per cent.

In forums with GPs, they raise particular concerns about the financial viability of supporting patients with high and complex needs, who often have low incomes. While the Medicare Benefits Schedule includes items to support GP care coordination, feedback from GPs indicates that these items do not adequately compensate for the time required to develop comprehensive plans and coordinate multidisciplinary care.

Almost all recent Commonwealth Government efforts to address GP availability and affordability have had a geographical focus that *excludes* major cities. This description has been applied broadly, for example to Sydney, with greater than 5 million people, as well as Canberra with under 450,000 people, which increases the ACT's challenges.

I have raised the sustainability challenges faced by general practices in the ACT with Minister Hunt on numerous occasions, seeking his cooperation to find sustainable solutions. ACT Government officials continue to work with their Commonwealth counterparts and the Capital Health Network to explore innovative models.

4. The ACT Government's five nurse-led Walk-in Centres (WiCs) provide accessible public health care across Canberra's suburbs for one-off, non-life-threatening injuries and illnesses. Appointments are not required and services are free for patients. The WiCs provide urgent care for minor medical issues not requiring emergency department presentation. However, they are not intended to replace primary care services and do not provide ongoing, comprehensive care in the way a general practice does.

WiCs do not collect data on whether consumers are attending as an alternative to presenting to a GP or, if so, whether this is related to a lack of bulk billing. I am therefore unable to comment on the impact on WiCs of low bulk billing rates in the ACT.

However, since the establishment of the WiC network, the ACT has seen a fall in potentially avoidable GP type presentations to emergency departments from 55,753 in 2014-15 to 51,090 in 2020-21. Across Australia, potentially avoidable presentations increased from 2,781,377 to 3,168,446 over the same timeframe. Victoria was the only other jurisdiction to see a decrease in such presentations during this time.

5. Even though general practice policy and funding are Commonwealth responsibilities, the ACT Government has worked diligently to address the challenge of access to affordable primary care, particularly for our most vulnerable community members.

The ACT Government has implemented several programs to encourage bulk billing, increase the GP-to-population ratio, expand the GP workforce, support the development of primary care infrastructure, and increase access to primary care services that entail no patient out-of-pocket cost for people who need them most.

Since 2009, the ACT Government has provided \$12 million in incentives to support the GP workforce, infrastructure funding through a competitive grants process, an intern placement program, scholarships and services to assist GPs to attend housebound and

aged care patients. For example, the ACT Government provided \$1.05 million over three years in 2017-18 for the Bulk Billing General Practices Grant Fund to encourage the expansion or establishment of general practices with a demonstrated commitment to bulk billing in growing residential areas.

The ACT Government is especially committed to supporting access to primary health care services for people at risk of poorer health outcomes. Recent initiatives include \$2.5 million for Delivering Better Care for Canberrans with Complex Needs through General Practice in the 2019-20 Budget. This has supported delivery of the ACT's purpose-built mobile primary care outreach clinic, operated by Directions Health Services, which provides integrated primary and mental health care to people who face barriers accessing mainstream care; and additional primary care capacity at Companion House and the Junction Youth Health Service. In addition, the initiative has allocated up to \$800,000 in grants funding in 2022 to support proposals for better integrated primary care, particularly for people with chronic and complex needs.

The ACT Government also provides funding support to Winnunga Nimmityjah Aboriginal Health Service and other community organisations that provide health and social supports for marginalised groups.

- 6.a Bulk billing rates are reported annually in RoGS. Rates of non-referred GP bulk billing of services in the ACT have consistently increased over the past decade, from 50 per cent in 2011-12 to 69 per cent in 2020-21. A bulk billing rate of 72.2 per cent has been recorded in Jul-Dec 2021 Medicare year-to-date data.²

The proportion of non-referred patients who were fully bulk billed (that is, had no out of pocket costs for visits to the GP) has increased from 26.8 per cent in 2011-12 to 40.6 per cent in 2020-21, a rate that has grown faster than the national average.

- 6.b See answers to earlier questions. While ACT rates of bulk billing are lower than the national average, GPs in the ACT consistently demonstrate high performance. This includes high levels of patient satisfaction towards GPs, which was higher than the national average in 2020-21 across the three recorded metrics.

Approved for circulation to the Standing Committee on Education and Community Inclusion

Signature:

Date:

By the Minister for Health, Rachel Stephen-Smith MLA

² [MBS Quarterly Statistics - Year to Date Dashboard \(health.gov.au\)](https://www.health.gov.au/mbs-quarterly-statistics-year-to-date-dashboard)



Standing Committee on Education and Community Inclusion

Inquiry into Annual and Financial Reports 2020-2021 **ANSWER TO QUESTION ON NOTICE**

Asked by **LEANNE CASTLEY MLA:**

Ref: Canberra Health Services, Annual Report, GPs, p.22

In relation to:

The Annual Report lists an 'achievement' as integrating a care pilot with GP's to support localised care of patients with Type 2 diabetes. However, the 2021-22 Total Medicare statistics reveal the ACT has the lowest bulk-billing rate in the country. For Non-Referred attendances, the ACT is 16 per cent below the national average.

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1. Why is the ACT the worst in the country when it comes to seeing a GP for free, when, in your report, you acknowledge that localised care of patients relieves pressure on our hospitals?
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6. What modelling or work has your directorate done about GP's? Provide details on data or modelling for below.
 - a. Have bulk billing rates been declining for a few years? If so, how many?
 - b. What impact does the directorate think this has on the public health system?

RACHEL STEPHEN-SMITH MLA: The answers to the Member's questions are as follows:–

1. The Commonwealth Government has funding and policy responsibility for primary care in Australia, including setting the rebate amount offered to patients for seeing a GP. Over recent years, the Commonwealth Government has fundamentally failed in ensuring Medicare provides access to primary care for Canberrans.

While the ACT is nominally considered a major city or inner metropolitan area, the primary care sector in the ACT experiences many issues that impact rural and regional areas, including difficulty in accessing GPs and low rates of full-time GPs per capita, GPs working more hours at an older age, difficulty attracting new GPs to the area, and difficulty accessing specialists.

Despite this, the Commonwealth Government removed access to bulk billing incentives for GPs in the ACT and Queanbeyan on 1 January 2020. I have written to the Minister for Health and Aged Care, the Hon Greg Hunt MP several times to encourage the Commonwealth to reinstate this incentive in the ACT.

More broadly, the Medicare rebate for patient consultations in general practice – which operate as private businesses in Australia's health care system – has not been maintained in line with the consumer price index, despite rising practice costs in the ACT (including rent, staffing, administration, IT and indemnity).

The ACT Government continues to advocate with the Commonwealth to appropriately fund Medicare and ensure access to affordable GP services. This includes ensuring that the Medicare adequately compensates GPs to provide comprehensive care, care coordination and the longer consultations that are typically required to address complex care needs.

The Commonwealth Government also has responsibility for the GP training program. With support of the RACGP NSW/ACT Branch, I continue to advocate for improvements to the program to ensure our local training programs can better attract and retain GPs.

2. GP practices are private businesses and make their own billing decisions. The majority of general practices in the ACT are mixed billing practices, meaning that they bulk bill some or all of their services, such as services for people with a concession card, and older and younger patients. For example, 77 per cent of non-referred attendances by patients aged 0-15 years were bulk billed in the ACT in 2020-21, and 75.6 per cent for patients aged 65+.¹

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Approved for circulation to the Standing Committee on Education and Community Inclusion

Signature:



Date:

22/3/22

By the Minister for Health, Rachel Stephen-Smith MLA

From: Ellis, Catherine (Health) on behalf of ACT Health DLO
Sent: Tuesday, 22 March 2022 8:33 PM
To: Bransgrove, Meagen
Subject: Advice Please - 20220316 GBC22-152 - QON41 - AR Hearing - Northside Hospital - please check before submitting

OFFICIAL

Hi Meg

Minister has signed the QON for this but the file pathway notes to please check before submitting – can you please let me know what needs to be checked or if this is in fact ok to send to the committee?

Currently still in signed final doc folder and not sent.

Thanks
Cathy

Catherine Ellis | Directorate Liaison Officer | ACT Health Directorate

| Email: ACTHealthDLO@act.gov.au

Office of Rachel Stephen-Smith | Minister for Health

Office of Emma Davidson | Minister for Mental Health

Level 2, Legislative Assembly Building, Civic Square



From: Ellis, Catherine (Health) on behalf of ACT Health DLO
Sent: Friday, 22 April 2022 2:59 PM
To: Bransgrove, Meagen
Subject: RE: Outstanding QON 41 Answer Please advise

OFFICIAL

This is the one I message you about to say can we quickly chat.

I found in the same spot and looks like the signature was missed and filed without a signature without prompting for it to be signed.

I have moved back into your folder – and was going to ask that you seek this being signed ASAP.

Thanks
Cathy

Catherine Ellis | Directorate Liaison Officer | ACT Health Directorate

| Email: ACTHealthDLO@act.gov.au

Office of Rachel Stephen-Smith | Minister for Health

Office of Emma Davidson | Minister for Mental Health

Level 2, Legislative Assembly Building, Civic Square



From: Bransgrove, Meagen <Meagen.Bransgrove@act.gov.au>
Sent: Friday, 22 April 2022 2:33 PM
To: STEPHEN-SMITH <STEPHEN-SMITH@act.gov.au>; ACT Health DLO <ACTHealthDLO@act.gov.au>
Subject: RE: Outstanding QON 41 Answer Please advise
Importance: High

Hi Cathy,

I can see in the signed final docs folder version that needs to go back, but what I can see may not have been signed. Was this one accidentally moved on without a signature or am I not looking in right spot?

Thanks,

Meg

From: STEPHEN-SMITH <STEPHEN-SMITH@act.gov.au>
Sent: Friday, 22 April 2022 1:55 PM
To: Bransgrove, Meagen <Meagen.Bransgrove@act.gov.au>
Subject: FW: Outstanding QON 41 Answer Please advise

FYI

From: LA Committee - HCW <LACommitteeHCW@parliament.act.gov.au>
Sent: Friday, 22 April 2022 1:51 PM
To: ACT Health DLO <ACTHealthDLO@act.gov.au>

Cc: STEPHEN-SMITH <STEPHEN-SMITH@act.gov.au>
Subject: Outstanding QON 41 Answer Please advise

OFFICIAL

Hi Chadia,

My records indicate that an answer has still not been provided for the following Annual Reports hearings QON. As reports are due soon, could you please advise me as to the status of this Answer.

QON	41	08/03/2022	02/03/2022	Castley	Health	Northside hospital
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Thanks so much.

Warm regards,

Nick

Nick Byrne
 Administrative Officer
 Committee Support
 The Office of the Legislative Assembly
 P 02 62054142 | E nick.byrne@parliament.act.gov.au



The Office of the Legislative Assembly:

Providing professional services and reliable, impartial advice to support, strengthen and promote the institution of parliament in the ACT.

<http://www.parliament.act.gov.au>

From: ACT Health DLO <ACTHealthDLO@act.gov.au>
Sent: Tuesday, 29 March 2022 12:30 PM
To: LA Committee - HCW <LACommitteeHCW@parliament.act.gov.au>
Subject: RE: Annual Reports 2020-21 Inquiry - HCW QONs 24-26 and 38-43 - from hearings 02 March for Stephen-Smith

Hi Nick
 Hoping to get No 41 to you in the next few days

Many thanks
 Chadia

Chadia Rad | Senior Director, Ministerial and Government Services

 | Email: Chadia.Rad@act.gov.au

Communications and Government Relations, Office of the Director-General | ACT Health Directorate
 Level 5, 6 Bowes Street Phillip ACT 2606
health.act.gov.au



From: LA Committee - HCW <LACommitteeHCW@parliament.act.gov.au>
Sent: Monday, 28 March 2022 2:30 PM
To: ACT Health DLO <ACTHealthDLO@act.gov.au>; CHS DLO <CHSDLO@act.gov.au>
Cc: STEPHEN-SMITH <STEPHEN-SMITH@act.gov.au>
Subject: RE: Annual Reports 2020-21 Inquiry - HCW QONs 24-26 and 38-43 - from hearings 02 March for Stephen-Smith
Importance: High

OFFICIAL

Hi Cathy and Kerry,

According to our records, HCW QONs 24, 25, 38, 39, and 41 were due to be answered by 17/03/2022, as per below. Could you please advise as to the status and ETA for these answers.

Thanks, for your assistance.

Warm regards,

Nick

Nick Byrne
 Administrative Officer
 Committee Support
 The Office of the Legislative Assembly
 P 02 62054142 | E nick.byrne@parliament.act.gov.au



The Office of the Legislative Assembly:

Providing professional services and reliable, impartial advice to support, strengthen and promote the institution of parliament in the ACT.

<http://www.parliament.act.gov.au>

From: LA Committee - HCW
Sent: Wednesday, 9 March 2022 1:43 PM
To: ACT Health DLO <ACTHealthDLO@act.gov.au>; CHS DLO <CHSDLO@act.gov.au>
Cc: STEPHEN-SMITH <STEPHEN-SMITH@act.gov.au>
Subject: Annual Reports 2020-21 Inquiry - HCW QONs 24-26 and 38-43 - from hearings 02 March for Stephen-Smith

OFFICIAL

Good afternoon Cathy and Kerryn,

Please find attached questions on notice as follows;

Type of Question	No	Received Date	Hearing Date	Asked By	Directorate/ Portfolio	Subject
QON	24	03/03/2022	02/03/2022	Lee	Families and Community Services	Tenders awarded by Community Serv Directorate
QON	25	03/03/2022	02/03/2022	Lee	Health	Tenders awarded by Canberra Health
QON	26	03/03/2022	02/03/2022	Lee	Health	Tenders awarded by ACT Health Direc
QON	38	08/03/2022	02/03/2022	Castley	Health	Oral Health Services
QON	39	08/03/2022	02/03/2022	Castley	Health	Home birth program
QON	40	08/03/2022	02/03/2022	Castley	Health	Bulk-billing in the ACT
QON	41	08/03/2022	02/03/2022	Castley	Health	Northside hospital
QON	42	08/03/2022	02/03/2022	Castley	Health	Avoidable readmissions
QON	43	08/03/2022	02/03/2022	Castley	Health	Southside hydrotherapy pool

Refer Standing Order 254D(a) - A member must lodge a question on notice with the Committee within **5 business days following the conclusion of a Committee hearing. A response is due within **5 business days** of receipt of the question.*

Warm regards,

Nick Byrne
Administrative Officer
Committee Support
The Office of the Legislative Assembly
P 02 62054142 | E nick.byrne@parliament.act.gov.au



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<http://www.parliament.act.gov.au>

From: Bransgrove, Meagen
Sent: Wednesday, 23 March 2022 8:27 AM
To: ACT Health DLO
Subject: RE: Advice Please - 20220316 GBC22-152 - QON41 - AR Hearing - Northside Hospital - please check before submitting

Importance: High

Follow Up Flag: Follow up
Flag Status: Completed

Categories: Awaiting advice

Hi Cathy,

The Minister has added some further points in the text and just wants these run past the team to get the okay. If they don't see any errors in the signed version it can then go to the committee. To my read the Minister's included lines are accurate.

Thanks,

Meg

From: Ellis, Catherine (Health) <Catherine.Ellis@act.gov.au> **On Behalf Of** ACT Health DLO
Sent: Tuesday, 22 March 2022 8:33 PM
To: Bransgrove, Meagen <Meagen.Bransgrove@act.gov.au>
Subject: Advice Please - 20220316 GBC22-152 - QON41 - AR Hearing - Northside Hospital - please check before submitting

OFFICIAL

Hi Meg

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Currently still in signed final doc folder and not sent.

Thanks
Cathy

Catherine Ellis | Directorate Liaison Officer | ACT Health Directorate

| Email: ACTHealthDLO@act.gov.au

Office of Rachel Stephen-Smith | Minister for Health

Office of Emma Davidson | Minister for Mental Health

Level 2, Legislative Assembly Building, Civic Square



From: Bransgrove, Meagen
Sent: Tuesday, 29 March 2022 12:37 PM
To: ACT Health DLO
Subject: RE: URGENT Review - 20220316 GBC22-152 - QON41 - AR Hearing - Northside Hospital - please check before submitting

Importance: High

Categories: Awaiting advice

Thanks Chadia,

[REDACTED]

Regarding the ratio's, what has been announced is just over \$50 million, the Minister has added this as an indication only not an exact amount and that work has funded those 90 FTE in the health services.

Thanks,

Meg

From: ACT Health DLO <ACTHealthDLO@act.gov.au>
Sent: Tuesday, 29 March 2022 12:22 PM
To: Bransgrove, Meagen <Meagen.Bransgrove@act.gov.au>
Cc: ACT Health DLO <ACTHealthDLO@act.gov.au>
Subject: FW: URGENT Review - 20220316 GBC22-152 - QON41 - AR Hearing - Northside Hospital - please check before submitting
Importance: High

Hi Meg

Advice from line area below

- The addition to the response to Q2 are OK with SID.
- In regard to MO edits to Q3, C&G/CFO advise:
 - [REDACTED]
 - the 90 nursing element of the Ratio's funding (excluding the implementation team) totalled \$47.967m, not over \$50m as is written in the response.

Can you point me to where to the word version with your edits would be? Sorry can't seem to find it

Many thanks
Chadia

Chadia Rad | Senior Director, Ministerial and Government Services

[REDACTED] | Email: Chadia.Rad@act.gov.au

Communications and Government Relations, Office of the Director-General | ACT Health Directorate

Level 5, 6 Bowes Street Phillip ACT 2606

health.act.gov.au



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Importance: High

Hi Cathy,

The Minister has added some further points in the text and just wants these run past the team to get the okay. If they don't see any errors in the signed version it can then go to the committee. To my read the Minister's included lines are accurate.

Thanks,

Meg

From: Ellis, Catherine (Health) <Catherine.Ellis@act.gov.au> **On Behalf Of** ACT Health DLO
Sent: Tuesday, 22 March 2022 8:33 PM
To: Bransgrove, Meagen <Meagen.Bransgrove@act.gov.au>
Subject: Advice Please - 20220316 GBC22-152 - QON41 - AR Hearing - Northside Hospital - please check before submitting

OFFICIAL

Hi Meg

Minister has signed the QON for this but the file pathway notes to please check before submitting – can you please let me know what needs to be checked or if this is in fact ok to send to the committee?

Currently still in signed final doc folder and not sent.

Thanks
Cathy

Catherine Ellis | Directorate Liaison Officer | ACT Health Directorate

| Email: ACTHealthDLO@act.gov.au

Office of Rachel Stephen-Smith | Minister for Health

Office of Emma Davidson | Minister for Mental Health

Level 2, Legislative Assembly Building, Civic Square





Standing Committee on Health and Community Wellbeing

Inquiry into Annual and Financial Reports 2020-2021

ANSWER TO QUESTION ON NOTICE

Asked by Leanne Castley MLA:

ACT Health Annual Report 2020-21, Northside Hospital, p81, p64

In relation to:

Northside Hospital, ACT Health Annual report 2020-21 p81, p64

Page 64 & 81 of the Directorate's Annual Report refers to "continuing planning and design work for a new northside hospital."

1. Provide a breakdown of the new northside hospital.
 - a. Where will it be?
 - b. What work has been done?
 - c. How much has been spent so far?
 - d. How much more do you estimate you will spend on this business case? Will it go over \$10.5 million dollars?
2. Budget Paper C (p19) shows you have allocated \$10.5 million and the ACT Health website says this is to "*prepare a business case for the new northside hospital*". This work is expected to be complete by June 2023. Is this public money being spent on future Labor election promises?
3. How many nurses' salaries could be paid for with \$10.5 million?

Rachel Stephen-Smith MLA: The answer to the Member's question is as follows:—

1.
 - a. Part of the Northside hospital project will be determining an appropriate location for the replacement northside hospital. This work is ongoing.
 - b. The current project is based on previous work undertaken to determine the condition and suitability of the existing Public Hospital on the Northside, Calvary Public Hospital Bruce. This hospital is ageing and no longer meets modern health care standards. ACT Health then sought funding to complete a Tier 1 business case through the Capital Framework for a new Northside Hospital. To date ACT Health has:
 - i. Appointed a project team (6FTEs);

- ii. Appointed a commercial consultant to advise on commercial matters and prepare the Business case.
 - iii. Tendered for design, planning and architectural services;
 - iv. Tendered for legal services;
 - v. Established project governance including a working group with Calvary; and
 - vi. Conducted a desktop analysis of possible sites.
 - c. Year to end of February (1 July 2021 – 28 February 2022) \$84,989 of the 2021-22 project budget has been expended. The project committed to an estimated staffing costs of \$600,000 with an additional \$180,000 for consulting fees, however two project team positions have not been filled due to the tight labour market. The small year to date project expenditure is as a result of delays in recruiting the project team, and the onboarding of consultants. The more significant costs will come in the second year.
 - d. A significant amount of the project budget has been allocated to the consultancies and project team. The project budget was determined based on experience of what work needed to be undertaken and how much that work was likely to cost. The cost for this stage of the project will not exceed the appropriated amount.
2. The current funding is to develop a business case for consideration by Government, commencing construction mid-decade (as per the commitment in the Parliamentary Agreement). To meet this timeframe the Business Case will be prepared for consideration through the 2023-2024 Budget. The project team and this tranche of work will continue to 30 June 2023, in line with the current funding.
 3. This is a difficult question to answer as the \$10.5million could be divided up in many different ways based on the various nursing classifications and staffing profile. To attempt to calculate an unlimited number of different scenarios using different classifications and staffing profiles would be an unreasonable redirection of resources.

Approved for circulation to the Standing Committee on Education and Community Inclusion

Signature:

Date:

By the Minister for Health, Rachel Stephen-Smith MLA



Standing Committee on Health and Community Wellbeing

Inquiry into Annual and Financial Reports 2020-2021 ANSWER TO QUESTION ON NOTICE

Asked by Leanne Castley MLA:

ACT Health Annual Report 2020-21, Northside Hospital, p81, p64

In relation to:

Northside Hospital, ACT Health Annual report 2020-21 p81, p64
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1. Provide a breakdown of the new northside hospital.
 - a. Where will it be?
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2. Budget Paper C (p19) shows you have allocated \$10.5 million and the ACT Health website says this is to "*prepare a business case for the new northside hospital*". This work is expected to be complete by June 2023. Is this public money being spent on future Labor election promises?
3. How many nurses' salaries could be paid for with \$10.5 million?

Rachel Stephen-Smith MLA: The answer to the Member's question is as follows:–

1.
 - a. Part of the Northside hospital project will be determining an appropriate location for the replacement northside hospital. This work is ongoing.
 - b. The current project is based on previous work undertaken to determine the condition and suitability of the existing Public Hospital on the Northside, Calvary

Public Hospital Bruce. This hospital is ageing and no longer meets modern health care standards. ACT Health Directorate (ACTHD) then sought funding to complete a Tier 1 business case through the Capital Framework for a new Northside Hospital. To date ACTHD has:

- i. Appointed a project team (6FTEs);
 - ii. Appointed a commercial consultant to advise on commercial matters and prepare the Business case.
 - iii. Tendered for design, planning and architectural services;
 - iv. Tendered for legal services;
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- d. A significant amount of the project budget has been allocated to the consultancies and project team. The project budget was determined based on experience of what work needed to be undertaken and how much that work was likely to cost. The cost for this stage of the project will not exceed the appropriated amount.
2. The current funding is to develop a business case for consideration by Government, commencing construction mid-decade (as per the commitment in the Parliamentary Agreement). To meet this timeframe the Business Case will be prepared for consideration through the 2023-2024 Budget. The project team and this tranche of work will continue to 30 June 2023, in line with the current funding.
3. This is a difficult question to answer as the \$10.5million could be divided up in many different ways based on the various nursing classifications and staffing profile. To attempt to calculate an unlimited number of different scenarios using different classifications and staffing profiles would be an unreasonable redirection of resources.

Approved for circulation to the Standing Committee on Education and Community Inclusion

Signature:

Date:

By the Minister for Health, Rachel Stephen-Smith MLA



Standing Committee on Health and Community Wellbeing

Inquiry into Annual and Financial Reports 2020-2021 **ANSWER TO QUESTION ON NOTICE**

Asked by **LEANNE CASTLEY MLA:**

ACT Health Annual Report 2020-21, Northside Hospital, p81, p64

In relation to:

Page 64 & 81 of the Directorate's Annual Report refers to "continuing planning and design work for a new northside hospital."

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3. How many nurses' salaries could be paid for with \$10.5 million?

RACHEL STEPHEN-SMITH MLA: The answer to the Member's question is as follows:–

1.
 - a. Part of the Northside hospital project will be determining an appropriate location for the new northside hospital. This work is ongoing.
 - b. The current project is based on previous work undertaken to determine the condition and suitability of the existing Public Hospital on the Northside, Calvary Public Hospital Bruce. ACT Health Directorate (ACTHD) then sought funding to

complete a Tier 1 business case through the Capital Framework for a new Northside Hospital. To date ACTHD has:

- i. Appointed a project team;
 - ii. Appointed a commercial consultant to advise on commercial matters and prepare the Business case;
 - iii. Tendered for design, planning and architectural services;
 - iv. Tendered for legal services;
 - v. Established project governance including a working group with Calvary; and
 - vi. Conducted analysis of possible sites.
- c. Year to end of February (1 July 2021 – 28 February 2022) \$84,989 of the 2021-22 project budget has been expended. The project committed to an estimated staffing cost of \$600,000 with an additional \$180,000 for consulting fees, however two project team positions have not been filled due to the tight labour market. The small year to date project expenditure is as a result of delays in recruiting the project team, and the onboarding of consultants. The more significant costs will come in the second year.
- d. A significant amount of the project budget has been allocated to the consultancies and project team. The project budget was determined based on experience of what work needed to be undertaken and how much that work was likely to cost. The cost for this stage of the project will not exceed the appropriated amount.
2. The current funding is to develop a business case for consideration by Government, with the aim of commencing construction of a new northside hospital mid-decade. To meet this timeframe the Business Case will be prepared for consideration through the 2023-24 Budget. The project team and this tranche of work will continue to 30 June 2023, in line with the current funding.

This funding relates to a commitment made by both ACT Labor and the ACT Greens at the 2020 election, and which was subsequently included in both parties' policy platform appendices of the Parliamentary and Governing Agreement.

3. Funding of \$10.5 million could be divided up in many different ways based on the various nursing classifications and staffing profile. To attempt to calculate an unlimited number of different scenarios using different classifications and staffing profiles would be an unreasonable use of resources. However, to provide some idea of scale, the 2021-22 Budget allocated just over \$50 million over four years to deliver 90 ongoing full-time equivalent nursing positions and 3 full-time equivalent implementation team positions over approximately 3.25 years (allowing for recruitment in the second half of 2021-22).

It should be noted that funding for ongoing delivery of services, including additional nursing staff, is provided for in the Health Funding Envelope. As planning and design for a new northside hospital relates to the development of a major capital project, this commitment is not offset from the Health Funding Envelope and does not impact the availability of funding for ongoing staffing of health services.

Approved for circulation to the Standing Committee on Health and Community Wellbeing

Signature: 

Date: 22 / 4 / 22

By the Minister for Health, Rachel Stephen-Smith MLA

From: Bransgrove, Meagen
Sent: Thursday, 17 March 2022 12:21 PM
To: ACT Health DLO
Subject: RE: QON - Avoidable Readmissions

Importance: High

Thank you!

From: Ellis, Catherine (Health) <Catherine.Ellis@act.gov.au> **On Behalf Of** ACT Health DLO
Sent: Thursday, 17 March 2022 12:05 PM
To: Bransgrove, Meagen <Meagen.Bransgrove@act.gov.au>
Subject: RE: QON - Avoidable Readmissions

OFFICIAL

Hi Meg

Apologies, there was an attachment A – I have now placed into your folder.

Thanks
Cathy

Catherine Ellis | Directorate Liaison Officer | ACT Health Directorate

| Email: ACTHealthDLO@act.gov.au

Office of Rachel Stephen-Smith | Minister for Health

Office of Emma Davidson | Minister for Mental Health

Level 2, Legislative Assembly Building, Civic Square



From: Bransgrove, Meagen <Meagen.Bransgrove@act.gov.au>
Sent: Thursday, 17 March 2022 12:03 PM
To: ACT Health DLO <ACTHealthDLO@act.gov.au>
Subject: QON - Avoidable Readmissions
Importance: High

Hi Cathy,

This QON outlines a Table 1 and an Attachment A, but I can't see an Attachment A in the folder or in subsequent pages. Is the Attachment A referring to Table 1 or by my read something separate.

Thanks,

Meg



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

QoN No. 42

STANDING COMMITTEE ON HEALTH AND COMMUNITY WELLBEING
Mr Johnathan Davis MLA (Chair), Mr James Milligan MLA (Deputy Chair), Mr Michael Petterson MLA

Inquiry into Annual and Financial Reports 2020-2021
QUESTION ON NOTICE

Leanne Castley MLA: To ask the Minister for Health

ACT Health Annual Report 2020-21, Avoidable readmissions, p74 table 11

Table 11 (p74) shows the 2020-21 target for “*avoidable readmissions to hospital*” was <50 yet the actual figure was MUCH higher at 128.

Questions:

1. What is the reason for this figure getting higher?
 - a. If the reason is because the measure has been “redefined” why does 2021-22 period also have a target of <50?
2. This indicator refers to people re-admitted to hospital ‘*with selected diagnoses that are thought to be avoidable through improved clinical management and/or discharge planning.*’
What types of diagnoses and what treatment is then required?
Give examples.
 - a. Provide a breakdown of each diagnosis and how many people have been avoidably readmitted for that diagnosis.
3. If these diagnoses are avoidable, why are there so many readmissions?
4. What is the estimated cost on our health system of these avoidable hospital readmissions?

08/03/2022



Standing Committee on Health and Community Wellbeing

Inquiry into Annual and Financial Reports 2020-2021 **ANSWER TO QUESTION ON NOTICE**

Asked by Leanne Castley MLA:

Ref: ACT Health Annual Report 2020-21, Avoidable readmissions, p74 table 11

In relation to:

Table 11 (p74) shows the 2020-21 target for “avoidable readmissions to hospital” was <50 yet the actual figure was MUCH higher at 128.

Questions:

1. What is the reason for this figure getting higher?
 - a) If the reason is because the measure has been “redefined” why does 2021-22 period also have a target of <50?
2. This indicator refers to people re-admitted to hospital ‘with selected diagnoses that are thought to be avoidable through improved clinical management and/or discharge planning.’ What types of diagnoses and what treatment is then required? Give examples.
 - a) Provide a breakdown of each diagnosis and how many people have been avoidably readmitted for that diagnosis.
3. If these diagnoses are avoidable, why are there so many readmissions?
4. What is the estimated cost on our health system of these avoidable hospital readmissions?

Minister Stephen-Smith: The answer to the Member’s question is as follows:–

1. Table 11 of the ACT Health Directorate (ACTHD) Annual Report for 2020-21 reports the ‘Number of avoidable readmissions for selected conditions per 10,000 hospital admissions’ as 128 readmissions against a target of <50. The significant difference between the number of readmissions and the target set in the 2020-21 Budget does not stem from an increase in the number of readmissions in the ACT in 2021-21, but rather is a consequence of a change to the methodology for calculating this metric.

The ACT's methodology was updated in 2020-21 and is in line with the Australian Commission on Safety and Quality in Health Care's (ACSQHC's) specifications with some local adaptations that have been developed in collaboration with health services across ACTHD, Canberra Health Services and Calvary Public Hospital Bruce. Using the revised methodology, which is consistent with the ACSQHC calculation, the proposed target would be 128 per 10,000 admissions.

While the avoidable readmissions to hospital measure was redefined, a decision was made to keep the target at less than 50 for 2021-22, because changes to metrics and targets included in Budget papers must go through a rigorous review and approval process and be approved by the Chief Minister under a legislative instrument in the budget year prior to the indicator being reported. A proposal has been submitted to change the target for this indicator for 2022-23.

2. The Australian Commission on Safety and Quality in Health Care developed a list of avoidable hospital readmissions, which was agreed by the Australian Health Ministers' Advisory Council.

The list includes 12 readmission conditions including: pressure injuries, infections, surgical complications, respiratory complications, venous thromboembolism, renal failure, gastrointestinal bleeding, medication complications, delirium, cardiac complications, constipation, nausea and vomiting. These complications can be divided into 33 Readmission categories. See Attachment A for a full list.

Attachment B provides a breakdown of the diagnosis for which an avoidable readmission occurred in 2020-21. Note that due to data maturation, the complete list of avoidable readmissions from 2020-21 will have changed from the original output provided for the Annual Report 2020-21.

Data on the treatment provided for each avoidable readmission was unable to be provided. While the procedures a patient received are captured in the ACTHD Data Repository, medical treatment is documented in the patient's medical record and is unable to be accessed by the ACTHD.

3. The issue with this indicator is not that there are an unacceptable number of avoidable readmissions recorded in the ACT, but rather that the original target used for the measure no longer reflects the correct methodology for this indicator.

In general, various factors contribute to the risk of readmission, including at a patient, clinician and system level. These include, for example:

- a) Patient level – age, clinical instability and comorbidities, health literacy, capacity for self-care, social support, financial capacity
- b) Clinician level – lack of compliance with treatment guidelines, lack of adequate discharge planning
- c) System level – lack of structured discharge processes including medication reconciliation, lack of integration in the broader health system.¹

¹ Avoidable Hospital Readmission Literature Review on Australian and International Indicators | Australian Commission on Safety and Quality in Health Care, [INVITATION TO REGISTER INTEREST \(safetyandquality.gov.au\)](https://www.safetyandquality.gov.au/invitations-to-register-interest)

4. The ACSQHC estimated the cost of avoidable hospital readmissions for the Australian health system for 2016-17 at around \$260 million.

Approved for circulation to the Standing Committee on Health and Community Wellbeing

Signature:



Date:

22 / 3 / 22

By the Minister for Health, Rachel Stephen-Smith

ATTACHMENT A

Table 1: List of avoidable hospital readmissions and readmission intervals

Readmission condition	Readmission diagnosis	Readmission interval
1. Pressure injury	Stage III ulcer	14 days
	Stage IV ulcer	7 days
	Unspecified decubitus and pressure area	14 days
2. Infections	Urinary tract infection	7 days
	Surgical site infection	30 days
	Pneumonia	7 days
	Blood stream infection	2 days
	Central line and peripheral line associated bloodstream infection	2 days
	Multi-resistant organism	2 days
	Infection associated with devices, implants and grafts	90 days
	Infection associated with prosthetic devices, implants and grafts in genital tract or urinary system	30 days
	Infection associated with peritoneal dialysis catheter	2 days
	Gastrointestinal infections	28 days
3. Surgical complications	Postoperative haemorrhage/haematoma	28 days
	Surgical wound dehiscence	28 days
	Anastomotic leak	28 days
	Cardiac vascular graft failure	28 days
	Pain following surgery	14 days
	Other surgical complications	28 days
4. Respiratory complications	Respiratory failure including acute respiratory distress syndromes	21 days
	Aspiration pneumonia	14 days
5. Venous thromboembolism	Venous thromboembolism	90 days
6. Renal failure	Renal failure	21 days
7. Gastrointestinal bleeding	Gastrointestinal bleeding	2 days
8. Medication complications	Drug related respiratory complications/depression	2 days
	Hypoglycaemia	4 days
9. Delirium	Delirium	10 days
10. Cardiac complications	Heart failure and pulmonary oedema	30 days
	Ventricular arrhythmias and cardiac arrest	30 days
	Atrial tachycardia	14 days
	Acute coronary syndrome including unstable angina, STEMI and NSTEMI	30 days
Other	11. Constipation	14 days
	12. Nausea and vomiting	7 days

Source: Independent Hospital Pricing Authority 2021. Pricing and funding for safety and quality: Risk adjusted model for avoidable hospital readmissions. National Efficient Price Determination 2021-22

From: Ellis, Catherine (Health) on behalf of ACT Health DLO
Sent: Tuesday, 22 March 2022 1:27 PM
To: Tomlinson, Benjamin; Anton, Deborah (Health)
Cc: ACT Health DLO
Subject: URGENT for QT: Hydro QON

Importance: High

Hi Ben

See below dot points as requested:

- The ACT Health Directorate provides ongoing funding to Arthritis ACT to deliver 614 hydrotherapy sessions per year in a low cost program that recognises the ongoing financial impact of managing a chronic condition. Arthritis ACT charges clients \$5.90 per session, and approximately 20% of places are provided free to clients who are facing disadvantage and cannot afford services.
- With the closure of the Canberra Hospital hydrotherapy pool, the ACTHD provided short-term additional funding (transition funding) to Arthritis ACT in acknowledgement of the increased expenses associated with other hydrotherapy locations. This short-term additional funding expires in June 2022.
- In 2021, Arthritis ACT offered 1,814 client-led hydrotherapy sessions and 135 instructor-led sessions. Of these:
 - 947 sessions were on the southside, at Aqua Harmony, Calwell Learn to Swim pool, and John James Hospital pool.
 - 867 sessions were on the northside at the UC hospital pool (Arthritis ACT utilises the pool for 23 hours per week).
- Demand for hydrotherapy sessions outstrips supply. In response, Arthritis ACT limits clients to two sessions per week to ensure some access by all clients.
- The ACT Health Directorate is currently investigating whether further funding can be found to extend transition funding for Arthritis ACT.

Thanks
Cathy

Catherine Ellis | Directorate Liaison Officer | ACT Health Directorate

| Email: ACTHealthDLO@act.gov.au

Office of Rachel Stephen-Smith | Minister for Health

Office of Emma Davidson | Minister for Mental Health

Level 2, Legislative Assembly Building, Civic Square



From: Tomlinson, Benjamin <Benjamin.Tomlinson@act.gov.au>

Sent: Tuesday, 22 March 2022 10:10 AM

To: Anton, Deborah (Health) <Deborah.Anton@act.gov.au>

Cc: ACT Health DLO <ACTHealthDLO@act.gov.au>

Subject: FW: Hydro QON

Importance: High

Also – the Minister has asked for a couple of lines in the interim on the contract, the work delivered and expected pathway forward with Arthritis ACT. Would appreciate being able to get those up before QT today.

Cheers
Ben

From: Tomlinson, Benjamin
Sent: Tuesday, 22 March 2022 10:05 AM
To: Anton, Deborah (Health) <Deborah.Anton@act.gov.au>
Subject: FW: Hydro QON

Hi Deb

Re attached hydrotherapy answer to Q3 in attached. Can we have a brief with advice and options please. Noting that the Southside Hyrdo won't be complete until mid 2024 there will need to be arrangements to that point.

Thanks
Ben

From: Bransgrove, Meagen <Meagen.Bransgrove@act.gov.au>
Sent: Tuesday, 22 March 2022 9:58 AM
To: Tomlinson, Benjamin <Benjamin.Tomlinson@act.gov.au>
Subject: Hydro QON

From: Tomlinson, Benjamin
Sent: Tuesday, 22 March 2022 10:10 AM
To: Anton, Deborah (Health)
Cc: ACT Health DLO
Subject: FW: Hydro QON
Attachments: 20220322 QON43 AR Hearing Southside Hydrotherapy - signed.pdf

Importance: High

Also – the Minister has asked for a couple of lines in the interim on the contract, the work delivered and expected pathway forward with Arthritis ACT. Would appreciate being able to get those up before QT today.

Cheers
Ben

From: Tomlinson, Benjamin
Sent: Tuesday, 22 March 2022 10:05 AM
To: Anton, Deborah (Health) <Deborah.Anton@act.gov.au>
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Sent: Tuesday, 22 March 2022 9:58 AM
To: Tomlinson, Benjamin <Benjamin.Tomlinson@act.gov.au>
Subject: Hydro QON



Standing Committee on Health and Community Wellbeing

Inquiry into Annual and Financial Reports 2020-2021 **ANSWER TO QUESTION ON NOTICE**

Asked by **LEANNE CASTLEY MLA:**

ACT Health Annual Report 2020-21, Southside hydrotherapy pool, p97, 98

In relation to:

Recommendation 73 of the Select Committee on Estimates 2018-19 was that the government work with Arthritis ACT and others to maintain appropriate and affordable hydrotherapy pools on the southside of Canberra following the closure of the Canberra Hospital rehab pool on Feb 29, 2020.

The Annual Report states that Arthritis ACT received an extra \$305k over three years for services at Aqua Harmony in Kambah. *(Have read that will mean extra 688 hydrotherapy sessions a year with two qualified instructors.)*

It also states that following the government's 2020 election commitment, \$250k has been allocated for the *"initial design, planning and costing work for a southside hydrotherapy pool"*. The preferred site is Lakeside Leisure Centre but Active Leisure Centre at the Erindale Group Centre will be investigated as a second option. On 3 December 2021, you issued a media release that an *"expert consultant"* had been engaged?

Questions:

1. When will the design, planning and costing be done?
2. When will work start and finish? What is the timeframe?
3. Can you give me an update on Arthritis ACT's arrangement with Aqua Harmony – when does their funding run out? Will they be funded for another three years?
4. You issued a media release entitled *"Next steps for hydrotherapy in southside"* on June 25, 2021 and the exact same release, from you, was released a second time on December 3 last year. Why did you release the same media release twice in six months? How often do you issue the same media release at different times?

RACHEL STEPHEN-SMITH MLA: The answer to the Member's question is as follows:–

1. Preliminary costing for the design and construction of a new southside hydrotherapy pool, and future operational costs have been prepared and are the subject of consideration of an infrastructure business case in the 2022-23 Budget. Further work on the design will commence once the outcome of the 2022-23 Budget is known.
2. The ACT Government has already commenced the initial design, planning and costing work for the development of a hydrotherapy pool. This has included consultation with stakeholders on the initial design and operation of any new facility. Subject to funding in the 2022-23 Budget, it is expected that any new southside hydrotherapy facility would be completed in 2024.
3. The ACT Health Directorate (ACTHD) provided additional funding to the Arthritis Foundation of the ACT to help facilitate client access to hydrotherapy sessions at Aqua Harmony, Kambah ACT, from 29 February 2020 to 30 June 2022. An extension of this additional funding is currently under consideration, with a decision to be provided prior to the contract end date.
4. This media release was not issued a second time. However, an error in the entry of metadata on the Open Government website appears to have resulted in the media release issued 25 June 2021 incorrectly displaying an issue date of 3 December 2021. This has been corrected on the website and is available here: [Next steps for hydrotherapy in southside - Chief Minister, Treasury and Economic Development Directorate \(act.gov.au\)](#).

Approved for circulation to the Standing Committee on Health and Community Wellbeing

Signature:



Date:

22/3/22

By the Minister for Health, Rachel Stephen-Smith



Standing Committee on Health and Community Wellbeing

Inquiry into Annual and Financial Reports 2020-2021 ANSWER TO QUESTION ON NOTICE

Asked by **LEANNE CASTLEY MLA:**

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In relation to:

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Approved for circulation to the Standing Committee on Health and Community Wellbeing

Signature:

Date:

By the Minister for Health, Rachel Stephen-Smith



Standing Committee on Health and Community Wellbeing

Inquiry into Annual and Financial Reports 2020-2021 **ANSWER TO QUESTION ON NOTICE**

Asked by **LEANNE CASTLEY MLA:**

ACT Health Annual Report 2020-21, Southside hydrotherapy pool, p97, 98

In relation to:

Recommendation 73 of the Select Committee on Estimates 2018-19 was that the government work with Arthritis ACT and others to maintain appropriate and affordable hydrotherapy pools on the southside of Canberra following the closure of the Canberra Hospital rehab pool on Feb 29, 2020.

