Legislative Assembly for the ACT

STANDING COMMITTEE ON HEALTH AND DISABILITY

Annual and Financial Reports 2004–2005: Supplementary Information – Questions and Answers to Questions on Notice

FOLLOWING ARE ALL QUESTIONS AND ANSWERS RECEIVED ELECTRONICALLY.

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HD 01 Mrs Jacqui BURKE MLA Minister for Disability, Housing & Community Services

Mrs Burke asked the Minister upon notice:

In relation to Page 122, Volume 1 of the Annual Report 2004/05:

Further to the Community Housing Funding Review, has the final report on funding options for community housing in the ACT been released; If so, when will copies be available.

Minister Hargreaves - The answer to the Member's question is as follows:

The Final Report of the Funding Review for Community Housing has not been released yet. The Department of Disability, Housing and Community Services has received the final report and proposes to make copies available to community housing organisations and other stakeholders during December 2005.

Approved for circulation to the Standing Committee on Health and Disability

By the Minister for Disability, Housing and Community Services
Mr John Hargreaves
Date: 6 December 2005

HD 02 Mrs Jacqui BURKE, MLA Minister for Disability, Housing & Community Services –

Mrs Burke asked the Minister upon notice:

In relation to Page 78, Volume 1 of the Annual Report 2004/05:

1. What outcomes have arisen from the review of rent policies for Community Housing in the ACT;

2. How will rental policies differ for tenants under agreements with Community Housing providers and Housing ACT;

Minister Hargreaves - The answer to the Member's question is as follows:

1. The review of rent policies for community housing will be undertaken in the first six months of 2006 and will be completed by 30 June 2006.

2. The rental policy for community housing tenants in programs funded under an agreement with Housing ACT is generally the same as public housing tenants. Under the Commonwealth State Housing Agreement, the ACT is required to review public housing and community housing rent policies to ensure rent policies support access to employment. It is not possible to say, ahead of the review, whether some aspects of the rent policies for community housing will differ from public housing.

Approved for circulation to the Standing Committee on Health and Disability

By the Minister for Disability, Housing and Community Services
Mr John Hargreaves
Date: 6 December 2005

HD 03 Mrs Jacqui BURKE MLA Minister for Disability, Housing & Community Services

Mrs Burke asked the Minister upon notice:

In relation to Page 123, Volume 1 of the Annual Report 2004/05:

A workshop on disability and sexual health was held in June 2005 to assist with developing an issues paper for broader community consultation. Has this paper been finalised and when is it due for release for community input.

Minister Hargreaves - The answer to the Member's question is as follows:

In July 2005, a comprehensive literature review on disability and sexual health issues was developed and released for limited consultation with government & community stakeholders. A further meeting was held with community and government stakeholders on 11 August 2005, on the findings of the literature review. Further broad consultation with the community is expected to occur in 2006.

Approved for circulation to the Standing Committee on Health and Disability

By the Minister for Disability, Housing and Community Services
Mr John Hargreaves
Date: 7 December 2005

HD 04 Mrs Jacqui BURKE MLA Minister for Disability, Housing & Community Services

Mrs Burke asked the Minister upon notice:

In relation to Page 67, Volume 1 of the Annual Report 2004/05:

1. What is the current total level of rental debt, as of 30 November 2005, accrued with Housing ACT by tenants;

2. Given that Housing ACT works to assist tenants, who are in debt, to keep arrears payments below 30% of household income, why hasn't Housing ACT's policy of early intervention managed to identify the signals that a tenant is about to fall into arrears/debt;

3. What is the average time taken for a tenant who is in arrears to repay their debt; What is the average level of an individual tenants level of debt with Housing ACT.

Minister Hargreaves - The answer to the Member's question is as follows:

1. The current total level of rental debt, as of 30 November 2005, accrued by Housing ACT tenants was $958,687.20;

2. Housing Managers monitor the debt levels for each tenancy and actively intervene in cases where it is apparent that a tenant is going into debt and/or where there is an increase in the level of debt. Where arrears occur, the tenant is encouraged to enter into an agreement to repay the arrears. In cases where the tenant is in receipt of a rebate, the agreement requires repayment of the arrears at a rate that does not exceed 30% of gross household income, though there is a minimum repayment level of $10 per week. In other cases, unless hardship is demonstrated a higher level of repayment may be sought.