The Annual Report states that Arthritis ACT received an extra \$305k over three years for services at Aqua Harmony in Kambah. *(Have read that will mean extra 688 hydrotherapy sessions a year with two qualified instructors.)*

It also states that following the government's 2020 election commitment, \$250k has been allocated for the *"initial design, planning and costing work for a southside hydrotherapy pool"*. The preferred site is Lakeside Leisure Centre but Active Leisure Centre at the Erindale Group Centre will be investigated as a second option. On 3 December 2021, you issued a media release that an *"expert consultant"* had been engaged?

Questions:

1. When will the design, planning and costing be done?
2. When will work start and finish? What is the timeframe?
3. Can you give me an update on Arthritis ACT's arrangement with Aqua Harmony – when does their funding run out? Will they be funded for another three years?
4. You issued a media release entitled *"Next steps for hydrotherapy in southside"* on June 25, 2021 and the exact same release, from you, was released a second time on December 3 last year. Why did you release the same media release twice in six months? How often do you issue the same media release at different times?

RACHEL STEPHEN-SMITH MLA: The answer to the Member's question is as follows:–

1. Preliminary costing for the design and construction of a new southside hydrotherapy pool, and future operational costs have been prepared and are the subject of consideration of an infrastructure business case in the 2022-23 Budget. Further work on the design will commence once the outcome of the 2022-23 Budget is known.
2. The ACT Government has already commenced the initial design, planning and costing work for the development of a hydrotherapy pool. This has included consultation with stakeholders on the initial design and operation of any new facility. Subject to funding in the 2022-23 Budget, it is expected that any new southside hydrotherapy facility would be completed in 2024.
3. The ACT Health Directorate (ACTHD) provided additional funding to the Arthritis Foundation of the ACT to help facilitate client access to hydrotherapy sessions at Aqua Harmony, Kambah ACT, from 29 February 2020 to 30 June 2022. An extension of this additional funding is currently under consideration, with a decision to be provided prior to the contract end date.
4. This media release was not issued a second time. However, an error in the entry of metadata on the Open Government website appears to have resulted in the media release issued 25 June 2021 incorrectly displaying an issue date of 3 December 2021. This has been corrected on the website and is available here: [Next steps for hydrotherapy in southside - Chief Minister, Treasury and Economic Development Directorate \(act.gov.au\)](#).

Approved for circulation to the Standing Committee on Health and Community Wellbeing

Signature:



Date:

22/3/22

By the Minister for Health, Rachel Stephen-Smith

From: Tomlinson, Benjamin
Sent: Monday, 28 March 2022 3:30 PM
To: ACT Health DLO; CHS DLO
Cc: Bransgrove, Meagen
Subject: Fwd: Annual Reports 2020-21 Inquiry - HCW QONs 24-26 and 38-43 - from hearings 02 March for Stephen-Smith

Importance: High

Follow Up Flag: Follow up
Flag Status: Completed

Categories: Chadia, To ACTION

Hi both

Are any still with directorates from the below?

B

Get [Outlook for Android](#)

From: STEPHEN-SMITH <STEPHEN-SMITH@act.gov.au>
Sent: Monday, March 28, 2022 3:10:55 PM
To: Tomlinson, Benjamin <Benjamin.Tomlinson@act.gov.au>; Bransgrove, Meagen <Meagen.Bransgrove@act.gov.au>
Subject: FW: Annual Reports 2020-21 Inquiry - HCW QONs 24-26 and 38-43 - from hearings 02 March for Stephen-Smith
 And more

From: LA Committee - HCW <LACommitteeHCW@parliament.act.gov.au>
Sent: Monday, 28 March 2022 3:01 PM
To: LA Committee - HCW <LACommitteeHCW@parliament.act.gov.au>; ACT Health DLO <ACTHealthDLO@act.gov.au>; CHS DLO <CHSDLO@act.gov.au>
Cc: STEPHEN-SMITH <STEPHEN-SMITH@act.gov.au>
Subject: RE: Annual Reports 2020-21 Inquiry - HCW QONs 24-26 and 38-43 - from hearings 02 March for Stephen-Smith

OFFICIAL

Hi Cathy Kerry,

In addition to the query about outstanding HCW QONs sent earlier today, there are also several overdue from the hearing on March 2, as follows and as per the below table; QONs 38, 39, and 41

Please advise the status and ETA of these answers.

Warm regards,

Nick

Nick Byrne

Administrative Officer

Committee Support

The Office of the Legislative Assembly

P 02 62054142 | E nick.byrne@parliament.act.gov.au



The Office of the Legislative Assembly:

Providing professional services and reliable, impartial advice to support, strengthen and promote the institution of parliament in the ACT.

<http://www.parliament.act.gov.au>

From: LA Committee - HCW

Sent: Wednesday, 9 March 2022 1:43 PM

To: ACT Health DLO <ACTHealthDLO@act.gov.au>; CHS DLO <CHSDLO@act.gov.au>

Cc: STEPHEN-SMITH <STEPHEN-SMITH@act.gov.au>

Subject: Annual Reports 2020-21 Inquiry - HCW QONs 24-26 and 38-43 - from hearings 02 March for Stephen-Smith

OFFICIAL

Good afternoon Cathy and Kerryn,

Please find attached questions on notice as follows;

Type of Question	No	Received Date	Hearing Date	Asked By	Directorate/ Portfolio	Subject
QON	24	03/03/2022	02/03/2022	Lee	Families and Community Services	Tenders awarded by Community Serv Directorate
QON	25	03/03/2022	02/03/2022	Lee	Health	Tenders awarded by Canberra Health
QON	26	03/03/2022	02/03/2022	Lee	Health	Tenders awarded by ACT Health Direc
QON	38	08/03/2022	02/03/2022	Castley	Health	Oral Health Services
QON	39	08/03/2022	02/03/2022	Castley	Health	Home birth program
QON	40	08/03/2022	02/03/2022	Castley	Health	Bulk-billing in the ACT
QON	41	08/03/2022	02/03/2022	Castley	Health	Northside hospital
QON	42	08/03/2022	02/03/2022	Castley	Health	Avoidable readmissions

QON	43	08/03/2022	02/03/2022	Castley	Health	Southside hydrotherapy pool
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Refer Standing Order 254D(a) - A member must lodge a question on notice with the Committee within **5 business days following the conclusion of a Committee hearing. A response is due within **5 business days** of receipt of the question.*

Warm regards,

Nick Byrne

Administrative Officer

Committee Support

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Standing Committee on Health and Community Wellbeing

Inquiry into Annual and Financial Reports 2020-2021 **ANSWER TO QUESTION ON NOTICE**

Leanne Castley MLA: To ask the Minister for Mental Health

Mental Health, ACT Health Annual Report 2020-21, Performance analysis

Improving the Mental Wellbeing of Canberrans, Table 4 (p69)

Table 4 refers to the percentage of ACT adults who self-report their mental health status as very good or excellent (according to the 2020 General Health Survey). The government's target for 2020-21 was >60 per cent but the actual figure was just 52 per cent. This figure has remained steady since the question was introduced into the ACT General Health Survey in 2018 however other surveys have reported a decline in self-rated mental health.

Questions:

1. Minister, how do you respond to the actual figure?
2. Why is the target set at ">60 per cent" which seems quite low?
3. Why do you think only half of adult Canberrans report their mental health as very good or excellent?
4. Are you concerned that the figure is so low?
5. Other studies have reported a decline in self-rated mental health – why does the situation seem so bad?
6. Do you have any figures about what the levels are in other places, such as Sydney and Melbourne?
7. Will the government be revising its target?

[Minister Davidson]: The answer to the Member's question is as follows:–

1. The survey was undertaken in late 2020 and asked Canberrans to assess their mental health on a five-point scale ranging from excellent to poor. Excellent and very good are the points on high end of the scale, the rating of good is the middle point. In this survey 52 per cent rated their mental health as very good or excellent and 28.4 per cent rated their mental health as good. This means that 80.4 per cent of Canberrans rate their mental health as good or better.
2. This is a new measure, and is not set low by national standards, in fact the target is an aspirational target which seeks to see an improvement over time. 60 per cent is a relatively high target for this measure but speaks to our intent to seek to improve the lives of Canberrans.
3. At the time of the survey, we were experiencing the impacts of the pandemic and had within the last year experienced bushfires in areas surrounding Canberra and a severe hailstorm. Despite these challenges just over half the ACT people self-reported their mental health was very high or excellent and over 80 per cent rated their mental health as good or better.
4. Overall it is very pleasing that good mental health is enjoyed by the vast majority of Canberrans. The ACT Government is aware of the need to support people who experience mental ill health and the Annual Report reflects the wide range of new and ongoing responses in place.
5. People's mental health is affected by many complex issues both personal and from the environment and community in which they live and work. Fear, worry, and stress are normal responses to threats, and at times when we are faced with uncertainty or change. Understandably, people are experiencing increased concerns about their mental health during the pandemic. These results mean that despite the pandemic, more than 80 per cent of Canberrans consider their mental health as good or better. This is a good result during the challenging circumstances of a pandemic.
6. It is important to note that different surveys have different methodologies and are undertaken at different times, so making comparisons between results needs to be done with extreme caution. The City of Sydney Community Wellbeing Indicators 2019¹ identified that in 2015 58 per cent of people had rated their mental health as very good or excellent and this reduced to 49 per cent in 2018.

The 2020 Victorian Population Health Survey² found 40.5 per cent of people rated their mental health as very high or excellent. The Australian Bureau of Statistics (ABS)³ has undertaken regular consistent surveys over 2020 and 2021 and the rate of people across Australia who rated their mental health as very high or excellent has varied over the last two years and includes 42 per cent in May 2021 and 47 per cent in December 2020.

¹ <https://www.cityofsydney.nsw.gov.au/surveys-case-studies-reports/community-indicators-report>

² <https://vahi.vic.gov.au/report/population-health/victorian-population-health-survey-2020-dashboards>

³ <https://www.abs.gov.au/statistics/people/people-and-communities/household-impacts-covid-19-survey>

However, this used a different collection methodology to the ACT General Health Survey and was undertaken at a different time.

7. All targets are routinely reviewed for relevancy and context and adjusted if required.

Approved for circulation to the Standing Committee on Education and Community Inclusion

Signature:

Date:

By the [Minister for], [name of Minister]



Standing Committee on Health and Community Wellbeing

Inquiry into Annual and Financial Reports 2020-2021 **ANSWER TO QUESTION ON NOTICE**

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[Minister Davidson]: The answer to the Member's question is as follows:–

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Approved for circulation to the Standing Committee on Education and Community Inclusion

Signature: *Emma Davidson*

Date: 8 March 2022

By the [Minister for], [name of Minister]



Standing Committee on Health and Community Wellbeing

Inquiry into Annual and Financial Reports 2020-2021 **ANSWER TO QUESTION ON NOTICE**

Leanne Castley MLA: To ask the Minister for Mental Health

Mental Health, ACT Health Annual Report 2020-21, Mental Health Advisory Council

Topic – Mental Health Advisory Council (p44)

I note on p44 that there is a Mental Health Advisory Council which provides advice to the Minister about urgent issues, reforms, policy and legislative changes, etc

Questions:

1. When was the Advisory Council set up and how many times has it met?
2. When was the last time the Advisory Council met with the Minister?
3. How many times has the Advisory Council met Minister Davidson since she became Minister for Mental Health?
4. Does the Council have fixed meeting dates?
5. What urgent issues has the Advisory Council put to the Minister and are the minutes/reports of the meetings publicly available? If not, why not?

[Minister Davidson]: The answer to the Member's questions are as follows:

1. The Mental Health Advisory Council (MHAC) was established in 2017 and has met 26 times to date.
2. The MHAC last met with Minister Davidson on 3 March 2022
3. The MHAC has met with Minister Davidson five times since her appointment as Minister.

4. Meeting dates for the MHAC are fixed. These are determined at the beginning of the year for the rest of the year.
5. All MHAC meeting papers and discussions are strictly Council-in-Confidence. The MHAC Secretariat prepares action minutes, recommendations and communiques for the Minister outlining the significant decisions and recommendations by the Council after each meeting. Communiques are to be made publicly available on the Office for Mental Health and Wellbeing website.

Due to the impact of COVID-19 on workloads and priorities and a number of changes in the secretariat between 2020 and 2021 there has been a delay in publishing the communiques for the meetings over this period. The MHAC Secretariate are currently in the process of finalising the communiques for this period and these will be made available on the Office for Mental Health and Wellbeing website once endorsed.

The urgent issues that the Council has advised Minister Davidson on between 2020 and 2022 are as follows:

- mental health reforms;
- developments addressing the mental health of different age groups in particular older person's mental health, new adult mental health centres and addressing the needs of youth;
- the ACT Mental health complaints processes;
- impacts of trauma and adverse childhood experiences and the need of young people with complex support needs;
- impacts of COVID-19 on mental health; and
- ACT mental health workforce.

Approved for circulation to the Standing Committee on Health and Community Wellbeing

Signature:

Date:

By the [Minister for Mental Health], [Emma Davidson MLA]



Standing Committee on Health and Community Wellbeing

Inquiry into Annual and Financial Reports 2020-2021 **ANSWER TO QUESTION ON NOTICE**

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- impacts of trauma and adverse childhood experiences and the need of young people with complex support needs;
- impacts of COVID-19 on mental health; and
- ACT mental health workforce.

Approved for circulation to the Standing Committee on Health and Community Wellbeing

Signature: *Emma Davidson*

Date: 8 March 2022

By the [Minister for Mental Health], [Emma Davidson MLA]

From: Ellis, Catherine (Health) on behalf of ACT Health DLO
Sent: Thursday, 10 March 2022 3:01 PM
To: Ord, Jon
Subject: FW: URGENT - QON for approval - Winnunga Funding and Improved Services at AMC

Importance: High

OFFICIAL

Hi Jon

Per the below I have moved this QON into your folder for review and progression to Minister for sign off. Saved [here](#)

Thanks
Cathy

Catherine Ellis | Directorate Liaison Officer | ACT Health Directorate

| Email: ACTHealthDLO@act.gov.au

Office of Rachel Stephen-Smith | Minister for Health

Office of Emma Davidson | Minister for Mental Health

Level 2, Legislative Assembly Building, Civic Square



From: Moloney, Eliza <Eliza.Moloney@act.gov.au>
Sent: Thursday, 10 March 2022 2:20 PM
To: ACT Health DLO <ACTHealthDLO@act.gov.au>
Subject: FW: URGENT - QON for approval - Winnunga Funding and Improved Services at AMC
Importance: High

Hi Cathy, this is for Jon, could you please forward to him?
Thanks

From: Ellis, Catherine (Health) <Catherine.Ellis@act.gov.au> **On Behalf Of** ACT Health DLO
Sent: Thursday, 10 March 2022 1:35 PM
To: Moloney, Eliza <Eliza.Moloney@act.gov.au>
Cc: Sullivan, Clare <Clare.Sullivan@act.gov.au>
Subject: URGENT - QON for approval - Winnunga Funding and Improved Services at AMC
Importance: High

OFFICIAL

Hi Eliza

I have placed a QON into your folder for urgent review and progression to Minister for approval regarding the Winnunga Funding and improved services at AMC. Saved [here](#)

Thanks
Cathy

Catherine Ellis | Directorate Liaison Officer | ACT Health Directorate

[Redacted] | Email: ACTHealthDLO@act.gov.au

Office of Rachel Stephen-Smith | Minister for Health

Office of Emma Davidson | Minister for Mental Health

Level 2, Legislative Assembly Building, Civic Square



From: Ord, Jon
Sent: Friday, 11 March 2022 9:53 AM
To: ACT Health DLO
Subject: RE: URGENT - QON for approval - Winnunga Funding and Improved Services at AMC

Importance: High

I'm sorry! Done.

J

From: Ellis, Catherine (Health) <Catherine.Ellis@act.gov.au> **On Behalf Of** ACT Health DLO
Sent: Friday, 11 March 2022 9:22 AM
To: Ord, Jon <Jon.Ord@act.gov.au>
Subject: RE: URGENT - QON for approval - Winnunga Funding and Improved Services at AMC

OFFICIAL

Morning Jon

Noted and will progress back fro response. Can you please just close the document on your end so I make sure I get all your edits when I send back – I can only get a read only currently and don't want to miss any edits that haven't saved as yet.

Thanks
Cathy

Catherine Ellis | Directorate Liaison Officer | ACT Health Directorate

| Email: ACTHealthDLO@act.gov.au

Office of Rachel Stephen-Smith | Minister for Health

Officer of Emma Davidson | Minister for Mental Health

Level 2, Legislative Assembly Building, Civic Square



From: Ord, Jon <Jon.Ord@act.gov.au>
Sent: Friday, 11 March 2022 9:18 AM
To: ACT Health DLO <ACTHealthDLO@act.gov.au>
Subject: RE: URGENT - QON for approval - Winnunga Funding and Improved Services at AMC
Importance: High

Thanks. There are a number of questions that I've put in the doc, saved in my folder.

Could they be addressed please?

Thank you very much. Happy to discuss.

Jon

From: Ellis, Catherine (Health) <Catherine.Ellis@act.gov.au> **On Behalf Of** ACT Health DLO
Sent: Thursday, 10 March 2022 3:01 PM
To: Ord, Jon <Jon.Ord@act.gov.au>
Subject: FW: URGENT - QON for approval - Winnunga Funding and Improved Services at AMC
Importance: High

OFFICIAL

Hi Jon

Per the below I have moved this QON into your folder for review and progression to Minister for sign off. Saved [here](#)

Thanks
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Catherine Ellis | Directorate Liaison Officer | ACT Health Directorate
[REDACTED] | Email: ACTHealthDLO@act.gov.au
Office of Rachel Stephen-Smith | Minister for Health
Officer of Emma Davidson | Minister for Mental Health
Level 2, Legislative Assembly Building, Civic Square



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Cc: Sullivan, Clare <Clare.Sullivan@act.gov.au>
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Importance: High

OFFICIAL

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Thanks
Cathy

Catherine Ellis | Directorate Liaison Officer | ACT Health Directorate
[REDACTED] | Email: ACTHealthDLO@act.gov.au
Office of Rachel Stephen-Smith | Minister for Health

Officer of Emma Davidson | Minister for Mental Health
Level 2, Legislative Assembly Building, Civic Square



From: Ellis, Catherine (Health) on behalf of ACT Health DLO
Sent: Tuesday, 15 March 2022 11:47 AM
To: Ord, Jon
Subject: Updated QON response - HCW QON 23 - Increased funding for Winnunga and service improvements (GBC22/130)

OFFICIAL

Hi Jon

Following your queries the team in the directorate have reviewed and updated to address your comments, saved in your folder [here](#)

Thanks
Cathy

Catherine Ellis | Directorate Liaison Officer | ACT Health Directorate

██████████ | Email: ACTHealthDLO@act.gov.au

Office of Rachel Stephen-Smith | Minister for Health

Office of Emma Davidson | Minister for Mental Health

Level 2, Legislative Assembly Building, Civic Square





Standing Committee on Justice and Community Safety

Inquiry into Annual and Financial Reports 2020-2021 ANSWER TO QUESTION ON NOTICE

Elizabeth Kikkert: To ask the Minister for Justice Health

Ref: Justice Health, JACS hearing 1000-1030 Monday 21 February 2022

In relation to: Increased funding for Winnunga and service improvements

1. During the hearing, Minister Davidson stated that after significantly increasing funding for Winnunga Health Centre at the AMC, she expects to see improvements in services going forward. What areas of Winnunga Health Centre did this funding go toward (i.e more staff, more services)?
2. Specifically, what improvements are you expecting to see in health provision?

MS STEPHEN-SMITH MLA: The answer to the Member's question is as follows:

The Winnunga Model of Care progresses Government commitment to full implementation of the 2016 Moss Inquiry recommendations. The model is the first of its kind nationally to be implemented in a correctional facility.

1. Increased funding went towards:
 - Psychology Services - Funding for a full-time Psychologist to enable the provision of specialist mental health assessments which relate to focussed psychological strategies and services for an assessed mental disorder as a part of the GP Mental Health Treatment Plan.
 - Winnunga Model of Care, nursing component - A significant element of the Winnunga Model of Care incorporates registered nurses providing daily services to Winnunga clients at the AMC. The Winnunga AMC nurses are rostered on shifts and provide through care to detainee's post release and account for up to 81% of service contacts within the AMC.
 - A specialist GP, clinical supervision and social and emotional wellbeing staff.
 - Covering pharmaceutical compounding costs.

2. Impacts of the AMC-Winnunga Model of Care have included:

- better health and life outcomes for the Aboriginal and Torres Strait Islander population, with significantly increased satisfaction with regard to timely, respectful, and culturally safe care being reported by clients;
- reduced staffing stress on Winnunga and ACT Government service operations at the AMC; and
- funded nursing and mental health components of the current model, and employment of a full-time psychologist.

Approved for circulation to the Standing Committee on Education and Community Inclusion

Signature:

Date:

By the [Minister for], [name of Minister]



Standing Committee on Justice and Community Safety

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2. Specifically, what improvements are you expecting to see in health provision?

MS DAVIDSON MLA: The answer to the Member's question is as follows:

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 - Nursing component - A significant element of the Winnunga Model of Care incorporates registered nurses providing daily services to Winnunga clients at the AMC. The Winnunga AMC nurses are rostered on shifts and provide through care to detainee's post release and account for up to 81% of service contacts within the AMC.
 - A specialist GP, clinical supervision and social and emotional wellbeing staff.
 - Covering pharmaceutical compounding costs.

2. Impacts of the AMC-Winnunga Model of Care have included:

- better health and life outcomes for the Aboriginal and Torres Strait Islander population, with significantly increased satisfaction with regard to timely, respectful, and culturally safe care being reported by clients;
- reduced staffing stress on Winnunga and ACT Government service operations at the AMC; and
- funded nursing and mental health components of the current model, and employment of a full-time psychologist.

Approved for circulation to the Standing Committee on Education and Community Inclusion

Signature:

Date:

By the Minister for Justice Health, Minister Emma Davidson



Standing Committee on Justice and Community Safety

Inquiry into Annual and Financial Reports 2020-2021 ANSWER TO QUESTION ON NOTICE

Elizabeth Kikkert: To ask the Minister for Justice Health

Ref: Justice Health, JACS hearing 1000-1030 Monday 21 February 2022

In relation to: Increased funding for Winnunga and service improvements

1. During the hearing, Minister Davidson stated that after significantly increasing funding for Winnunga Health Centre at the AMC, she expects to see improvements in services going forward. What areas of Winnunga Health Centre did this funding go toward (i.e more staff, more services)?
2. Specifically, what improvements are you expecting to see in health provision?

MS DAVIDSON MLA: The answer to the Member's question is as follows:

The Winnunga Model of Care progresses the ACT Government's commitment to the full implementation of the 2016 Moss Inquiry recommendations. The model is the first of its kind nationally to be implemented in a correctional facility.

1. Increased funding went towards:
 - Psychology Services - for Winnunga to recruit and employ a full-time Psychologist to enable the provision of specialist mental health assessments which relate to focussed psychological strategies and services for an assessed mental disorder as a part of the GP Mental Health Treatment Plan.
 - Nursing component - A significant element of the Winnunga Model of Care incorporates registered nurses providing daily services to Winnunga clients at the AMC. The Winnunga AMC nurses are rostered on shifts and provide through care to detainee's post release and account for up to 81% of service contacts within the AMC.
 - A specialist GP (0.5 FTE), clinical supervision and social and emotional wellbeing staff to support Aboriginal and Torres Strait Islander detainees..

- Covering pharmaceutical compounding costs.
2. Impacts of the AMC-Winnunga Model of Care have included:
- better health and life outcomes for the Aboriginal and Torres Strait Islander population, with significantly increased satisfaction with regard to timely, respectful, and culturally safe care being reported by clients;
 - Increased service delivery and support better positions detainees for transition into the community and engagement with appropriate throughcare and outreach support services; reduced operational and staffing pressure ; and
 - integration of cultural knowledge and healing practices into, and parallel with, mainstream services to ensure culturally responsive care for Aboriginal and Torres Strait Islander detainees.
 - .

Approved for circulation to the Standing Committee on Education and Community Inclusion

Signature:

Date:

By the Minister for Justice Health, Minister Emma Davidson



Standing Committee on Justice and Community Safety

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 - A specialist GP (0.5 FTE), clinical supervision and social and emotional wellbeing staff to support Aboriginal and Torres Strait Islander detainees..

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 - integration of cultural knowledge and healing practices into, and parallel with, mainstream services to ensure culturally responsive care for Aboriginal and Torres Strait Islander detainees.

Approved for circulation to the Standing Committee on Education and Community Inclusion

Signature: 

Date: 16 March 2022

By the Minister for Justice Health, Minister Emma Davidson

From: Pond, Aleks (Health) on behalf of ACT Health DLO
Sent: Friday, 6 May 2022 2:53 PM
To: Rad, Chadia (Health); Ord, Jon
Subject: RE: MH Outstanding QONs

OFFICIAL

Thank you Chadia.

Jon- these are now with you for review please, saved [here](#) (along with QoN739- ACT Recovery College).

Many thanks,

Aleks

From: Rad, Chadia (Health) <Chadia.Rad@act.gov.au>
Sent: Friday, 6 May 2022 2:23 PM
To: Ord, Jon <Jon.Ord@act.gov.au>
Cc: ACT Health DLO <ACTHealthDLO@act.gov.au>
Subject: MH Outstanding QONs
Importance: High

Hi Jon

As discussed ACTHD has drafted the response to the below QONs which are now cleared by Elizabeth – we continue to await input from CHS and Education.

I understand you will be discussing the outstanding input from Education with the Berry Office

Alek, can you please formally progress the QONs to Jon for review.

GBC22/223	QON 737	Mental Health	Can the Minister provide a list of all ACT Government run mental health services	ACTHD	MHSP - INPUT F CHS
GBC22/226	QON 740	Mental Health	Mental Health programs - primary schools	ACTHD	MHSP - from ED

Many thanks
Chadia

Chadia Rad | Senior Director, Ministerial and Government Services

[REDACTED] | Email: Chadia.Rad@act.gov.au

Ministerial and Government Services, Office of the Director-General | ACT Health Directorate

Level 5, 6 Bowes Street Phillip ACT 2606

health.act.gov.au



From: Ord, Jon
Sent: Wednesday, 18 May 2022 2:51 PM
To: ACT Health DLO
Subject: Mental Health & Education QON

Importance: High

Categories: Mental Health

Hi,

We really need to get this done and finalised, is there anymore progress from the Directorate?

Thanks,
Jon

From: Bransgrove, Meagen
Sent: Thursday, 9 June 2022 11:38 AM
To: ACT Health DLO
Subject: RE: QoNs

Importance: High

Hi Aleks, do you have an update on QoN 772, any chance that will be with us this morning?

Thanks,

Meg

From: Pond, Aleks (Health) <Aleks.Pond@act.gov.au> **On Behalf Of** ACT Health DLO
Sent: Monday, 6 June 2022 4:28 PM
To: Bergin, Catherine <Catherine.Bergin@act.gov.au>
Cc: Bransgrove, Meagen <Meagen.Bransgrove@act.gov.au>; Tomlinson, Benjamin <Benjamin.Tomlinson@act.gov.au>; Goodwin, Jonathan <Jonathan.Goodwin@act.gov.au>; CSDDLLO <CSDDLLO@act.gov.au>; CHS DLO <CHSDLO@act.gov.au>
Subject: RE: QoNs

OFFICIAL

Hi Cath

QON 738 (GBC22/224) - Can the Minister provide a list of all ACT Government run health services- **will be with MO this afternoon**
QON 741 (GBC22/227)- Public Hospital Complaints – **CHS lead, update has been requested from the line area**
QON 772 (GBC22/287) - What services does the Government fund for (a) hospitals, (b) walk-in centres and (c) clinics to take patients from transport stops to those buildings- **awaiting Calvary input to finalise response.**

QON700- signed by Minister and progressed to Chamber Support this morning.

Thanks

Aleks

From: Hunter, Kerryn (Health) <Kerryn.Hunter@act.gov.au> **On Behalf Of** CHS DLO
Sent: Monday, 6 June 2022 4:09 PM
To: Bergin, Catherine <Catherine.Bergin@act.gov.au>
Cc: Bransgrove, Meagen <Meagen.Bransgrove@act.gov.au>; Tomlinson, Benjamin <Benjamin.Tomlinson@act.gov.au>; Goodwin, Jonathan <Jonathan.Goodwin@act.gov.au>; ACT Health DLO <ACTHealthDLO@act.gov.au>; CSDDLLO <CSDDLLO@act.gov.au>
Subject: RE: QoNs
Importance: High

OFFICIAL

Hi Cath

CHS have 4 outstanding QoNs and one outstanding QToN:

From March/April Sitting (due end May 2022)

- Question on Notice (QoN) 675 waiting lists for an initial appointment for children's health services (GBCHS22/101) – with Minister's Office for review and progression
- Question On Notice (QoN) 741 Health Complaints (GBCHS22/115) – CHS content is ready to go, just waiting on Calvary input

From May Sitting (due 5 June 2022)

- Question taken on notice (QToN) - PET Scans (GBCHS22/138) – Chasing input from Medical Imaging
- Question on Notice (QoN) 771 - Elective Surgery – CASTLEY (GBCHS22/144) – With MO for review and progression
- Question on Notice (QoN) 780 - Elective Surgeries Postponements – CASTLEY – Reviewed by MO and returned to CHS for further action

Kind Regards

Kerryn Hunter

Directorate Liaison Officer | Canberra Health Services

Phone: 620 55030 | [REDACTED] | Email: chsdlo@act.gov.au

Office of Rachel Stephen-Smith MLA | Minister for Health | ACT Government

Office of Emma Davidson MLA | Minister for Mental Health and Justice Health | ACT Government

From: Bergin, Catherine <Catherine.Bergin@act.gov.au>

Sent: Monday, 6 June 2022 1:23 PM

To: CHS DLO <CHSDLO@act.gov.au>; ACT Health DLO <ACTHealthDLO@act.gov.au>; CSDDLLO <CSDDLLO@act.gov.au>

Cc: Bransgrove, Meagen <Meagen.Bransgrove@act.gov.au>; Tomlinson, Benjamin <Benjamin.Tomlinson@act.gov.au>; Goodwin, Jonathan <Jonathan.Goodwin@act.gov.au>

Subject: QoNs

Importance: High

Hi all,

Can I please get a status update on any overdue QoNs/QToNs?

Thanks,
Cath

From: Bergin, Catherine
Sent: Friday, 10 June 2022 4:48 PM
To: ACT Health DLO
Cc: CHS DLO
Subject: RE: QON Paper - Clarity on Questions

Importance: High

Categories: Awaiting advice

Thanks Cathy – I will follow up with Ms Castley's office and come back to you ASAP.

From: Ellis, Catherine (Health) <Catherine.Ellis@act.gov.au> **On Behalf Of** ACT Health DLO
Sent: Friday, 10 June 2022 1:07 PM
To: Bergin, Catherine <Catherine.Bergin@act.gov.au>
Cc: ACT Health DLO <ACTHealthDLO@act.gov.au>; CHS DLO <CHSDLO@act.gov.au>
Subject: QON Paper - Clarity on Questions

OFFICIAL

Hi Cath

Looking through the QON paper and questions assigned to Minister for Health and hoping you may be able to seek some clarity on the following questions to enable us to narrow and target the responses.

QON 834:

MS CASTLEY: To ask the Minister for Health—

(1) Can the Minister provide a breakdown of all staff exits, by category (eg, retirement/redundancy/fired), since 2016.

(2) Does each staff member referred to in part (1) have an opportunity to provide exit feedback; if not, why not; if so, what feedback are staff able to provide and how many staff have completed this feedback each year since 2016.

(3) Can the Minister provide a breakdown by job title/classification of the top 10 types/categories of feedback and how many staff provided each type of feedback, since 2016.

Is it possible to clarify is Ms Castley is interested in these figures for all staff in ACTHD, CHS and CPHB or possibly just operational hospital based staff or just CHS etc.

QON 836:

MS CASTLEY: To ask the Minister for Health—

(1) What has been the (a) actual spend and (b) budgeted spend for workers compensation premium charge since 2016.

(2) How many staff incidents have there been in Canberra Health Services (CHS) each year since 2016.

(3) How many compensation claims have been lodged since July 2020 for each month until present.

(4) Can the Minister provide a breakdown of the reasons that claims are (a) rejected and (b) withdrawn.

- (5) Can the Minister provide a breakdown of all compensation claims by division in the hospital (surgery, medicine etc) for (a) all claims, (b) claims withdrawn, (c) accepted claims and (d) rejected claims, for each month since July 2020.
- (6) Can the Minister provide a breakdown for (a) all compensation claims, (b) accepted claims and (c) rejected claims by mechanism of injury since July 2020.
- (7) What is the average cost of a compensation claim.
- (8) What is the average time off following an accepted claim.
- (9) Can the Minister provide a breakdown from the most expensive to least expensive compensation claims by mechanism of injury since July 2020.
- (10) How many staff (headcount and full-time equivalent) work in Work health and Safety for CHS?
- (11) How many staff assess claims of workers compensation.
- (12) What is the average time for (a) an accepted and (b) a rejected compensation claim in CHS.
- (13) How many cases are (a) opened and (b) closed, each month since July 2020?

Is it possible to clarify if this is just related to CHS, there are some questions with the reference just to CHS, but others more broadly could encompass ACT Health and CPHB also.

Thanks

Cathy

Catherine Ellis | Directorate Liaison Officer | ACT Health Directorate

| Email: ACTHealthDLO@act.gov.au

Office of Rachel Stephen-Smith | Minister for Health

Office of Emma Davidson | Minister for Mental Health

Level 2, Legislative Assembly Building, Civic Square



From: Tomlinson, Benjamin
Sent: Thursday, 2 June 2022 2:29 PM
To: ACT Health DLO
Subject: RE: QON - Tobacco

Importance: High

Great stuff! Thanks Aleks

From: Pond, Aleks (Health) <Aleks.Pond@act.gov.au> **On Behalf Of** ACT Health DLO
Sent: Thursday, 2 June 2022 2:27 PM
To: Tomlinson, Benjamin <Benjamin.Tomlinson@act.gov.au>
Subject: QON - Tobacco

OFFICIAL

Hi Ben

Please find attached QON4 – ACT Health Promotion Grants- Tobacco – Davis.

Thanks

Aleks

Aleksandra Pond | Directorate Liaison Officer | ACT Health Directorate

Ph: via Teams | Email: ACTHealthDLO@act.gov.au

Office of Emma Davidson | Minister for Mental Health

Level 2, Legislative Assembly Building, Civic Square





LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

QON Health 4

STANDING COMMITTEE ON HEALTH AND COMMUNITY WELLBEING

JOHNATHAN DAVIS MLA (CHAIR), ELIZABETH KICKERT MLA (DEPUTY CHAIR), MICHAEL PETTERSSON MLA

Inquiry into referred 2019–20 Annual and Financial Reports
ANSWER TO QUESTION ON NOTICE

Asked by Jonathon Davis MLA:

In relation to: Tobacco

Q1. In the ACT Health Promotion Grants Program, how many of the 24 grants directly related to reducing the harms of tobacco?

Q2. Does the ACT Government have any modelling about the financial costs of tobacco on the ACT economy?

Q3. Noting the costs associated with smoking both directly to the ACT Government (e.g. through end of life care for people with COPD) and the ACT economy (e.g. through lost productivity)

- a. Has the ACT Government undertaken a cost benefit analysis of implementing large scale smoking cessation programs for disadvantaged groups?
- b. How much does the ACT Government invest in smoking prevention annually?
- c. How much does the ACT Government invest in smoking cessation annually?

Rachel Stephen-Smith MLA: The answer to the Member's question is as follows:–

1. The ACT Health Promotion Grants Program currently funds 4 grants that target the harms of tobacco to a total of \$1,133,074:

Organisation	Program	2019-20	2020-21	2021-22	2022-23	Total
Worldview Foundation	Smoke, Booze and Drug Free Prison Post-Release	\$81,471	\$76,158	\$76,158	-	\$233,787
The Cancer Council ACT	Tackling Tobacco in the ACT	-	129,100	\$90,200	\$64,700	\$284,000
Assisting Drug Dependents Incorporated t/a Directions Health Services	Butt it Out! Smoking Support Program	-	\$97,197	\$96,197	\$96,197	\$289,591
Worldview Foundation Limited	Pre-Release Non-Indigenous Supplement along with Post Release Activity Support	-	\$162,848	\$162,848	-	\$325,696



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

QON Health 4

STANDING COMMITTEE ON HEALTH AND COMMUNITY WELLBEING

JOHNATHAN DAVIS MLA (CHAIR), ELIZABETH KICKERT MLA (DEPUTY CHAIR), MICHAEL PETERSSON MLA

2. There is no specific modelling on the cost of tobacco to the ACT economy. The National Drug Research Institute based in Curtin University estimates that in 2015-16 the tangible costs of smoking in Australia, such as reduced economic output, medical and social care costs, was \$19.2 billion and the intangible costs borne by the smoker and their family, such as reduced quality of life, pain and suffering were estimated as costing a further \$117.7 billion.

The Australian Institute of Health and Welfare National Drug Strategy Household Survey 2019 indicates that the ACT rate of daily smoking (14 years and older) has fallen from 18.4 per cent in 2001 to 8.2 per cent in 2019, the lowest rate of smoking in the country. Daily smoking has therefore fallen by more than half in less than 20 years.

- 3.
- a. No, the ACT Government has not undertaken a cost benefit analysis of implementing large scale smoking cessation programs for disadvantaged groups.
 - b. Preventing young people from taking up tobacco smoking is multifaceted. While education to increase awareness of the risks of smoking is a factor, uptake of smoking is also strongly influenced by other policy approaches such as the reducing the affordability of tobacco through increasing tobacco taxation, bans on sales to minors, creation of smokefree areas, graphic warning labels, plain packaging, and bans on tobacco advertising and promotional activities.

In 2020-21 the ACT Government invested \$1,332,096 (GST exclusive) in specific prevention and cessation programs, including \$604,400 to Winnunga Nimmityjah Aboriginal Health and Community Services to deliver a smoking prevention and cessation program. This amount includes the grants listed in the answer to question 1.

The Australian Government holds key powers in several of these areas, for example on tobacco taxation and plain packaging. The ACT Government will continue to cooperate on national initiatives to further reduce smoking in the ACT.

In addition, the Australian Government funds smoking cessation activities, for example via payments for smoking cessation medications through the Pharmaceutical Benefits Scheme (PBS), and Medicare Benefits Schedule (MBS) payments to ACT General Practitioners and Winnunga for smoking-related brief interventions.

In addition, Commonwealth, State and Territory Health Ministers have sought advice from the Australian Health Protection Principal Committee on evidence on the potential of actual harm associated with vaping, including the potential for vaping to act as a gateway to tobacco smoking for young people. This advice will inform a national approach to vaping.

- c. Refer to answers 1 and 3b.



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

QON Health 4

STANDING COMMITTEE ON HEALTH AND COMMUNITY WELLBEING

JOHNATHAN DAVIS MLA (CHAIR), ELIZABETH KICKERT MLA (DEPUTY CHAIR), MICHAEL PETERSSON MLA

Approved for circulation to the Standing Committee on Health and Community Wellbeing

Signature:

Date: 20/4/21

By the Minister for Health, Rachel Stephen-Smith



Rachel Stephen-Smith MLA
 Minister for Health
 Minister for Families and Community Services
 Minister for Aboriginal and Torres Strait Islander Affairs

Member for Kurrajong

RESPONSE TO QUESTION ON NOTICE
Questions on Notice Paper No 11
Friday, 12 November 2021
Question No. 523

Asked by **MRS JONES MLA** –

- (1) How many residential drug and alcohol rehabilitation beds were operated by the ACT Health Directorate on 31 October 2021.
- (2) How many drug and alcohol rehabilitation day program days were provided by the ACT Health Directorate in the week ending 31 October 2021.
- (3) How many drug and alcohol rehabilitation beds were operated by the Canberra Health Service on 31 October 2021.
- (4) How many drug and alcohol rehabilitation day program days were provided by the Canberra Health Service in the week ending 31 October 2021.
- (5) How many drug and alcohol rehabilitation beds were operated by organisations that are contracted to the ACT Health Directorate and the Canberra Health Service on 31 October 2021.
- (6) How many drug and alcohol rehabilitation day program days were provided by organisations that are contracted to the ACT Health Directorate and the Canberra Health Service in the week ending 31 October 2021.
- (7) How much did the ACT spend on drug and alcohol rehabilitation in (a) 2010-11, (b) 2011-12, (c) 2012-13, (d) 2013-14, (e) 2014-15, (f) 2015-16, (g) 2016-17, (h) 2017-18, (i) 2018-19, (j) 2019-20 and (k) 2020-21.
- (8) How much is the ACT budgeted to spend on drug and alcohol rehabilitation in (a) 2021-22, (b) 2022-23, (c) 2023-24 and (d) 2024-25.



MS STEPHEN-SMITH MLA - The answer to the Member's question is as follows:

- (1) Nil. ACT Health Directorate (ACTHD) does not directly operate drug and alcohol residential services or other drug and alcohol treatment.
- (2) Nil. See answer to Question 1.
- (3) Nil. Canberra Health Services does not operate any drug and alcohol rehabilitation beds.
- (4) Canberra Health Service's Alcohol and Drug Service supports referrals to rehabilitation services and offers drug and alcohol withdrawal management prior to a person's admission to a rehabilitation facility.
- (5) There are 115 Alcohol and Other Drugs (AOD) residential rehabilitation beds in the ACT provided by service providers who have service funding agreements with the ACTHD.
- (6) The ACT Government funds up to 12 dedicated day rehabilitation treatment places for ACT Drug and Alcohol Sentencing List participants.

Formal non-residential (day) rehabilitation treatment places are delivered in the ACT by Directions Health Services and Toora Women Inc. Transition from residential rehabilitation to the community can include day programs at Karralika and a day program is in the early stages of implementation with the Salvation Army. ACTHD is unable to provide advice on the specific number of places provided by each service provider.

- (7) The figures provided in the table below represent the total funds allocated annually by ACT Government for AOD services delivering withdrawal, rehabilitation treatment and related other AOD treatments.

The annual figures provided are not exclusively for rehabilitation treatment due to interdependences and flexibility provided to service providers to deliver the most appropriate care to customers. Some organisations are allocated an annual budget to use flexibly to operate a range of treatment programs. Further, some of the programs delivered provide a mix of treatments, for example, residential withdrawal and rehabilitation.

It should also be noted that there are other sources of funding for these programs, including via Capital Health Network, client contributions and philanthropic contributions.

2010-11	\$6,029,308.76
2011-12	\$6,227,943.36
2012-13	\$6,407,047.10
2013-14	\$7,459,548.92
2014-15	\$7,701,180.68
2015-16	\$8,355,735.16
2016-17	\$8,620,362.62
2017-18	\$8,781,945.28
2018-19	\$9,037,468.36

2019-20	\$9,755,756.27
2020-21	\$10,375,185.03
2021-22	\$10,402,444.04
2022-23	TBC >\$10.5m
2023-24	TBC >\$10.5m

- (8) It should also be noted that in the 2021-22 Budget, the ACT Government provided \$503,000 to commence design work to deliver a new community-led AOD and mental health treatment precinct. This includes design work for a new Aboriginal and Torres Strait Islander residential AOD rehabilitation facility in partnership with Winnunga Nimmityjah and for the redevelopment of the Ted Noffs Foundation and Catholic Care facilities in Watson.

Approved for circulation to the Member and incorporation into Hansard.

Rachel Stephen-Smith MLA
Minister for Health

Date:.....

This response required 125 minutes to complete, at an approximate cost of \$84.12.



Rachel Stephen-Smith MLA
 Minister for Health
 Minister for Families and Community Services
 Minister for Aboriginal and Torres Strait Islander Affairs

Member for Kurrajong

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Approved for circulation to the Member and incorporation into Hansard.

Rachel Stephen-Smith MLA
Minister for Health

Date:.....

This response required 125 minutes to complete, at an approximate cost of \$84.12.



Rachel Stephen-Smith MLA
 Minister for Health
 Minister for Families and Community Services
 Minister for Aboriginal and Torres Strait Islander Affairs

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- (5) How many drug and alcohol rehabilitation beds were operated by organisations that are contracted to the ACT Health Directorate and the Canberra Health Service on 31 October 2021.
- (6) How many drug and alcohol rehabilitation day program days were provided by organisations that are contracted to the ACT Health Directorate and the Canberra Health Service in the week ending 31 October 2021.
- (7) How much did the ACT spend on drug and alcohol rehabilitation in (a) 2010-11, (b) 2011-12, (c) 2012-13, (d) 2013-14, (e) 2014-15, (f) 2015-16, (g) 2016-17, (h) 2017-18, (i) 2018-19, (j) 2019-20 and (k) 2020-21.
- (8) How much is the ACT budgeted to spend on drug and alcohol rehabilitation in (a) 2021-22, (b) 2022-23, (c) 2023-24 and (d) 2024-25.

MS STEPHEN-SMITH MLA - The answer to the Member's question is as follows:

- (1) Nil. ACT Health Directorate (ACTHD) does not directly operate drug and alcohol residential services or other drug and alcohol treatment. ACTHD funds community sector providers to deliver alcohol and drug services. For further information see response to question 5 below.
- (2) Nil. See answer to Question 1.
- (3) Nil. Canberra Health Services (CHS) does not operate any drug and alcohol rehabilitation beds. CHS provides inpatient withdrawal services, as well as non-residential treatment and supports through a range of referral points including justice diversion programs and the Drug and Alcohol Sentencing List.
- (4) Nil. As above, CHS Alcohol and Drug Service supports referrals consumers to rehabilitation services and provides drug and alcohol withdrawal management prior to a person's admission to a rehabilitation facility.
- (5) There are 115 Alcohol and Other Drugs (AOD) residential rehabilitation beds in the ACT operated by service providers who have service funding agreements with the ACTHD. These are detailed in the table below.

However, non-government organisations are allocated annual funding to use flexibly to operate a range of treatment programs. These treatment providers may also have funding sources outside the ACT Government, including the Capital Health Network and Commonwealth Government. Therefore, the number of beds funded by ACTHD is not able to be itemised.

Community Partner	AOD Residential Beds	Bed Types
Karralika Programs Inc	44 beds ¹	
Directions Health Services	11 beds ²	combined AOD rehabilitation and withdrawal beds
Ted Noffs Foundation ACT	10 beds ³	combined AOD rehabilitation and withdrawal beds, targeting 12 to 17 year-olds
The Salvation Army	50 beds ⁴	

¹ACT Health Directorate Karralika Service Funding Agreement

²Directions Health Services Annual Report 2019-20

³ACT Health Directorate Ted Noffs Service Funding Agreement

⁴ACT Health Directorate provides a financial contribution to the Salvation Army towards an unspecified number of rehabilitation beds (with the exception of the Drug and Alcohol Sentencing List Program).

- (6) The ACT Government funds up to 12 dedicated day rehabilitation treatment places for ACT Drug and Alcohol Sentencing List participants.

Formal non-residential (day) rehabilitation treatment places are delivered in the ACT by Directions Health Services and Toora Women Inc. Transition from residential rehabilitation to

the community can include day programs at Karralika and a day program is in the early stages of implementation with the Salvation Army. ACTHD is unable to provide advice on the specific number of places provided by each service provider in a particular week.

(7/8)

In 2021-22, the ACT Government will expend more than \$22 million in the alcohol and drug sector. This includes treatment and harm reduction services across both Government services and non-government organisations.

The figures provided in the table below represent the total funds allocated annually through the ACTHD to community providers that deliver a suite specialist alcohol and other drug treatment, including residential rehabilitation and dedicated day programs.

The annual figures provided are not exclusively for rehabilitation treatment due to the flexibility provided to service providers to deliver the most appropriate care to clients.

The figures provided do not include the ACT Government funding for a range of additional services including harm reduction, peer-led work and a range of outreach services. The figures also exclude the services provided by CHS, which does not deliver residential rehabilitation services, as noted above.

2010-11	\$6,029,308.76
2011-12	\$6,227,943.36
2012-13	\$6,407,047.10
2013-14	\$7,459,548.92
2014-15	\$7,701,180.68
2015-16	\$8,355,735.16
2016-17	\$8,620,362.62
2017-18	\$8,781,945.28
2018-19	\$9,037,468.36
2019-20	\$9,755,756.27
2020-21	\$10,375,185.03
2021-22	\$10,402,444.04
2022-23	TBC ~\$10.61m*
2023-24	TBC ~\$10.82m*

*The figures for 2022-23 and 2023-24 are estimates based on the 2021-22 Budget and include a 2% estimate for indexation.

In addition, the 2021-22 Budget allocated \$503,000 to commence design work to deliver a new community-led AOD and mental health treatment precinct. This includes design work for a new Aboriginal and Torres Strait Islander residential AOD rehabilitation facility in partnership with

Winnunga Nimmityjah and the redevelopment of the Ted Noffs Foundation and Catholic Care facilities in Watson.

Approved for circulation to the Member and incorporation into Hansard.

**Rachel Stephen-Smith MLA
Minister for Health**

Date:.....

This response required 125 minutes to complete, at an approximate cost of \$84.12.



Rachel Stephen-Smith MLA
 Minister for Health
 Minister for Families and Community Services
 Minister for Aboriginal and Torres Strait Islander Affairs

Member for Kurrajong

RESPONSE TO QUESTION ON NOTICE
Questions on Notice Paper No 11
Friday, 12 November 2021
Question No. 523

Asked by **MRS JONES MLA** –

- (1) How many residential drug and alcohol rehabilitation beds were operated by the ACT Health Directorate on 31 October 2021.
- (2) How many drug and alcohol rehabilitation day program days were provided by the ACT Health Directorate in the week ending 31 October 2021.
- (3) How many drug and alcohol rehabilitation beds were operated by the Canberra Health Service on 31 October 2021.
- (4) How many drug and alcohol rehabilitation day program days were provided by the Canberra Health Service in the week ending 31 October 2021.
- (5) How many drug and alcohol rehabilitation beds were operated by organisations that are contracted to the ACT Health Directorate and the Canberra Health Service on 31 October 2021.
- (6) How many drug and alcohol rehabilitation day program days were provided by organisations that are contracted to the ACT Health Directorate and the Canberra Health Service in the week ending 31 October 2021.
- (7) How much did the ACT spend on drug and alcohol rehabilitation in (a) 2010-11, (b) 2011-12, (c) 2012-13, (d) 2013-14, (e) 2014-15, (f) 2015-16, (g) 2016-17, (h) 2017-18, (i) 2018-19, (j) 2019-20 and (k) 2020-21.
- (8) How much is the ACT budgeted to spend on drug and alcohol rehabilitation in (a) 2021-22, (b) 2022-23, (c) 2023-24 and (d) 2024-25.

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rachelss_mla

MS STEPHEN-SMITH MLA - The answer to the Member's question is as follows:

- (1) Nil. ACT Health Directorate (ACTHD) does not directly operate drug and alcohol residential services or other drug and alcohol treatment. ACTHD funds community sector providers to deliver alcohol and drug services. For further information see response to question 5 below.
- (2) Nil. See answer to Question 1.
- (3) Nil. Canberra Health Services (CHS) does not operate any drug and alcohol rehabilitation beds. CHS provides inpatient withdrawal services, as well as non-residential treatment and supports through a range of referral points including justice diversion programs and the Drug and Alcohol Sentencing List.
- (4) Nil. As above, CHS Alcohol and Drug Service supports referrals consumers to rehabilitation services and provides drug and alcohol withdrawal management prior to a person's admission to a rehabilitation facility.
- (5) There are 115 Alcohol and Other Drugs (AOD) residential rehabilitation beds in the ACT operated by service providers who have service funding agreements with the ACTHD. These are detailed in the table below.

However, non-government organisations are allocated annual funding to use flexibly to operate a range of treatment programs. These treatment providers may also have funding sources outside the ACT Government, including the Capital Health Network and Commonwealth Government. Therefore, the number of beds funded by ACTHD is not able to be itemised.

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¹ACT Health Directorate Karralika Service Funding Agreement

²Directions Health Services Annual Report 2019-20

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⁴ACT Health Directorate provides a financial contribution to the Salvation Army towards an unspecified number of rehabilitation beds (with the exception of the Drug and Alcohol Sentencing List Program).

- (6) The ACT Government funds up to 12 dedicated day rehabilitation treatment places for ACT Drug and Alcohol Sentencing List participants.

Formal non-residential (day) rehabilitation treatment places are delivered in the ACT by Directions Health Services and Toora Women Inc. Transition from residential rehabilitation to

the community can include day programs at Karralika and a day program is in the early stages of implementation with the Salvation Army. ACTHD is unable to provide advice on the specific number of places provided by each service provider in a particular week.

(7/8)

In 2021-22, the ACT Government will expend more than \$22 million in the alcohol and drug sector. This includes treatment and harm reduction services across both Government services and non-government organisations.

The figures provided in the table below represent the total funds allocated annually through the ACTHD to community providers that deliver a suite specialist alcohol and other drug treatment, including residential rehabilitation and dedicated day programs.

The annual figures provided are not exclusively for rehabilitation treatment due to the flexibility provided to service providers to deliver the most appropriate care to clients.

The figures provided do not include the ACT Government funding for a range of additional services including harm reduction, peer-led work and a range of outreach services. The figures also exclude the services provided by CHS, which does not deliver residential rehabilitation services, as noted above.

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*The figures for 2022-23 and 2023-24 are estimates based on the 2021-22 Budget and include a 2% estimate for indexation.

In addition, the 2021-22 Budget allocated \$503,000 to commence design work to deliver a new community-led AOD and mental health treatment precinct. This includes design work for a new Aboriginal and Torres Strait Islander residential AOD rehabilitation facility in partnership with

Winnunga Nimmityjah and the redevelopment of the Ted Noffs Foundation and Catholic Care facilities in Watson.

Approved for circulation to the Member and incorporation into Hansard.



**Rachel Stephen-Smith MLA
Minister for Health**

Date:.....10/2/22.....

This response required 125 minutes to complete, at an approximate cost of \$84.12.



Rachel Stephen-Smith MLA
 Minister for Health
 Minister for Families and Community Services
 Minister for Aboriginal and Torres Strait Islander Affairs

Member for Kurrajong

RESPONSE TO QUESTION ON NOTICE

Questions on Notice Paper No 14

11 February 2022

Question No. 602

MRS JONES MLA: To ask the Minister for Health

- (1) What grant programs were operated or administered by your portfolio in (a) 2016-17, (b) 2017-18, (c) 2018-19, (d) 2019-20, (e) 2020-21, and (f) 2021-22?
- (2) For each grant program referred to in part (1), (a) what was the purpose of the grant program, (b) how much money was budgeted for the grant program in (i) 2016-17, (ii) 2017-18, (iii) 2018-19, (iv) 2019-20, (v) 2020-21, and (vi) 2021-22, (c) how much money was expended under the grant program in (i) 2016-17, (ii) 2017-18, (iii) 2018-19, (iv) 2019-20, (v) 2020-21, and (vi) 2021-22, (d) was the program accounted for as an expense on behalf of the Territory ("administered" within the meaning of Australian accounting standard AASB 1050), (e) how many applications were received for grants under the program in (i) 2016-17, (ii) 2017-18, (iii) 2018-19, (iv) 2019-20, (v) 2020-21, and (vi) 2021-22, (f) who decided, approved or rejected applications for grants, (g) what percentage of applicants were approved in (i) 2016-17, (ii) 2017-18, (iii) 2018-19, (iv) 2019-20, (v) 2020-21, and (vi) 2021-22, (h) what percentage of applicants were rejected in (i) 2016-17, (ii) 2017-18, (iii) 2018-19, (iv) 2019-20, (v) 2020-21, and (vi) 2021-22, (i) what criteria, policies, guidelines applied to the program.
- (3) For each grant program referred to in part (1), but excluding non-competitive grant programs that provide generalised financial assistance to individuals or businesses, (a) who received a grant in (i) 2016-17, (ii) 2017-18, (iii) 2018-19, (iv) 2019-20, (v) 2020-21, and (vi) 2021-22, (b) when did the recipient apply for the grant, (c) when did the recipient receive the grant, (d) how much was the grant and (e) did the conditions that attached to the grant prevent (or have the effect of preventing) the recipient making public comment on any issue; if so, how was the recipient prevented from making public comment.

- (4) Has the portfolio provided a grant that was not provided under one of the programs identified in part (1) in (a) 2016-17, (b) 2017-18, (c) 2018-19, (d) 2019-20, (e) 2020-21, and (f) 2021-22.
- (5) For each grant referred to in part (4), (a) who received the grant, (b) how was the recipient of the grant identified, (c) what was the purpose of the grant, (d) when did the person receive the grant, (e) what conditions attached to the grant, (f) did the conditions that attached to the grant prevent (or have the effect of preventing) the recipient making public comment on any issue; if so, how was the recipient prevented from making public comment and (g) how much was the grant.
- (6) Does the Government report or disclose publicly the recipients of grants and the conditions that attach to those grants.

MS STEPHEN-SMITH MLA - The answer to the Member's question is as follows:

1. (a)-(f) Answering this question to the level of detail required would require the diversion of significant resources. Links have therefore been provided to published information about grant programs. Portfolio arrangements and administration of grants have changed over time. Details of grant programs are provided in the ACT Health Directorate (ACTHD) and Canberra Health Services (CHS) Annual Report each year. Annual reports dating back to the 2009-2010 financial year are available on the ACTHD website: <https://www.health.act.gov.au/about-our-health-system/data-and-publications/reports/annual-reports>.
2. (a) Details of grant purposes are provided in ACTHD and CHS annual reports each year.
 - (b) – (c) Details for grant related budget and expenditure are detailed in Financial Statements included in the Annual Report.
 - (d) Territorial Grants have consistently been accounted for and reported as 'administered' or as 'expenses on behalf of the Territory' within the 'Territorial Financial Statements' in line with AASB 1050 dating back to the 2016-2017 financial year. Other types of grants (e.g. health promotion grants, research grants) are not accounted for as 'administered' items.
 - (e) – (f) Answering this question to the level of detail required would require the diversion of significant resources.
- 3 – 4. See response to question 1.
5. Providing this level of detail would require a significant diversion of resources that cannot be justified given the level of information publicly available on grants, as outlined above.
6. See responses above. Details on grant recipients are provided in ACTHD and CHS annual reports. Recipients sign a Deed of Grant which specifies the obligations of both the grant recipient and the ACT Government. ACTHD does not publicly disclose these deeds. However, conditions that apply to grants generally are outlined in the Grant Guidelines for each program.

It is a condition of all ACT Government funding programs that grant recipients provide a final report to the funding Directorate. Final reports must include a description of project outcomes and an acquittal of how the grant was used.

ACT Government funding programs also require grant recipients to acknowledge ACT Government support in material produced as a result of that funding. These conditions are further detailed on the ACT Government Grants webpage: www.act.gov.au/grants/home.

Approved for circulation to the Member and incorporation into Hansard.

Rachel Stephen-Smith MLA

Date:.....

Attachment A**Question 602: Minister for Health**

- (1) What grant programs were operated or administered by your portfolio in (a) 2016-17, (b) 2017-18, (c) 2018-19, (d) 2019-20, (e) 2020-21, and (f) 2021-22?
- (2) For each grant program referred to in part (1), (a) what was the purpose of the grant program, (b) how much money was budgeted for the grant program in (i) 2016-17, (ii) 2017-18, (iii) 2018-19, (iv) 2019-20, (v) 2020-21, and (vi) 2021-22, (c) how much money was expended under the grant program in (i) 2016-17, (ii) 2017-18, (iii) 2018-19, (iv) 2019-20, (v) 2020-21, and (vi) 2021-22, (d) was the program accounted for as an expense on behalf of the Territory (“administered” within the meaning of Australian accounting standard AASB 1050), (e) how many applications were received for grants under the program in (i) 2016-17, (ii) 2017-18, (iii) 2018-19, (iv) 2019-20, (v) 2020-21, and (vi) 2021-22, (f) who decided, approved or rejected applications for grants, (g) what percentage of applicants were approved in (i) 2016-17, (ii) 2017-18, (iii) 2018-19, (iv) 2019-20, (v) 2020-21, and (vi) 2021-22, (h) what percentage of applicants were rejected in (i) 2016-17, (ii) 2017-18, (iii) 2018-19, (iv) 2019-20, (v) 2020-21, and (vi) 2021-22, (i) what criteria, policies, guidelines applied to the program.
- (3) For each grant program referred to in part (1), but excluding non-competitive grant programs that provide generalised financial assistance to individuals or businesses, (a) who received a grant in (i) 2016-17, (ii) 2017-18, (iii) 2018-19, (iv) 2019-20, (v) 2020-21, and (vi) 2021-22, (b) when did the recipient apply for the grant, (c) when did the recipient receive the grant, (d) how much was the grant and (e) did the conditions that attached to the grant prevent (or have the effect of preventing) the recipient making public comment on any issue; if so, how was the recipient prevented from making public comment.
- (4) Has the portfolio provided a grant that was not provided under one of the programs identified in part (1) in (a) 2016-17, (b) 2017-18, (c) 2018-19, (d) 2019-20, (e) 2020-21, and (f) 2021-22.
- (5) For each grant referred to in part (4), (a) who received the grant, (b) how was the recipient of the grant identified, (c) what was the purpose of the grant, (d) when did the person receive the grant, (e) what conditions attached to the grant, (f) did the conditions that attached to the grant prevent (or have the effect of preventing) the recipient making public comment on any issue; if so, how was the recipient prevented from making public comment and (g) how much was the grant.
- (6) Does the Government report or disclose publicly the recipients of grants and the conditions that attach to those grants.

MS STEPHEN-SMITH MLA - The answer to the Member's question is as follows:

- (1) Details of grant programs are provided in the ACT Health Directorate (ACTHD) and Canberra Health Services (CHS) Annual Report each year. Annual reports dating back to the 2009-2010 financial year are available on the ACTHD website: <https://www.health.act.gov.au/about-our-health-system/data-and-publications/reports/annual-reports>.
- (2)
 - a) Details of grant purposes are provided in ACTHD and CHS annual reports each year.
 - b) Details for grant related budget and expenditure are detailed in Financial Statements included in the Annual Report.
 - c) Details for grant related budget and expenditure are detailed in Financial Statements included in the Annual Report.
 - d) Territorial Grants have consistently been accounted for and reported as 'administered' or as 'expenses on behalf of the Territory' within the 'Territorial Financial Statements' in line with AASB 1050 dating back to the 2016-2017 financial year. Other types of grants (e.g. health promotion grants, research grants) are not accounted for as 'administered' items.
 - e-f) It has been assessed that answering this question would require an unreasonable diversion of resources.
- (3) It has been assessed that answering this question would require an unreasonable diversion of resources.
- (4) Details of all grants are made publicly available through the Annual Report each year.
- (5) Not applicable.
- (6) Details on grant recipients are provided in ACTHD and CHS annual reports. Recipients sign a Deed of Grant which specifies the obligations of both the grant recipient and the ACT Government. ACTHD does not publicly disclose these deeds. It is a condition of all ACT Government funding programs that grant recipients provide a final report to the funding Directorate. Final reports must include a description of project outcomes and an acquittal of how the grant was used. ACT Government funding programs also require grant recipients to acknowledge ACT Government support in material produced as a result of that funding. These conditions are further detailed on the ACT Government Grants webpage: <https://www.act.gov.au/grants/home>



Rachel Stephen-Smith MLA
 Minister for Health
 Minister for Families and Community Services
 Minister for Aboriginal and Torres Strait Islander Affairs

Member for Kurrajong

RESPONSE TO QUESTION ON NOTICE

Questions on Notice Paper No 14

11 February 2022

Question No. 602

MRS JONES MLA: To ask the Minister for Health

- (1) What grant programs were operated or administered by your portfolio in (a) 2016-17, (b) 2017-18, (c) 2018-19, (d) 2019-20, (e) 2020-21, and (f) 2021-22?
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- (4) Has the portfolio provided a grant that was not provided under one of the programs identified in part (1) in (a) 2016-17, (b) 2017-18, (c) 2018-19, (d) 2019-20, (e) 2020-21, and (f) 2021-22.
- (5) For each grant referred to in part (4), (a) who received the grant, (b) how was the recipient of the grant identified, (c) what was the purpose of the grant, (d) when did the person receive the grant, (e) what conditions attached to the grant, (f) did the conditions that attached to the grant prevent (or have the effect of preventing) the recipient making public comment on any issue; if so, how was the recipient prevented from making public comment and (g) how much was the grant.
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MS STEPHEN-SMITH MLA - The answer to the Member's question is as follows:

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Approved for circulation to the Member and incorporation into Hansard.



Rachel Stephen-Smith MLA

Date:.....4/5/22.....

Attachment A**Question 602: Minister for Health**

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- (6) Does the Government report or disclose publicly the recipients of grants and the conditions that attach to those grants.

MS STEPHEN-SMITH MLA - The answer to the Member's question is as follows:

- (1) Details of grant programs are provided in the ACT Health Directorate (ACTHD) and Canberra Health Services (CHS) Annual Report each year. Annual reports dating back to the 2009-2010 financial year are available on the ACTHD website: <https://www.health.act.gov.au/about-our-health-system/data-and-publications/reports/annual-reports>.
- (2)
 - a) Details of grant purposes are provided in ACTHD and CHS annual reports each year.
 - b) Details for grant related budget and expenditure are detailed in Financial Statements included in the Annual Report.
 - c) Details for grant related budget and expenditure are detailed in Financial Statements included in the Annual Report.
 - d) Territorial Grants have consistently been accounted for and reported as 'administered' or as 'expenses on behalf of the Territory' within the 'Territorial Financial Statements' in line with AASB 1050 dating back to the 2016-2017 financial year. Other types of grants (e.g. health promotion grants, research grants) are not accounted for as 'administered' items.
 - e-f) It has been assessed that answering this question would require an unreasonable diversion of resources.
- (3) It has been assessed that answering this question would require an unreasonable diversion of resources.
- (4) Details of all grants are made publicly available through the Annual Report each year.
- (5) Not applicable.
- (6) Details on grant recipients are provided in ACTHD and CHS annual reports. Recipients sign a Deed of Grant which specifies the obligations of both the grant recipient and the ACT Government. ACTHD does not publicly disclose these deeds. It is a condition of all ACT Government funding programs that grant recipients provide a final report to the funding Directorate. Final reports must include a description of project outcomes and an acquittal of how the grant was used. ACT Government funding programs also require grant recipients to acknowledge ACT Government support in material produced as a result of that funding. These conditions are further detailed on the ACT Government Grants webpage: <https://www.act.gov.au/grants/home>



Emma Davidson MLA
 Minister for Disability
 Minister for Justice Health
 Minister for Mental Health
 Assistant Minister for Seniors, Veterans, Families and Community Services
 Member for Murrumbidgee

RESPONSE TO QUESTION ON NOTICE

Questions on Notice Paper No 14

11 February 2022

Question No. 594, 608, 609, 614

MRS JONES MLA: To ask the Minister for Disability, Minister for Justice Health, Minister for Mental Health and the Assistant Minister for Seniors, Veterans, Families and Community Services

- (1) What grant programs were operated or administered by your portfolio in (a) 2016-17, (b) 2017-18, (c) 2018-19, (d) 2019-20, (e) 2020-21, and (f) 2021-22?
- (2) For each grant program referred to in part (1), (a) what was the purpose of the grant program, (b) how much money was budgeted for the grant program in (i) 2016-17, (ii) 2017-18, (iii) 2018-19, (iv) 2019-20, (v) 2020-21, and (vi) 2021-22, (c) how much money was expended under the grant program in (i) 2016-17, (ii) 2017-18, (iii) 2018-19, (iv) 2019-20, (v) 2020-21, and (vi) 2021-22, (d) was the program accounted for as an expense on behalf of the Territory ("administered" within the meaning of Australian accounting standard AASB 1050), (e) how many applications were received for grants under the program in (i) 2016-17, (ii) 2017-18, (iii) 2018-19, (iv) 2019-20, (v) 2020-21, and (vi) 2021-22, (f) who decided, approved or rejected applications for grants, (g) what percentage of applicants were approved in (i) 2016-17, (ii) 2017-18, (iii) 2018-19, (iv) 2019-20, (v) 2020-21, and (vi) 2021-22, (h) what percentage of applicants were rejected in (i) 2016-17, (ii) 2017-18, (iii) 2018-19, (iv) 2019-20, (v) 2020-21, and (vi) 2021-22, (i) what criteria, policies, guidelines applied to the program.
- (3) For each grant program referred to in part (1), but excluding non-competitive grant programs that provide generalised financial assistance to individuals or businesses, (a) who received a grant in (i) 2016-17, (ii) 2017-18, (iii) 2018-19, (iv) 2019-20, (v) 2020-21, and (vi) 2021-22, (b) when did the recipient apply for the grant, (c) when

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did the recipient receive the grant, (d) how much was the grant and (e) did the conditions that attached to the grant prevent (or have the effect of preventing) the recipient making public comment on any issue; if so, how was the recipient prevented from making public comment.

- (4) Has the portfolio provided a grant that was not provided under one of the programs identified in part (1) in (a) 2016-17, (b) 2017-18, (c) 2018-19, (d) 2019-20, (e) 2020-21, and (f) 2021-22.
- (5) For each grant referred to in part (4), (a) who received the grant, (b) how was the recipient of the grant identified, (c) what was the purpose of the grant, (d) when did the person receive the grant, (e) what conditions attached to the grant, (f) did the conditions that attached to the grant prevent (or have the effect of preventing) the recipient making public comment on any issue; if so, how was the recipient prevented from making public comment and (g) how much was the grant.
- (6) Does the Government report or disclose publicly the recipients of grants and the conditions that attach to those grants.

MS DAVIDSON MLA - The answer to the Member's question is as follows:

Please refer to the Attachments A - D

Approved for circulation to the Member and incorporation into Hansard.

Emma Davidson MLA

Date:.....

Attachment A**Question 594: Minister for Disability**

Answering this question to the level of detail required would require the diversion of significant resources.

For the period requested links have been provided to published information about grant programs.

1(a) Portfolio arrangements and administration of grants have changed over time. There are currently two grant programs in the Disability portfolio.

The Disability Inclusion Grants provide funding for local clubs, groups, community organisations and small businesses to promote social inclusion for people with disability through the removal of barriers to participation.

The I-Day Grants provides funding to individuals and community groups to develop a program or event to celebrate the International Day of People with Disability (I-Day) held annually on 3 December.

The outcome of these grants is reported in the annual report and this information is available publicly from the following sites:

- [Community Services Directorate Annual Report 2016-17](#)
- [Community Services Directorate Annual Report 2017-18](#)
- [Community Services Directorate Annual Report 2018-19](#)
- [Community Services Directorate Annual Report 2019-20](#)
- [Community Services Directorate Annual Report 2020-21](#)

(b) This information is provided at the websites in question 1(a).

(c) This information is provided at the websites in question 1(a).

(d) These grants are paid through the territories controlled accounts and are therefore not accounted for as administered items.

(e) Providing this level of detail would require the diversion of significant resources.

(f) Grants are assessed through a panel arrangement; the panel is comprised of government and community members. All panel members are required to sign a conflict of interest declaration to ensure that there are no conflicts with grant applicants. Once recommendations are put forward by the panel, these are approved by the panel Chair and the relevant delegate within CSD. There are feedback and complaints mechanisms provided to applicants regarding the grant process.

(g) Providing this level of detail would require the diversion of significant resources.

(h) Providing this level of detail would require the diversion of significant resources.

(i) There are Grant Guidelines available for each grant program and these are published on the CSD website here: [Grants, Scholarships and Awards - Community Services \(act.gov.au\)](#) when grant rounds are open.

2)(a) Recipients of the Disability Inclusion Grants and I-Day Grant programs are published on the CSD Grants Website at [Grants and Awards | Disability - Community Services \(act.gov.au\)](#).

(b) Providing this level of detail would require the diversion of significant resources.

(c) Providing this level of detail would require the diversion of significant resources.

(d) This information is published on the CSD website as at 2(a).

(e) There are sometimes conditions placed on successful recipients of the Disability Inclusion Grants and I-Day Grants where there are specific requirements of the grant that needs to be met. This could include the requirement to obtain the proper insurance for an event. The conditions placed on these grants vary broadly and depend upon the nature of the grant, the recipient who has applied and the project being funded. Generally, there is no condition placed on a recipient of the Disability Inclusion Grants and I-Day Grants regarding making public comment.

3) Information about the broad range of grants outside the competitive grant programs, including grants delivered in response to COVID-19, are reported in the CSD annual report and is available at:

- [Community Services Directorate Annual Report 2016-17](#)
- [Community Services Directorate Annual Report 2017-18](#)
- [Community Services Directorate Annual Report 2018-19](#)
- [Community Services Directorate Annual Report 2019-20](#)
- [Community Services Directorate Annual Report 2020-21](#)

4) Providing this level of detail would require the diversion of significant resources.

5) The outcome of the Disability Inclusion Grants and I-Day Grants are reported in the annual report and this information is available publicly at the websites provided in question 1(a). Any conditions on a grant applicant are included in the individualised Letter of Offer provided to successful applicants, which are not published.

Attachment B**Question 608: Minister for Justice Health**

There are no grant programs funded under the Justice Health portfolio.

Attachment C**Question 609: Minister for Mental Health**

- (1) Details of grant programs are provided in the ACT Health Directorate (ACTHD) and Canberra Health Services (CHS) Annual Report each year. Annual reports dating back to the 2009-2010 financial year are available on the ACTHD website: <https://www.health.act.gov.au/about-our-health-system/data-and-publications/reports/annual-reports>
- (2)
 - a) Details of grant purposes are provided in ACTHD and CHS annual reports each year.
 - b) Details for grant related budget and expenditure are detailed in Financial Statements included in the Annual Report.
 - c) Details for grant related budget and expenditure are detailed in Financial Statements included in the Annual Report.
 - d) Territorial Grants have consistently been accounted for and reported as 'administered' or as 'expenses on behalf of the Territory' within the 'Territorial Financial Statements' in line with AASB 1050 dating back to the 2016-2017 financial year. Other types of grants (e.g. health promotion grants, research grants) are not accounted for as 'administered' items.
 - e-f) It has been assessed that answering this question would require an unreasonable diversion of resources.
- (3) It has been assessed that answering this question would require an unreasonable diversion of resources.
- (4) Details of all grants are made publicly available through the Annual Report each year.
- (5) Not applicable.
- (6) Details on grant recipients are within ACTHD and CHS annual reports. Recipients sign a Deed of Grant which specifies the obligations of both the grant recipient and the ACT Government. ACTHD does not publicly disclose these deeds. It is a condition of all ACT Government funding programs that grant recipients provide a final report to the funding Directorate. Final reports must include a description of project outcomes and an acquittal of how the grant was used. ACT Government funding programs also require grant recipients to acknowledge ACT Government support in material produced as a result of that funding. These conditions are further detailed on the ACT Government Grants webpage: <https://www.act.gov.au/grants/home>

Attachment D**Question 614: Assistant Minister for Seniors, Veterans, Families and Community Services**

Answering this question to the level of detail required would require the diversion of significant resources.

For the period requested links have been provided to published information about grant programs.

1 (a) Portfolio arrangements and administration of grants have changed over time. There are currently 2 grant programs within this portfolio, the Seniors Grants and Veterans Grants.

The Senior's Grant is to provide funding for innovative projects that promote seniors as valued members of the ACT community and enable their active participation in community life; has a particular emphasis on supporting projects which address the areas of elder abuse, enhanced social inclusion, and those that address the needs of diverse seniors, including Aboriginal and Torres Strait Islander elders and culturally and linguistically diverse seniors.

The Veteran's Grant is to support veterans and their families' wellbeing and social inclusion. To best meet the needs of the veteran community, a focus on older veterans, contemporary veterans and veterans' families might be considered collectively or separately as the focus of the grant application.

The outcome of these grants is reported in the annual report and this information is available publicly from the following sites:

- [Community Services Directorate Annual Report 2016-17](#)
- [Community Services Directorate Annual Report 2017-18](#)
- [Community Services Directorate Annual Report 2018-19](#)
- [Community Services Directorate Annual Report 2019-20](#)
- [Community Services Directorate Annual Report 2020-21](#)

(b) This information is provided at the websites in question 1(a).

(c) This information is provided at the websites in question 1(a).

(d) These grants are paid through the territories controlled accounts and are therefore not accounted for as administered items.

(e) Providing this level of detail would require the diversion of significant resources.

(f) Grants are assessed through a panel arrangement; the panel is comprised of government and community members. All panel members are required to sign a conflict of interest declaration to ensure that there are no conflicts with grant applicants. Once recommendations are put forward by the panel, these are approved by the panel Chair and the relevant delegate within CSD. There are feedback and complaints mechanisms provided to applicants regarding the grant process.

- (g) Providing this level of detail would require the diversion of significant resources.
- (h) Providing this level of detail would require the diversion of significant resources.
- (i) There are Grant Guidelines available for each grant program and these are published on the CSD website here: [Grants, Scholarships and Awards - Community Services \(act.gov.au\)](https://www.act.gov.au/grants-scholarships-and-awards) when grant rounds are open.

2) (a) Recipients of the Seniors Grants and Veterans Grants are published on the CSD Grants Website

[Grants | Seniors - Community Services \(act.gov.au\)](https://www.act.gov.au/grants-seniors) and [Grants | Veterans - Community Services \(act.gov.au\)](https://www.act.gov.au/grants-veterans)

(b) Providing this level of detail would require the diversion of significant resources.

(c) Providing this level of detail would require the diversion of significant resources.

(d) This information is published on the CSD website at 2(a).

(e) There are sometimes conditions placed on successful recipients of the Seniors or Veterans Grants where there are specific requirements of the grant that needs to be met. This could include things like the requirement to obtain the proper insurance for an activity or project. The conditions placed on these grants vary broadly and depend upon the nature of the grant, the recipient who has applied and the project being funded. Generally, there is no condition placed on a recipient of the Seniors or Veterans Grants regarding making public comment.

3) Information about the broad range of grants outside the competitive grant programs, including grants delivered in response to COVID-19, are reported in the CSD annual report and is available at:

- [Community Services Directorate Annual Report 2016-17](#)
- [Community Services Directorate Annual Report 2017-18](#)
- [Community Services Directorate Annual Report 2018-19](#)
- [Community Services Directorate Annual Report 2019-20](#)
- [Community Services Directorate Annual Report 2020-21](#)

4) Providing this level of detail would require the diversion of significant resources.

5) The outcome of grants is reported in the annual report and this information is available publicly at the websites provided in question 1(a). Any conditions on a grant applicant are included in the individualised Letter of Offer provided to successful applicants, which are not published.

From: Ellis, Catherine (Health) on behalf of ACT Health DLO
Sent: Wednesday, 6 April 2022 8:43 AM
To: Bergin, Catherine
Cc: Tomlinson, Benjamin; ACT Health DLO
Subject: FW: QON 676 - Castley - Policies, actions, reports, plans and projects since 2016

Importance: High

Categories: Awaiting advice

OFFICIAL

Hi Cath

I understand you were possibly going to have further discussions regarding this question, but just wondering if you had any advice on the preferred approach for responding to this as yet, noting that responding to this question in full as it stands will be resource intensive and some information will still not be readily available.

Thanks
 Cathy

Catherine Ellis | Directorate Liaison Officer | ACT Health Directorate

| Email: ACTHealthDLO@act.gov.au

Office of Rachel Stephen-Smith | Minister for Health

Office of Emma Davidson | Minister for Mental Health

Level 2, Legislative Assembly Building, Civic Square



From: ACT Health DLO
Sent: Tuesday, 29 March 2022 12:35 PM
To: Bergin, Catherine <Catherine.Bergin@act.gov.au>
Cc: Tomlinson, Benjamin <Benjamin.Tomlinson@act.gov.au>
Subject: QON 676 - Castley - Policies, actions, reports, plans and projects since 2016
Importance: High

Hi Cath

Ms Castley has asked the following question in last week's Questions Paper:

676 MS CASTLEY: To ask the Minister for Health—Can the Minister provide a breakdown of all ACT Health and Canberra Health Services (CHS) policies, actions, reports, plans and projects since 2016 including a breakdown (a) of the estimated expenditure for each of the policies, actions, reports, plans and projects, (b) of how much has currently been spent on policies, actions, reports, plans and projects by ACT Health and CHS, (c) of the expected completion date for each policy, action, report, plan and project and (d) on whether the policies, actions, reports, plans and projects are completed, on time, delayed or suspended and explanations why.

Preparing a response to this question will be resource intensive and some of the information may not be available. In initial discussions the line area suggested some information may be available in the annual reports.

Can we please discuss.

Many thanks

Chadia

Chadia Rad | Senior Director, Ministerial and Government Services

[REDACTED] | Email: Chadia.Rad@act.gov.au

Communications and Government Relations, Office of the Director-General | ACT Health Directorate

Level 5, 6 Bowes Street Phillip ACT 2606

health.act.gov.au



From: Ellis, Catherine (Health) on behalf of ACT Health DLO
Sent: Wednesday, 13 April 2022 8:42 AM
To: Bergin, Catherine
Cc: ACT Health DLO
Subject: Follow Up: QON 676 - Castley - Policies, actions, reports, plans and projects since 2016

Importance: High

Categories: Awaiting advice

OFFICIAL

Hi Cath

I just wanted to follow up on the below to see if you had any advice on direction and approach for this QON as yet?

Thanks
 Cathy

Catherine Ellis | Directorate Liaison Officer | ACT Health Directorate

| Email: ACTHealthDLO@act.gov.au

Office of Rachel Stephen-Smith | Minister for Health

Officer of Emma Davidson | Minister for Mental Health

Level 2, Legislative Assembly Building, Civic Square



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Cc: Tomlinson, Benjamin <Benjamin.Tomlinson@act.gov.au>; ACT Health DLO <ACTHealthDLO@act.gov.au>
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From: Ellis, Catherine (Health) on behalf of ACT Health DLO
Sent: Friday, 22 April 2022 11:12 AM
To: Bergin, Catherine
Cc: ACT Health DLO
Subject: FW: Follow Up: QON 676 - Castley - Policies, actions, reports, plans and projects since 2016

Importance: High

Categories: Awaiting advice

OFFICIAL

Hi Cath

Sorry to bother, just wanted to follow up on this one again as I don't think I have seen a response to be able to provide a direction to the team on responding to this QON?

Thanks
Cathy

Catherine Ellis | Directorate Liaison Officer | ACT Health Directorate

| Email: ACTHealthDLO@act.gov.au

Office of Rachel Stephen-Smith | Minister for Health

Office of Emma Davidson | Minister for Mental Health

Level 2, Legislative Assembly Building, Civic Square



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Importance: High

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Subject: FW: QON 676 - Castley - Policies, actions, reports, plans and projects since 2016
Importance: High

OFFICIAL

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Catherine Ellis | Directorate Liaison Officer | ACT Health Directorate

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Preparing a response to this question will be resource intensive and some of the information may not be available. In initial discussions the line area suggested some information may be available in the annual reports.

Can we please discuss.

Many thanks
Chadia

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 | Email: Chadia.Rad@act.gov.au

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Rachel Stephen-Smith MLA
 Minister for Health
 Minister for Families and Community Services
 Minister for Aboriginal and Torres Strait Islander Affairs

Member for Kurrajong

RESPONSE TO QUESTION ON NOTICE
Questions on Notice Paper No 15
Friday, 25 March 2022
Question No. 676

Asked by **MS CASTLEY MLA** –

1. Can the Minister provide a breakdown of all ACT Health and Canberra Health Services (CHS) policies, actions, reports, plans and projects since 2016 including a breakdown of:
 - (a) the estimated expenditure for each of the policies, actions, reports, plans and projects;
 - (b) how much has currently been spent on policies, actions, reports, plans and projects by ACT Health and CHS;
 - (c) the expected completion date for each policy, action, report, plan and project; and
 - (d) whether the policies, actions, reports, plans and projects are completed, on time, delayed or suspended and explanations why.

MS STEPHEN-SMITH MLA - The answer to the Member's question is as follows:

Information on ACT Health (ACTHD) and Canberra Health Services (CHS) policies, actions, reports, plans and projects are available online via the ACTHD, CHS and ACT Treasury websites:

- <https://health.act.gov.au/about-our-health-system/data-and-publications/reports/annual-reports?msclkid=5f264c3ec6bd11ec813187dc5ac0800f>
- <https://www.canberrahealthservices.act.gov.au/about-us/media-centre/publications>
- <https://www.treasury.act.gov.au/budget/previous-act-budgets>

Further information that relates to your question can be found on the following ACTHD and CHS websites:

- <https://health.act.gov.au/news>
- <https://health.act.gov.au/about-our-health-system/data-and-publications>
- <https://www.canberrahealthservices.act.gov.au/about-us/media-centre/news>
- <https://www.canberrahealthservices.act.gov.au/about-us/planning-for-the-future>

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rachelSSMLA

rachelss_mla

The Budget Estimates and Annual Report hearings are an opportunity to seek information on any ACTHD and CHS policy and plans that are of interest to you. To provide further detail at this time would be an unreasonable diversion of resources.

Approved for circulation to the Member and incorporation into Hansard.

**Rachel Stephen-Smith MLA
Minister for Health**

Date:.....

This response required 80 minutes to complete, at an approximate cost of \$125.67.



Rachel Stephen-Smith MLA
 Minister for Health
 Minister for Families and Community Services
 Minister for Aboriginal and Torres Strait Islander Affairs

Member for Kurrajong

RESPONSE TO QUESTION ON NOTICE

Questions on Notice Paper No 15

Friday, 25 March 2022

Question No. 676

Asked by **MS CASTLEY MLA** –

1. Can the Minister provide a breakdown of all ACT Health and Canberra Health Services (CHS) policies, actions, reports, plans and projects since 2016 including a breakdown of:
 - (a) the estimated expenditure for each of the policies, actions, reports, plans and projects;
 - (b) how much has currently been spent on policies, actions, reports, plans and projects by ACT Health and CHS;
 - (c) the expected completion date for each policy, action, report, plan and project; and
 - (d) whether the policies, actions, reports, plans and projects are completed, on time, delayed or suspended and explanations why.

MS STEPHEN-SMITH MLA - The answer to the Member's question is as follows:

Information on ACT Health (ACTHD) and Canberra Health Services (CHS) policies, actions, reports, plans and projects are available online via the ACTHD, CHS and ACT Treasury websites:

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- <https://www.canberrahealthservices.act.gov.au/about-us/media-centre/publications>
- <https://www.treasury.act.gov.au/budget/previous-act-budgets>

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- <https://www.canberrahealthservices.act.gov.au/about-us/planning-for-the-future>

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stephen-smith@act.gov.au

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The Budget Estimates and Annual Report hearings are an opportunity to seek information on any ACTHD and CHS policy and plans that are of interest to you. To provide further detail at this time would be an unreasonable diversion of resources.

Approved for circulation to the Member and incorporation into Hansard.



**Rachel Stephen-Smith MLA
Minister for Health**

Date:.....1/5/22.....

This response required 80 minutes to complete, at an approximate cost of \$125.67.

From: Rad, Chadia (Health)
Sent: Tuesday, 3 May 2022 1:36 PM
To: Smith, Josephine (Health); Ord, Jon
Subject: RE: QON 685 - Replacement of the MAJICeR system

Hi Jon

Thank you for flagging the below

Will come back to you with an update

Many thanks
Chadia

Chadia Rad | Senior Director, Ministerial and Government Services

 | Email: Chadia.Rad@act.gov.au

Communications and Government Relations, Office of the Director-General | ACT Health Directorate

Level 5, 6 Bowes Street Phillip ACT 2606

health.act.gov.au



From: Ord, Jon <Jon.Ord@act.gov.au>
Sent: Tuesday, 3 May 2022 1:24 PM
To: Rad, Chadia (Health) <Chadia.Rad@act.gov.au>; Smith, Josephine (Health) <Josephine.Smith@act.gov.au>
Subject: FW: QON 685 - Replacement of the MAJICeR system

Hi Chadia and Josephine,

I hope you are both well.

In relation to the following, whilst I appreciate the update from Cathy on the machinations of it, its not really necessary to keep us updated in this level of detail, we just need the response please.

I have contacted Mrs Kikkert's Office today to acknowledge that the response is late and advise that it will be lodged this week.

In the joint part of the agenda on Friday, we have requested that QONs be discussed and specifically how we reduce the amount of late QONs.

Very happy to discuss.

Thank you.

Kind Regards,
Jon

From: Ellis, Catherine (Health) <Catherine.Ellis@act.gov.au> **On Behalf Of** ACT Health DLO
Sent: Tuesday, 3 May 2022 11:41 AM

To: Ord, Jon <Jon.Ord@act.gov.au>

Cc: CHS DLO <CHSDLO@act.gov.au>; ACT Health DLO <ACTHealthDLO@act.gov.au>

Subject: QON 685 - Replacement of the MAJICeR system

OFFICIAL

Hi Jon

Apologies for any confusion on the above QON.

This QON was assigned to CHS for response following the release of the notice paper as it relates to a CHS system.

ACT Health received a request (sent direct to CIO Team) for input into the response as drafted by the CHS CIO Team on Friday 29 April at 7.44pm. This was responded again directly by ACT Health EBM Sandra Cook at 9.50pm the same evening. Sandra cc'd me as the ACT Health DLO and this was the first the ACT Health MAGS Team had seen of any request regarding this QON.

ACT Health (myself and the GB Team) noted this as complete and noted it as an input response on our records, with CHS now having a complete response ready to progress (with ACT Health input having been provided into a response that was pre-drafted by CHS). No further input or clarity on input has been sought.

Today, ACT Health received an email from the CHS Ministerial Team formally requesting ACT Health accept a redirection on this. This was declined as CHS have our input (which completes the response they had drafted) as was the initial request (on 29 April), noting this, there is no need for us to take on lead of this matter at this late stage.

CHS, to my knowledge following provision of input, have a full and complete response as of 29 April 2022 and should be continuing to progress to you for Minister sign off, once their internal clearance processes have been completed. Kerry or perhaps Josephine would be best placed to provide advice on internal clearance timing and when the Office can expect to receive this.

At this stage ACT Health are under the impression no further action is required from us with all input being provided very quickly after being requested.

Happy to further discuss.

Thanks

Cathy

Catherine Ellis | Directorate Liaison Officer | ACT Health Directorate

| Email: ACTHealthDLO@act.gov.au

Office of Rachel Stephen-Smith | Minister for Health

Office of Emma Davidson | Minister for Mental Health

Level 2, Legislative Assembly Building, Civic Square



From: Harland, Jennifer (Health)
Sent: Thursday, 28 April 2022 11:33 AM
To: ACT Health DLO
Subject: RE: Follow-up on QON's

Importance: High

Categories: Mental Health

OFFICIAL

Thanks Aleks, I will forward the email I received from the CHS DLO for clarity.

From: Pond, Aleks (Health) <Aleks.Pond@act.gov.au> **On Behalf Of** ACT Health DLO
Sent: Thursday, 28 April 2022 11:23 AM
To: Harland, Jennifer (Health) <Jennifer.A.Harland@act.gov.au>
Subject: RE: Follow-up on QON's

OFFICIAL

Hi Jen

Im just double checking with the team but I believe these should be CHS lead as they relate to Justice Health portfolio especially regarding service delivery in AMC - this is CHS not ACT Health but will confirm asap.

Thanks and talk soon,

Aleks

From: Harland, Jennifer (Health) <Jennifer.A.Harland@act.gov.au>
Sent: Thursday, 28 April 2022 10:22 AM
To: ACT Health DLO <ACTHealthDLO@act.gov.au>
Subject: Follow-up on QON's
Importance: High

OFFICIAL

Good morning,

I am currently working in Minister Davidson's office and following up on two Justice Health QoN's that I believe are with your office at the moment and are due tomorrow. The QoN numbers are:

686 Mrs Kikkert Justice Health
687 Mrs Kikkert Justice Health

Are you able to confirm that they are with you and on track for tomorrow?

Many thanks for your assistance with this. I am happy to discuss on [REDACTED]

Kind regards,

Jen

Jennifer Harland | Mental Health Policy Advisor

E: jennifer.harland@act.gov.au

Office of Emma Davidson | Minister for Mental Health

Level 2, Legislative Assembly Building, Civic Square

From: Harland, Jennifer (Health)
Sent: Friday, 29 April 2022 11:48 AM
To: CHS DLO
Cc: ACT Health DLO
Subject: RE: Justice Health QoNs

Importance: High

Categories: Mental Health

OFFICIAL

Hi Kerryn,

I have followed up with ACT Health DLO and they are not responding to QoNs 686 or 687. Any suggestions on where else the response may be coming from? Would it help for us to have a discussion / webx with ACTHD DLO?

Kind regards,

Jen

From: Harland, Jennifer (Health)
Sent: Friday, 29 April 2022 11:37 AM
To: CHS DLO <CHSDLO@act.gov.au>
Subject: RE: Justice Health QoNs

OFFICIAL

Thanks Kerryn, appreciate the update.

Kind regards,

Jen

From: Hunter, Kerryn (Health) <Kerryn.Hunter@act.gov.au> **On Behalf Of** CHS DLO
Sent: Friday, 29 April 2022 11:35 AM
To: Harland, Jennifer (Health) <Jennifer.A.Harland@act.gov.au>
Subject: RE: Justice Health QoNs

OFFICIAL

Hi Jen

See below:

GBCHS22/99: Assembly March 2022 - Minister for Justice Health Questions on Notice (QoN) 689 - Justice health staffing – **waiting on input from Corrective Services, I followed up with the DLO and it is currently sitting with the Corrections Adviser for clearance**

GBCHS22/97: Assembly March 2022 - Minister for Health Questions on Notice (QoN) 685 - replacement of the MAJICeR system – **I have followed up with the action officer twice this week, just waiting for them to get back to me**

Kind Regards

Kerryn Hunter

Directorate Liaison Officer | Canberra Health Services

Phone: 620 55030 | [REDACTED] | Email: chsdllo@act.gov.au

Office of Rachel Stephen-Smith MLA | Minister for Health | ACT Government

Office of Emma Davidson MLA | Minister for Mental Health and Justice Health | ACT Government

From: Harland, Jennifer (Health) <Jennifer.A.Harland@act.gov.au>

Sent: Friday, 29 April 2022 11:11 AM

To: CHS DLO <CHSDLO@act.gov.au>

Subject: RE: Justice Health QoNs

OFFICIAL

Good morning,

Thanks for sending through QoN 670 yesterday afternoon.

Just following up to see if there any updates on the progress of the Justice Health QoN's 685 and 689?

Many thanks for all your help this week,

Jen

From: Harland, Jennifer (Health)

Sent: Wednesday, 27 April 2022 11:45 AM

To: CHS DLO <CHSDLO@act.gov.au>

Subject: RE: Justice Health QoNs

OFFICIAL

Many thanks, this is really helpful.

From: Hunter, Kerryn (Health) <Kerryn.Hunter@act.gov.au> **On Behalf Of** CHS DLO

Sent: Wednesday, 27 April 2022 11:44 AM

To: Harland, Jennifer (Health) <Jennifer.A.Harland@act.gov.au>

Subject: RE: Justice Health QoNs

OFFICIAL

Hi Jen

Not all the QoN below are mine, the one's I have carriage of are as noted below.

The rest sit with the ACTHD DLO 😊

Kind Regards

Kerryn Hunter

Directorate Liaison Officer | Canberra Health Services

Phone: 620 55030 | [REDACTED] | Email: chsdllo@act.gov.au

Office of Rachel Stephen-Smith MLA | Minister for Health | ACT Government

Office of Emma Davidson MLA | Minister for Mental Health and Justice Health | ACT Government

From: Harland, Jennifer (Health) <Jennifer.A.Harland@act.gov.au>

Sent: Wednesday, 27 April 2022 10:40 AM

To: CHS DLO <CHSDLO@act.gov.au>
Subject: RE: Justice Health QoNs

OFFICIAL

Wow, I can really appreciate how busy you and your team must be!

I have been asked to follow-up on a number of QON's that are due back this Friday. Just seeing if all is on track for the following (QoN's 685-689):

685 15 25/03/2022 Mrs Kikkert Justice Health 24-04-2022 – Currently with CIO for response, followed up yesterday

686 15 25/03/2022 Mrs Kikkert Justice Health 24-04-2022

687 15 25/03/2022 Mrs Kikkert Justice Health 24-04-2022

688 15 25/03/2022 Mrs Kikkert Justice Health 24-04-2022 – with me since yesterday, just need to check it then will send it through

689 15 25/03/2022 Mrs Kikkert Justice Health 24-04-2022 – waiting on input from ACT Corrective Services, reminder sent this morning

This is all the information I have at the moment. Do you need anything else?

Many thanks,

Jen

From: Hunter, Kerryn (Health) <Kerryn.Hunter@act.gov.au> **On Behalf Of** CHS DLO
Sent: Wednesday, 27 April 2022 10:26 AM
To: Harland, Jennifer (Health) <Jennifer.A.Harland@act.gov.au>
Subject: RE: Justice Health QoNs

OFFICIAL

Yep it's me 😊

Kind Regards

Kerryn Hunter

Directorate Liaison Officer | Canberra Health Services

Phone: 620 55030 | [REDACTED] | Email: chsdlo@act.gov.au

Office of Rachel Stephen-Smith MLA | Minister for Health | ACT Government

Office of Emma Davidson MLA | Minister for Mental Health and Justice Health | ACT Government

From: Harland, Jennifer (Health) <Jennifer.A.Harland@act.gov.au>
Sent: Wednesday, 27 April 2022 10:19 AM
To: CHS DLO <CHSDLO@act.gov.au>
Subject: Justice Health QoNs

OFFICIAL

Hi Kerryn,

A quick question. Do you look after Justice Health QoN's too? If not, who should I direct me question to?

Kind regards,

Jen

Jennifer Harland | Mental Health Policy Advisor

E: jennifer.harland@act.gov.au

Office of Emma Davidson | Minister for Mental Health

Level 2, Legislative Assembly Building, Civic Square

From: Pond, Aleks (Health) on behalf of ACT Health DLO
Sent: Wednesday, 1 June 2022 1:13 PM
To: Bransgrove, Meagen
Subject: For review- QON700 - Has a new wing opened at Clare Holland House - Castley
Attachments: Question on Notice (QON) 700 - Has a new wing opened at Clare Holland House - Castley.DOCX

OFFICIAL

Hi Meg

Please find attached QON700 Has a new wing opened at Clare Holland House- Castley for your review.

Thanks

Aleks

From: Bransgrove, Meagen <Meagen.Bransgrove@act.gov.au>
Sent: Wednesday, 1 June 2022 12:36 PM
To: ACT Health DLO <ACTHealthDLO@act.gov.au>
Subject: RE: For review- QON738 - Can the Minister provide a list of all ACT Government run health services- Castley
Importance: High

OFFICIAL

Hi Aleks,

Sorry can I also get information on QoN 700 about Clare Holland House, this one also sits with me as Calvary services are what I advise on. Would be grateful for some lines the Minister can provide to the Assembly regarding the status of this one please.

Thanks,

Meg

From: Bransgrove, Meagen
Sent: Wednesday, 1 June 2022 12:27 PM
To: ACT Health DLO <ACTHealthDLO@act.gov.au>
Subject: RE: For review- QON738 - Can the Minister provide a list of all ACT Government run health services- Castley

Hi Aleks,

Are you able to give me a quick line about the delay on this one coming through for the Minister to provide in the Assembly if asked about the overdue QoN?

Thanks,

Meg

From: Tomlinson, Benjamin <Benjamin.Tomlinson@act.gov.au>
Sent: Wednesday, 1 June 2022 11:40 AM

To: Bransgrove, Meagen <Meagen.Bransgrove@act.gov.au>

Subject: Fwd: For review- QON738 - Can the Minister provide a list of all ACT Government run health services- Castley

OFFICIAL

Hi Meg

This came and was sent back last week. But think it is in your space.

B

Get [Outlook for Android](#)

From: Pond, Aleks (Health) <Aleks.Pond@act.gov.au> on behalf of ACT Health DLO <ACTHealthDLO@act.gov.au>

Sent: Wednesday, June 1, 2022 11:38:05 AM

To: Tomlinson, Benjamin <Benjamin.Tomlinson@act.gov.au>

Subject: For review- QON738 - Can the Minister provide a list of all ACT Government run health services- Castley

OFFICIAL

Hi Ben

Please find attached QON 738 (with comments addressed by CHS) for your review.

Thanks

Aleks

Aleksandra Pond | Directorate Liaison Officer | ACT Health Directorate

Ph: via Teams | Email: ACTHealthDLO@act.gov.au

Office of Emma Davidson | Minister for Mental Health

Level 2, Legislative Assembly Building, Civic Square





Rachel Stephen-Smith MLA
 Minister for Health
 Minister for Families and Community Services
 Minister for Aboriginal and Torres Strait Islander Affairs

Member for Kurrajong

RESPONSE TO QUESTION ON NOTICE
Questions on Notice Paper No 16
8 April 2022
Question No. 700

MS CASTLEY: To ask the Minister for Health—

- (1) Has a new wing opened at Clare Holland House; if so, can the Minister provide details such as cost, how many beds, reason for new wing, etc; if not, (a) why has a new wing not opened, (b) when was the new wing due to open and (c) when will it open.
- (2) How many staff are/have been employed at Clare Holland House, each year for the last five years, including their roles and employment status (permanent or contract).
- (3) Can the Minister provide total staff numbers, each year for the last five years, including roles and employment status.
- (4) Is there a lack of staff at Clare Holland House; if so, what is the Minister doing to address this.
- (5) What staff training is provided at Clare Holland House.
- (6) Can the Minister provide information, for the last three years, about how many staff (including their roles) have (a) received training, (b) the nature of the training, (c) the provider and (d) cost.
- (7) Do staff receive specific palliative care training when they are employed and each year; if so, can the Minister provide details of the training.
- (8) What has been the staff turnover at Clare Holland over the last five years.
- (9) Can the Minister provide details, for each year over the past five years, about what counselling/support is offered to staff and how often has it been taken up, including cost.

MS STEPHEN-SMITH MLA - The answer to the Member's question is as follows:

- (1) The expansion of Clare Holland House was officially opened on 25 June 2021.

The Clare Holland House Expansion project strengthened palliative care, with the ACT Health Directorate delivering a redesigned respite facility with an additional eight inpatient bedrooms, improved patient amenities, and associated clinical and administrative support facilities.

The total project budget was \$6 million, which included \$4 million funded by the Commonwealth Government and \$2 million donated by the Snow Foundation via Calvary Health Care ACT. To support this expansion the 2021-22 Budget included \$16.1 million over four years to progressively fund five additional beds to meet growing demand and immediately expand home-based palliative care services.

(2)

New staff recruited each year							
Employment Type	Role	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
Casual	Allied	1					
	Nurse	12	5	2	14	7	2
	Admin	3	2			2	
	General	1					
Casual Total		17	7	2	14	9	2
Fixed Term	Allied		3				
	Nurse	3	2	2	1	2	6
	Medical	2	3	1	3	2	4
	Fixed Term Total		5	8	3	4	4
Permanent	Allied		1	2	2	1	
	Nurse	18	9	18	3		8
	Medical	3	1	2			1
	Admin		1	4	1		
	General	1	2	2			
Permanent Total		22	14	28	6	1	9
Grand Total		44	29	33	24	14	21

(3)

Overall total headcount							
Employment Type	Role	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
Casual	Admin	4	6	4	3	5	5
	Allied	1	1	1	1	1	
	General		1			2	
	Nurse	13	13	14	24	21	19
Casual Total		18	21	19	28	29	24
Fixed Term	Admin				1	1	1
	Allied	1	1	1			
	Medical	3	5	4	8	5	7
	Nurse	1	2	8	3	8	18
Fixed Term Total		5	8	13	12	14	26
Permanent	Admin	5	5	5	6	5	5
	Allied	3	5	4	6	6	4

	General	4	5	5	4	2	2
	Medical	4	5	5	5	4	7
	Nurse	53	49	48	52	51	59
Permanent Total		69	69	67	73	68	77
Grand Total		92	98	99	113	111	127

- (4) CHH have 57.83 full time equivalent (FTE) permanent positions in 2021-22. Of these, only 4.0 FTE are currently vacant.

The vacant 4.0 FTE are being actively recruited to however some specialist disciplines may take longer to source suitable staff.

- (5) Each discipline group has a level of education based on the qualification that they hold.

Clare Holland House (CHH) has a Palliative care Educator on site full time. CHH also has a designated Palliative educator for the Program of Experience in the Palliative Approach (PEPA) for the ACT Territory.

Education for multidisciplinary teams at Orientation to Clare Holland House:

- An overview of palliative care
- Understanding of advanced care planning and the role of the Medical Orders for Life Prognosis (MOLST)
- Access to communication education including Information from Palliative Care Australia, Care Search and other respected palliative care sources
- END of life standards
- Orientation to advanced care planning/goals of care documentation
- Caring at the end-of-life pathway
- Syringe driver specifics
- Online resources
- Communication tools

Ongoing education programs at CHH are multidisciplinary and staff receive access to:

- Palliative Care Outcomes Collaborative (PCOC) online (see comment below) * and F2F workshops and training - averages to 5 per year
- Monthly Palliative Education (PED) talks with topics aligned to specific clinical learnings - average of 12 per year
- Basic life support Practicals - 8 sessions per year
- Manual Handling Practicals - 7 sessions per year
- Emergency/fire training practical - 2 per year
- Weekly clinical education sessions
- Twice monthly in service options with a ward focus (available across the service) - 23 per year recorded
- End of Life Essentials modules* are utilised at orientation and refreshers as needed.

- Workbooks from PEPA learning guides; or PCC4U; some in house workbooks focussed on specific nursing skills

CHH staff scholarship Education Fund:

This fund is in place to support staff to attend and present at Palliative Care Specific education including foundation Palliative care and Bereavement courses. From 2017 to 2021, 18 staff accessed scholarship funding at a cost of \$19,321.70.

- (6) CHH is run by Calvary Public Hospital Bruce (CPHB) and is fully accredited under the National Safety and Quality Health Service (NSQHS) Standards. The NSQHS Accreditation team review the training provided to all staff and the standard was fully met by CHH.

The last accreditation report noted that - *'Governance, multidisciplinary patient care, education and training and the physical environment and service provided in support of end-of-life care at CHH is outstanding'*.

CHH nurses have access to postgraduate and professional development scholarship programs through the ACT Chief Nurse and Midwifery Office (CNMO), which are available to all public sector nurses and midwives who meet the criteria. CHH nurses have also been offered access to the ACT CNMO Clinical Supervision Program. CHH provides staff a range of training see full list above at Question (5). Staff numbers at Question 3.

This education is across several platforms including Face to face, E-learning, and WebEx.

Training providers include:

- Calvary National
- Program of Experience in a Palliative Approach (PEPA) workshops for mixed disciplines. 80 per cent of nursing and allied health staff would have attended a workshop in the last 3 years.
- PCOC
- End of Life Essentials
- Palliative Care Curriculum for Undergraduates (PCC4U)
- In house staff and educators
- Motor Neurone New South Wales
- Palliative Care resources
- Fire Emergency Response Safety Training (FERST) Training solutions

However, due to the detailed nature and timeframe of the Member's questions Calvary Public Hospital Bruce have been unable to provide full detail by cost without a significant diversion of staff resources.

- (7) Full training list provided above at (5).

(8)

Year	RESIGNATION	RETIREMENT	TOTAL
2016-17*	1	1	2
2017-18	8	2	10
2018-19	6	0	6
2019-20	10	0	10
2020-21	7	4	11
2021-22**	5	5	10
TOTAL	37	12	49

* Jan-June 2017

** As at 20 April 2022

- (9) All staff at CHH have access to ongoing employee assistance programs and support. Due to the detailed nature and timeframe of the Members questions we are unable to provide full detail by staff count and cost without a significant diversion of staff resources.

During the period 2017 to 2021 staff received access to the following programs:

- Pilot Wellness program started with coordinated Employee Assistance Program (EAP)
- External Supervision 3 x Allied Health and 1 x Pastoral care team – ongoing monthly sessions
- Peer Supervision sessions ACT Palliative Care Psych-Social team – 6 weekly
- CHH Multi- Disciplinary Clinical team have in house - 'Reflections with Mary (Pastoral Care team leader)
- Clinical Supervisor training provided to 1 x staff member CHH – funded by ACT Health Chief Nurse
- Nursing Staff RN2 clinical supervision – ongoing monthly sessions
- External Clinical supervision Specialised Palliative Aged care team – ongoing monthly sessions
- Group clinical Supervision sessions – In house Clinical Supervisor:
 - Administration team
 - Palliative aged care team
 - Hospice Nursing Team
- Individual Clinical supervision 12 staff across Palliative Care Service – ongoing monthly sessions
- Peer supervision sessions Pastoral care team - monthly
- External Clinical supervision Specialised Palliative Aged care team sessions – ongoing monthly sessions

Approved for circulation to the Member and incorporation into Hansard.

Rachel Stephen-Smith MLA
Minister for Health

Date:.....

This response required 8 hours and 5 minutes to complete, at an approximate cost of \$751.42



Rachel Stephen-Smith MLA
 Minister for Health
 Minister for Families and Community Services
 Minister for Aboriginal and Torres Strait Islander Affairs

Member for Kurrajong

RESPONSE TO QUESTION ON NOTICE
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MS STEPHEN-SMITH MLA - The answer to the Member's question is as follows:

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(2)

New staff recruited each year								
Employment Type	Role	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	Grand Total
Casual	Allied	1						1
	Nurse	12	5	2	14	7	2	42
	Admin	3	2			2		7
	General	1						1
Casual Total		17	7	2	14	9	2	51
Fixed Term	Allied		3					3
	Nurse	3	2	2	1	2	6	16
	Medical	2	3	1	3	2	4	15
Fixed Term Total		5	8	3	4	4	10	34
Permanent	Allied		1	2	2	1		6
	Nurse	18	9	18	3		8	56
	Medical	3	1	2			1	7
	Admin		1	4	1			6
	General	1	2	2				5
Permanent Total		22	14	28	6	1	9	80
Grand Total		44	29	33	24	14	21	165

(3)

Overall total headcount								
Employment Type	Role	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	Grand Total
Casual	Admin	4	6	4	3	5	5	27
	Allied	1	1	1	1	1		5
	General		1			2		3
	Nurse	13	13	14	24	21	19	104
Casual Total		18	21	19	28	29	24	139
Fixed Term	Admin				1	1	1	3
	Allied	1	1	1				3
	Medical	3	5	4	8	5	7	32
	Nurse	1	2	8	3	8	18	40

Fixed Term Total		5	8	13	12	14	26	78
Permanent	Admin	5	5	5	6	5	5	31
	Allied	3	5	4	6	6	4	28
	General	4	5	5	4	2	2	22
	Medical	4	5	5	5	4	7	30
	Nurse	53	49	48	52	51	59	312
Permanent Total		69	69	67	73	68	77	423
Grand Total		92	98	99	113	111	127	640

- (4) Recruitment is ongoing and being managed, with a number of vacancies being filled across the next few months.
- (5) Each discipline group has a level of education based on the qualification that they hold.

Clare Holland House (CHH) has a Palliative care Educator on site full time. CHH also has a designated Palliative educator for the Program of Experience in the Palliative Approach (PEPA) for the ACT Territory.

Education for multidisciplinary teams at Orientation to Clare Holland House:

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- (6) CHH is run by Calvary Public Hospital Bruce (CPHB) and is fully accredited under the National Safety and Quality Health Service (NSQHS) Standards. The NSQHS Accreditation team review the training provided to all staff and the standard was fully met by CHH.

The last accreditation report noted that - *'Governance, multidisciplinary patient care, education and training and the physical environment and service provided in support of end-of-life care at CHH is outstanding'*.

CHH nurses have access to postgraduate and professional development scholarship programs through the ACT Chief Nurse and Midwifery Office (CNMO) which are available to all public sector nurses and midwives who meet the criteria. CHH nurses have also been offered access to the ACT CNMO Clinical Supervision Program.

- (a) CHH provides staff a range of training see full list above at Question (5). Staff numbers at Question 3.
- (b) This education is across several platforms including Face to face, E-learning, and WebEx.
- (c) Training providers include:
- Calvary National
 - Program of Experience in a Palliative Approach (PEPA) workshops for mixed disciplines. 80 per cent of nursing and allied health staff would have attended a workshop in the last 3 years.
 - PCOC
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 - In house staff and educators
 - Motor Neurone New South Wales
 - Palliative Care resources
 - Fire Emergency Response Safety Training (FERST) Training solutions
- (d) Due to the detailed nature and timeframe of the Member's questions we are unable to provide full detail by cost without a significant diversion of staff resources.

- (7) Full training list provided above at (5).

(8)

YEAR	RESIGNATION	RETIREMENT	TOTAL
2017	6	3	9
2018	8	0	8
2019	2	0	2
2021	7	6	13
2022 YTD	1	3	4

(9) All staff at CHH have access to ongoing employee assistance programs and support. Due to the detailed nature and timeframe of the Members questions we are unable to provide full detail by staff count and cost without a significant diversion of staff resources.

During the period 2017 – 2021 staff received access to the following programs:

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- CHH Multi- Disciplinary Clinical team have in house - 'Reflections with Mary (Pastoral Care team leader)
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- Nursing Staff RN2 clinical supervision – ongoing monthly sessions
- External Clinical supervision Specialised Palliative Aged care team – ongoing monthly sessions
- Group clinical Supervision sessions – In house Clinical Supervisor:
 - Administration team
 - Palliative aged care team
 - Hospice Nursing Team
- Individual Clinical supervision 12 staff across Palliative Care Service – ongoing monthly sessions
- Peer supervision sessions Pastoral care team - monthly
- External Clinical supervision Specialised Palliative Aged care team sessions – ongoing monthly sessions

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Rachel Stephen-Smith MLA
Minister for Health

Date:.....

This response required 8 hours and 5 minutes to complete, at an approximate cost of \$751.42



Rachel Stephen-Smith MLA
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 Minister for Families and Community Services
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Member for Kurrajong

RESPONSE TO QUESTION ON NOTICE
Questions on Notice Paper No 16
8 April 2022
Question No. 700

MS CASTLEY: To ask the Minister for Health—

- (1) Has a new wing opened at Clare Holland House; if so, can the Minister provide details such as cost, how many beds, reason for new wing, etc; if not, (a) why has a new wing not opened, (b) when was the new wing due to open and (c) when will it open.
- (2) How many staff are/have been employed at Clare Holland House, each year for the last five years, including their roles and employment status (permanent or contract).
- (3) Can the Minister provide total staff numbers, each year for the last five years, including roles and employment status.
- (4) Is there a lack of staff at Clare Holland House; if so, what is the Minister doing to address this.
- (5) What staff training is provided at Clare Holland House.
- (6) Can the Minister provide information, for the last three years, about how many staff (including their roles) have (a) received training, (b) the nature of the training, (c) the provider and (d) cost.
- (7) Do staff receive specific palliative care training when they are employed and each year; if so, can the Minister provide details of the training.
- (8) What has been the staff turnover at Clare Holland over the last five years.
- (9) Can the Minister provide details, for each year over the past five years, about what counselling/support is offered to staff and how often has it been taken up, including cost.

MS STEPHEN-SMITH MLA - The answer to the Member's question is as follows:

- (1) The expansion of Clare Holland House was officially opened on 25 June 2021.

The Clare Holland House Expansion project strengthened palliative care, with the ACT Health Directorate delivering a redesigned respite facility with an additional eight inpatient bedrooms, improved patient amenities, and associated clinical and administrative support facilities.

The total project budget was \$6 million, which included \$4 million funded by the Commonwealth Government and \$2 million donated by the Snow Foundation via Calvary Health Care ACT. To support this expansion the 2021-22 Budget included \$16.1 million over four years to progressively fund five additional beds to meet growing demand and immediately expand home-based palliative care services.

(2)

New staff recruited each year							
Employment Type	Role	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
Casual	Allied	1					
	Nurse	12	5	2	14	7	2
	Admin	3	2			2	
	General	1					
Casual Total		17	7	2	14	9	2
Fixed Term	Allied		3				
	Nurse	3	2	2	1	2	6
	Medical	2	3	1	3	2	4
Fixed Term Total		5	8	3	4	4	10
Permanent	Allied		1	2	2	1	
	Nurse	18	9	18	3		8
	Medical	3	1	2			1
	Admin		1	4	1		
	General	1	2	2			
Permanent Total		22	14	28	6	1	9
Grand Total		44	29	33	24	14	21

(3)

Overall total headcount							
Employment Type	Role	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
Casual	Admin	4	6	4	3	5	5
	Allied	1	1	1	1	1	
	General		1			2	
	Nurse	13	13	14	24	21	19
Casual Total		18	21	19	28	29	24
Fixed Term	Admin				1	1	1
	Allied	1	1	1			
	Medical	3	5	4	8	5	7
	Nurse	1	2	8	3	8	18
Fixed Term Total		5	8	13	12	14	26
Permanent	Admin	5	5	5	6	5	5
	Allied	3	5	4	6	6	4

	General	4	5	5	4	2	2
	Medical	4	5	5	5	4	7
	Nurse	53	49	48	52	51	59
Permanent Total		69	69	67	73	68	77
Grand Total		92	98	99	113	111	127

- (4) Recruitment is ongoing and being managed.
- (5) Each discipline group has a level of education based on the qualification that they hold.

Clare Holland House (CHH) has a Palliative care Educator on site full time. CHH also has a designated Palliative educator for the Program of Experience in the Palliative Approach (PEPA) for the ACT Territory.

Education for multidisciplinary teams at Orientation to Clare Holland House:

- An overview of palliative care
- Understanding of advanced care planning and the role of the Medical Orders for Life Prognosis (MOLST)
- Access to communication education including Information from Palliative Care Australia, Care Search and other respected palliative care sources
- END of life standards
- Orientation to advanced care planning/goals of care documentation
- Caring at the end-of-life pathway
- Syringe driver specifics
- Online resources
- Communication tools

Ongoing education programs at CHH are multidisciplinary and staff receive access to:

- Palliative Care Outcomes Collaborative (PCOC) online (see comment below) * and F2F workshops and training - averages to 5 per year
- Monthly Palliative Education (PED) talks with topics aligned to specific clinical learnings - average of 12 per year
- Basic life support Practicals - 8 sessions per year
- Manual Handling Practicals - 7 sessions per year
- Emergency/fire training practical - 2 per year
- Weekly clinical education sessions
- Twice monthly in service options with a ward focus (available across the service) - 23 per year recorded
- End of Life Essentials modules* are utilised at orientation and refreshers as needed.
- Workbooks from PEPA learning guides; or PCC4U; some in house workbooks focussed on specific nursing skills

CHH staff scholarship Education Fund:

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This education is across several platforms including Face to face, E-learning, and WebEx.

Training providers include:

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- PCOC
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- Palliative Care Curriculum for Undergraduates (PCC4U)
- In house staff and educators
- Motor Neurone New South Wales
- Palliative Care resources
- Fire Emergency Response Safety Training (FERST) Training solutions

However, due to the detailed nature and timeframe of the Member's questions Calvary Public Hospital Bruce have been unable to provide full detail by cost without a significant diversion of staff resources.

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(8)

YEAR	RESIGNATION	RETIREMENT	TOTAL
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MS STEPHEN-SMITH MLA - The answer to the Member's question is as follows:


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 The Clare Holland House Expansion project strengthened palliative care, with the ACT Health Directorate delivering a redesigned respite facility with an additional eight inpatient bedrooms, improved patient amenities and associated clinical and administrative support facilities.


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The total project budget was \$6 million, which included \$4 million funded by the Commonwealth Government and \$2 million donated by the Snow Foundation via Calvary Health Care ACT (Calvary). To support this expansion the 2021-22 Budget included \$16.1 million over four years to progressively fund additional beds to meet growing demand and immediately expand home-based palliative care services.

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New staff recruited each year							
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	General	1					
Fixed Term	Allied		3				
	Nurse	3	2	2	1	2	6
	Medical	2	3	1	3	2	4
Permanent	Allied		1	2	2	1	
	Nurse	18	9	18	3		8
	Medical	3	1	2			1
	Admin		1	4	1		
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Headcount							
Employment Type	Role	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
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	Allied	1	1	1	1	1	
	General		1			2	
	Nurse	13	13	14	24	21	19
Fixed Term	Admin				1	1	1
	Allied	1	1	1			
	Medical	3	5	4	8	5	7
	Nurse	1	2	8	3	8	18
Permanent	Admin	5	5	5	6	5	5
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(4) Calvary Public Hospital Bruce (CPHB) run CHH with Calvary being responsible for the operations of both services under contract with the ACT Government. Calvary are therefore responsible for addressing any staffing shortages including recruitment of new staff.

Currently, 4.0 Full Time Equivalent (FTE) positions are vacant at CHH.

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- END of life standards,
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- In house workbooks focussed on specific nursing skills.

The CHH staff scholarship Education Fund is in place to support staff to attend and present at Palliative Care specific education including foundation Palliative Care and Bereavement courses. From 2017 to 2021, 18 staff accessed scholarship funding at a cost of \$19,321.70.

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Year	TOTAL
2016-17*	2
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* Jan-June 2017

** As at 20 April 2022

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(8)

Year	TOTAL
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- Peer Supervision sessions for the Pastoral care team
- External Clinical Supervision Specialised Palliative Aged Care team sessions

Approved for circulation to the Member and incorporation into Hansard.



Rachel Stephen-Smith MLA
Minister for Health

Date:.....5/6/22.....

This response required 8 hours and 5 minutes to complete, at an approximate cost of \$751.42

From: Bergin, Catherine
Sent: Thursday, 14 April 2022 12:48 PM
To: ACT Health DLO
Subject: RE: Questions on Notice for Redirection - QON701 - Sudden Cardiac Arrests

Importance: High

Thank you!

From: Ellis, Catherine (Health) <Catherine.Ellis@act.gov.au> **On Behalf Of** ACT Health DLO
Sent: Thursday, 14 April 2022 12:47 PM
To: Bergin, Catherine <Catherine.Bergin@act.gov.au>
Subject: RE: Questions on Notice for Redirection - QON701 - Sudden Cardiac Arrests

OFFICIAL

I am sending them a separate request now that we are stating to get some responses through for other parts.

I will let you know early next week how I go with this.

Thanks
Cathy

Catherine Ellis | Directorate Liaison Officer | ACT Health Directorate

| Email: ACTHealthDLO@act.gov.au

Office of Rachel Stephen-Smith | Minister for Health

Office of Emma Davidson | Minister for Mental Health

Level 2, Legislative Assembly Building, Civic Square



From: Bergin, Catherine <Catherine.Bergin@act.gov.au>
Sent: Thursday, 14 April 2022 12:46 PM
To: ACT Health DLO <ACTHealthDLO@act.gov.au>
Subject: RE: Questions on Notice for Redirection - QON701 - Sudden Cardiac Arrests
Importance: High

Thanks Cathy.

I am following this one up at my end as well.

Is TCCS providing input on questions 8-11?

Cheers,
Cath

From: Ellis, Catherine (Health) <Catherine.Ellis@act.gov.au> **On Behalf Of** ACT Health DLO
Sent: Thursday, 14 April 2022 12:44 PM
To: Bergin, Catherine <Catherine.Bergin@act.gov.au>

Subject: FW: Questions on Notice for Redirection - QON701 - Sudden Cardiac Arrests
Importance: High

OFFICIAL

Hi Cath

Further to my email yesterday regarding seeking advice on this QON I have just received the following input from CMTEDD DLO for your awareness.

Thanks
 Cathy

Catherine Ellis | Directorate Liaison Officer | ACT Health Directorate

| Email: ACTHealthDLO@act.gov.au

Office of Rachel Stephen-Smith | Minister for Health

Office of Emma Davidson | Minister for Mental Health

Level 2, Legislative Assembly Building, Civic Square



From: Hilder, Louise <Louise.Hilder@act.gov.au> **On Behalf Of** CMCD DLO
Sent: Thursday, 14 April 2022 12:05 PM
To: ACT Health DLO <ACTHealthDLO@act.gov.au>
Subject: RE: Questions on Notice for Redirection - QON701 - Sudden Cardiac Arrests
Importance: High

OFFICIAL

Hi Cathy

Off the back of Butters email, the Gentleman Office have the below input from a workplace safety perspective if you wish to use in your response.

The ACT Government workplace incident notification system records fewer than ten ACT Government employees having suffered cardiac events while on ACT Government school premises in the period since 2016. None of these are recorded as fatal incidents.

A cardiac event is an incident involving ischaemic heart disease, heart failure, myocarditis, pericarditis or rheumatic fever.

More specific data is not being provided because doing so may breach the privacy of the affected people.

Thanks
 Louise

Louise Hilder | Directorate Liaison Officer | CMTEDD

Phone: [REDACTED] | Email cmcddlo@act.gov.au

Chief Minister Treasury and Economic Development Directorate | ACT Government

GPO Box 158, Canberra ACT 2601 | www.accesscanberra.act.gov.au

Chief Minister
 Minister for Climate Action
 Minister for Industrial Relations and Workplace Safety

Assistant Minister for Seniors, Veterans, Families and Community Services
Special Minister of State

From: MPESDLO
Sent: Wednesday, 13 April 2022 11:02 AM
To: ACT Health DLO <ACTHealthDLO@act.gov.au>
Subject: RE: Questions on Notice for Redirection - QON701 - Sudden Cardiac Arrests

OFFICIAL

Howdy

Apologies for the delay, I was trying to see if anyone held the information requested. Long story short, this is not one the Gentleman office can answer.

Slightly longer version – I checked with ESA and unfortunately they don't hold any of the information that would be required to answer the question. Given the question asked about ACT Government workplaces, I then asked the IR / WHS adviser if OHS / Riskman reports would be a possible source for the information. Their response was that most likely not, but if this information did exist it would be held by individual Directorates and form part of their internal reporting obligations. Sorry.

Butters

Regards

Andrew Butters | Directorate Liaison Officer - ACT Minister for Police and Emergency Services & Minister for Corrections |
Ministerial Services Unit - Justice and Community Safety Directorate | **ACT Government**
Landline: 02 620 73060 | Fax: 02 620 78339 | Email: MPESDLO@act.gov.au
Minister Mick Gentleman MLA's Office, ACT Legislative Assembly |
GPO Box 158 Canberra ACT 2601 | www.justice.act.gov.au

No trees were harmed in the production of this e-mail, but a serious number of electrons were terribly inconvenienced.

From: Ellis, Catherine (Health) <Catherine.Ellis@act.gov.au> **On Behalf Of** ACT Health DLO
Sent: Wednesday, 13 April 2022 10:38 AM
To: MPESDLO <MPESDLO@act.gov.au>
Cc: ACT Health DLO <ACTHealthDLO@act.gov.au>
Subject: FW: Questions on Notice for Redirection - QON701 - Sudden Cardiac Arrests
Importance: High

OFFICIAL

Hi Andrew

Just wondering if you had advice on the below as yet and if we were able to confirm redirection through to Minister Gentleman?

Thanks
Cathy

Catherine Ellis | Directorate Liaison Officer | ACT Health Directorate
[REDACTED] | Email: ACTHealthDLO@act.gov.au
Office of Rachel Stephen-Smith | Minister for Health

Officer of Emma Davidson | Minister for Mental Health
Level 2, Legislative Assembly Building, Civic Square



From: Ellis, Catherine (Health) <Catherine.Ellis@act.gov.au> **On Behalf Of** ACT Health DLO
Sent: Monday, 11 April 2022 9:58 AM
To: MPESDLO <MPESDLO@act.gov.au>
Cc: ACT Health DLO <ACTHealthDLO@act.gov.au>; CHS DLO <CHSDLO@act.gov.au>
Subject: Questions on Notice for Redirection - QON701 - Sudden Cardiac Arrests
Importance: High

OFFICIAL

Hi Andrew

The below QON from the notice paper on Friday is not something Health can respond to as we don't hold this data. Education have advised that they don't hold this type of data for their sites, wondering if this is something ESA can respond to as they would be attending if ambulance was called.

Can you please confirm if the below can be redirected to Minister Gentleman under the MPES portfolio.

701 MS CASTLEY: To ask the Minister for Health—

1. How many Sudden Cardiac Arrests (SCAs) have there been in government schools each year since 2016.
2. How many fatalities have there been in government schools from a SCA since 2016.
3. Were there defibrillators at the schools where the fatalities occurred.
4. How many SCAs have recovered because of the use of a defibrillator since 2016.
5. How many SCAs have there been in government workplaces since 2016.
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10. How many times have the Field Response Vans responded to a SCA on ACT government transport.
11. What is the average time the Field Response Vans take to get to a SCA on ACT government transport.

Thanks
Cathy

Catherine Ellis | Directorate Liaison Officer | ACT Health Directorate

| Email: ACTHealthDLO@act.gov.au

Office of Rachel Stephen-Smith | Minister for Health

Officer of Emma Davidson | Minister for Mental Health

Level 2, Legislative Assembly Building, Civic Square



From: Bergin, Catherine
Sent: Tuesday, 19 April 2022 11:52 AM
To: ACT Health DLO
Subject: RE: Questions on Notice for Redirection - QON701 - Sudden Cardiac Arrests

Importance: High

Thanks Cathy 😊

From: Ellis, Catherine (Health) <Catherine.Ellis@act.gov.au> **On Behalf Of** ACT Health DLO
Sent: Tuesday, 19 April 2022 9:20 AM
To: Bergin, Catherine <Catherine.Bergin@act.gov.au>
Subject: FW: Questions on Notice for Redirection - QON701 - Sudden Cardiac Arrests
Importance: High

OFFICIAL

Hi Cath

Just a quick update on this QON – we are now starting to get a bit of info through so thanks for whatever prompting you have done in the background.

Still awaiting input from TCCS – but not expecting until later this week – will let you know if we face any obstacles with this.

Hope you had a good break over Easter.

Thanks
Cathy

Catherine Ellis | Directorate Liaison Officer | ACT Health Directorate

██████████ | Email: ACTHealthDLO@act.gov.au

Office of Rachel Stephen-Smith | Minister for Health

Office of Emma Davidson | Minister for Mental Health

Level 2, Legislative Assembly Building, Civic Square



From: Hilder, Louise <Louise.Hilder@act.gov.au> **On Behalf Of** CMCD DLO
Sent: Tuesday, 19 April 2022 9:04 AM
To: ACT Health DLO <ACTHealthDLO@act.gov.au>
Subject: RE: Questions on Notice for Redirection - QON701 - Sudden Cardiac Arrests
Importance: High

OFFICIAL

Good morning Cathy

Please see below responses to 5 & 6, Workplace Safety were unable to provide a response to 7.

The ACT Government workplace incident notification system records 27 people having suffered cardiac events while on ACT Government premises since 2015-16.

None of the incidents were immediately identified as having resulted in fatality.

A cardiac event is an incident involving ischaemic heart disease, heart failure, myocarditis, pericarditis or rheumatic fever.

These figures exclude any incidents at CHS sites.

Note for the author:- queries about CHS sites should be directed to CHS. There are complexities in separating people who have had an acute incident while they happened to be at a CHS site, vs people who suffered incidents while seeking or receiving clinical care. The whole of government incident system does not provide sufficient visibility of the CHS experience to examine this issue.

Thanks
Louise

Louise Hilder | Directorate Liaison Officer | CMTEDD
[REDACTED] | Email cmcddlo@act.gov.au
Chief Minister Treasury and Economic Development Directorate | ACT Government
GPO Box 158, Canberra ACT 2601 | www.accesscanberra.act.gov.au

Chief Minister
Minister for Climate Action
Minister for Industrial Relations and Workplace Safety
Assistant Minister for Seniors, Veterans, Families and Community Services
Special Minister of State

From: Ellis, Catherine (Health) <Catherine.Ellis@act.gov.au> **On Behalf Of** ACT Health DLO
Sent: Thursday, 14 April 2022 12:42 PM
To: CMCD DLO <CMCDDLO@act.gov.au>
Subject: RE: Questions on Notice for Redirection - QON701 - Sudden Cardiac Arrests

OFFICIAL

Thanks for this information Louise.

If the team know about the school sites as highlighted below do they know about the other ACT Government workplace sites? See questions 5-7?

Thanks
Cathy

Catherine Ellis | Directorate Liaison Officer | ACT Health Directorate
[REDACTED] | Email: ACTHealthDLO@act.gov.au
Office of Rachel Stephen-Smith | Minister for Health
Officer of Emma Davidson | Minister for Mental Health
Level 2, Legislative Assembly Building, Civic Square



From: Hilder, Louise <Louise.Hilder@act.gov.au> **On Behalf Of** CMCD DLO
Sent: Thursday, 14 April 2022 12:05 PM
To: ACT Health DLO <ACTHealthDLO@act.gov.au>
Subject: RE: Questions on Notice for Redirection - QON701 - Sudden Cardiac Arrests
Importance: High

OFFICIAL

Hi Cathy

Off the back of Butters email, the Gentleman Office have the below input from a workplace safety perspective if you wish to use in your response.

The ACT Government workplace incident notification system records fewer than ten ACT Government employees having suffered cardiac events while on ACT Government school premises in the period since 2016. None of these are recorded as fatal incidents.

A cardiac event is an incident involving ischaemic heart disease, heart failure, myocarditis, pericarditis or rheumatic fever.

More specific data is not being provided because doing so may breach the privacy of the affected people.

Thanks

Louise

Louise Hilder | Directorate Liaison Officer | CMTEDD

Phone: [REDACTED] | Email cmcdlo@act.gov.au

Chief Minister Treasury and Economic Development Directorate | ACT Government

GPO Box 158, Canberra ACT 2601 | www.accesscanberra.act.gov.au

Chief Minister

Minister for Climate Action

Minister for Industrial Relations and Workplace Safety

Assistant Minister for Seniors, Veterans, Families and Community Services

Special Minister of State

From: MPESDLO

Sent: Wednesday, 13 April 2022 11:02 AM

To: ACT Health DLO <ACTHealthDLO@act.gov.au>

Subject: RE: Questions on Notice for Redirection - QON701 - Sudden Cardiac Arrests

OFFICIAL

Howdy

Apologies for the delay, I was trying to see if anyone held the information requested. Long story short, this is not one the Gentleman office can answer.

Slightly longer version – I checked with ESA and unfortunately they don't hold any of the information that would be required to answer the question. Given the question asked about ACT Government workplaces, I then asked the IR / WHS adviser if OHS / Riskman reports would be a possible source for the information. Their response was that most likely not, but if this information did exist it would be held by individual Directorates and form part of their internal reporting obligations. Sorry.

Butters

Regards

Andrew Butters | Directorate Liaison Officer - ACT Minister for Police and Emergency Services & Minister for Corrections |
 Ministerial Services Unit - Justice and Community Safety Directorate | **ACT Government**
 Landline: 02 620 73060 | Fax: 02 620 78339 | Email: MPESDLO@act.gov.au
 Minister Mick Gentleman MLA's Office, ACT Legislative Assembly |
 GPO Box 158 Canberra ACT 2601 | www.justice.act.gov.au

No trees were harmed in the production of this e-mail, but a serious number of electrons were terribly inconvenienced.

From: Ellis, Catherine (Health) <Catherine.Ellis@act.gov.au> **On Behalf Of** ACT Health DLO
Sent: Wednesday, 13 April 2022 10:38 AM
To: MPESDLO <MPESDLO@act.gov.au>
Cc: ACT Health DLO <ACTHealthDLO@act.gov.au>
Subject: FW: Questions on Notice for Redirection - QON701 - Sudden Cardiac Arrests
Importance: High

OFFICIAL

Hi Andrew

Just wondering if you had advice on the below as yet and if we were able to confirm redirection through to Minister Gentleman?

Thanks
 Cathy

Catherine Ellis | Directorate Liaison Officer | ACT Health Directorate
 [REDACTED] | Email: ACTHealthDLO@act.gov.au
Office of Rachel Stephen-Smith | Minister for Health
Office of Emma Davidson | Minister for Mental Health
 Level 2, Legislative Assembly Building, Civic Square



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Sent: Monday, 11 April 2022 9:58 AM
To: MPESDLO <MPESDLO@act.gov.au>
Cc: ACT Health DLO <ACTHealthDLO@act.gov.au>; CHS DLO <CHSDLO@act.gov.au>
Subject: Questions on Notice for Redirection - QON701 - Sudden Cardiac Arrests
Importance: High

OFFICIAL

Hi Andrew

The below QON from the notice paper on Friday is not something Health can respond to as we don't hold this data. Education have advised that they don't hold this type of data for their sites, wondering if this is something ESA can respond to as they would be attending if ambulance was called.

Can you please confirm if the below can be redirected to Minister Gentleman under the MPES portfolio.

701 MS CASTLEY: To ask the Minister for Health—

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11. What is the average time the Field Response Vans take to get to a SCA on ACT government transport.

Thanks

Cathy

Catherine Ellis | Directorate Liaison Officer | ACT Health Directorate

| Email: ACTHealthDLO@act.gov.au

Office of Rachel Stephen-Smith | Minister for Health

Office of Emma Davidson | Minister for Mental Health

Level 2, Legislative Assembly Building, Civic Square



From: Bergin, Catherine
Sent: Thursday, 21 April 2022 4:23 PM
To: ACT Health DLO
Subject: RE: Questions on Notice Input - QON701 - Sudden Cardiac Arrests

Importance: High

Thanks Cathy

From: Ellis, Catherine (Health) <Catherine.Ellis@act.gov.au> **On Behalf Of** ACT Health DLO
Sent: Thursday, 21 April 2022 4:06 PM
To: Bergin, Catherine <Catherine.Bergin@act.gov.au>
Subject: FW: Questions on Notice Input - QON701 - Sudden Cardiac Arrests
Importance: High

OFFICIAL

Hi Cath

Just and FYI – TCCS has provided advice, hopefully we should now be able to pull together a response based on input provided by other directorates (CMTEDD and TCCS).

Thanks
Cathy

Catherine Ellis | Directorate Liaison Officer | ACT Health Directorate

| Email: ACTHealthDLO@act.gov.au

Office of Rachel Stephen-Smith | Minister for Health

Office of Emma Davidson | Minister for Mental Health

Level 2, Legislative Assembly Building, Civic Square



From: Blake, Callum <Callum.Blake@act.gov.au> **On Behalf Of** TCCS_DLO
Sent: Thursday, 21 April 2022 3:50 PM
To: ACT Health DLO <ACTHealthDLO@act.gov.au>
Cc: TCCS_DLO <TCCS.DLO@act.gov.au>
Subject: RE: Questions on Notice Input - QON701 - Sudden Cardiac Arrests
Importance: High

OFFICIAL

Hi Cathy

Please find cleared TCCS input attached.

Thanks,

Callum Blake | Directorate Liaison Officer

Office of Minister Steel MLA

Office of Minister Berry MLA (Sportsgrounds)
 Phone: 02 6205 9763 | [REDACTED] | Email: tccs.dlo@act.gov.au
 Transport Canberra and City Services Directorate | ACT Government | act.gov.au



From: Ellis, Catherine (Health) <Catherine.Ellis@act.gov.au> **On Behalf Of** ACT Health DLO
Sent: Thursday, 14 April 2022 12:53 PM
To: TCCS_DLO <TCCS.DLO@act.gov.au>
Cc: ACT Health DLO <ACTHealthDLO@act.gov.au>
Subject: Questions on Notice Input - QON701 - Sudden Cardiac Arrests

OFFICIAL

Hi Team

Wondering if you may be able to review the below QON received by Minister for Health and provide input for Q8 - 11 as highlighted below.

701 MS CASTLEY: To ask the Minister for Health—

1. How many Sudden Cardiac Arrests (SCAs) have there been in government schools each year since 2016.
2. How many fatalities have there been in government schools from a SCA since 2016.
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8. How many SCAs have there been on ACT government transport since 2016.
9. How many fatalities have there been on ACT government transport from a SCA since 2016.
10. How many times have the Field Response Vans responded to a SCA on ACT government transport.
11. What is the average time the Field Response Vans take to get to a SCA on ACT government transport.

Appreciate advice on if you hold this information and if you do could we please have input back by Friday 22 April 2022. Apologies for the short notice, this one has been moving around through various areas to try and find those that can respond.

Thanks
 Cathy

Catherine Ellis | Directorate Liaison Officer | ACT Health Directorate

[REDACTED] | Email: ACTHealthDLO@act.gov.au

Office of Rachel Stephen-Smith | Minister for Health

Office of Emma Davidson | Minister for Mental Health

Level 2, Legislative Assembly Building, Civic Square



From: Rad, Chadia (Health)
Sent: Thursday, 28 April 2022 11:18 AM
To: Bergin, Catherine
Cc: ACT Health DLO; Tomlinson, Benjamin
Subject: Assembly Resolution re Defibrillator & QON701 re Sudden Cardiac Arrests
Attachments: Defibrillators - Government schools and workplaces - 23 Mar 22.pdf

Importance: High

Hi Cath

Please find attached Assembly Resolution regarding defibrillators addressed to Minister Stephen-Smith. As discussed ACTHD executive believe this matter does not fit neatly within any one directorate and should be a WhoG matter but has landed with Health.

- **For part 2(a)** PPP and PPH have advised this is not for Health, instead CMTEDD would provide guidance to each Directorate to make sure their work places have defibs as per the requirement for first aid supplies and therefore Education would be responsible for schools, CHS for Canberra Hospital and community centres, etc.
- **For part 2(b)** it is suggested that WhOG Comms may be able to lead work on a public awareness campaign developed in consultation with St John's ambulance and the Heart Foundation.

As discussed earlier this week I am seeking your assistance on seeking a redirection via CMO.

Wanted to also let you know that MAGS will be pulling together the response to the below QON. Again this does not sit specifically with Health but we have been unable to redirect via DLO network.

Health don't hold the data required to respond, however we have sought input from Education who advised that they don't hold this type of data for their sites but will provide some words, and ESA advised they don't hold the data required either but again will provide some words. CMTEDD has provided some input from a workplace safety perspective but we will need to seek further input from TCCS and CHS.

701 MS CASTLEY: To ask the Minister for Health—

1. How many Sudden Cardiac Arrests (SCAs) have there been in government schools each year since 2016.
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10. How many times have the Field Response Vans responded to a SCA on ACT government transport.
11. What is the average time the Field Response Vans take to get to a SCA on ACT government transport.

Many thanks
 Chadia

Chadia Rad | Senior Director, Ministerial and Government Services

 | Email: Chadia.Rad@act.gov.au

Communications and Government Relations, Office of the Director-General | ACT Health Directorate

Level 5, 6 Bowes Street Phillip ACT 2606

health.act.gov.au





Speaker

Ms Rachel Stephen-Smith MLA
Minister for Health
Legislative Assembly for the ACT
CANBERRA ACT 2601

Dear Minister

DEFIBRILLATORS—GOVERNMENT SCHOOLS AND WORKPLACES

At its meeting on Wednesday, 23 March 2022, the Assembly passed the following resolution

“That this Assembly:

- (1) notes:
 - (a) it is estimated more than 30 000 Australians suffer from sudden cardiac arrest (SCA) every year of which only five percent survive;
 - (b) the chances of survival decrease by up to 10 percent for every minute that passes;
 - (c) defibrillators save lives. St John Ambulance estimates that each year more than 100 Canberrans’ lives could be saved from SCA if defibrillators were installed in ACT government schools and workplaces;
 - (d) currently there is no legislative requirement for defibrillators in ACT government schools or workplaces;
 - (e) St John Ambulance, Australian Red Cross and the Heart Foundation support the provision of defibrillators in all government schools and workplaces;
 - (f) as of October 2020, 38 of the 89 ACT government schools have a defibrillator on site;
 - (g) ACT government schools assess their risk profile in accordance with the First Aid Code of Practice and through consultation processes established per the *Work Health and Safety Act 2011*;
 - (h) all light rail vehicles have a defibrillator on board;

- (i) Transport Canberra has a fleet of five Field Response Vans that are based at each interchange across Canberra, which are able to be deployed to respond rapidly to any emerging issues on bus services anywhere in the city;
 - (j) each Field Response Van is fitted with defibrillator equipment and all Transport Canberra Transport Officers staffing these vans hold first aid certificates; and
 - (k) all Transport Canberra buses have radio communication to the Transport Canberra Control Room which enables a rapid response of emergency services and the incident response vehicles as required; and
- (2) calls on the ACT Government to:
- (a) continue to support government schools and agencies to increase the availability of defibrillators in their facilities; and
 - (b) consider ways to increase public awareness of the use of (and access to) defibrillators to save lives, in consultation with St John Ambulance and the Heart Foundation.”.

Yours faithfully



Joy Burch MLA
Speaker

29 March 2022

From: Bergin, Catherine
Sent: Friday, 6 May 2022 10:45 AM
To: ACT Health DLO
Cc: Rad, Chadia (Health)
Subject: FW: QoN 701
Attachments: Response to QON 701 - Sudden cardiac arrests.DOCX

Importance: High

FYI – but also, please note comment on one of the answers provided by TCCS.

From: Mison, Matt <Matt.Mison@act.gov.au>
Sent: Friday, 6 May 2022 10:39 AM
To: Bergin, Catherine <Catherine.Bergin@act.gov.au>; Cook, Michael <Michael.Cook@act.gov.au>; Kandola, Shobaz <Shobaz.Kandola@act.gov.au>; ODonoghue, Yersheena <Yersheena.ODonoghue@act.gov.au>
Subject: RE: QoN 701

Hi,

We will take it.

MM

From: Bergin, Catherine <Catherine.Bergin@act.gov.au>
Sent: Friday, 6 May 2022 9:21 AM
To: Cook, Michael <Michael.Cook@act.gov.au>; Kandola, Shobaz <Shobaz.Kandola@act.gov.au>; ODonoghue, Yersheena <Yersheena.ODonoghue@act.gov.au>; Mison, Matt <Matt.Mison@act.gov.au>
Subject: QoN 701
Importance: High

Hi all,

Can we please have a discussion about this one (see below) at some point today?

ACTHD has coordinated a response (see attached) but literally none of the information used to respond to this question came from Directorates that report to the Minister for Health.

The Minister's view is that it should be redirected for signing by the Minister for Workplace Safety or the Chief Minister.

Thanks,
Cath

701 **MS CASTLEY:** To ask the Minister for Health—

- (1) How many Sudden Cardiac Arrests (SCAs) have there been in government schools each year since 2016.
- (2) How many fatalities have there been in government schools from a SCA since 2016.
- (3) Were there defibrillators at the schools where the fatalities occurred.
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- (10) How many times have the Field Response Vans responded to a SCA on ACT government transport.
- (11) What is the average time the Field Response Vans take to get to a SCA on ACT government transport.



Rachel Stephen-Smith MLA
 Minister for Health
 Minister for Families and Community Services
 Minister for Aboriginal and Torres Strait Islander Affairs
 Member for Kurrajong

RESPONSE TO QUESTION ON NOTICE
Questions on Notice Paper No 16
8 April 2022
Question No. 701

Asked by **MS LEANNE CASTLEY MLA** –

701 MS CASTLEY: To ask the Minister for Health—

- 1) How many Sudden Cardiac Arrests (SCAs) have there been in government schools each year since 2016.
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- 11) What is the average time the Field Response Vans take to get to a SCA on ACT government transport.

MS STEPHEN-SMITH MLA - The answer to the Member's question is as follows:

- 1 & 2) The ACT Government workplace incident notification system records fewer than ten ACT Government employees having suffered cardiac events while on ACT Government school premises in the period since 2016. None of these are recorded as fatal incidents.

A cardiac event is an incident involving ischaemic heart disease, heart failure, myocarditis, pericarditis or rheumatic fever.

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@RachelSS_MLA



rachelSSMLA



rachelss_mla

More specific data is not being provided because doing so may breach the privacy of the affected people.

- 3) There are no recorded incidents of fatalities as a result of SCAs at ACT Government schools.
- 4) This information is not held by ACT Government.
- 5 & 6) The ACT Government workplace incident notification system records 27 people having suffered cardiac events while on ACT Government premises since 2015-16. None of the incidents were immediately identified as having resulted in fatality.
- 7) There are no recorded incidents of fatalities as a result of SCAs at ACT Government workplaces.
- 8 & 9) There are no recorded incidents of fatalities as a result of SCAs on ACT Government transport.
- 10 & 11) Transport Canberra Field Response Vans do not respond to medical events, these are attended by ACT Ambulance Service

Commented [BC1]: This is not the advice that was provided for the debate on the motion – which was that these vans have defibs and staff are trained to use them. While it totally makes sense that ambulances would respond to medical emergencies, why do the Field Response Vans having defibs if they don't respond?

Approved for circulation to the Member and incorporation into Hansard.	
Rachel Stephen-Smith MLA Minister for Health	Date:.....
This response required 210 minutes to complete, at an approximate cost of \$318.56.	

From: Bransgrove, Meagen
Sent: Tuesday, 24 May 2022 7:25 PM
To: ACT Health DLO
Subject: RE: Response to QON 701 - Sudden cardiac arrests- Castley

Importance: High

Categories: To ACTION

Hi Aleks,

I have comment on this one for review please as I don't know that the first question has actually been answered. I have placed [here](#) while waiting for an update.

Thanks,

Meg

From: Pond, Aleks (Health) <Aleks.Pond@act.gov.au> **On Behalf Of** ACT Health DLO
Sent: Tuesday, 24 May 2022 1:07 PM
To: Bransgrove, Meagen <Meagen.Bransgrove@act.gov.au>
Subject: Response to QON 701 - Sudden cardiac arrests- Castley

OFFICIAL

Hi Meg

The response to QON 701 – Sudden cardiac arrests has been cleared by the CM and is ready for the Minister's signing. I have saved it in your review folder [here](#).

This response was drafted by the CMO as it required a whole of Government response. In addition, the following advice from TCCS has been provided:

Field vans are dispatched to any emergency (regardless of their location) as they provide support to driver on scene and can provide basic first aid. In addition, ambulances are called to any medical emergency.

Once signed, I will return to CMO to process as requested by them.

Thank you,

Aleks

Aleksandra Pond | Directorate Liaison Officer | ACT Health Directorate

Ph: via Teams | Email: ACTHealthDLO@act.gov.au

Office of Emma Davidson | Minister for Mental Health

Level 2, Legislative Assembly Building, Civic Square



From: Pond, Aleks (Health) on behalf of ACT Health DLO
Sent: Wednesday, 25 May 2022 3:06 PM
To: Bergin, Catherine
Cc: Bransgrove, Meagen
Subject: FYI: STOP! - RSS MO comment- RE: For Signing - Response to QON 701 - Sudden cardiac arrests - CASTLEY
Attachments: FW: QoN 701
Importance: High

OFFICIAL: Sensitive

Hi Cath

FYI in Meg's absence. We received the response to QON 701 which was cleared by the CM for RSS signing (this was drafted by the CMO as it required a whole of government response). Meg reviewed and had a comment to which I went back to Gez from CMCO to clarify and have just received the below email confirming no further action is required from us.

Please let me know if you are happy with this or would like me to follow up on anything.

Thanks,

Aleks

From: Hodshon, Gerard <Gerard.Hodshon@act.gov.au> **On Behalf Of** CMCD DLO
Sent: Wednesday, 25 May 2022 2:55 PM
To: ACT Health DLO <ACTHealthDLO@act.gov.au>
Subject: STOP! - RSS MO comment- RE: For Signing - Response to QON 701 - Sudden cardiac arrests - CASTLEY
Importance: High

OFFICIAL: Sensitive

Hi there – hold everything – this is for the CM to sign not RSS.

No further action required from you or the RSS office on this QON.

Regards
Gez

From: ODonoghue, Yersheena <Yersheena.ODonoghue@act.gov.au>
Sent: Wednesday, 25 May 2022 2:25 PM
To: CMCD DLO <CMCDDLO@act.gov.au>
Subject: RE: Advice - RSS MO comment- RE: For Signing - Response to QON 701 - Sudden cardiac arrests - CASTLEY

Stop – I realise what's going on.
This one went to RSS and their office said they thought the CM should sign it off.
Its gone into the CM for signature – but the wrong template – so he hasn't signed it.
Can we please get it redirected to the CM and on the right template.
Original email attached.

Yersheena O'Donoghue | Head of Governance and Cabinet
02 6205 3465 | [REDACTED]

Office of Andrew Barr MLA | Member for Kurrajong
Chief Minister



I acknowledge the traditional custodians of the land, the Ngunnawal people, and pay my respect to their Elders past, present and emerging.

From: Pond, Aleks (Health) <Aleks.Pond@act.gov.au> **On Behalf Of** ACT Health DLO
Sent: Wednesday, 25 May 2022 1:49 PM
To: CMCD DLO <CMCDDLO@act.gov.au>
Subject: RSS MO comment- RE: For Signing - Response to QON 701 - Sudden cardiac arrests - CASTLEY

OFFICIAL: Sensitive

Hi Gez

The RSS Office has come back with the following comment and question:

A cardiac event and those listed below are not sudden cardiac arrests that require defibrillation.

Does the notification system specify whether defibrillation was required?

Are you able to provide an update?

Happy to discuss.

Many thanks,

Aleks

From: Hodshon, Gerard <Gerard.Hodshon@act.gov.au> **On Behalf Of** CMCD DLO
Sent: Tuesday, 24 May 2022 9:45 AM
To: ACT Health DLO <ACTHealthDLO@act.gov.au>
Subject: For Signing - Response to QON 701 - Sudden cardiac arrests - CASTLEY
Importance: High

OFFICIAL: Sensitive

Hi team,

The attached QON has been cleared by the CM for signing by RSS.

Note – this response was drafted by the CMO as it required a WoG response.

In addition, you may want to pass on to Catherine the following advice from TCCS:

Field vans are dispatched to any emergency (regardless of their location) as they provide support to driver on scene and can provide basic first aid. In addition, ambulances are called to any medical emergency.

I will process the signed final.

Please get back to me with any questions.

Kind regards,
Gez

Gerard Hodshon (Gez) | CM Directorate Liaison Officer

Office of the Chief Minister | ACT Government

Phone: [REDACTED] | Email: CMCDDLO@act.gov.au

ACT Legislative Assembly | GPO Box 158 CANBERRA ACT 2601 | www.act.gov.au

From: Bergin, Catherine
Sent: Wednesday, 25 May 2022 3:08 PM
To: ACT Health DLO
Cc: Bransgrove, Meagen
Subject: RE: STOP! - RSS MO comment- RE: For Signing - Response to QON 701 - Sudden cardiac arrests - CASTLEY

Importance: High

Thanks Aleks – I was literally just about to call Yersheena on this one as I noticed it was still allocated to us on the overdue QoN list!

Cheers,
Cath

From: Pond, Aleks (Health) <Aleks.Pond@act.gov.au> **On Behalf Of** ACT Health DLO
Sent: Wednesday, 25 May 2022 3:06 PM
To: Bergin, Catherine <Catherine.Bergin@act.gov.au>
Cc: Bransgrove, Meagen <Meagen.Bransgrove@act.gov.au>
Subject: FYI: STOP! - RSS MO comment- RE: For Signing - Response to QON 701 - Sudden cardiac arrests - CASTLEY
Importance: High

OFFICIAL: Sensitive

Hi Cath

FYI in Meg's absence. We received the response to QON 701 which was cleared by the CM for RSS signing (this was drafted by the CMO as it required a whole of government response). Meg reviewed and had a comment to which I went back to Gez from CMCO to clarify and have just received the below email confirming no further action is required from us.

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Thanks,

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Sent: Wednesday, 25 May 2022 2:55 PM
To: ACT Health DLO <ACTHealthDLO@act.gov.au>
Subject: STOP! - RSS MO comment- RE: For Signing - Response to QON 701 - Sudden cardiac arrests - CASTLEY
Importance: High

OFFICIAL: Sensitive

Hi there – hold everything – this is for the CM to sign not RSS.

No further action required from you or the RSS office on this QON.

Regards
Gez

From: ODonoghue, Yersheena <Yersheena.ODonoghue@act.gov.au>
Sent: Wednesday, 25 May 2022 2:25 PM
To: CMCD DLO <CMCDDLO@act.gov.au>
Subject: RE: Advice - RSS MO comment- RE: For Signing - Response to QON 701 - Sudden cardiac arrests - CASTLEY

Stop – I realise what’s going on.
This one went to RSS and their office said they thought the CM should sign it off.
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Original email attached.

Yersheena O’Donoghue | Head of Governance and Cabinet
02 6205 3465 | [REDACTED]

Office of Andrew Barr MLA | Member for Kurrajong
Chief Minister



I acknowledge the traditional custodians of the land, the Ngunnawal people, and pay my respect to their Elders past, present and emerging.

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Sent: Wednesday, 25 May 2022 1:49 PM
To: CMCD DLO <CMCDDLO@act.gov.au>
Subject: RSS MO comment- RE: For Signing - Response to QON 701 - Sudden cardiac arrests - CASTLEY

OFFICIAL: Sensitive

Hi Gez

The RSS Office has come back with the following comment and question:

A cardiac event and those listed below are not sudden cardiac arrests that require defibrillation.

Does the notification system specify whether defibrillation was required?

Are you able to provide an update?

Happy to discuss.

Many thanks,

Aleks

From: Hodshon, Gerard <Gerard.Hodshon@act.gov.au> **On Behalf Of** CMCD DLO
Sent: Tuesday, 24 May 2022 9:45 AM

To: ACT Health DLO <ACTHealthDLO@act.gov.au>

Subject: For Signing - Response to QON 701 - Sudden cardiac arrests - CASTLEY

Importance: High

OFFICIAL: Sensitive

Hi team,

The attached QON has been cleared by the CM for signing by RSS.

Note – this response was drafted by the CMO as it required a WoG response.

In addition, you may want to pass on to Catherine the following advice from TCCS:

Field vans are dispatched to any emergency (regardless of their location) as they provide support to driver on scene and can provide basic first aid. In addition, ambulances are called to any medical emergency.

I will process the signed final.

Please get back to me with any questions.

Kind regards,

Gez

Gerard Hodshon (Gez) | CM Directorate Liaison Officer

Office of the Chief Minister | ACT Government

Phone: [REDACTED] | Email. CMCDDLO@act.gov.au

ACT Legislative Assembly | GPO Box 158 CANBERRA ACT 2601 | www.act.gov.au



Rachel Stephen-Smith MLA
 Minister for Health
 Minister for Families and Community Services
 Minister for Aboriginal and Torres Strait Islander Affairs

Member for Kurrajong

RESPONSE TO QUESTION ON NOTICE
Questions on Notice Paper No 16
8 May 2022
Question No. 702

MS CASTLEY: To ask the Minister for Health—

- (1) On what dates has ACT Health tested the water quality in Yerrabi Pond since 2016 and can the Minister provide a copy of all test results and analysis since 2016.
- (2) Does ACT Health conduct regular scheduled testing of Yerrabi Pond; if so, when; if not, why do ACT Health test Yerrabi Pond infrequently.
- (3) Does ACT Health conduct regular testing of catchments and lakes in the ACT.
- (4) Has ACT Health ever determined that the water quality in Yerrabi Pond could have a negative impact on health; if so, (a) what date was ACT Health made aware of the poor water quality, (b) what policy/solution did ACT Health propose to improve water quality, (c) how much did the policy/solution cost and (d) when was the policy/solution implemented.

MS STEPHEN-SMITH MLA - The answer to the Member's question is as follows:

- (1) The management of recreational activities in lakes and water bodies is in accordance with the ACT Guidelines for Recreational Water Quality 2014 (the Guidelines). Primary contact recreation where there is direct contact with the water, such as swimming, requires regular sampling during the swimming season of October through to April.

As swimming and other primary contact recreation is not permitted at Yerrabi Pond or similar Neighbourhood Ponds, water quality testing does not occur at these sites.

The Guidelines are publicly available via the ACT Health Directorate website:

<https://health.act.gov.au/sites/default/files/2018-09/ACT%20Guidelines%20for%20Recreational%20Water%20Quality.pdf>

- (2) ACT Health Directorate (ACTHD) does not test water at Yerrabi Pond and has not done so previously.
- (3) ACTHD undertakes sampling and analysis of designated primary contact recreational (swimming) sites for microbiological analysis. These are undertaken to manage risks to human users of the sites and results are assessed against the Guidelines.

ACTHD undertakes weekly sampling and analysis of primary contact recreational sites across ACT lakes and Rivers during the recreational season (October-April). These include sites in Lake Ginninderra, Lake Tuggeranong, Molonglo Reach and along the Molonglo and Murrumbidgee river corridors.

Results of weekly sampling are published on the City Services website:

https://www.cityservices.act.gov.au/news/news-and-events-items/water_quality_in_our_lakes_and_ponds

- (4) As Yerrabi Pond is not a designated primary contact recreational site, it has not been subject to ACTHD testing. The Canberra Urban Lakes and Ponds Land Management Plan 2022 (the Plan) sets out a Vision for Canberra's Urban Lakes and Ponds and a framework for the sustainable development and management of urban lakes and ponds, while meeting the management objectives as defined under the *Planning and Development Act 2007*.

The Plan is publicly available via the ACT Legislation Register:

<https://www.legislation.act.gov.au/View/di/2022-10/current/PDF/2022-10.PDF>

Approved for circulation to the Member and incorporation into Hansard.

**Rachel Stephen-Smith MLA
Minister for Health**

Date:.....

This response required 95 minutes to complete, at an approximate cost of \$139.97.



Rachel Stephen-Smith MLA
 Minister for Health
 Minister for Families and Community Services
 Minister for Aboriginal and Torres Strait Islander Affairs

Member for Kurrajong

RESPONSE TO QUESTION ON NOTICE
Questions on Notice Paper No 16
8 May 2022
Question No. 702

LEANNE CASTLEY MLA: To ask the Minister for Health—

- (1) On what dates has ACT Health tested the water quality in Yerrabi Pond since 2016 and can the Minister provide a copy of all test results and analysis since 2016.
- (2) Does ACT Health conduct regular scheduled testing of Yerrabi Pond; if so, when; if not, why do ACT Health test Yerrabi Pond infrequently.
- (3) Does ACT Health conduct regular testing of catchments and lakes in the ACT.
- (4) Has ACT Health ever determined that the water quality in Yerrabi Pond could have a negative impact on health; if so, (a) what date was ACT Health made aware of the poor water quality, (b) what policy/solution did ACT Health propose to improve water quality, (c) how much did the policy/solution cost and (d) when was the policy/solution implemented.

RACHEL STEPHEN-SMITH MLA - The answer to the Member's question is as follows:

- (1) The management of recreational activities in lakes and water bodies is in accordance with the ACT Guidelines for Recreational Water Quality 2014 (the Guidelines). Primary contact recreation where there is direct contact with the water, such as swimming, requires regular sampling during the swimming season of October through to April.

As swimming and other primary contact recreation is not permitted at Yerrabi Pond or similar Neighbourhood Ponds, water quality testing does not occur at these sites.

The Guidelines are publicly available via the ACT Health Directorate website:

<https://health.act.gov.au/sites/default/files/2018-09/ACT%20Guidelines%20for%20Recreational%20Water%20Quality.pdf>

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- (2) See response to question 1.
- (3) ACT Health Directorate (ACTHD) undertakes sampling and analysis of designated primary contact recreational (swimming) sites for microbiological analysis. These are undertaken to manage risks to human users of the sites and results are assessed against the Guidelines.

ACTHD undertakes weekly sampling and analysis of primary contact recreational sites across ACT lakes and rivers during the recreational season (October-April). These include sites in Lake Ginninderra, Lake Tuggeranong, Molonglo Reach and along the Molonglo and Murrumbidgee river corridors.

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The Plan is publicly available via the ACT Legislation Register:

www.legislation.act.gov.au/View/di/2022-10/current/PDF/2022-10.PDF

Approved for circulation to the Member and incorporation into Hansard.



Rachel Stephen-Smith MLA
Minister for Health

Date: 25/4/22

This response required 95 minutes to complete, at an approximate cost of \$139.97.



Rachel Stephen-Smith MLA
 Minister for Health
 Minister for Families and Community Services
 Minister for Aboriginal and Torres Strait Islander Affairs

Member for Kurrajong

RESPONSE TO QUESTION ON NOTICE
Questions on Notice Paper No 16
8 April 2022
Question No. 736

Asked by **MS CASTLEY**: To ask the Minister for Health—

- (1) When will the Government release the ACT Public Health Services Quarterly Performance Report for (a) Quarter 2 2021, (b) Quarter 3 and (c) Quarter 4.
- (2) Why is there a delay between the end of the quarter and when the report is released.
- (3) Can the Minister provide (a) a breakdown of the number and classification of staff who have worked on the report each year since 2015-16, (b) a breakdown of the consultants or third parties (beyond the directorate and Canberra Health Services) who have worked on the report since 2015-16, (c) details about the services the consultants have provided and total cost and (d) details on whether consultants have been engaged and why.
- (4) Is there an intentional lag time in releasing the report; if so, why.
- (5) On what dates were the (a) Quarter 1, (b) Quarter 2, (c) Quarter 3 and (d) Quarter 4 reports published on Health's ACT Public Health Services Quarterly Performance Report webpage since 2015-16.
- (6) Can the Minister provide details on what the total cost of producing and publishing the report has been since 2015-16.

—

MS STEPHEN-SMITH MLA - The answer to the Member's question is as follows:

Approved for circulation to the Member and incorporation into Hansard.

Rachel Stephen-Smith MLA
Minister for Health

Date:.....

This response required 125 minutes to complete, at an approximate cost of \$84.12.



Rachel Stephen-Smith MLA
 Minister for Health
 Minister for Families and Community Services
 Minister for Aboriginal and Torres Strait Islander Affairs

Member for Kurrajong

RESPONSE TO QUESTION ON NOTICE
Questions on Notice Paper No 16
8 April 2022
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- (3) Can the Minister provide (a) a breakdown of the number and classification of staff who have worked on the report each year since 2015-16, (b) a breakdown of the consultants or third parties (beyond the directorate and Canberra Health Services) who have worked on the report since 2015-16, (c) details about the services the consultants have provided and total cost and (d) details on whether consultants have been engaged and why.
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- (5) On what dates were the (a) Quarter 1, (b) Quarter 2, (c) Quarter 3 and (d) Quarter 4 reports published on Health's ACT Public Health Services Quarterly Performance Report webpage since 2015-16.
- (6) Can the Minister provide details on what the total cost of producing and publishing the report has been since 2015-16.

MS STEPHEN-SMITH MLA - The answer to the Member's question is as follows:

- (1) The ACT Public Health Services Quarterly Performance Report (QPR) for Quarter 2 2021-22 was published to the ACT Health Directorate (ACTHD) website on 20 April 2022.

- (2) The ACTHD aims to finalise a QPR approximately 90 days after the end of the quarter. This allows for a standard six-week period during which clinical coding is completed by each hospital and data quality can be reviewed.

Subject to any delays due to data validation, diversion of resources to competing priorities and other unforeseen impacts, the QPRs for Quarter 3, 2021-22 and Quarter 4, 2021-22 are expected to be released in late June 2022 and late September 2022, respectively.

- (3) The QPR is prepared primarily by ACTHD in collaboration with Canberra Health Services (CHS) and Calvary Public Hospital Bruce (CPHB). A summary of standard staff classification and roles of staff involved in QPR production between 2015-16 and 2021-22 is provided in the table below:

Classification of staff	Role
1-2 X APS6	Upload of data to Data Warehouse/ Data Repository
1 X SOG B	Clearance of extracted data
2-3 X APS6-SOGA*	Communications and engagement
1-2X SOGC^	Preparation of report/correspondence and clearance paperwork
1-2 X SOGB^	Review of data and report/correspondence and Clearance paperwork
1 X SOGA	Approval of QPR, correspondence and Clearance paperwork
1 X SES Level 1	Endorsement of QPR, Clearance of correspondence to stakeholders
1 X SES Level 2	Approve Minister Brief/QPR/Technical and Supplementary Information
Director General	Review QPR and recommend Minister agree to the QPR's publication

*Approximately three staff spend an estimated 5 to 10 hours per Report.

^ Usually 1 X SOGC and 1 X SOGB provide these functions. For the Quarter 4, 2018-19 Report additional staff worked on the QPR building the QPR datasets into the new ACT Health Data Repository and developing Quarterly Performance Report indicators.

The production of the QPR involves numerous steps including:

- clinical coding of data;
- receipt of data on patient experience and safety and quality metrics;
- validation of data;
- report preparation;
- receipt of feedback from stakeholders and incorporation into the Report;
- clearance of the Report by Executive management in ACTHD, CHS and CPHB;
- preparation of feature article content;
- Minister approval; and
- upload of the Report to the website.

As work for the QPR is considered 'business as usual' in the ACT Government, comprehensive records are not kept of all staff who contributed to the Report preparation.

(3b) There have been no consultants or third parties (beyond the Directorate and Canberra Health Services) who have worked on the Quarterly Performance Report since 2015-16.

(3c) Not applicable

(3d) Not applicable

(4) There is no intentional lag in releasing the Report. As detailed in (2) the timing of the report's release is due to clinical coding of data and data quality checks, as well as the required clearances of report content. The ACTHD works to the following schedule for publishing reports:

- Quarter 1 July to September report – published end of December
- Quarter 2 October to December report – published end of March
- Quarter 3 January to March report – published end of June
- Quarter 4 April to June Report – published end of September.

Once the Quarterly Performance Report is approved by the Minister for Health, the ACTHD Media team publishes the Report as soon as practicable.

(5) The publication dates for QPRs from 2015-16 to 2021-22 (Quarter 2) are:

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
2015-16*	9/11/2016	9/11/2016	9/11/2016	9/11/2016
2016-17^	31/03/2019	31/03/2019	31/03/2019	31/03/2019
2017-18^	31/03/2019	31/03/2019	31/03/2019	31/03/2019
2018-19	7/12/2018	31/03/2019	31/05/2019	13/09/2019
2019-20	18/12/2019	24/04/2020	18/07/2020	04/09/2020
2020-21#	17/12/2020	07/04/2021	09/07/2021	22/12/2021
2021-22	22/12/2021	20/04/2022	-	-

*ACTHD released all four QPRs for 2015-16 to the public. QPRs for Quarters 1 and 2 were replacements for those reports that had been published on ACTHD's website and Quarter 3 and 4 reports were new reports that had not previously been published.

^ During 2016-17 and 2017-18 the latest publicly available QPR was for Quarter 4, 2015-16, as the production of the QPRs was put on hold pending the completion of the ACTHD System-wide Data Review. Following the completion of the System-wide Data Review, work commenced on the design of a new QPR with a final version publicly released on 7 December 2018 for Quarter 1, 2018-19.

#Quarter 4 2020-21 was delayed due to the impact of the Delta outbreak and COVID-19 lockdown in quarter one and two 2021-22.

(6) The cost of producing the QPRs has varied over time since 2015-16. As noted in (3), resourcing for the QPR was increased due to the development of QPR datasets and calculation methodology for inclusion in the Repository.

It is estimated that on average QPRs cost the ACTHD around \$15,000 to produce, assessing the standard resourcing detailed in question 3. The cost estimate is based on ACT Health Directorate and ACTHD staffing only.¹

Approved for circulation to the Member and incorporation into Hansard.



Rachel Stephen-Smith MLA
Minister for Health

Date: 6/5/22

This response required 1340 minutes to complete, at an approximate cost of \$1942.70.

¹ From 1 October 2018, ACT Health separated into two organisations – ACT Health Directorate and Canberra Health Services.



Emma Davidson MLA

Minister for Disability
 Minister for Justice Health
 Minister for Mental Health
 Minister for Veterans and Seniors
 Assistant Minister for Families and Community Services

Member for Murrumbidgee

RESPONSE TO QUESTION ON NOTICE
Questions on Notice Paper No 16
8 April 2022
Question No. 737

Asked by **MS CASTLEY**: To ask the Minister for Mental Health—

- (1) Can the Minister provide a list of all ACT Government run mental health services, including (a) how much funding each service received in 2020-21 and the forward estimates to 2024-25, (b) a link to a website or information about the service, (c) how many staff work at each service including their job title, employment type and workload and (d) how long the service has been operating and its initial cost.
- (2) Can the Minister provide a list of all mental health services the ACT Government has discontinued since 2016, including (a) how many staff worked at these services, (b) the type of service provided eg, step-up, step-down, recovery, preventative etc, (c) total funding each program received and (d) why each service was discontinued and what, if anything, replaced them.
- (3) Can the Minister provide a list of all services that are not run by the Government but receive ACT Government funding, including (a) how much funding each service receives and (b) the type of service they provide eg, step-up, step-down, recovery, preventative etc.
- (4) Can the Minister provide a breakdown of how many staff work in a mental health capacity for ACT Health and Canberra Health Services, including job title, job location, employment type and salary.

Ms Davidson - The answer to the Member's question is as follows:

- 1a) The below table provides a breakdown of the Mental Health program areas within the Division of Mental Health, Justice Health, and Alcohol & Drug Services (MHJHADS). Individual mental health services are grouped into these program areas within the Division.

It is not feasible to split the program area budgets into the individual services for the whole Mental Health portfolio. Forward estimates are based off 2021-2022 budget plus indexation for outward years.

Mental Health Program Areas within MHJHADS	Budget	Budget	Budget Estimates based off 2021-22 funding plus indexation		
	2020-2021	2021-2022	2022-2023	2023-2024	2024-2025
Territory Wide Mental Health Services	11,209,837	11,404,054	11,689,155	11,981,384	12,280,919
Adult Community Mental Health Services	18,501,191	18,966,547	19,440,712	19,926,729	20,424,897
Adult Acute Mental Health Services	37,725,399	42,844,874	43,915,996	45,013,895	46,139,242
Child and Adolescent Mental Health Services	14,329,308	16,351,731	16,760,524	17,179,537	17,609,026
Allied Health (MHJHADS)	5,411,689	6,963,176	7,137,257	7,315,687	7,498,579
Director of Clinical Services (MHJHADS)	9,004,480	9,818,793	10,064,262	10,315,868	10,573,765
Other (MHJHADS)	12,021,625	11,307,024	11,589,699	11,879,442	12,176,428

- 1b) A list of services provided by the Division of Mental Health, Justice Health, and Alcohol & Drug Services can be found here [Services and Clinics - Canberra Health Services \(act.gov.au\)](https://www.act.gov.au/health-services)
- 1c) This information has been provided for the Division as it would be resource intensive to provide the amount of detail requested. Canberra Health Services (CHS) do not have a reporting indicator for position title, rather classification group which has been included below. Salary ranges for these can be accessed through the relevant enterprise agreements.

	FTE				Headcount			
	C	P	T	Total	C	P	T	Total
Administrative Officers	0	58.99	14.16	73.15	0	65	16	81
General Service Officers & Equivalent	0	7	1	8	0	7	1	8
Health Assistants	0.33	19.36	3.81	23.5	1	21	6	28
Health Professional Officers	0.16	162.54	32.25	194.95	1	186	38	225
Medical Officers	0	44.12	38.35	82.47	0	54	42	96
Nursing Staff	10.23	332.91	27.99	371.13	19	354	30	403
Senior Officers	0	16.39	1	17.39	0	17	1	18
Grand Total	10.72	641.31	118.6	770.59	21	704	134	859

- 1d) To avoid diversion of resources to respond to this question details on historical mental services within the Territory can be found in ACT Budget Papers.
- 2) The below outlines ACT Government funded mental health services in the community that have been discontinued since 2016. The information is provided noting the following:
- Funding amounts approximate per annum based on Mental Health Establishments reporting where available.
 - Staffing profile information is not available for non-government delivered services.

Organisation Name	Service Funded	Funding amount approx. p.a.	Year discontinued	Reason discontinued
Volunteering ACT	Connections Mental	\$194,000	2015-16	Psychosocial support

Organisation Name	Service Funded	Funding amount approx. p.a.	Year discontinued	Reason discontinued
	Health Volunteer Program			transitioned to NDIS
Mental Health Foundation	Rainbow Skills for Life Long term accommodation, respite and outreach	\$561,000	2015-16	Psychosocial support transitioned to NDIS
Belconnen Community Services	Leisure and Arts Programs	\$147,000	2015-16	Psychosocial support transitioned to NDIS
Inanna	Support groups and life skills	\$99,000	2015-16	Psychosocial support transitioned to NDIS
St Vincent De Paul	Samaritan House temporary accommodation	\$323,000	2015-16	Psychosocial support transitioned to NDIS
Richmond Fellowship	Residential MH Recovery	\$471,000	2015-16	Psychosocial support transitioned to NDIS
Anglicare	Individual Funding Agreements	\$62,000	2015-16	Psychosocial Supports transitioned to NDIS
CatholicCare	SAILS residential outreach The Lodge high level supported accommodation	\$378,000	2015-16	Psychosocial support transitioned to NDIS
Community Connections	Individual Funding Agreements	\$153,000	2015-16	Psychosocial support transitioned to NDIS
DUO ACT Mental Health respite	Respite	\$106,000	2015-16	Psychosocial support transitioned to NDIS
Everyman Australia	Individual Funding Agreements	\$55,000	2015-16	Psychosocial support transitioned to NDIS
Wellways	Vista Vocational Services – vocational training and rehabilitation	\$361,000	2015-16	Psychosocial support transitioned to NDIS
Barnardos	Respite (children and adolescents with mental illness, children of parents with mental illness)	\$120,000	2017-18	Contract ceased Respite services transitioned to the NDIS
Deaf Community MH Program	Counselling - psychological services	\$70,200	2018	Provider withdrew services. ACT Government undertook to review referral pathways and access to services for

Organisation Name	Service Funded	Funding amount approx. p.a.	Year discontinued	Reason discontinued
				this target group
Capital Health Network	headspace low intensity service	\$424,00	June 2021	Commonwealth funded program. A 2016 ACT Labor election commitment to provide funding to reduce headspace waiting times resulted in this time limited 4 year funding agreement.
Mental Health Community Coalition	Recovery College	\$400,000	June 2021	2 year (+6 month extension) trial completed and evaluation being reviewed to inform future budget bids

Organisation Name	Service Funded	Funding amount approx. p.a.	Year discontinued	Reason discontinued
Brian Hennessy Rehabilitation Centre – The University of Canberra Hospital opened with the rehabilitation unit opening.	Rehabilitation	\$5.136M	N/A	University of Canberra Hospital opened with rehabilitation services transferring to the new hospital

- 3) The ACT Government provides a wide range of funding and support for mental health services operated by non-government organisations across the ACT. The list and details of these services for 2021-22 are covered in the table below. The service types listed in the table match the descriptive categories defined by the Australian Institute for Health and Welfare for mental health community services. The ACT Government also receives funding from the Commonwealth that it directly applies to fund non-government services in the community, such as the Youth Aware of Mental Health education program and the MindMap Youth Portal. However, these programs are not covered below because they stem from Commonwealth funding.

Organisation Name	Mental Health Service	Mental Health Service Type	Funding
A Gender Agenda	Mental Health Program	Mental Health Promotion	\$355,516.04
ACT Disability Aged and Carer Advocacy Service (ADACAS)	Mental Health Program	Individual Advocacy	\$177,173.77
ACT Mental Health Consumers Network	Peak Body	Sector Development and Representation	\$513,875.80
Australian National University	ACT Carer and Consumer Mental Health Research Unit (ACACIA)	Education and Training	\$185,866.29
Beyond Blue	Jurisdictional Contribution	Sector Development and Representation	\$78,045.00
Brindabella Women's Community Group	Self-help wellbeing group	Group Support	\$40,887.70
Capital Health Network	Psychosocial Support Measure	Personalised Support	\$500,000.00
Capital Health Network	Safe Haven	Counselling	\$352,000.00
Capital Health Network	Wayback Support Service	Counselling, face-to-face	\$300,000.00
Capital Region Community Services	Bungee Youth Resilience Program	Group Support	\$537,032.96
Carers ACT	Peak Body	Sector Development and Representation	\$512,190.05
CatholicCare Canberra and Goulburn	STEPS – Supporting young people Through Early intervention and Prevention Strategies	Staffed Residential Services, Step-Up Step-Down	\$1,577,132.76
CatholicCare Canberra and Goulburn	Youth and Wellbeing Program	Personalised Support	\$389,662.17
Canberra Institute of Technology	Mental Health Consumer Scholarships	Education and Training	\$42,042.17
GROW	GROW House	Staffed Residential Services	\$250,070.73

Majura Women's Group Incorporated	Self-help wellbeing group	Group Support	\$40,887.70
Menslink	Counselling for young boys	Counselling	\$135,000
Mental Health Community Coalition of the ACT	Peak Body	Sector Development and Representation	\$723,753.39
Mental Health Community Coalition of the ACT	Mental Health Week	Mental Health Promotion	\$54,152.57
Mental Illness Education ACT (MIEACT)	Mental Illness Education Programs	Mental Health Promotion	\$725,505.21
OzHelp Foundation Ltd	Industry and Community Suicide Prevention and Social Capacity Building Program	Mental Illness Prevention	\$758,576.06
Perinatal Wellbeing Centre	Perinatal Anxiety and Depression Support	Group Support Activities and Counselling	\$760,298.58
Relationships Australia	Coronial Counselling	Counselling	\$175,103.43
Relationships Australia	Grief Counselling	Counselling	\$100,000
Society of St Vincent de Paul	Compeer	Counselling	\$155,057.12
Stride	Southside Step Up Step Down	Staffed Residential Services, Step-Up Step-Down	\$969,236.95
Wellways	Adult Step Up Step Down	Staffed Residential Services, Step-Up Step-Down	\$1,457,730.41
Wellways	Youth Step Up Step Down	Staffed Residential Services, Step-Up Step-Down	\$1,189,970.96
Wellways	Detention Exit Community Outreach	Personalised Support	\$331,974.00
Wellways	Women's Program	Personalised Support	\$613,522.93
Woden Community Services	Transition to Recovery	Personalised Support	\$1,056,633.97

- 4) Please see a summary of the current ACT Health Directorate mental health staff in the tables below. All staff below are working in a hybrid working environment, a combination of working from home and at the ACT Health Directorate Building, 4 Bowes Street, Woden. Salary information for the staffing classifications can be found in the ACT Government Enterprise Bargaining Agreements.

Please note that through all other ACT Health Directorate Divisions, there is not a delineation of health and mental health staff as Health Directorate staff contribute and support both health and mental priorities during the course of their work.

Mental Health and Suicide Prevention Division.

Title	Classification	FTE
Coordinator-General	CE	1
Executive Branch manager	EX1.4	1

OMHW Staffing Profile

Title	Classification	FTE
Mental Health Business Advisor and Change Leader	SOGB	1
Change Leader	SOGB	0.81
Director, Suicide Prevention	SOGB	1
Suicide Prevention Officer	HP5	1
Suicide Prevention Officer	SOGC	1
Executive Assistant	ASO6	1
Aboriginal and Torres Strait Islander Suicide Prevention Officer	ASO6	1
Communications and Coordination Officer	ASO6	1
Project Officer	ASO6	0.65
Team Support Officer	ASO4	1

Mental Health Policy and Strategy

Title	Classification	FTE
Senior Director	SOGA	1
Director	SOGB	0.8
Director	SOGB	1
Assistant Director	SOGC	1
Assistant Director	SOGC	1
Assistant Director	SOGC	1
Assistant Director	SOGC	1
Assistant Director	SOGC	0.6
Policy Officer	ASO6	1
Graduate Officer	ASO4	1

Office of Professional Leadership.

Office of the Chief Psychiatrist

Title	Classification	FTE
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Chief Psychiatrist	Senior Medical Staff Specialist	0.5
Assistant Director	SOGC	1
Assistant Director	SOGC	0.5
Executive Assistant	ASO5	1

All staff at CHS provide mental health support to patients regardless of the patient's reason for seeking care at CHS. The question does not articulate direct or indirect mental health care workers and as such numbers detailed below represent staff that were employed and paid within the division of Mental Health, Justice Health and Alcohol and Drug Services as of 30 March 2022.

As mentioned in response to question 1c) CHS do not have a reporting indicator for position title, rather classification group which has been included below. Salary ranges for these can be accessed through the relevant enterprise agreements.

Canberra Health Services, Mental Health, Justice Health and Alcohol & Drug Services	
Classification	Total FTE's
Administrative Officers	73.15
General Service Officers & Equivalent	8
Health Assistants	23.5
Health Professional Officers	194.95
Medical Officers	82.47
Nursing Staff	371.13
Senior Officers	17.39
Grand total	770.59

Approved for circulation to the Member and incorporation into Hansard.

Emma Davidson MLA
Minister for Mental Health

Date:.....

This response required 5 hours 40 minutes to complete, at an approximate cost of \$564.40.



Emma Davidson MLA

Minister for Disability
 Minister for Justice Health
 Minister for Mental Health
 Minister for Veterans and Seniors
 Assistant Minister for Families and Community Services

Member for Murrumbidgee

RESPONSE TO QUESTION ON NOTICE
Questions on Notice Paper No 16
8 April 2022
Question No. 737

Asked by **MS CASTLEY**: To ask the Minister for Mental Health—

- (1) Can the Minister provide a list of all ACT Government run mental health services, including (a) how much funding each service received in 2020-21 and the forward estimates to 2024-25, (b) a link to a website or information about the service, (c) how many staff work at each service including their job title, employment type and workload and (d) how long the service has been operating and its initial cost.
- (2) Can the Minister provide a list of all mental health services the ACT Government has discontinued since 2016, including (a) how many staff worked at these services, (b) the type of service provided eg, step-up, step-down, recovery, preventative etc, (c) total funding each program received and (d) why each service was discontinued and what, if anything, replaced them.
- (3) Can the Minister provide a list of all services that are not run by the Government but receive ACT Government funding, including (a) how much funding each service receives and (b) the type of service they provide eg, step-up, step-down, recovery, preventative etc.
- (4) Can the Minister provide a breakdown of how many staff work in a mental health capacity for ACT Health and Canberra Health Services, including job title, job location, employment type and salary.

Ms Davidson - The answer to the Member's question is as follows:

- 1a) The below table provides a breakdown of the Mental Health program areas within the Division of Mental Health, Justice Health, and Alcohol & Drug Services (MHJHADS). Individual mental health services are grouped into these program areas within the Division.

It is not feasible to split the program area budgets into the individual services for the whole Mental Health portfolio. Forward estimates are based off 2021-2022 budget plus indexation for outward years.

Mental Health Program Areas within MHJHADS	Budget	Budget	Budget Estimates based off 2021-22 funding plus indexation		
	2020-2021	2021-2022	2022-2023	2023-2024	2024-2025
Territory Wide Mental Health Services	11,209,837	11,404,054	11,689,155	11,981,384	12,280,919
Adult Community Mental Health Services	18,501,191	18,966,547	19,440,712	19,926,729	20,424,897
Adult Acute Mental Health Services	37,725,399	42,844,874	43,915,996	45,013,895	46,139,242
Child and Adolescent Mental Health Services	14,329,308	16,351,731	16,760,524	17,179,537	17,609,026
Allied Health (MHJHADS)	5,411,689	6,963,176	7,137,257	7,315,687	7,498,579
Director of Clinical Services (MHJHADS)	9,004,480	9,818,793	10,064,262	10,315,868	10,573,765
Other (MHJHADS)	12,021,625	11,307,024	11,589,699	11,879,442	12,176,428

- 1b) A list of services provided by the Division of Mental Health, Justice Health, and Alcohol & Drug Services can be found here [Services and Clinics - Canberra Health Services \(act.gov.au\)](https://www.act.gov.au/health-services)
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	FTE				Headcount			
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Grand Total	10.72	641.31	118.6	770.59	21	704	134	859

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 - Staffing profile information is not available for non-government delivered services.

Organisation Name	Service Funded	Funding amount approx. p.a.	Year discontinued	Reason discontinued
Volunteering ACT	Connections Mental	\$194,000	2015-16	Psychosocial support

Organisation Name	Service Funded	Funding amount approx. p.a.	Year discontinued	Reason discontinued
	Health Volunteer Program			transitioned to NDIS
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				this target group
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Brian Hennessy Rehabilitation Centre – The University of Canberra Hospital opened with the rehabilitation unit opening.	Rehabilitation	\$5.136M	N/A	University of Canberra Hospital opened with rehabilitation services transferring to the new hospital

- 3) The ACT Government provides a wide range of funding and support for mental health services operated by non-government organisations across the ACT. The list and details of these services for 2021-22 are covered in the table below. The service types listed in the table match the descriptive categories defined by the Australian Institute for Health and Welfare for mental health community services. The ACT Government also receives funding from the Commonwealth that it directly applies to fund non-government services in the community, such as the Youth Aware of Mental Health education program and the MindMap Youth Portal. However, these programs are not covered below because they stem from Commonwealth funding.

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Canberra Institute of Technology	Mental Health Consumer Scholarships	Education and Training	\$42,042.17
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Majura Women's Group Incorporated	Self-help wellbeing group	Group Support	\$40,887.70
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Mental Health Community Coalition of the ACT	Mental Health Week	Mental Health Promotion	\$54,152.57
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Wellways	Women's Program	Personalised Support	\$613,522.93
Woden Community Services	Transition to Recovery	Personalised Support	\$1,056,633.97

- 4) Please see a summary of the current ACT Health Directorate mental health staff in the tables below. All staff below are working in a hybrid working environment, a combination of working from home and at the ACT Health Directorate Building, 4 Bowes Street, Woden. Salary information for the staffing classifications can be found in the ACT Government Enterprise Bargaining Agreements.

Please note that through all other ACT Health Directorate Divisions, there is not a delineation of health and mental health staff as Health Directorate staff contribute and support both health and mental priorities during the course of their work.

Mental Health and Suicide Prevention Division.

Title	Classification	FTE
Coordinator-General	CE	1
Executive Branch manager	EX1.4	1

OMHW Staffing Profile

Title	Classification	FTE
Mental Health Business Advisor and Change Leader	SOGB	1
Change Leader	SOGB	0.81
Director, Suicide Prevention	SOGB	1
Suicide Prevention Officer	HP5	1
Suicide Prevention Officer	SOGC	1
Executive Assistant	ASO6	1
Aboriginal and Torres Strait Islander Suicide Prevention Officer	ASO6	1
Communications and Coordination Officer	ASO6	1
Project Officer	ASO6	0.65
Team Support Officer	ASO4	1

Mental Health Policy and Strategy

Title	Classification	FTE
Senior Director	SOGA	1
Director	SOGB	0.8
Director	SOGB	1
Assistant Director	SOGC	1
Assistant Director	SOGC	1
Assistant Director	SOGC	1
Assistant Director	SOGC	1
Assistant Director	SOGC	0.6
Policy Officer	ASO6	1
Graduate Officer	ASO4	1

Office of Professional Leadership.

Office of the Chief Psychiatrist

Title	Classification	FTE
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Chief Psychiatrist	Senior Medical Staff Specialist	0.5
Assistant Director	SOGC	1
Assistant Director	SOGC	0.5
Executive Assistant	ASO5	1

All staff at CHS provide mental health support to patients regardless of the patient's reason for seeking care at CHS. The question does not articulate direct or indirect mental health care workers and as such numbers detailed below represent staff that were employed and paid within the division of Mental Health, Justice Health and Alcohol and Drug Services as of 30 March 2022.

As mentioned in response to question 1c) CHS do not have a reporting indicator for position title, rather classification group which has been included below. Salary ranges for these can be accessed through the relevant enterprise agreements.

Canberra Health Services, Mental Health, Justice Health and Alcohol & Drug Services	
Classification	Total FTE's
Administrative Officers	73.15
General Service Officers & Equivalent	8
Health Assistants	23.5
Health Professional Officers	194.95
Medical Officers	82.47
Nursing Staff	371.13
Senior Officers	17.39
Grand total	770.59

Approved for circulation to the Member and incorporation into Hansard.

Emma Davidson

Emma Davidson MLA
Minister for Mental Health

Date: 15 May 2022

This response required 5 hours 40 minutes to complete, at an approximate cost of \$564.40.

From: Chicco, Dee (Health) on behalf of ACT Health DLO
Sent: Tuesday, 24 May 2022 2:01 PM
To: Tomlinson, Benjamin
Subject: GBC22/224 : Assembly - 8 March 2022 - Minister for Health - Question on Notice (QON) 738 - Can the Minister provide a list of all ACT Government run health services - Castley

Importance: High

OFFICIAL

Hi Ben

QoN 738 available [here](#) for your review.

Thanks
Dee

From: Pond, Aleks (Health) on behalf of ACT Health DLO
Sent: Wednesday, 1 June 2022 11:38 AM
To: Tomlinson, Benjamin
Subject: For review- QON738 - Can the Minister provide a list of all ACT Government run health services- Castley
Attachments: Question on Notice (QON) 738 - Can the Minister provide a list of all ACT Government run health services - Castley.DOCX

OFFICIAL

Hi Ben

Please find attached QON 738 (with comments addressed by CHS) for your review.

Thanks

Aleks

Aleksandra Pond | Directorate Liaison Officer | ACT Health Directorate

Ph: via Teams | Email: ACTHealthDLO@act.gov.au

Office of Emma Davidson | Minister for Mental Health

Level 2, Legislative Assembly Building, Civic Square





Rachel Stephen-Smith MLA
 Minister for Health
 Minister for Families and Community Services
 Minister for Aboriginal and Torres Strait Islander Affairs

Member for Kurrajong

RESPONSE TO QUESTION ON NOTICE
Questions on Notice Paper No 16
8 April 2022
Question No. 738

Asked by **MS CASTLEY**: To ask the Minister for Health—

- (1) Can the Minister provide a list of all ACT Government run health services, including (a) how much funding the service received in 2020-21 and the forward estimates to 2024-25, (b) a link to a website or information about the service and (c) how many staff work at each service including their job title, employment type and workload.
- (2) Can the Minister provide a list of all health services that have been discontinued by the ACT Government since 2016, including (a) how many staff worked at these services, (b) the type of service eg, inpatient, outpatient, recovery, screening etc, (c) total funding each program received and (d) why the service has been discontinued and how long it operated.
- (3) Can the Minister provide a list of all health services which are not run by the ACT Government but receive ACT Government funding, including (a) how much funding each service receives, (b) the type of service eg, inpatient, outpatient, recovery, screening etc and (c) how long the service has been operating and contract details.
- (4) Can the Minister provide a breakdown of all staff who work in a health capacity for ACT Health and Canberra Health Services (eg, staff who provide direct health services such as doctors and nurses, not mental health staff and not administration/human resources/communications staff, etc), including job title, employment type, salary and work description.

MS STEPHEN-SMITH MLA - The answer to the Member's question is as follows:

- (1)(a) Please refer to *Budget Paper C*. Many services are not funded at the service unit level.
https://www.treasury.act.gov.au/data/assets/pdf_file/0004/1698934/2020-21-Budget-Statements-C.pdf

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(1)(b) A list of services can be found via the following link:

<https://www.canberrahealthservices.act.gov.au/services-and-clinics>.

(1)(c) This information has been provided per Division (as at 30 March 2022) as it would be resource intensive to provide the amount of detail requested. CHS do not have a reporting indicator for position title, rather classification group which has been included below. Salary ranges for these can be accessed through the relevant enterprise agreements via the following link:

<https://www.cmtedd.act.gov.au/employment-framework/for-employees/agreements>

	Casual		Permanent		Temporary		Totals	
	HC	FTE	HC	FTE	HC	FTE	HC	FTE
ALLIED HEALTH	13	2.645	154	133.4	65	57.43	232	193.45
Administrative Officers			9	8.6	3	2.1	12	10.70
General Service Officers & Equivalent			1	0.3			1	0.33
Health Assistants	1	0.653	16	13.8	4	3.22	21	17.71
Health Professional Officers	12	1.992	125	108.0	58	52.11	195	162.07
Senior Officers			1	1.0			1	1.00
Technical Officers			2	1.6			2	1.63
CANCER & AMBULATORY SERVICE	129	61.110	572	500.3	205	174.7	906	736.10
Administrative Officers	71	40.999	113	104.7	28	25.69	212	171.37
Health Assistants			1	0.3			1	0.33
Health Professional Officers	1	0.068	82	75.1	7	6.4	90	81.52
Medical Officers			36	26.5	19	16.43	55	42.93
Nursing Staff	57	20.043	329	283.2	148	123.38	534	426.64
Professional Officers					1	0.8	1	0.80
Senior Officers			9	9.0	2	2	11	11.00
Technical Officers			2	1.5			2	1.51
CHIEF OPERATING OFFICER	27	18.572	31	29.6	10	8.67	68	56.86
Administrative Officers			3	3.0			3	3.00
Health Professional Officers			1	0.5			1	0.50
Nursing Staff	27	18.572	22	21.1	10	8.67	59	48.36

Senior Officers			5	5.0			5	5.00
FINANCE & BUSINESS INTELLIGENCE	4	1.812	162	152.7	17	15.61	183	170.07
Administrative Officers	1	0.200	106	98.2	10	8.61	117	106.97
General Service Officers & Equivalent	3	1.612	20	19.6	5	5	28	26.24
Health Professional Officers			3	2.8	1	1	4	3.80
Nursing Staff			2	1.8			2	1.84
Senior Officers			31	30.2	1	1	32	31.22
INFRASTRUCTURE & HEALTH SUPPORT SERVICES	39	27.554	295	280.7	40	38.17	374	346.39
Administrative Officers	7	3.952	53	51.7	4	4	64	59.69
Executive Officers					2	2	2	2.00
General Service Officers & Equivalent	32	23.602	194	181.5	21	19.81	247	224.94
Health Professional Officers					3	3	3	3.00
Senior Officers			47	46.4	10	9.36	57	55.76
Trainees and Apprentices			1	1.0			1	1.00
MEDICAL SERVICES	38	14.546	559	508.4	285	272.7	882	795.64
Administrative Officers	1	0.125	51	48.0	10	10	62	58.09
General Service Officers & Equivalent	5	3.190	11	9.9	1	1	17	14.04
Health Professional Officers	9	1.832	283	259.4	21	20.3	313	281.49
Medical Officers			53	44.8	226	216.76	279	261.54
Nursing Staff			42	37.8	5	5	47	42.81
Professional Officers			1	1.0			1	1.00
Senior Officers			17	16.9	1	0.5	18	17.40
Technical Officers	23	9.399	101	90.7	18	16.14	142	116.26
Trainees and Apprentices					3	3	3	3.00
MEDICINE	16	7.810	871	758.4	329	288.67	1216	1054.89
Administrative Officers	11	7.153	90	84.8	22	20.93	123	112.83
Health Professional Officers	1	0.000	35	31.0	12	9.32	48	40.31

Medical Officers	4	0.658	107	78.2	173	151.94	284	230.84
Nursing Staff			629	554.4	122	106.48	751	660.91
Senior Officers			8	8.0			8	8.00
Technical Officers			2	2.0			2	2.00
MENTAL HEALTH, JUSTICE HEALTH & ALCOHOL & DRUG SERVICES	21	10.722	704	641.3	134	118.56	859	770.59
Administrative Officers			65	59.0	16	14.16	81	73.15
General Service Officers & Equivalent			7	7.0	1	1	8	8.00
Health Assistants	1	0.329	21	19.4	6	3.81	28	23.50
Health Professional Officers	1	0.160	186	162.5	38	32.25	225	194.95
Medical Officers			54	44.1	42	38.35	96	82.47
Nursing Staff	19	10.234	354	332.9	30	27.99	403	371.13
Senior Officers			17	16.4	1	1	18	17.39
NURSING & MIDWIFERY & PATIENT SUPPORT SERVICES	171	101.903	275	259.6	31	26.81	477	388.28
Administrative Officers	8	8.156	58	53.7	8	6.47	74	68.36
General Service Officers & Equivalent	58	45.023	155	148.2	6	4.77	219	197.97
Nursing Staff	105	48.723	57	52.7	16	14.57	178	115.95
Senior Officers			4	4.0			4	4.00
Technical Officers			1	1.0	1	1	2	2.00
OFFICE OF CEO	97	46.173	41	37.1	19	18.66	157	101.92
Administrative Officers	51	26.534	6	5.5	2	1.8	59	33.83
Executive Officers			2	2.0	12	12	14	14.00
Health Professional Officers	3	0.536	4	3.2			7	3.70
Medical Officers	1	0.806	1	1.0			2	1.81
Nursing Staff	34	13.724	19	16.6	1	1	54	31.35
Professional Officers			1	0.8	3	2.86	4	3.66
Senior Officers			8	8.0	1	1	9	9.00
Technical Officers	8	4.573					8	4.57

OFFICE OF DEPUTY CEO			44	41.4	7	6.24	51	47.67
Administrative Officers			11	10.4	1	1	12	11.40
Executive Officers					2	2	2	2.00
Health Professional Officers			2	1.6			2	1.55
Medical Officers			2	2.0			2	2.00
Nursing Staff			3	2.8	1	1	4	3.84
Senior Officers			26	24.6	3	2.24	29	26.88
PEOPLE & CULTURE	1	0.517	80	72.3	7	5.37	88	78.20
Administrative Officers	1	0.517	27	23.9	5	4.37	33	28.75
Health Professional Officers			2	2.0			2	2.00
Nursing Staff			16	13.1			16	13.10
Senior Officers			35	33.4	2	1	37	34.35
QUALITY SAFETY INNOVATION & IMPROVEMENT			40	38.7			40	38.67
Administrative Officers			14	13.2			14	13.18
Executive Officers			1	1.0			1	1.00
Health Professional Officers			3	3.0			3	3.00
Nursing Staff			14	13.8			14	13.84
Senior Officers			8	7.7			8	7.65
REHABILITATION, AGED & COMMUNITY SERVICES	7	3.886	448	399.9	81	70.69	536	474.51
Administrative Officers			85	80.9	4	3.71	89	84.64
Dental			15	10.3	1	1	16	11.34
General Service Officers & Equivalent	3	1.702	8	5.5			11	7.24
Health Assistants			36	32.9	10	8.61	46	41.52
Health Professional Officers			75	66.5	28	24.15	103	90.65
Medical Officers			13	10.6	4	4	17	14.60
Nursing Staff	4	2.184	200	177.5	33	28.22	237	207.90
Senior Officers			9	8.7	1	1	10	9.67
Technical Officers			7	6.9			7	6.94

SPECIAL PURPOSE ACC TCH	1	0.041			1	1	2	1.04
Medical Officers					1	1	1	1.00
Technical Officers	1	0.041					1	0.04
SURGERY	1	0.241	839	734.5	227	204.85	1067	939.60
Administrative Officers			34	31.4	8	7.4	42	38.79
General Service Officers & Equivalent			2	2.0	3	2.53	5	4.53
Health Professional Officers	1	0.241	5	3.6	3	2.9	9	6.74
Medical Officers			71	55.8	156	140.83	227	196.63
Nursing Staff			719	633.7	56	50.19	775	683.91
Senior Officers			7	7.0	1	1	8	8.00
Technical Officers			1	1.0			1	1.00
UNI OF CANBERRA HOSPITAL	30	12.530	256	228.0	70	62.3	356	302.85
Administrative Officers			2	2.0			2	2.00
Executive Officers					1	1	1	1.00
Health Assistants			19	16.8	1	0.5	20	17.32
Health Professional Officers			87	74.0	26	24.91	113	98.95
Medical Officers			5	4.7	4	4	9	8.70
Nursing Staff	29	11.730	142	129.5	38	31.89	209	173.08
Senior Officers			1	1.0			1	1.00
Technical Officers	1	0.800					1	0.80
WOMEN, YOUTH & CHILDREN	30	8.857	672	552.2	131	105.35	833	666.38
Administrative Officers	1	0.209	39	35.4	10	8.3	50	43.87
General Service Officers & Equivalent			1	1.0			1	1.00
Health Professional Officers			51	38.4	9	4.98	60	43.38
Medical Officers			43	33.8	57	51.59	100	85.41
Nursing Staff	26	8.023	530	437.1	55	40.48	611	485.65
Senior Officers			5	4.8			5	4.80
Technical Officers	3	0.626	3	1.6			6	2.27

Grand Total	625	318.920	6043	5368.4	1659	1475.78	8327	7163.11
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- (2) This question would require significant time/resources to provide a backdated response. Total FTE has increased in previous years from 6472 in January 2020 to 7163.11 in March 2022. Services evolve to meet emerging models and demand and do not result in a reduction in workforce. Some examples are:

Inner-North Walk-in Centre – closed and staff redirected to COVID (temporary) – no job loss

Chronic Diseases Unit – staff redirected to support Acute Medical Unit – no job losses

- (3)(a) Please refer to [Attachment A](#) for a list of all health services which are not run by the ACT Government but are funded by ACTHD.

In addition, the funding and provision of services at Calvary Public Hospital Bruce (CPHB) is governed by the legal contract known as the Calvary Network Agreement (CNA), which came into effect in February 2012. The CNA establishes Calvary Health Care ACT Ltd (Calvary) as a service provider of the ACT Local Hospital Network (ACT LHN) for the services it provides at CPHB.

The CNA sets out the requirements for annual Performance Plans between the Directorate and Calvary and for the financial year 2021/22 CPHB received \$261 million in funding.

CPHB have been in operation providing health services in the ACT since May 1979 when an agreement between the Commonwealth Government and Corporation of the Little Company of Mary was reached in October 1971 to construct and operate a public hospital.

- (3)(b) CPHB is a fully accredited general public hospital and a teaching hospital, located in the northside of Canberra. CPHB has a 24/7 emergency department, is the majority provider of the Territory's public elective surgery caseload, operates several outpatient clinics and other services, including:
- cancer services
 - cardiology
 - Intensive Care Unit
 - maternity
 - voluntary inpatient mental health services
 - stroke services
 - hospital in the home.

- (3)(c)

See response provided to question 3(a).

- (4) CHS is unable to report on staff who provide direct health services. The numbers outlined below are for staff paid as of 30 March 2022. The division of Mental Health, Justice Health and

Alcohol and Drug Services has been omitted as have corporate divisions with the exception of the CEOs office where some COVID related health care staff reside in the structure.

As previously mentioned, CHS do not have a reporting indicator that defines frontline clinical or non-clinical roles. CHS do not have a reporting indicator for position title, rather classification group which has been included below. Salary ranges for these can be accessed through the enterprise agreements.

	Headcount			FTE			Total	
	C	P	T	C	P	T	Headcount	FTE
Dental	0	15	1	0.00	10.34	1.00	16	11.34
Health Assistants	1	72	15	0.65	63.90	12.33	88	76.88
Health Professional Officers	27	748	164	4.67	659.57	145.07	939	809.31
Medical Officers	5	329	639	1.46	255.44	585.55	973	842.45
Nursing Staff	282	2689	484	123.00	2343.70	409.88	3455	2876.58
Professional Officers	0	2	4	0.00	1.80	3.66	6	5.46
Technical Officers	35	119	19	15.40	106.44	17.14	173	138.98
Grand Total	350	3974	1326	145.18	3441.19	1174.63	5650	4761.00

Approved for circulation to the Member and incorporation into Hansard.

**Rachel Stephen-Smith MLA
Minister for Health**

Date:.....

This response required 125 minutes to complete, at an approximate cost of \$84.12.

From: Pond, Aleks (Health) on behalf of ACT Health DLO
Sent: Wednesday, 1 June 2022 1:31 PM
To: Bransgrove, Meagen
Subject: RE: For review- QON738 - Can the Minister provide a list of all ACT Government run health services- Castley

OFFICIAL

Hi Meg

Please see below for your consideration:

Due to the historical information and data required to respond to the QONs in question and with input required to be collated between ACT Health Directorate, Canberra Health Services and Calvary Public Hospital Bruce, these QONs have unfortunately taken additional time to prepare than the allocated 30 days. The delay in obtaining the necessary information is also due to impacts on the health workforce due to COVID-19 and other seasonal illnesses.

Please let me know if this suffices.

Thanks

Aleks

From: Bransgrove, Meagen <Meagen.Bransgrove@act.gov.au>
Sent: Wednesday, 1 June 2022 12:36 PM
To: ACT Health DLO <ACTHealthDLO@act.gov.au>
Subject: RE: For review- QON738 - Can the Minister provide a list of all ACT Government run health services- Castley
Importance: High

OFFICIAL

Hi Aleks,

Sorry can I also get information on QoN 700 about Clare Holland House, this one also sits with me as Calvary services are what I advise on. Would be grateful for some lines the Minister can provide to the Assembly regarding the status of this one please.

Thanks,

Meg

From: Bransgrove, Meagen
Sent: Wednesday, 1 June 2022 12:27 PM
To: ACT Health DLO <ACTHealthDLO@act.gov.au>
Subject: RE: For review- QON738 - Can the Minister provide a list of all ACT Government run health services- Castley

Hi Aleks,

Are you able to give me a quick line about the delay on this one coming through for the Minister to provide in the Assembly if asked about the overdue QoN?

Thanks,

Meg

From: Tomlinson, Benjamin <Benjamin.Tomlinson@act.gov.au>
Sent: Wednesday, 1 June 2022 11:40 AM
To: Bransgrove, Meagen <Meagen.Bransgrove@act.gov.au>
Subject: Fwd: For review- QON738 - Can the Minister provide a list of all ACT Government run health services- Castley

OFFICIAL

Hi Meg

This came and was sent back last week. But think it is in your space.

B

Get [Outlook for Android](#)

From: Pond, Aleks (Health) <Aleks.Pond@act.gov.au> on behalf of ACT Health DLO <ACTHealthDLO@act.gov.au>
Sent: Wednesday, June 1, 2022 11:38:05 AM
To: Tomlinson, Benjamin <Benjamin.Tomlinson@act.gov.au>
Subject: For review- QON738 - Can the Minister provide a list of all ACT Government run health services- Castley

OFFICIAL

Hi Ben

Please find attached QON 738 (with comments addressed by CHS) for your review.

Thanks

Aleks

Aleksandra Pond | Directorate Liaison Officer | ACT Health Directorate

Ph: via Teams | Email: ACTHealthDLO@act.gov.au

Office of Emma Davidson | Minister for Mental Health

Level 2, Legislative Assembly Building, Civic Square



From: Bransgrove, Meagen
Sent: Thursday, 2 June 2022 6:32 PM
To: ACT Health DLO
Subject: RE: For review- QON738 - Can the Minister provide a list of all ACT Government run health services- Castley

Importance: High

OFFICIAL

Thank you!

From: Pond, Aleks (Health) <Aleks.Pond@act.gov.au> **On Behalf Of** ACT Health DLO
Sent: Thursday, 2 June 2022 6:06 PM
To: Bransgrove, Meagen <Meagen.Bransgrove@act.gov.au>
Subject: RE: For review- QON738 - Can the Minister provide a list of all ACT Government run health services- Castley

OFFICIAL

OFFICIAL

Hi Meg

This is now with the Directorate for urgent attention. I will follow up with them tomorrow and ensure it comes back to you asap.

Thanks

Aleks

From: Bransgrove, Meagen <Meagen.Bransgrove@act.gov.au>
Sent: Thursday, 2 June 2022 2:29 PM
To: ACT Health DLO <ACTHealthDLO@act.gov.au>
Subject: RE: For review- QON738 - Can the Minister provide a list of all ACT Government run health services- Castley
Importance: High

OFFICIAL

Hi Aleks,

I have made some further comments on this one as some information is missing or unclear.

Can this please be updated and returned ASAP as will need to signed off before the next sitting days next week.

The document with tracked changes is now located [here](#).

If there are any questions I am happy to discuss.

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OFFICIAL

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Importance: High

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Subject: Fwd: For review- QON738 - Can the Minister provide a list of all ACT Government run health services- Castley

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B

Get [Outlook for Android](#)

From: Pond, Aleks (Health) <Aleks.Pond@act.gov.au> on behalf of ACT Health DLO <ACTHealthDLO@act.gov.au>
Sent: Wednesday, June 1, 2022 11:38:05 AM
To: Tomlinson, Benjamin <Benjamin.Tomlinson@act.gov.au>
Subject: For review- QON738 - Can the Minister provide a list of all ACT Government run health services- Castley

OFFICIAL

Hi Ben

Please find attached QON 738 (with comments addressed by CHS) for your review.

Thanks

Aleks

Aleksandra Pond | Directorate Liaison Officer | ACT Health Directorate

Ph: via Teams | Email: ACTHealthDLO@act.gov.au

Office of Emma Davidson | Minister for Mental Health

Level 2, Legislative Assembly Building, Civic Square



From: Pond, Aleks (Health) on behalf of ACT Health DLO
Sent: Monday, 6 June 2022 2:24 PM
To: Bransgrove, Meagen
Subject: RE: Please advise- QON 738 - ACT Government run health services - Castley

OFFICIAL

Thank you Meg. I have communicated this back to the Directorate and noted that the MO does not want to delay the response on this one, hope that's ok.

Thanks

Aleks

From: Bransgrove, Meagen <Meagen.Bransgrove@act.gov.au>
Sent: Monday, 6 June 2022 2:08 PM
To: ACT Health DLO <ACTHealthDLO@act.gov.au>
Subject: RE: Please advise- QON 738 - ACT Government run health services - Castley
Importance: High

Thanks Aleks, if it is not currently captured data in a defined data set then it will need the standard line added that this is not currently available data and would not be an appropriate diversion of resources to create for this QoN.

Thanks,

Meg

From: Pond, Aleks (Health) <Aleks.Pond@act.gov.au> **On Behalf Of** ACT Health DLO
Sent: Monday, 6 June 2022 12:59 PM
To: Bransgrove, Meagen <Meagen.Bransgrove@act.gov.au>
Subject: Please advise- QON 738 - ACT Government run health services - Castley
Importance: High

OFFICIAL

Good afternoon Meg

Re your comment in QON738 (below), I've been advised by the Directorate that the relevant line area has not previously captured this data and that they had planned to create a data set with a view to maintain and update it on a quarterly basis. This data set is not yet ready so they will need to go out to EBMs/ EGMs to seek information urgently in order to include the information in the QON response. The Directorate would need until Friday 10 June to prepare this data/input.

Can I please seek your advise whether the MO wants to include this data in the QON response, noting it will require further time to prepare.

Kind regards,

Aleks

- (4) CHS is unable to report on staff who provide direct health services, the numbers outlined below are classification groups paid as of 30 March 2022. The Division of Mental Health, Justice Health and Alcohol and Drug Services has been omitted as have corporate divisions with the exception of the CEOs office where some COVID related health care staff reside in the structure.

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Bransgrove, Meag
Can a line be added to
[please.](#)

From: Pond, Aleks (Health) on behalf of ACT Health DLO
Sent: Monday, 6 June 2022 4:45 PM
To: Bransgrove, Meagen
Subject: RE: For review- QON738 - Can the Minister provide a list of all ACT Government run health services- Castley

OFFICIAL

Hi Meg

The updated response for QON 738 is ready for your review [here](#) .

Apologies for the delay in getting this back to you.

Thanks

Aleks

From: Bransgrove, Meagen <Meagen.Bransgrove@act.gov.au>
Sent: Thursday, 2 June 2022 6:32 PM
To: ACT Health DLO <ACTHealthDLO@act.gov.au>
Subject: RE: For review- QON738 - Can the Minister provide a list of all ACT Government run health services- Castley
Importance: High

OFFICIAL

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Sent: Thursday, 2 June 2022 6:06 PM
To: Bransgrove, Meagen <Meagen.Bransgrove@act.gov.au>
Subject: RE: For review- QON738 - Can the Minister provide a list of all ACT Government run health services- Castley

OFFICIAL

OFFICIAL

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Sent: Thursday, 2 June 2022 2:29 PM
To: ACT Health DLO <ACTHealthDLO@act.gov.au>

Subject: RE: For review- QON738 - Can the Minister provide a list of all ACT Government run health services- Castley
Importance: High

OFFICIAL

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Sent: Wednesday, 1 June 2022 1:32 PM

To: Bransgrove, Meagen <Meagen.Bransgrove@act.gov.au>

Subject: RE: For review- QON738 - Can the Minister provide a list of all ACT Government run health services- Castley

OFFICIAL

OFFICIAL

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Aleks

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Sent: Wednesday, 1 June 2022 12:36 PM

To: ACT Health DLO <ACTHealthDLO@act.gov.au>

Subject: RE: For review- QON738 - Can the Minister provide a list of all ACT Government run health services- Castley

Importance: High

OFFICIAL

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Thanks,

Meg

From: Tomlinson, Benjamin <Benjamin.Tomlinson@act.gov.au>

Sent: Wednesday, 1 June 2022 11:40 AM

To: Bransgrove, Meagen <Meagen.Bransgrove@act.gov.au>

Subject: Fwd: For review- QON738 - Can the Minister provide a list of all ACT Government run health services- Castley

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From: Pond, Aleks (Health) <Aleks.Pond@act.gov.au> on behalf of ACT Health DLO <ACTHealthDLO@act.gov.au>

Sent: Wednesday, June 1, 2022 11:38:05 AM

To: Tomlinson, Benjamin <Benjamin.Tomlinson@act.gov.au>

Subject: For review- QON738 - Can the Minister provide a list of all ACT Government run health services- Castley

OFFICIAL

Hi Ben

Please find attached QON 738 (with comments addressed by CHS) for your review.

Thanks

Aleks

Ph: via Teams | Email: ACTHealthDLO@act.gov.au

Office of Emma Davidson | Minister for Mental Health

Level 2, Legislative Assembly Building, Civic Square





Rachel Stephen-Smith MLA
 Minister for Health
 Minister for Families and Community Services
 Minister for Aboriginal and Torres Strait Islander Affairs

Member for Kurrajong

RESPONSE TO QUESTION ON NOTICE
Questions on Notice Paper No 16
8 April 2022
Question No. 738

Asked by **MS CASTLEY**: To ask the Minister for Health—

- (1) Can the Minister provide a list of all ACT Government run health services, including (a) how much funding the service received in 2020-21 and the forward estimates to 2024-25, (b) a link to a website or information about the service and (c) how many staff work at each service including their job title, employment type and workload.
- (2) Can the Minister provide a list of all health services that have been discontinued by the ACT Government since 2016, including (a) how many staff worked at these services, (b) the type of service eg, inpatient, outpatient, recovery, screening etc, (c) total funding each program received and (d) why the service has been discontinued and how long it operated.
- (3) Can the Minister provide a list of all health services which are not run by the ACT Government but receive ACT Government funding, including (a) how much funding each service receives, (b) the type of service eg, inpatient, outpatient, recovery, screening etc and (c) how long the service has been operating and contract details.
- (4) Can the Minister provide a breakdown of all staff who work in a health capacity for ACT Health and Canberra Health Services (eg, staff who provide direct health services such as doctors and nurses, not mental health staff and not administration/human resources/communications staff, etc), including job title, employment type, salary and work description.

MS STEPHEN-SMITH MLA - The answer to the Member's question is as follows:

(1)(a) Please refer to *Budget Paper C*. Many services are not funded at the service level.

https://www.treasury.act.gov.au/data/assets/pdf_file/0004/1698934/2020-21-Budget-Statements-C.pdf

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The COVID-19 Vaccination program delivered COVID-19 vaccine administration services to eligible people living in the ACT and surrounding region from 22 February 2021. Vaccines were administered across:

- several mass vaccine clinic settings by Canberra Health Services (CHS); and
- in-reach and pop-up clinic settings by (CHS) and third party services engaged to support equitable access to COVID-19 vaccines for people that experience barriers to mainstream health service delivery.

Funding of the COVID-19 Vaccination Program is shared by ACT Health Directorate (ACTHD) who provide strategic and operational policy assistance to implementation of the National COVID-19 Vaccination Program in an ACT context and CHS who administer the vaccines.

In 2020-21, ACTHD expended \$521,111 in funds to support the program and according to a mid-year budget review will expend a further \$2.76m (net) supporting the program in 2021-22. Due to the dynamic nature of the program, forward estimates for COVID-19 Vaccination Program delivery are not available from 2022-23 but are likely to reflect a figure substantially lower than that expended in 2021-22 as the stand-alone Program is expected to be subsumed into established service offerings from 30 June 2022.

(1)(b) A list of services can be found via the following link:

<https://www.canberrahealthservices.act.gov.au/services-and-clinics>.

Information about the COVID-19 Vaccination Program is available on the ACTHD COVID-19 Response website at <https://www.covid19.act.gov.au/stay-safe-and-healthy/vaccine>.

(1)(c) This information has been provided per Division as it would be resource intensive to provide the amount of detail requested. CHS do not have a reporting indicator for position title, rather classification group which has been included below. Salary ranges for these can be accessed through the relevant enterprise agreements via the following link:

<https://www.cmtedd.act.gov.au/employment-framework/for-employees/agreements>

	Casual		Permanent		Temporary		Totals	
	HC	FTE	HC	FTE	HC	FTE	HC	FTE
ALLIED HEALTH	13	2.645	154	133.4	65	57.43	232	193.45
Administrative Officers			9	8.6	3	2.1	12	10.70
General Service Officers & Equivalent			1	0.3			1	0.33
Health Assistants	1	0.653	16	13.8	4	3.22	21	17.71
Health Professional Officers	12	1.992	125	108.0	58	52.11	195	162.07
Senior Officers			1	1.0			1	1.00
Technical Officers			2	1.6			2	1.63

CANCER & AMBULATORY SERVICE	129	61.110	572	500.3	205	174.7	906	736.10
Administrative Officers	71	40.999	113	104.7	28	25.69	212	171.37
Health Assistants			1	0.3			1	0.33
Health Professional Officers	1	0.068	82	75.1	7	6.4	90	81.52
Medical Officers			36	26.5	19	16.43	55	42.93
Nursing Staff	57	20.043	329	283.2	148	123.38	534	426.64
Professional Officers					1	0.8	1	0.80
Senior Officers			9	9.0	2	2	11	11.00
Technical Officers			2	1.5			2	1.51
CHIEF OPERATING OFFICER	27	18.572	31	29.6	10	8.67	68	56.86
Administrative Officers			3	3.0			3	3.00
Health Professional Officers			1	0.5			1	0.50
Nursing Staff	27	18.572	22	21.1	10	8.67	59	48.36
Senior Officers			5	5.0			5	5.00
FINANCE & BUSINESS INTELLIGENCE	4	1.812	162	152.7	17	15.61	183	170.07
Administrative Officers	1	0.200	106	98.2	10	8.61	117	106.97
General Service Officers & Equivalent	3	1.612	20	19.6	5	5	28	26.24
Health Professional Officers			3	2.8	1	1	4	3.80
Nursing Staff			2	1.8			2	1.84
Senior Officers			31	30.2	1	1	32	31.22
INFRASTRUCTURE & HEALTH SUPPORT SERVICES	39	27.554	295	280.7	40	38.17	374	346.39
Administrative Officers	7	3.952	53	51.7	4	4	64	59.69
Executive Officers					2	2	2	2.00
General Service Officers & Equivalent	32	23.602	194	181.5	21	19.81	247	224.94
Health Professional Officers					3	3	3	3.00
Senior Officers			47	46.4	10	9.36	57	55.76
Trainees and Apprentices			1	1.0			1	1.00
MEDICAL SERVICES	38	14.546	559	508.4	285	272.7	882	795.64

Administrative Officers	1	0.125	51	48.0	10	10	62	58.09
General Service Officers & Equivalent	5	3.190	11	9.9	1	1	17	14.04
Health Professional Officers	9	1.832	283	259.4	21	20.3	313	281.49
Medical Officers			53	44.8	226	216.76	279	261.54
Nursing Staff			42	37.8	5	5	47	42.81
Professional Officers			1	1.0			1	1.00
Senior Officers			17	16.9	1	0.5	18	17.40
Technical Officers	23	9.399	101	90.7	18	16.14	142	116.26
Trainees and Apprentices					3	3	3	3.00
MEDICINE	16	7.810	871	758.4	329	288.67	1216	1054.89
Administrative Officers	11	7.153	90	84.8	22	20.93	123	112.83
Health Professional Officers	1	0.000	35	31.0	12	9.32	48	40.31
Medical Officers	4	0.658	107	78.2	173	151.94	284	230.84
Nursing Staff			629	554.4	122	106.48	751	660.91
Senior Officers			8	8.0			8	8.00
Technical Officers			2	2.0			2	2.00
MENTAL HEALTH, JUSTICE HEALTH & ALCOHOL & DRUG SERVICES	21	10.722	704	641.3	134	118.56	859	770.59
Administrative Officers			65	59.0	16	14.16	81	73.15
General Service Officers & Equivalent			7	7.0	1	1	8	8.00
Health Assistants	1	0.329	21	19.4	6	3.81	28	23.50
Health Professional Officers	1	0.160	186	162.5	38	32.25	225	194.95
Medical Officers			54	44.1	42	38.35	96	82.47
Nursing Staff	19	10.234	354	332.9	30	27.99	403	371.13
Senior Officers			17	16.4	1	1	18	17.39
NURSING & MIDWIFERY & PATIENT SUPPORT SERVICES	171	101.903	275	259.6	31	26.81	477	388.28
Administrative Officers	8	8.156	58	53.7	8	6.47	74	68.36

General Service Officers & Equivalent	58	45.023	155	148.2	6	4.77	219	197.97
Nursing Staff	105	48.723	57	52.7	16	14.57	178	115.95
Senior Officers			4	4.0			4	4.00
Technical Officers			1	1.0	1	1	2	2.00
OFFICE OF CEO	97	46.173	41	37.1	19	18.66	157	101.92
Administrative Officers	51	26.534	6	5.5	2	1.8	59	33.83
Executive Officers			2	2.0	12	12	14	14.00
Health Professional Officers	3	0.536	4	3.2			7	3.70
Medical Officers	1	0.806	1	1.0			2	1.81
Nursing Staff	34	13.724	19	16.6	1	1	54	31.35
Professional Officers			1	0.8	3	2.86	4	3.66
Senior Officers			8	8.0	1	1	9	9.00
Technical Officers	8	4.573					8	4.57
OFFICE OF DEPUTY CEO			44	41.4	7	6.24	51	47.67
Administrative Officers			11	10.4	1	1	12	11.40
Executive Officers					2	2	2	2.00
Health Professional Officers			2	1.6			2	1.55
Medical Officers			2	2.0			2	2.00
Nursing Staff			3	2.8	1	1	4	3.84
Senior Officers			26	24.6	3	2.24	29	26.88
PEOPLE & CULTURE	1	0.517	80	72.3	7	5.37	88	78.20
Administrative Officers	1	0.517	27	23.9	5	4.37	33	28.75
Health Professional Officers			2	2.0			2	2.00
Nursing Staff			16	13.1			16	13.10
Senior Officers			35	33.4	2	1	37	34.35
QUALITY SAFETY INNOVATION & IMPROVEMENT			40	38.7			40	38.67
Administrative Officers			14	13.2			14	13.18
Executive Officers			1	1.0			1	1.00

Health Professional Officers			3	3.0			3	3.00
Nursing Staff			14	13.8			14	13.84
Senior Officers			8	7.7			8	7.65
REHABILITATION, AGED & COMMUNITY SERVICES	7	3.886	448	399.9	81	70.69	536	474.51
Administrative Officers			85	80.9	4	3.71	89	84.64
Dental			15	10.3	1	1	16	11.34
General Service Officers & Equivalent	3	1.702	8	5.5			11	7.24
Health Assistants			36	32.9	10	8.61	46	41.52
Health Professional Officers			75	66.5	28	24.15	103	90.65
Medical Officers			13	10.6	4	4	17	14.60
Nursing Staff	4	2.184	200	177.5	33	28.22	237	207.90
Senior Officers			9	8.7	1	1	10	9.67
Technical Officers			7	6.9			7	6.94
SPECIAL PURPOSE ACC TCH	1	0.041			1	1	2	1.04
Medical Officers					1	1	1	1.00
Technical Officers	1	0.041					1	0.04
SURGERY	1	0.241	839	734.5	227	204.85	1067	939.60
Administrative Officers			34	31.4	8	7.4	42	38.79
General Service Officers & Equivalent			2	2.0	3	2.53	5	4.53
Health Professional Officers	1	0.241	5	3.6	3	2.9	9	6.74
Medical Officers			71	55.8	156	140.83	227	196.63
Nursing Staff			719	633.7	56	50.19	775	683.91
Senior Officers			7	7.0	1	1	8	8.00
Technical Officers			1	1.0			1	1.00
UNI OF CANBERRA HOSPITAL	30	12.530	256	228.0	70	62.3	356	302.85
Administrative Officers			2	2.0			2	2.00
Executive Officers					1	1	1	1.00
Health Assistants			19	16.8	1	0.5	20	17.32

Health Professional Officers			87	74.0	26	24.91	113	98.95
Medical Officers			5	4.7	4	4	9	8.70
Nursing Staff	29	11.730	142	129.5	38	31.89	209	173.08
Senior Officers			1	1.0			1	1.00
Technical Officers	1	0.800					1	0.80
WOMEN, YOUTH & CHILDREN	30	8.857	672	552.2	131	105.35	833	666.38
Administrative Officers	1	0.209	39	35.4	10	8.3	50	43.87
General Service Officers & Equivalent			1	1.0			1	1.00
Health Professional Officers			51	38.4	9	4.98	60	43.38
Medical Officers			43	33.8	57	51.59	100	85.41
Nursing Staff	26	8.023	530	437.1	55	40.48	611	485.65
Senior Officers			5	4.8			5	4.80
Technical Officers	3	0.626	3	1.6			6	2.27
Grand Total	625	318.920	6043	5368.4	1659	1475.78	8327	7163.11

The size and scale of operations in the COVID-19 Vaccination program has varied in response to service demand. ACTHD have maintained up to 18 temporary FTE positions to support the COVID-19 Vaccination program. As at April 2022, 6 FTE positions have been filled to support the final stages of program delivery.

- (2) This question would require significant time/resources to provide a response and CHS can discuss further with you.
- (3)(a) Please refer to Attachment A for a list of all health services which are not run by the ACT Government but are funded by ACTHD.

In addition, the funding and provision of services at Calvary Public Hospital Bruce (CPHB) is governed by the legal contract known as the Calvary Network Agreement (CNA), which came into effect in February 2012. The CNA establishes Calvary Health Care ACT Ltd (Calvary) as a service provider of the ACT Local Hospital Network (ACT LHN) for the services it provides at CPHB.

The CNA sets out the requirements for annual Performance Plans between the Directorate and Calvary and for the financial year 2021/22 CPHB received \$261 million in funding.

CPHB have been in operation providing health services in the ACT since May 1979 when an agreement between the Commonwealth Government and Corporation of the Little Company of Mary was reached in October 1971 to construct and operate a public hospital.

(3)(b) CPHB is a fully accredited general public hospital and a teaching hospital, located in the northside of Canberra. CPHB has a 24/7 emergency department, is the majority provider of the Territory's public elective surgery caseload, operates several outpatient clinics and other services, including:

- cancer services
- cardiology
- Intensive Care Unit
- maternity
- voluntary inpatient mental health services
- stroke services
- hospital in the home.

(3)(c) Calvary also provides, for the network, palliative care services through Clare Holland House, and the Geriatric Rapid Acute Care Evaluation (GRACE) program.

See response provided for question (a).

(4) CHS is unable to report on staff who provide direct health services. The numbers outlined below are for staff paid as of 30 March 2022. The division of Mental Health, Justice Health and Alcohol and Drug Services has been omitted as have corporate divisions with the exception of the CEOs office where some COVID related health care staff reside in the structure.

As previously mentioned, CHS do not have a reporting indicator that defines frontline clinical or non-clinical roles. CHS do not have a reporting indicator for position title, rather classification group which has been included below. Salary ranges for these can be accessed through the enterprise agreements.

	Headcount			FTE			Total	
	C	P	T	C	P	T	Headcount	FTE
Dental	0	15	1	0.00	10.34	1.00	16	11.34
Health Assistants	1	72	15	0.65	63.90	12.33	88	76.88
Health Professional Officers	27	748	164	4.67	659.57	145.07	939	809.31
Medical Officers	5	329	639	1.46	255.44	585.55	973	842.45
Nursing Staff	282	2689	484	123.00	2343.70	409.88	3455	2876.58

Professional Officers	0	2	4	0.00	1.80	3.66		6	5.46
Technical Officers	35	119	19	15.40	106.44	17.14		173	138.98
Grand Total	350	3974	1326	145.18	3441.19	1174.63		5650	4761.00

Approved for circulation to the Member and incorporation into Hansard.

Rachel Stephen-Smith MLA
Minister for Health

Date:.....

This response required 125 minutes to complete, at an approximate cost of \$84.12.



Rachel Stephen-Smith MLA
 Minister for Health
 Minister for Families and Community Services
 Minister for Aboriginal and Torres Strait Islander Affairs

Member for Kurrajong

RESPONSE TO QUESTION ON NOTICE
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MS STEPHEN-SMITH MLA - The answer to the Member's question is as follows:

(1)(a) Please refer to *Budget Paper C*. Many services are not funded at the service level.

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(1)(b) A list of services can be found via the following link:

<https://www.canberrahealthservices.act.gov.au/services-and-clinics>.

(1)(c) This information has been provided per Division as it would be resource intensive to provide the amount of detail requested. CHS do not have a reporting indicator for position title, rather classification group which has been included below. Salary ranges for these can be accessed through the relevant enterprise agreements via the following link:

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Senior Officers			1	1.0			1	1.00
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CANCER & AMBULATORY SERVICE	129	61.110	572	500.3	205	174.7	906	736.10
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Medical Officers			36	26.5	19	16.43	55	42.93
Nursing Staff	57	20.043	329	283.2	148	123.38	534	426.64
Professional Officers					1	0.8	1	0.80
Senior Officers			9	9.0	2	2	11	11.00
Technical Officers			2	1.5			2	1.51
CHIEF OPERATING OFFICER	27	18.572	31	29.6	10	8.67	68	56.86
Administrative Officers			3	3.0			3	3.00
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Senior Officers			5	5.0			5	5.00
FINANCE & BUSINESS INTELLIGENCE	4	1.812	162	152.7	17	15.61	183	170.07
Administrative Officers	1	0.200	106	98.2	10	8.61	117	106.97
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Medical Officers			53	44.8	226	216.76	279	261.54
Nursing Staff			42	37.8	5	5	47	42.81
Professional Officers			1	1.0			1	1.00
Senior Officers			17	16.9	1	0.5	18	17.40
Technical Officers	23	9.399	101	90.7	18	16.14	142	116.26
Trainees and Apprentices					3	3	3	3.00
MEDICINE	16	7.810	871	758.4	329	288.67	1216	1054.89
Administrative Officers	11	7.153	90	84.8	22	20.93	123	112.83
Health Professional Officers	1	0.000	35	31.0	12	9.32	48	40.31

Medical Officers	4	0.658	107	78.2	173	151.94	284	230.84
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Senior Officers			8	8.0			8	8.00
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Administrative Officers	8	8.156	58	53.7	8	6.47	74	68.36
General Service Officers & Equivalent	58	45.023	155	148.2	6	4.77	219	197.97
Nursing Staff	105	48.723	57	52.7	16	14.57	178	115.95
Senior Officers			4	4.0			4	4.00
Technical Officers			1	1.0	1	1	2	2.00
OFFICE OF CEO	97	46.173	41	37.1	19	18.66	157	101.92
Administrative Officers	51	26.534	6	5.5	2	1.8	59	33.83
Executive Officers			2	2.0	12	12	14	14.00
Health Professional Officers	3	0.536	4	3.2			7	3.70
Medical Officers	1	0.806	1	1.0			2	1.81
Nursing Staff	34	13.724	19	16.6	1	1	54	31.35
Professional Officers			1	0.8	3	2.86	4	3.66
Senior Officers			8	8.0	1	1	9	9.00
Technical Officers	8	4.573					8	4.57

OFFICE OF DEPUTY CEO			44	41.4	7	6.24	51	47.67
Administrative Officers			11	10.4	1	1	12	11.40
Executive Officers					2	2	2	2.00
Health Professional Officers			2	1.6			2	1.55
Medical Officers			2	2.0			2	2.00
Nursing Staff			3	2.8	1	1	4	3.84
Senior Officers			26	24.6	3	2.24	29	26.88
PEOPLE & CULTURE	1	0.517	80	72.3	7	5.37	88	78.20
Administrative Officers	1	0.517	27	23.9	5	4.37	33	28.75
Health Professional Officers			2	2.0			2	2.00
Nursing Staff			16	13.1			16	13.10
Senior Officers			35	33.4	2	1	37	34.35
QUALITY SAFETY INNOVATION & IMPROVEMENT			40	38.7			40	38.67
Administrative Officers			14	13.2			14	13.18
Executive Officers			1	1.0			1	1.00
Health Professional Officers			3	3.0			3	3.00
Nursing Staff			14	13.8			14	13.84
Senior Officers			8	7.7			8	7.65
REHABILITATION, AGED & COMMUNITY SERVICES	7	3.886	448	399.9	81	70.69	536	474.51
Administrative Officers			85	80.9	4	3.71	89	84.64
Dental			15	10.3	1	1	16	11.34
General Service Officers & Equivalent	3	1.702	8	5.5			11	7.24
Health Assistants			36	32.9	10	8.61	46	41.52
Health Professional Officers			75	66.5	28	24.15	103	90.65
Medical Officers			13	10.6	4	4	17	14.60
Nursing Staff	4	2.184	200	177.5	33	28.22	237	207.90
Senior Officers			9	8.7	1	1	10	9.67
Technical Officers			7	6.9			7	6.94

SPECIAL PURPOSE ACC TCH	1	0.041			1	1	2	1.04
Medical Officers					1	1	1	1.00
Technical Officers	1	0.041					1	0.04
SURGERY	1	0.241	839	734.5	227	204.85	1067	939.60
Administrative Officers			34	31.4	8	7.4	42	38.79
General Service Officers & Equivalent			2	2.0	3	2.53	5	4.53
Health Professional Officers	1	0.241	5	3.6	3	2.9	9	6.74
Medical Officers			71	55.8	156	140.83	227	196.63
Nursing Staff			719	633.7	56	50.19	775	683.91
Senior Officers			7	7.0	1	1	8	8.00
Technical Officers			1	1.0			1	1.00
UNI OF CANBERRA HOSPITAL	30	12.530	256	228.0	70	62.3	356	302.85
Administrative Officers			2	2.0			2	2.00
Executive Officers					1	1	1	1.00
Health Assistants			19	16.8	1	0.5	20	17.32
Health Professional Officers			87	74.0	26	24.91	113	98.95
Medical Officers			5	4.7	4	4	9	8.70
Nursing Staff	29	11.730	142	129.5	38	31.89	209	173.08
Senior Officers			1	1.0			1	1.00
Technical Officers	1	0.800					1	0.80
WOMEN, YOUTH & CHILDREN	30	8.857	672	552.2	131	105.35	833	666.38
Administrative Officers	1	0.209	39	35.4	10	8.3	50	43.87
General Service Officers & Equivalent			1	1.0			1	1.00
Health Professional Officers			51	38.4	9	4.98	60	43.38
Medical Officers			43	33.8	57	51.59	100	85.41
Nursing Staff	26	8.023	530	437.1	55	40.48	611	485.65
Senior Officers			5	4.8			5	4.80
Technical Officers	3	0.626	3	1.6			6	2.27

Grand Total	625	318.920	6043	5368.4	1659	1475.78	8327	7163.11
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(2) This question would require significant time/resources to provide a response. .

(3)(a) Please refer to Attachment A for a list of all health services which are not run by the ACT Government but are funded by ACTHD.

In addition, the funding and provision of services at Calvary Public Hospital Bruce (CPHB) is governed by the legal contract known as the Calvary Network Agreement (CNA), which came into effect in February 2012. The CNA establishes Calvary Health Care ACT Ltd (Calvary) as a service provider of the ACT Local Hospital Network (ACT LHN) for the services it provides at CPHB.

The CNA sets out the requirements for annual Performance Plans between the Directorate and Calvary and for the financial year 2021/22 CPHB received \$261 million in funding.

CPHB have been in operation providing health services in the ACT since May 1979 when an agreement between the Commonwealth Government and Corporation of the Little Company of Mary was reached in October 1971 to construct and operate a public hospital.

(3)(b) CPHB is a fully accredited general public hospital and a teaching hospital, located in the northside of Canberra. CPHB has a 24/7 emergency department, is the majority provider of the Territory's public elective surgery caseload, operates several outpatient clinics and other services, including:

- cancer services
- cardiology
- Intensive Care Unit
- maternity
- voluntary inpatient mental health services
- stroke services
- hospital in the home.

(3)(c)

See response provided to question 3(a).

(4) CHS is unable to report on staff who provide direct health services. The numbers outlined below are for staff paid as of 30 March 2022. The division of Mental Health, Justice Health and Alcohol and Drug Services has been omitted as have corporate divisions with the exception of the CEOs office where some COVID related health care staff reside in the structure.

As previously mentioned, CHS do not have a reporting indicator that defines frontline clinical or non-clinical roles. CHS do not have a reporting indicator for position title, rather classification group which has been included below. Salary ranges for these can be accessed through the enterprise agreements.

	Headcount	FTE	Total
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	C	P	T	C	P	T		Headcount	FTE
Dental	0	15	1	0.00	10.34	1.00		16	11.34
Health Assistants	1	72	15	0.65	63.90	12.33		88	76.88
Health Professional Officers	27	748	164	4.67	659.57	145.07		939	809.31
Medical Officers	5	329	639	1.46	255.44	585.55		973	842.45
Nursing Staff	282	2689	484	123.00	2343.70	409.88		3455	2876.58
Professional Officers	0	2	4	0.00	1.80	3.66		6	5.46
Technical Officers	35	119	19	15.40	106.44	17.14		173	138.98
Grand Total	350	3974	1326	145.18	3441.19	1174.63		5650	4761.00

Approved for circulation to the Member and incorporation into Hansard.

Rachel Stephen-Smith MLA
Minister for Health

Date:.....

This response required 125 minutes to complete, at an approximate cost of \$84.12.



Rachel Stephen-Smith MLA
 Minister for Health
 Minister for Families and Community Services
 Minister for Aboriginal and Torres Strait Islander Affairs

Member for Kurrajong

RESPONSE TO QUESTION ON NOTICE
Questions on Notice Paper No 16
8 April 2022
Question No. 738

Asked by **MS CASTLEY**: To ask the Minister for Health—

- (1) Can the Minister provide a list of all ACT Government run health services, including (a) how much funding the service received in 2020-21 and the forward estimates to 2024-25, (b) a link to a website or information about the service and (c) how many staff work at each service including their job title, employment type and workload.
- (2) Can the Minister provide a list of all health services that have been discontinued by the ACT Government since 2016, including (a) how many staff worked at these services, (b) the type of service eg, inpatient, outpatient, recovery, screening etc, (c) total funding each program received and (d) why the service has been discontinued and how long it operated.
- (3) Can the Minister provide a list of all health services which are not run by the ACT Government but receive ACT Government funding, including (a) how much funding each service receives, (b) the type of service eg, inpatient, outpatient, recovery, screening etc and (c) how long the service has been operating and contract details.
- (4) Can the Minister provide a breakdown of all staff who work in a health capacity for ACT Health and Canberra Health Services (eg, staff who provide direct health services such as doctors and nurses, not mental health staff and not administration/human resources/communications staff, etc), including job title, employment type, salary and work description.

MS STEPHEN-SMITH MLA - The answer to the Member's question is as follows:

- (1)(a) Please refer to *Budget Paper C*. Many services are not funded at the service unit level.
https://www.treasury.act.gov.au/data/assets/pdf_file/0004/1698934/2020-21-Budget-Statements-C.pdf

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(1)(b) A list of services can be found via the following link:

<https://www.canberrahealthservices.act.gov.au/services-and-clinics>.

(1)(c) This information has been provided per Division (as at 30 March 2022) as it would be resource intensive to provide the amount of detail requested. CHS do not have a reporting indicator for position title, rather classification group which has been included below. Salary ranges for these can be accessed through the relevant enterprise agreements via the following link:

<https://www.cmtedd.act.gov.au/employment-framework/for-employees/agreements>

	Casual		Permanent		Temporary		Totals	
	HC	FTE	HC	FTE	HC	FTE	HC	FTE
ALLIED HEALTH	13	2.645	154	133.4	65	57.43	232	193.45
Administrative Officers			9	8.6	3	2.1	12	10.70
General Service Officers & Equivalent			1	0.3			1	0.33
Health Assistants	1	0.653	16	13.8	4	3.22	21	17.71
Health Professional Officers	12	1.992	125	108.0	58	52.11	195	162.07
Senior Officers			1	1.0			1	1.00
Technical Officers			2	1.6			2	1.63
CANCER & AMBULATORY SERVICE	129	61.110	572	500.3	205	174.7	906	736.10
Administrative Officers	71	40.999	113	104.7	28	25.69	212	171.37
Health Assistants			1	0.3			1	0.33
Health Professional Officers	1	0.068	82	75.1	7	6.4	90	81.52
Medical Officers			36	26.5	19	16.43	55	42.93
Nursing Staff	57	20.043	329	283.2	148	123.38	534	426.64
Professional Officers					1	0.8	1	0.80
Senior Officers			9	9.0	2	2	11	11.00
Technical Officers			2	1.5			2	1.51
CHIEF OPERATING OFFICER	27	18.572	31	29.6	10	8.67	68	56.86
Administrative Officers			3	3.0			3	3.00
Health Professional Officers			1	0.5			1	0.50
Nursing Staff	27	18.572	22	21.1	10	8.67	59	48.36

Senior Officers			5	5.0			5	5.00
FINANCE & BUSINESS INTELLIGENCE	4	1.812	162	152.7	17	15.61	183	170.07
Administrative Officers	1	0.200	106	98.2	10	8.61	117	106.97
General Service Officers & Equivalent	3	1.612	20	19.6	5	5	28	26.24
Health Professional Officers			3	2.8	1	1	4	3.80
Nursing Staff			2	1.8			2	1.84
Senior Officers			31	30.2	1	1	32	31.22
INFRASTRUCTURE & HEALTH SUPPORT SERVICES	39	27.554	295	280.7	40	38.17	374	346.39
Administrative Officers	7	3.952	53	51.7	4	4	64	59.69
Executive Officers					2	2	2	2.00
General Service Officers & Equivalent	32	23.602	194	181.5	21	19.81	247	224.94
Health Professional Officers					3	3	3	3.00
Senior Officers			47	46.4	10	9.36	57	55.76
Trainees and Apprentices			1	1.0			1	1.00
MEDICAL SERVICES	38	14.546	559	508.4	285	272.7	882	795.64
Administrative Officers	1	0.125	51	48.0	10	10	62	58.09
General Service Officers & Equivalent	5	3.190	11	9.9	1	1	17	14.04
Health Professional Officers	9	1.832	283	259.4	21	20.3	313	281.49
Medical Officers			53	44.8	226	216.76	279	261.54
Nursing Staff			42	37.8	5	5	47	42.81
Professional Officers			1	1.0			1	1.00
Senior Officers			17	16.9	1	0.5	18	17.40
Technical Officers	23	9.399	101	90.7	18	16.14	142	116.26
Trainees and Apprentices					3	3	3	3.00
MEDICINE	16	7.810	871	758.4	329	288.67	1216	1054.89
Administrative Officers	11	7.153	90	84.8	22	20.93	123	112.83
Health Professional Officers	1	0.000	35	31.0	12	9.32	48	40.31

Medical Officers	4	0.658	107	78.2	173	151.94	284	230.84
Nursing Staff			629	554.4	122	106.48	751	660.91
Senior Officers			8	8.0			8	8.00
Technical Officers			2	2.0			2	2.00
MENTAL HEALTH, JUSTICE HEALTH & ALCOHOL & DRUG SERVICES	21	10.722	704	641.3	134	118.56	859	770.59
Administrative Officers			65	59.0	16	14.16	81	73.15
General Service Officers & Equivalent			7	7.0	1	1	8	8.00
Health Assistants	1	0.329	21	19.4	6	3.81	28	23.50
Health Professional Officers	1	0.160	186	162.5	38	32.25	225	194.95
Medical Officers			54	44.1	42	38.35	96	82.47
Nursing Staff	19	10.234	354	332.9	30	27.99	403	371.13
Senior Officers			17	16.4	1	1	18	17.39
NURSING & MIDWIFERY & PATIENT SUPPORT SERVICES	171	101.903	275	259.6	31	26.81	477	388.28
Administrative Officers	8	8.156	58	53.7	8	6.47	74	68.36
General Service Officers & Equivalent	58	45.023	155	148.2	6	4.77	219	197.97
Nursing Staff	105	48.723	57	52.7	16	14.57	178	115.95
Senior Officers			4	4.0			4	4.00
Technical Officers			1	1.0	1	1	2	2.00
OFFICE OF CEO	97	46.173	41	37.1	19	18.66	157	101.92
Administrative Officers	51	26.534	6	5.5	2	1.8	59	33.83
Executive Officers			2	2.0	12	12	14	14.00
Health Professional Officers	3	0.536	4	3.2			7	3.70
Medical Officers	1	0.806	1	1.0			2	1.81
Nursing Staff	34	13.724	19	16.6	1	1	54	31.35
Professional Officers			1	0.8	3	2.86	4	3.66
Senior Officers			8	8.0	1	1	9	9.00
Technical Officers	8	4.573					8	4.57

OFFICE OF DEPUTY CEO			44	41.4	7	6.24	51	47.67
Administrative Officers			11	10.4	1	1	12	11.40
Executive Officers					2	2	2	2.00
Health Professional Officers			2	1.6			2	1.55
Medical Officers			2	2.0			2	2.00
Nursing Staff			3	2.8	1	1	4	3.84
Senior Officers			26	24.6	3	2.24	29	26.88
PEOPLE & CULTURE	1	0.517	80	72.3	7	5.37	88	78.20
Administrative Officers	1	0.517	27	23.9	5	4.37	33	28.75
Health Professional Officers			2	2.0			2	2.00
Nursing Staff			16	13.1			16	13.10
Senior Officers			35	33.4	2	1	37	34.35
QUALITY SAFETY INNOVATION & IMPROVEMENT			40	38.7			40	38.67
Administrative Officers			14	13.2			14	13.18
Executive Officers			1	1.0			1	1.00
Health Professional Officers			3	3.0			3	3.00
Nursing Staff			14	13.8			14	13.84
Senior Officers			8	7.7			8	7.65
REHABILITATION, AGED & COMMUNITY SERVICES	7	3.886	448	399.9	81	70.69	536	474.51
Administrative Officers			85	80.9	4	3.71	89	84.64
Dental			15	10.3	1	1	16	11.34
General Service Officers & Equivalent	3	1.702	8	5.5			11	7.24
Health Assistants			36	32.9	10	8.61	46	41.52
Health Professional Officers			75	66.5	28	24.15	103	90.65
Medical Officers			13	10.6	4	4	17	14.60
Nursing Staff	4	2.184	200	177.5	33	28.22	237	207.90
Senior Officers			9	8.7	1	1	10	9.67
Technical Officers			7	6.9			7	6.94

SPECIAL PURPOSE ACC TCH	1	0.041			1	1	2	1.04
Medical Officers					1	1	1	1.00
Technical Officers	1	0.041					1	0.04
SURGERY	1	0.241	839	734.5	227	204.85	1067	939.60
Administrative Officers			34	31.4	8	7.4	42	38.79
General Service Officers & Equivalent			2	2.0	3	2.53	5	4.53
Health Professional Officers	1	0.241	5	3.6	3	2.9	9	6.74
Medical Officers			71	55.8	156	140.83	227	196.63
Nursing Staff			719	633.7	56	50.19	775	683.91
Senior Officers			7	7.0	1	1	8	8.00
Technical Officers			1	1.0			1	1.00
UNI OF CANBERRA HOSPITAL	30	12.530	256	228.0	70	62.3	356	302.85
Administrative Officers			2	2.0			2	2.00
Executive Officers					1	1	1	1.00
Health Assistants			19	16.8	1	0.5	20	17.32
Health Professional Officers			87	74.0	26	24.91	113	98.95
Medical Officers			5	4.7	4	4	9	8.70
Nursing Staff	29	11.730	142	129.5	38	31.89	209	173.08
Senior Officers			1	1.0			1	1.00
Technical Officers	1	0.800					1	0.80
WOMEN, YOUTH & CHILDREN	30	8.857	672	552.2	131	105.35	833	666.38
Administrative Officers	1	0.209	39	35.4	10	8.3	50	43.87
General Service Officers & Equivalent			1	1.0			1	1.00
Health Professional Officers			51	38.4	9	4.98	60	43.38
Medical Officers			43	33.8	57	51.59	100	85.41
Nursing Staff	26	8.023	530	437.1	55	40.48	611	485.65
Senior Officers			5	4.8			5	4.80
Technical Officers	3	0.626	3	1.6			6	2.27

Grand Total	625	318.920	6043	5368.4	1659	1475.78	8327	7163.11
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- (2) This question would require significant time/resources to provide a backdated response. Total FTE has increased in previous years from 6472 in January 2020 to 7163.11 in March 2022. Services evolve to meet emerging models and demand and do not result in a reduction in workforce. Some examples are:

Inner-North Walk-in Centre – closed and staff redirected to COVID (temporary) – no job loss

Chronic Diseases Unit – staff redirected to support Acute Medical Unit – no job losses

- (3)(a) Please refer to [Attachment A](#) for a list of all health services which are not run by the ACT Government but are funded by ACTHD.

In addition, the funding and provision of services at Calvary Public Hospital Bruce (CPHB) is governed by the legal contract known as the Calvary Network Agreement (CNA), which came into effect in February 2012. The CNA establishes Calvary Health Care ACT Ltd (Calvary) as a service provider of the ACT Local Hospital Network (ACT LHN) for the services it provides at CPHB.

The CNA sets out the requirements for annual Performance Plans between the Directorate and Calvary and for the financial year 2021/22 CPHB received \$261 million in funding.

CPHB have been in operation providing health services in the ACT since May 1979 when an agreement between the Commonwealth Government and Corporation of the Little Company of Mary was reached in October 1971 to construct and operate a public hospital.

- (3)(b) CPHB is a fully accredited general public hospital and a teaching hospital, located in the northside of Canberra. CPHB has a 24/7 emergency department, is the majority provider of the Territory's public elective surgery caseload, operates several outpatient clinics and other services, including:

- cancer services
- cardiology
- Intensive Care Unit
- maternity
- voluntary inpatient mental health services
- stroke services
- hospital in the home.

- (3)(c)

See response provided to question 3(a).

- (4) CHS is unable to report on staff who provide direct health services. The numbers outlined below are for staff paid as of 30 March 2022. The division of Mental Health, Justice Health and

Alcohol and Drug Services has been omitted as have corporate divisions with the exception of the CEOs office where some COVID related health care staff reside in the structure.

As previously mentioned, CHS do not have a reporting indicator that defines frontline clinical or non-clinical roles. CHS do not have a reporting indicator for position title, rather classification group which has been included below. Salary ranges for these can be accessed through the enterprise agreements.

	Headcount			FTE			Total	
	C	P	T	C	P	T	Headcount	FTE
Dental	0	15	1	0.00	10.34	1.00	16	11.34
Health Assistants	1	72	15	0.65	63.90	12.33	88	76.88
Health Professional Officers	27	748	164	4.67	659.57	145.07	939	809.31
Medical Officers	5	329	639	1.46	255.44	585.55	973	842.45
Nursing Staff	282	2689	484	123.00	2343.70	409.88	3455	2876.58
Professional Officers	0	2	4	0.00	1.80	3.66	6	5.46
Technical Officers	35	119	19	15.40	106.44	17.14	173	138.98
Grand Total	350	3974	1326	145.18	3441.19	1174.63	5650	4761.00

Approved for circulation to the Member and incorporation into Hansard.

**Rachel Stephen-Smith MLA
Minister for Health**

Date:.....

This response required 125 minutes to complete, at an approximate cost of \$84.12.



Rachel Stephen-Smith MLA
 Minister for Health
 Minister for Families and Community Services
 Minister for Aboriginal and Torres Strait Islander Affairs

Member for Kurrajong

RESPONSE TO QUESTION ON NOTICE
Questions on Notice Paper No 16
8 April 2022
Question No. 738

Asked by **MS CASTLEY**: To ask the Minister for Health—

- (1) Can the Minister provide a list of all ACT Government run health services, including (a) how much funding the service received in 2020-21 and the forward estimates to 2024-25, (b) a link to a website or information about the service and (c) how many staff work at each service including their job title, employment type and workload.
- (2) Can the Minister provide a list of all health services that have been discontinued by the ACT Government since 2016, including (a) how many staff worked at these services, (b) the type of service eg, inpatient, outpatient, recovery, screening etc, (c) total funding each program received and (d) why the service has been discontinued and how long it operated.
- (3) Can the Minister provide a list of all health services which are not run by the ACT Government but receive ACT Government funding, including (a) how much funding each service receives, (b) the type of service eg, inpatient, outpatient, recovery, screening etc and (c) how long the service has been operating and contract details.
- (4) Can the Minister provide a breakdown of all staff who work in a health capacity for ACT Health and Canberra Health Services (eg, staff who provide direct health services such as doctors and nurses, not mental health staff and not administration/human resources/communications staff, etc), including job title, employment type, salary and work description.

MS STEPHEN-SMITH MLA - The answer to the Member's question is as follows:

- (1) (a) Please refer to Budget Paper C. Many services are not funded at the service unit level.
https://www.treasury.act.gov.au/data/assets/pdf_file/0004/1698934/2020-21-Budget-Statements-C.pdf

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(b) A list of services can be found via the following link:

<https://www.canberrahealthservices.act.gov.au/services-and-clinics>.

(c) Information about the number of people and employment type has been provided per Division at Canberra Health Services (as at 30 March 2022) as the level of data granularity required to answer this question is not currently available and would be an unreasonable diversion of resources to provide the amount of detail requested.

CHS do not report by job title, Division's report by classification group.

Workload is a complex measure that is not reported to the level of detail asked for in the question. Roles and responsibilities for relevant staff that work across the health services in the ACT are outlined in Enterprise Agreements that can be accessed via the following link: <https://www.cmtedd.act.gov.au/employment-framework/for-employees/agreements>

Division	Casual	Permanent	Temporary
ALLIED HEALTH	13	154	65
CANCER & AMBULATORY SERVICE	129	572	205
CHIEF OPERATING OFFICER	27	31	10
FINANCE & BUSINESS INTELLIGENCE	4	162	17
INFRASTRUCTURE & HEALTH SUPPORT SERVICES	39	295	40
MEDICAL SERVICES	38	559	285
MEDICINE	16	871	329
MENTAL HEALTH, JUSTICE HEALTH & ALCOHOL & DRUG SERVICES	21	704	134
NURSING & MIDWIFERY & PATIENT SUPPORT SERVICES	171	275	31

OFFICE OF CEO	97	41	19
OFFICE OF DEPUTY CEO		44	7
PEOPLE & CULTURE	1	80	7
QUALITY SAFETY INNOVATION & IMPROVEMENT	0	40	0
REHABILITATION, AGED & COMMUNITY SERVICES	7	448	81
SPECIAL PURPOSE ACC TCH	1	0	1
SURGERY	1	839	227
UNI OF CANBERRA HOSPITAL	30	256	70
WOMEN, YOUTH & CHILDREN	30	672	131
Grand Total	625	6043	1659

- (2) Service changes occur as part of the expansion and continuous improvement of health services provision or where re-direction of services is required to respond to community need. These changes do not result in a reduction in workforce, total FTE at CHS has increased in previous years from 6472 in January 2020 to 7163.11 in March 2022. A list of each service change to the level of data granularity requested is not currently available and would be an unreasonable diversion of resources to provide the amount of detail requested. Recent examples of service changes include:

- The Inner-North Walk-in Centre has been closed temporarily and staff redirected to COVID, this has resulted in no job losses.
- The Chronic Diseases Unit has redirected staff to support the Acute Medical Unit, this has resulted in no job losses

Information about funding can be found in the ACT Government Budget Papers as per the above link. Many services are not funded at the service unit level.

Information about service changes may also be found in the Annual Reports for CHS and the ACT Health Directorate.

- (3) (a) Please refer to Attachment A for a list of all health services which are not run by the ACT Government but are funded by ACTHD.

In addition, the funding and provision of services at Calvary Public Hospital Bruce (CPHB) is governed by the legal contract known as the Calvary Network Agreement (CNA), which came into effect in February 2012. The CNA establishes Calvary Health Care ACT Ltd (Calvary) as a service provider of the ACT Local Hospital Network (ACT LHN) for the services it provides at CPHB.

The CNA sets out the requirements for annual Performance Plans between the Directorate and Calvary and for the financial year 2021/22 CPHB received \$261 million in funding.

CPHB have been in operation providing health services in the ACT since May 1979 when an agreement between the Commonwealth Government and Corporation of the Little Company of Mary was reached in October 1971 to construct and operate a public hospital.

(b) CPHB is a fully accredited general public hospital and a teaching hospital. CPHB operates several outpatient clinics and other services, including:

- cancer services
- cardiology
- critical care
- maternity
- voluntary inpatient mental health services
- stroke services
- Hospital in the Home.

(c) See response provided to question 3(a).

- (4) CHS is unable to report on staff who provide direct health services, the numbers outlined below are classification groups paid as of 30 March 2022. The Division of Mental Health, Justice Health and Alcohol and Drug Services has been omitted as have corporate divisions with the exception of the CEOs office where some COVID related health care staff reside in the structure.

As previously mentioned, CHS do not have a reporting indicator that defines frontline clinical or non-clinical roles undertaken by a clinician. CHS do not report by job title, rather classification group which has been included below. Salary ranges for these can be accessed through the enterprise agreements.

	Casual	Permanent	Temporary
Dental	0	15	1
Health Assistants	1	72	15
Health Professional Officers	27	748	164
Medical Officers	5	329	639
Nursing Staff	282	2689	484
Professional Officers	0	2	4

Technical Officers	35	119	19
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Approved for circulation to the Member and incorporation into Hansard.

**Rachel Stephen-Smith MLA
Minister for Health**

Date:.....

This response required 125 minutes to complete, at an approximate cost of \$84.12.



Rachel Stephen-Smith MLA
 Minister for Health
 Minister for Families and Community Services
 Minister for Aboriginal and Torres Strait Islander Affairs

Member for Kurrajong

RESPONSE TO QUESTION ON NOTICE
Questions on Notice Paper No 16
8 April 2022
Question No. 741

MS CASTLEY: To ask the Minister for Health—

- 1) How can Canberrans make complaints about staff and/or services at our public hospitals and what mechanisms exist to make complaints (eg, in person at hospital, Access Canberra, a telephone hotline, etc).
- 2) How many complaints have there been to ACT Health and Canberra Health Services since 2016.
- 3) Can the Minister provide a breakdown of the types of complaints and how the complaints were made.
- 4) How many of these complaints (a) were resolved or escalated and (b) remain unresolved or still under investigation.
- 5) How many complaints are yet to be dealt with.
- 6) Can the Minister provide information and numbers about who is making complaints (eg, patients/consumers, carers, health staff, management).
- 7) How many complaints have resulted in legal action since 2016.
- 8) How many of those complaints that have resulted in legal action have involved legal action against the ACT Government and can the Minister provide details and costs incurred to the Government.
- 9) How long does it take to investigate a complaint on average including details by type of complaint.
- 10) What is the procedure for managing, investigating and following up with Canberrans who lodge a health complaint.
- 11) How many staff work/have worked for complaints platforms across the health system since 2016.

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12) How many of the complaints, which have been resolved since 2016, are/have been later reopened or escalated and why.

MS STEPHEN-SMITH MLA - The answer to the Member's question is as follows:

1. Feedback about services provided by Calvary Public Hospital Bruce can be provided in several ways, these include:

- In-person to Calvary staff whilst admitted or attending outpatient services.
- Completing a "Patient Feedback" form available throughout the hospital.
- Completing the online form on the Calvary website:
<https://www.calvarycare.org.au/contact/feedback/>
- Emailing Calvary's Consumer Feedback team at feedback@calvary-act.com.au
- Calling Calvary's Consumer Feedback team on (02) 6264 7260.

Feedback about all health services can also be provided to the ACT Human Rights Commission on (02) 6205 2222 or by completing their online form at <https://hrc.act.gov.au/complaints/>

Feedback can also be provided by writing to the Minister for Health, the Minister for Mental Health, or another Member of the Legislative Assembly.

2. The ACT Health Directorate (ACTHD) provides strategic leadership, policy and planning advice, and oversight of the public health system. ACTHD commissions and manages contracts for the delivery of public hospital services but does not directly provide any public hospital services. All feedback received by ACTHD in relation to the provision of public hospital services are referred to the relevant service provider for response.
3. For ACTHD, this information is not in an easily retrievable format – refer to response to question 2.
4. For ACTHD, this information is not in an easily retrievable format – refer to response to question 2.
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8. For ACTHD, this information is not in an easily retrievable format – refer to response to question 2.
9. For ACTHD, this information is not in an easily retrievable format – refer to response to question 2.

10. Complaints about public hospital services received by ACTHD are currently referred on to the relevant public hospital service provider for management in accordance with their policies and procedures.
11. Coordination and management of consumer feedback relating to public hospital services (e.g., referring to service provider for response) is managed by the relevant ACTHD business unit as part of the normal course of administrative business.
12. For ACTHD, this information is not in an easily retrievable format – refer to response to question 2.

Approved for circulation to the Member and incorporation into Hansard.

**Rachel Stephen-Smith MLA
Minister for Health**

Date:.....

This response required XXX to complete, at an approximate cost of \$XXX.



Rachel Stephen-Smith MLA
 Minister for Health
 Minister for Families and Community Services
 Minister for Aboriginal and Torres Strait Islander Affairs

Member for Kurrajong

RESPONSE TO QUESTION ON NOTICE
Questions on Notice Paper No 16
8 April 2022
Question No. 738

Asked by **MS CASTLEY**: To ask the Minister for Health—

- (1) Can the Minister provide a list of all ACT Government run health services, including (a) how much funding the service received in 2020-21 and the forward estimates to 2024-25, (b) a link to a website or information about the service and (c) how many staff work at each service including their job title, employment type and workload.
- (2) Can the Minister provide a list of all health services that have been discontinued by the ACT Government since 2016, including (a) how many staff worked at these services, (b) the type of service eg, inpatient, outpatient, recovery, screening etc, (c) total funding each program received and (d) why the service has been discontinued and how long it operated.
- (3) Can the Minister provide a list of all health services which are not run by the ACT Government but receive ACT Government funding, including (a) how much funding each service receives, (b) the type of service eg, inpatient, outpatient, recovery, screening etc and (c) how long the service has been operating and contract details.
- (4) Can the Minister provide a breakdown of all staff who work in a health capacity for ACT Health and Canberra Health Services (eg, staff who provide direct health services such as doctors and nurses, not mental health staff and not administration/human resources/communications staff, etc), including job title, employment type, salary and work description.

MS STEPHEN-SMITH MLA - The answer to the Member's question is as follows:

- (1) Information in response to this question relates to Canberra Health Services, which delivers most ACT Government run health services. The ACT Health Directorate directly delivers a range of public health services and services at the Ngunnawal Bush Healing Farm.

(a) Please refer to Budget Paper C. Many services are not funded at the service unit level.

https://www.treasury.act.gov.au/data/assets/pdf_file/0004/1698934/2020-21-Budget-Statements-C.pdf

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(b) A list of services can be found via the following link:

<https://www.canberrahealthservices.act.gov.au/services-and-clinics>.

(c) Information about the number of people and employment type has been provided below per Division at Canberra Health Services (as at 30 March 2022) as the level of data granularity required to answer this question is not currently available.

Workload is a complex measure that is not reported to the level of detail asked for in the question. In any case, it would be an unreasonable diversion of resources to provide the amount of detail requested for each of almost 8,000 staff. Roles and responsibilities for relevant staff that work across the health services in the ACT are outlined in Enterprise Agreements that can be accessed via the following link:

<https://www.cmtedd.act.gov.au/employment-framework/for-employees/agreements>

Division	Casual	Permanent	Temporary
Allied Health	13	154	65
Cancer & Ambulatory Service	129	572	205
Chief Operating Officer	27	31	10
Finance & Business Intelligence	4	162	17
Infrastructure & Health Support Services	39	295	40
Medical Services	38	559	285
Medicine	16	871	329
Mental health, Justice Health & Alcohol & Drug Services	21	704	134
Nursing & Midwifery & Patient Support Services	171	275	31
Office of CEO	98	41	20
Office of Deputy CEO		44	7
People & Culture	1	80	7
Quality Safety Innovation & Improvement	0	40	0
Rehabilitation, Aged & Community Services	7	448	81
Surgery	1	839	227
Uni of Canberra Hospital	30	256	70
Women, Youth & Children	30	672	131
Grand Total	625	6043	1,659

(2) Service changes occur as part of the expansion and continuous improvement of health services provision or where re-direction of services is required to respond to community need. These changes do not result in a reduction in workforce. The headcount for the health service is detailed below by FY:

Financial Year	Total Headcount
2016-17	7,043
2017-18	7,606
2018-19*	7,377
2019-20	7,597
2020-21	7,921

*Please note that in October 2018, ACTHD and CHS separated to become two different directorates and HC at this time was split.

A list of each service change to the level of data granularity requested is not currently available and would be an unreasonable diversion of resources to provide the amount of detail requested. Recent examples of service changes include:

- The Inner-North Walk-in Centre has been closed temporarily and staff redirected to COVID, this has resulted in no job losses.
- The Chronic Diseases Unit has redirected staff to support the Acute Medical Unit, this has resulted in no job losses.

Information about funding can be found in the ACT Government Budget Papers as per the above link. Many services are not funded at the service unit level.

Information about service changes may also be found in the Annual Reports for CHS and the ACT Health Directorate.

- (3) (a) Please refer to Attachment A for a list of all health services which are not run by the ACT Government but are funded by ACTHD.

In addition, the funding and provision of services at Calvary Public Hospital Bruce (CPHB) is governed by the legal contract known as the Calvary Network Agreement (CNA), which came into effect in February 2012, superseding prior arrangements. The CNA establishes Calvary Health Care ACT Ltd (Calvary) as a service provider of the ACT Local Hospital Network (ACT LHN) for the services it provides at CPHB.

The CNA sets out the requirements for annual Performance Plans between the Directorate and Calvary and for the financial year 2021-22 CPHB received \$261 million in funding.

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- (b) CPHB is a fully accredited general public hospital and a teaching hospital. CPHB operates several outpatient clinics and other services, including:

- cancer services
- cardiology
- critical care
- maternity
- voluntary inpatient mental health services
- stroke services
- Hospital in the Home.

- (c) See response provided to question 3(a).

- (4) ACT Health data on staff who provide direct health services is not currently available and would require an unreasonable diversion of resources to create in response to this question.

CHS is unable to report on staff who provide direct health services, the numbers outlined below are classification groups paid as of 30 March 2022. The Division of Mental Health, Justice Health and

Alcohol and Drug Services has been omitted as have corporate divisions with the exception of the CEO's office where some COVID related health care staff reside in the structure.

As previously mentioned, CHS does not have a reporting indicator that defines frontline clinical or non-clinical roles undertaken by a clinician. CHS does not report by job title, rather classification group which has been included below. Salary ranges for these can be accessed through the enterprise agreements.

	Casual	Permanent	Temporary
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Health Professional Officers	27	748	164
Medical Officers	5	329	639
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Professional Officers	0	2	4
Technical Officers	35	119	19

Approved for circulation to the Member and incorporation into Hansard.



Rachel Stephen-Smith MLA
Minister for Health

Date:.....7/6/22.....

This response required 11 hours and 45 minutes to complete, at an approximate cost of \$916.22.

**Emma Davidson MLA**

Minister for Disability

Minister for Justice Health

Minister for Mental Health

Assistant Minister for Families and Community Services

Member for Murrumbidgee

RESPONSE TO QUESTION ON NOTICE**Questions on Notice Paper No 16****8 April 2022****Question No. 739**Asked by **MS CASTLEY**: To ask the Minister for Mental Health -

- (1) How many people attended courses run by the ACT Recovery College (the pilot program).
- (2) What was the final cost for the pilot program and how does that compare with the initial budget for the pilot.
- (3) When was the evaluation report given to the Minister.
- (4) How much did the evaluation report cost.
- (5) Has the Government made a formal response to the evaluation report.
- (6) Does the Minister intend to respond to the evaluation report; if so, how (eg, ministerial statement in the Legislative Assembly).
- (7) Will the Government establish an ACT Recovery College following the pilot.
- (8) What other education programs exist to support people with lived experience of mental health, now that the Recovery College pilot has finished.
- (9) Can the Minister provide details on what feedback/correspondence the Minister/Government has received about the ACT Recovery College pilot.

Ms Davidson - The answer to the Member's question is as follows:

- (1) Approximately 323 individual students enrolled in various courses at the ACT Recovery College (the College) between May 2019 and June 2021. It should be noted that during 2020 in particular, no new students were enrolled during the transition to online delivery of courses whilst COVID-19 restrictions were in place.
- (2) As per the response to the Question on Notice (Question No, 286) from the 4 June 2021, total funding of \$1,078,000 was provided to the Pilot Program. This is made up of:

- 2018/2019 - \$396,000 provided to Mental Health Community Coalition ACT (MHCCACT) service funding.
- 2019/2020 - \$396,000 provided to MHCCACT as service funding; \$50,000 provided to fund the external evaluation conducted by La Trobe University; and \$47,000 provided to Canberra Health Services for costs associated with participation in the Recovery College.
- 2020/2021 \$189,000 provided to MHCCACT as service funding for the period 1 January 2021 until 30 June 2021.

No other funding has been provided by ACT Government.

- (3) The evaluation report was provided to the Minister's Office on 25 June 2021. It was also made publicly available via [https://www.health.act.gov.au/sites/default/files/2021-08/Attach%20B ACTRCEvaluation FinalReport 4.6.21.pdf](https://www.health.act.gov.au/sites/default/files/2021-08/Attach%20B%20ACTRCEvaluation%20FinalReport%204.6.21.pdf).
- (4) The evaluation process which began in December 2019 and subsequent report finalised in May 2021 with a cost of \$50,000.
- (5) The ACT Government has not made a formal response to the report. The report has been provided to MHCCACT.
- (6) The evaluation report will inform decisions about any future funding of a recovery college or similar model. This will be explored in the two-year process for commissioning of mental health services in the community which will commence in the near future. The sub sector design work to be done in collaboration with community partners will consider the programs and services needed to address a range of needs.
- (7) This is yet to be determined, following analysis of the Evaluation Report and contract reporting. As noted in (6), the role of a Recovery College will also be explored in subsector design work.
- (8) The majority of therapeutic or recovery focused services or programs have an educational element to them, including offering group programs for development of specific knowledge or skills. These tend to be focused on understanding specific conditions and learning strategies that promote self management or recovery. Some notable examples include Mental Illness Education ACT (MIEACT) programs for schools and community groups which aim to develop understanding and awareness of mental health and mental illness and the My Rights, My Responsibility program run through the ACT Mental Health Consumer Network (occasionally delivered through the College).

There are also a range of more traditional education providers in the ACT such as CIT, community colleges including the University of the Third Age who offer some courses with similar content.

Within the Adult Mental Health Day Service (AMHDS) most of the group programs offered have a therapeutic function with skills training, development and support and include an educational component.

The group that primarily has an educational focus is the "Family Connections" program which is for people who identify as being in a relationship with someone who has borderline personality disorder (BPD), although it does have some skills training and support. This is a new program offered through AMHDS. Family Connections is a free, 12-week course that meets weekly for two hours to provide education, skills training, and support for people who are in a relationship with someone who has BPD. Focusing on

issues that are specific to BPD, it is hosted in a community setting and led by trained group leaders who are either clinicians or family members of relatives with BPD. Family Connections provides:

- current information and research on BPD and on family functioning;
- individual coping skills based on Dialectical Behaviour Therapy (DBT);
- family skills; and
- group support that builds an ongoing network for family members.

The Child and Adolescent Mental Health Services (CAMHS) provide education through the:

The Dialectic Behaviour Therapy (DBT) Program

The DBT Program provides specialised therapy to adolescents aged 14-18 years who experience multiple social, and emotional difficulties including suicidal behaviour, interpersonal vulnerabilities, and emotional regulation difficulties. This therapeutic program is delivered through skills groups, family therapy and individualised therapy. As DBT is a specialist service, only referrals from other CAMHS community or specialist teams are accepted. Other less intensive treatment options are required to have been tried first.

The Childhood Early Intervention Program (CEIP)

The CEIP is an early intervention program for children and their parents in ACT public and Catholic primary schools. This is for children who are beginning to display some behavioural or mental health concerns such as conduct disorder, anxiety, or depression.

Two teams operate in Canberra, one on the Northside and one on the Southside. Each team works with three primary schools per year.

At each school the program includes:

- An 8-week child and parent group program for children beginning to display mental health or behavioural concerns;
- Education and advice for all teachers and other interested school staff members on how to respond to mental health and behavioural concerns in children;
- 6-week whole of class program for one class selected by the school; and
- 10 x 1hr sessions for four individuals or families at the school.

Tuning into Teens

Tuning into Teens is a program for the parents and carers of adolescents aged 13 – 16 years. The program runs for six sessions every school term and assists participants to:

- Communicate more effectively with their teen;
- Better understand their teen;
- Assist their teen learn to better manage their emotions;
- Understand how to prevent behaviour problems in their teen; and
- Teach their teen to deal with conflict.

This program is available to the parents and carers of young people engaged with CAMHS.

CAMHS Parent /Carer Information Sessions

CAMHS conduct parent/carers sessions which provide psychoeducation and information on:

- Services offered by CAMHS;
- Helping young people better manage their emotions;
- Supporting a young person to engage in safety planning and access support; and
- Managing their own stress and worries related to caring for a young person with mental health issues.

The CAMHS Carers Information session is run monthly by CAMHS managers. Any parent who has a child/young person engaged with CAMHS can attend.

Eating Disorders Parenting Group

The Eating Disorders Parenting Group is a six-week group program based on Collaborative Carers Skills Training Workshop. The aim is to improve the well-being, coping strategies and problem-solving skills of carers of under 18's waiting for family-based therapy for an eating disorder. The Parenting Group provides therapeutic support through upskilling parents on regular eating, managing compensatory behaviours and moderating high expresses emotions and distress tolerance. It also acts as a support group for parents to share ideas and strategies.

- (9) Outside of its role as the organisation funded to deliver the Pilot Program, MHCCACT have been a strong advocate for the College, including preparing the original budget submission used to inform the pilot program and a submission to the Community Budget Consultations in June 2021 which included a call for a permanent College to be established.

Minister Rattenbury, as the Minister for Mental Health at the time, responded to one email seeking the establishment of a Recovery College in December 2017, before the pilot program commenced.

I have responded to one email in May 2021 regarding the cessation of the pilot program from a student of the College.

No other correspondence has been identified.

Approved for circulation to the Member and incorporation into Hansard.

**Emma Davidson MLA
Minister for Mental Health**

Date: 6 May 2022

This response required 6 hours 10 minutes to complete, at an approximate cost of \$585.93.

**Emma Davidson MLA**

Minister for Disability

Minister for Justice Health

Minister for Mental Health

Assistant Minister for Families and Community Services

Member for Murrumbidgee

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- (6) Does the Minister intend to respond to the evaluation report; if so, how (eg, ministerial statement in the Legislative Assembly).
- (7) Will the Government establish an ACT Recovery College following the pilot.
- (8) What other education programs exist to support people with lived experience of mental health, now that the Recovery College pilot has finished.
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- (6) The evaluation report will inform decisions about any future funding of a recovery college or similar model. This will be explored in the two-year process for commissioning of mental health services in the community which will commence in the near future. The sub sector design work to be done in collaboration with community partners will consider the programs and services needed to address a range of needs.
- (7) This is yet to be determined, following analysis of the Evaluation Report and contract reporting. As noted in (6), the role of a Recovery College will also be explored in subsector design work.
- (8) The majority of therapeutic or recovery focused services or programs have an educational element to them, including offering group programs for development of specific knowledge or skills. These tend to be focused on understanding specific conditions and learning strategies that promote self management or recovery. Some notable examples include Mental Illness Education ACT (MIEACT) programs for schools and community groups which aim to develop understanding and awareness of mental health and mental illness and the My Rights, My Responsibility program run through the ACT Mental Health Consumer Network (occasionally delivered through the College).

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- (9) Outside of its role as the organisation funded to deliver the Pilot Program, MHCCACT have been a strong advocate for the College, including preparing the original budget submission used to inform the pilot program and a submission to the Community Budget Consultations in June 2021 which included a call for a permanent College to be established.

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I have responded to one email in May 2021 regarding the cessation of the pilot program from a student of the College.

No other correspondence has been identified.

Approved for circulation to the Member and incorporation into Hansard.

Emma Davidson

**Emma Davidson MLA
Minister for Mental Health**

Date: 6 May 2022

This response required 6 hours 10 minutes to complete, at an approximate cost of \$585.93.

From: Pond, Aleks (Health) on behalf of ACT Health DLO
Sent: Thursday, 5 May 2022 10:13 AM
To: Ord, Jon
Subject: For your urgent attention please - EDU's input into QON # 740

Importance: High

OFFICIAL

Hi Jon

Grateful if you could please escalate this with Minister Berry's Office as this is now extremely overdue despite our efforts to follow up on many occasions. This needs to be submitted to Chambers Support tomorrow for Sunday's due date.

We are awaiting EDU's input into questions 1-9 for QON 740:

740 MS CASTLEY: To ask the Minister for Mental Health—

1. What mental health programs are provided in government primary schools.
2. Can the Minister provide details about those programs (eg, how long have they been provided, by which organisation, in which schools, for how many children, total cost, etc).
3. Has the Government ever provided funding for Mental Illness Education ACT's (MIEACT) program for 8-12 year olds called Thriving Minds: Empowered Futures; if so, can the Minister provide details (eg, how much funding, for how many schools/students).
4. Is the Government currently funding the Thriving Minds: Empowered Futures program; if not, why not.
5. What is the Government's response to the ANU evaluation in 2020 of this MIEACT mental health program.
6. Does the Government believe mental health programs should be provided in primary schools.
7. What has been the impact of the pandemic on the mental health of primary school children.
8. Does the pandemic's impact on the mental health of primary school children provide further reason why mental health programs are needed in primary schools.
9. Has the Minister received any correspondence from schools, teachers, parents or any organisations about providing mental health programs in primary schools.
10. What is the Office for Mental Health and Wellbeing doing about providing mental health programs in government primary schools.
11. What research has been done about the current state of mental health of children aged 8 to 12 years old and is the Office for Mental Health and Wellbeing doing any work in this area; if so, can the Minister provide details.

OMHW has already prepared answers to questions 10 and 11 and would like to see EDU's response prior to submitting the final QON to the Minister's Office.

Happy to discuss.

Many thanks,

Aleks

Aleksandra Pond | Directorate Liaison Officer | ACT Health Directorate

Ph: via Teams | Email: ACTHealthDLO@act.gov.au

Office of Emma Davidson | Minister for Mental Health

Level 2, Legislative Assembly Building, Civic Square



From: Ord, Jon
Sent: Friday, 6 May 2022 5:06 PM
To: Rad, Chadia (Health)
Cc: ACT Health DLO
Subject: RE: MH Outstanding QONs

Importance: High

Categories: Mental Health

Thanks. I've chased EDU content with Berry Office.

When will we get the CHS input?

Jon

From: Rad, Chadia (Health) <Chadia.Rad@act.gov.au>
Sent: Friday, 6 May 2022 2:23 PM
To: Ord, Jon <Jon.Ord@act.gov.au>
Cc: ACT Health DLO <ACTHealthDLO@act.gov.au>
Subject: MH Outstanding QONs

Hi Jon

As discussed ACTHD has drafted the response to the below QONs which are now cleared by Elizabeth – we continue to await input from CHS and Education.

I understand you will be discussing the outstanding input from Education with the Berry Office

Alek, can you please formally progress the QONs to Jon for review.

GBC22/223	QON 737	Mental Health	Can the Minister provide a list of all ACT Government run mental health services	ACTHD	MHSP - INPUT FROM CHS
GBC22/226	QON 740	Mental Health	Mental Health programs - primary schools	ACTHD	MHSP - from ED

Many thanks
Chadia

Chadia Rad | Senior Director, Ministerial and Government Services

| Email: Chadia.Rad@act.gov.au

Ministerial and Government Services, Office of the Director-General | ACT Health Directorate

Level 5, 6 Bowes Street Phillip ACT 2606

health.act.gov.au



**Emma Davidson MLA**

Minister for Disability

Minister for Justice Health

Minister for Mental Health

Minister for Veterans and Seniors

Assistant Minister for Families and Community Services

Member for Murrumbidgee

RESPONSE TO QUESTION ON NOTICE**Questions on Notice Paper No 16****8 April 2022****Question No. 740**Asked by **MS CASTLEY**: To ask the Minister for Mental Health —

- (1) What mental health programs are provided in government primary schools.
- (2) Can the Minister provide details about those programs (eg, how long have they been provided, by which organisation, in which schools, for how many children, total cost, etc).
- (3) Has the Government ever provided funding for Mental Illness Education ACT's (MIEACT) program for 8-12 year olds called Thriving Minds: Empowered Futures; if so, can the Minister provide details (eg, how much funding, for how many schools/students).
- (4) Is the Government currently funding the Thriving Minds: Empowered Futures program; if not, why not.
- (5) What is the Government's response to the ANU evaluation in 2020 of this MIEACT mental health program.
- (6) Does the Government believe mental health programs should be provided in primary schools.
- (7) What has been the impact of the pandemic on the mental health of primary school children.
- (8) Does the pandemic's impact on the mental health of primary school children provide further reason why mental health programs are needed in primary schools.
- (9) Has the Minister received any correspondence from schools, teachers, parents or any organisations about providing mental health programs in primary schools.
- (10) What is the Office for Mental Health and Wellbeing doing about providing mental health programs in government primary schools.
- (11) What research has been done about the current state of mental health of children aged 8 to 12 years old and is the Office for Mental Health and Wellbeing doing any work in this area; if so, can the Minister provide details.

Ms Davidson - The answer to the Member's question is as follows:

- 1) ACT public schools provide mental health education through a range of programs, including Social Emotional Learning (SEL) programs. SEL is an essential component of student mental health and wellness, cultivating important protective factors to buffer against mental health risks. SEL is a part of the Australian Curriculum, taught in ACT public schools, which develops students' knowledge and skills to understand themselves and others, manage emotions, maintain positive relationships, and set and achieve positive goals. Schools select programs that are best suited to meet the needs of their students.

The ACT Education Directorate (the Directorate) promotes the national mental health in education initiative *Be You*, delivered by Beyond Blue, in collaboration with Early Childhood Australia and Headspace. *Be You* provides professional learning, tools, resources, programs register, advice and support that is evidence based to educators. The Education Directorate supports schools in selecting SEL programs for delivery within schools that meet the specific needs of that school community.

The Directorate's Psychology Service offers the services of an Early Intervention Team that delivers group programs to young people in secondary schools. 2021 programs included: For students - Chilled Skills, ACT with HeART, and Flexible Minds. For parents - Overcoming Anxious School Refusal, and Boundaries Without Conflict. Additionally, the Directorate's Psychology team also provides targeted programs for students, staff and parents including e.g. Youth Aware Mental Health (YAM) which is for students.

The Directorate has strong partnerships with community stakeholders to raise awareness of mental illness and promote help seeking behaviours. Programs include *Mental Health and Me* and *UR FaB*.

ACT public schools can also access a range of mental health programs through organisations such as Menslink, the Canberra Police Community Youth Club and Mental Illness Education ACT (MIEACT).

- 2) Schools have the discretion to choose the programs appropriate to the identified needs of their students. Centralised data on programs is not collected.
- 3) The ACT Government holds a range of service funding agreements with MIEACT to provide mental health education and promotion programs for schools, higher education institutions and for adults, targeted at workplaces and community groups.

In 2021-22, ACTHD will be providing \$875,505 to MIEACT for mental health education and promotion programs for youth and adults. However, this funding does not specifically include funding for Thriving Minds which is a child focussed program.

- 4) The ACT HD does not provide specific funding for Thriving Minds but does provide funding for MIEACT with a range of mental health education and promotion programs delivered in high schools.
- 5) The ACT Government considers that the ANU evaluation of the program demonstrates the promise of the Thriving Minds program.
- 6) The ACT Education Directorate is committed to supporting the mental health and wellbeing of all students. Social Emotional Learning programs are part of curriculum which give students skills to manage emotions, maintain positive relationships and set and achieve positive goals. Schools can select which programs are best suited to the needs of their students. ACT public schools are also provided supports through the school psychology service.

Following the Review of Children and Young People in the ACT, the ACT Government is committed to advocating for mental health programs in primary schools. To commence this and to understand the evidence for mental health programs targeting 8–12-year-olds, the Office for Mental Health and Wellbeing undertook a Literature Review which is currently being finalised.

- 7) The Office for Mental Health and Wellbeing works closely with the ACT Education Directorate and organisations such as *Be You* to consider the potential impacts of the pandemic on young people in the ACT for future collective planning. Presently, there is limited scientific evidence on the long-term impacts to support long-term, evidence-based decision making regarding the impacts on the Pandemic on the mental health of students.
- 8) COVID-19 has impacted each of our schools and students in various ways. The Education Directorate continues to provide support to individual students as required through members of the wellbeing teams, which includes a school psychologist. Presently, there is limited scientific evidence on the long-term impacts to support long-term, evidence-based decision making.
- 9) Yes.
- 10) Through the Review of Children and Young People, the Office for Mental Health and Wellbeing made a commitment to enhance evidence-informed mental health and wellbeing education programs in schools.

As part of this commitment, the Office for Mental Health and Wellbeing agreed to undertake a review of the mental health and wellbeing programs offered to primary school aged children, 8-12 years. This review was to include government, non-government and independent schools and was scheduled to take place in 2020, however due to the global pandemic this was put on hold. The Office for Mental Health and Wellbeing are currently working with the Australian National University to undertake this commitment.

- 11) In 2021 Office undertook a Literature Review to analyse best practice programs for 8-12-year-olds. This Literature Review will be released in mid-2022.

In 2021 the National Mental Health Commission published The National Children's Mental Health and wellbeing Strategy which brought together expertise from around Australia and considered the range of research on children's mental health. The ACT was represented on the Steering Committee.

The 2022 Bilateral Agreement on Mental Health and Suicide Prevention included the enhancement of child mental health supports. A further analysis of the mental health needs of 8-12-year-olds in the ACT will be undertaken to support the development of an enhanced child mental health response in the ACT.

Approved for circulation to the Member and incorporation into Hansard.

Emma Davidson MLA
Minister for Mental Health

Date:.....

This response required 7 hours 40 minutes to complete, at an approximate cost of \$564.40.

**Emma Davidson MLA**

Minister for Disability
Minister for Justice Health
Minister for Mental Health
Minister for Veterans and Seniors
Assistant Minister for Families and Community Services

Member for Murrumbidgee

RESPONSE TO QUESTION ON NOTICE
Questions on Notice Paper No 16
8 April 2022
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Approved for circulation to the Member and incorporation into Hansard.



Emma Davidson MLA
Minister for Mental Health

Date: 23/05/2022

This response required 7 hours 40 minutes to complete, at an approximate cost of \$564.40.

From: Pond, Aleks (Health) on behalf of ACT Health DLO
Sent: Thursday, 9 June 2022 1:35 PM
To: Bransgrove, Meagen
Subject: RE: QoNs
Attachments: Response to QON772 - Government funded services - Castley.DOCX

OFFICIAL

Hi Meg
Please see attached response to QON772 for your review.
Thanks
Aleks

From: Bransgrove, Meagen <Meagen.Bransgrove@act.gov.au>
Sent: Thursday, 9 June 2022 11:38 AM
To: ACT Health DLO <ACTHealthDLO@act.gov.au>
Subject: RE: QoNs
Importance: High

Hi Aleks, do you have an update on QoN 772, any chance that will be with us this morning?

Thanks,

Meg

From: Pond, Aleks (Health) <Aleks.Pond@act.gov.au> **On Behalf Of** ACT Health DLO
Sent: Monday, 6 June 2022 4:28 PM
To: Bergin, Catherine <Catherine.Bergin@act.gov.au>
Cc: Bransgrove, Meagen <Meagen.Bransgrove@act.gov.au>; Tomlinson, Benjamin <Benjamin.Tomlinson@act.gov.au>; Goodwin, Jonathan <Jonathan.Goodwin@act.gov.au>; CSDDLLO <CSDDLLO@act.gov.au>; CHS DLO <CHSDLO@act.gov.au>
Subject: RE: QoNs

OFFICIAL

Hi Cath

QON 738 (GBC22/224) - Can the Minister provide a list of all ACT Government run health services- **will be with MO this afternoon**

QON 741 (GBC22/227)- Public Hospital Complaints – **CHS lead, update has been requested from the line area**

QON 772 (GBC22/287) - What services does the Government fund for (a) hospitals, (b) walk-in centres and (c) clinics to take patients from transport stops to those buildings- **awaiting Calvary input to finalise response.**

QON700- signed by Minister and progressed to Chamber Support this morning.

Thanks

Aleks

From: Hunter, Kerry (Health) <Kerry.Hunter@act.gov.au> **On Behalf Of** CHS DLO
Sent: Monday, 6 June 2022 4:09 PM

To: Bergin, Catherine <Catherine.Bergin@act.gov.au>
Cc: Bransgrove, Meagen <Meagen.Bransgrove@act.gov.au>; Tomlinson, Benjamin <Benjamin.Tomlinson@act.gov.au>; Goodwin, Jonathan <Jonathan.Goodwin@act.gov.au>; ACT Health DLO <ACTHealthDLO@act.gov.au>; CSDDLLO <CSDDLLO@act.gov.au>
Subject: RE: QoNs
Importance: High

OFFICIAL

Hi Cath

CHS have 4 outstanding QoNs and one outstanding QToN:
From March/April Sitting (due end May 2022)

- Question on Notice (QoN) 675 waiting lists for an initial appointment for children's health services (GBCHS22/101) – with Minister's Office for review and progression
- Question On Notice (QoN) 741 Health Complaints (GBCHS22/115) – CHS content is ready to go, just waiting on Calvary input

From May Sitting (due 5 June 2022)

- Question taken on notice (QToN) - PET Scans (GBCHS22/138) – Chasing input from Medical Imaging
- Question on Notice (QoN) 771 - Elective Surgery – CASTLEY (GBCHS22/144) – With MO for review and progression
- Question on Notice (QoN) 780 - Elective Surgeries Postponements – CASTLEY – Reviewed by MO and returned to CHS for further action

Kind Regards

Kerryn Hunter

Directorate Liaison Officer | Canberra Health Services

Phone: 620 55030 | Mobile: [REDACTED] | Email: chsdllo@act.gov.au

Office of Rachel Stephen-Smith MLA | Minister for Health | ACT Government

Office of Emma Davidson MLA | Minister for Mental Health and Justice Health | ACT Government

From: Bergin, Catherine <Catherine.Bergin@act.gov.au>

Sent: Monday, 6 June 2022 1:23 PM

To: CHS DLO <CHSDLO@act.gov.au>; ACT Health DLO <ACTHealthDLO@act.gov.au>; CSDDLLO <CSDDLLO@act.gov.au>

Cc: Bransgrove, Meagen <Meagen.Bransgrove@act.gov.au>; Tomlinson, Benjamin <Benjamin.Tomlinson@act.gov.au>; Goodwin, Jonathan <Jonathan.Goodwin@act.gov.au>

Subject: QoNs

Importance: High

Hi all,

Can I please get a status update on any overdue QoNs/QToNs?

Thanks,
Cath



Rachel Stephen-Smith MLA
 Minister for Health
 Minister for Families and Community Services
 Minister for Aboriginal and Torres Strait Islander Affairs

Member for Kurrajong

RESPONSE TO QUESTION ON NOTICE
Questions on Notice Paper No 17
6 May 2022
Question No. 772

Asked by **MS CASTLEY**: To ask the Minister for Health—

- (1) What services does the Government fund for (a) hospitals, (b) walk-in centres and (c) clinics to take patients from transport stops to those buildings.
- (2) What is the schedule of these services.
- (3) Have there been any complaints to any (a) hospitals, (b) walk-in centres and (c) clinics about availability of public transport to the location.
- (4) Does the Government offer any subsidies for public transport for patients and families; if so, can the Minister provide details.
- (5) How much do these services cost per year for each building since 2016.
- (6) How many (a) full-time equivalent, (b) part-time and (c) casual staff operate these services for each building.
- (7) When did this service start for each building.
- (8) Does the Government have any plans to review or increase these services; if so, please provide details.

Ms Stephen-Smith - The answer to the Member's question is as follows:

- (1)
 - a) The Canberra Hospital Courtesy Bus operates on a circular, continuous route looping through the campus, with stops at the Transport Canberra bus stops on Gilmore Crescent and Yamba Drive incorporated on an as needed basis since 2021.
 Calvary Public Hospital Bruce (CPHB) do not have dedicated patient transport service in the ACT. If CPHB requires patient transport to facilitate patient transfer outside of the ambulance service CPHB utilises the Canberra Health Service patient transport service.
 - b) Nil.

ACT Legislative Assembly London Circuit, GPO Box 1020, Canberra ACT 2601



+61 2 6205 2661



stephen-smith@act.gov.au



@RachelSS_MLA



rachelSSMLA



rachelss_mla

c) Nil.

(2)

a) The Canberra Hospital Courtesy Bus loops through stops on campus and surrounding bus stops every 15-20 minutes.

b) N/A

c) N/A

(3) Canberra Health Services (CHS) Consumer Feedback and Engagement Team (CFET) do not record complaints related to public transport.

(4) CHS does not offer any subsidised travel outside those provided by the Commonwealth such as concession card holders and taxi subsidies through Access Canberra.

(5) Annual costs for the Canberra Hospital Courtesy Bus since 2016 are as follows:

Year	2016	2017	2018	2019	2020	2021	2022 (YTD)	Total
Courtesy Bus cost (ex GST)*	\$35,517.71	\$36,202.74	\$13,359.85	\$17,521.60	\$20,255.46	\$31,925.60	\$10,931.84	\$165,714.80

* The cost of the Courtesy Bus fluctuates annually due to several factors, including vehicle model/type changes and adjustment of kilometres travelled by the vehicle, which in turn impacts the monthly lease costs

(6) The Canberra Hospital Courtesy Bus driver is provided by a contractor, rather than FTE. Costs are as follows:

Year	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22 (up to April)
Courtesy Bus driver**	\$92,166.13	\$94,897.40	\$105,256.69	\$156,133.59	\$186,330.85	\$155,383.48

** In 2019, Canberra Health Services expanded the hours and scope of the service to provide staff transport to and from remote parking areas around the campus during twilight hours. This resulted the increase in cost of the service. Increases in the wage price index to contracted guarding services (drivers) also contributes to a year on year increase of running costs.

(7) The Canberra Hospital Courtesy Bus service began in 2015.

(8) Review of the Canberra Hospital Courtesy Bus occurs continuously as feedback is received and changes occur on the campus and surrounding areas.

Approved for circulation to the Member and incorporation into Hansard.

Rachel Stephen-Smith MLA
Minister for Health

Date:.....

This response required 210 minutes to complete, at an approximate cost of \$317.46



Rachel Stephen-Smith MLA
 Minister for Health
 Minister for Families and Community Services
 Minister for Aboriginal and Torres Strait Islander Affairs

Member for Kurrajong

RESPONSE TO QUESTION ON NOTICE
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ACT Legislative Assembly London Circuit, GPO Box 1020, Canberra ACT 2601

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stephen-smith@act.gov.au

@RachelSS_MLA

rachelSSMLA

rachelss_mla

c) Nil.

(2)

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b) N/A

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