   However, as debt is generally the first visible indicator that a tenancy may be in distress, any other underlying problems affecting the tenancy and the ability of the tenant to sustain and maintain the tenancy need to be investigated and resolved in conjunction with resolving the arrears. Therefore, those tenants with high and complex needs that get into debt require substantial assistance and intervention to assist them to sustain their tenancy and this takes time. Often the debt continues to escalate during this period and therefore the constraints on repayment means that it also takes a long time to repay the arrears;

3. The average level of individual tenant debt with Housing ACT is $612.00. The average time taken for a tenant to repay a debt is based on the level of debt, the agreed repayment amount and the tenants household income and financial circumstances.

Approved for circulation to the Standing Committee on Health and Disability

By the Minister for Disability, Housing and Community Services
Mr John Hargreaves
Date: 11 December 2005

HD 05 Mrs Jacqui BURKE MLA Minister for Disability, Housing & Community Services

Mrs Burke asked the Minister upon notice:

In relation to Page 247, Volume 1 of the Annual Report 2004/05:

What was the intention of the Oakes Estate Project and Red Hill Project, each receiving $26,414 for 1 year and delivered by Southside Community Service;

Minister Hargreaves - The answer to the Member's question is as follows:

This funding was utilised to provide Community Development workers at these two sites.

Approved for circulation to the Standing Committee on Health and Disability

By the Minister for Disability, Housing and Community Services
Mr John Hargreaves
Date: 6 December 2005

HD 06 Mrs Jacqui BURKE MLA Minister for Disability, Housing & Community Services

Mrs Burke asked the Minister upon notice:

In relation to Page 245, Volume 1 of the Annual Report 2004/05:

ACT Shelter was provided with $135,924 over a 3 year period to provide advice and advocacy services for public housing tenants and low income housing consumers. What progress reports has Housing ACT received from ACT Shelter on the uptake of the services that have been provided under this service;

Minister Hargreaves - The answer to the Member's question is as follows:

The Department of Disability, Housing and Community Services has received regular reports on ACT Shelter's advice and advocacy service, which includes the number and type of forums, meetings and workshops.

Approved for circulation to the Standing Committee on Health and Disability

By the Minister for Disability, Housing and Community Services
Mr John Hargreaves
Date: 6 December 2005

HD 07 Mrs Jacqui BURKE MLA Minister for Disability, Housing & Community Services

Mrs Burke asked the Minister upon notice:

In relation to Page 243, Volume 1 of the Annual Report 2004/05:

The YWCA was awarded a $10,000 grant to set up a women's art and drama group at the Bega, Allawah and Currong multi-unit complexes. What scope is there for the continuity of this program at Bega and Allawah Courts and for any other multi-unit complexes in Canberra;

Minister Hargreaves - The answer to the Member's question is as follows:

Public Housing and Community Housing tenants may apply for funding through the Tenant Initiated Grants Program for a maximum of $5000 to run community projects.

Approved for circulation to the Standing Committee on Health and Disability

By the Minister for Disability, Housing and Community Services
Mr John Hargreaves
Date: 6 December 2005

HD 08 Mrs Jacqui BURKE MLA Minister for Disability, Housing & Community Services

Mrs Burke asked the Minister upon notice:

In relation to Page 224, Volume 1 of the Annual Report 2004/05:

The ACT Aboriginal and Torres Strait Islander Cultural Centre was granted $3,857 to pay for the installation of R3.0 roof insulation. Why was this money allocated to the Cultural Centre, when somewhere in the order of $1.5million has already been set aside for Capital Works that is to be utilised for a complete refurbishment of this site;

Minister Hargreaves - The answer to the Member's question is as follows:

The ACT Aboriginal and Torres Strait Islander Cultural Centre was granted the money to improve the existing insulation in the building. The need for the work was identified by an energy efficiency audit. The budget allocation will be used to refurbish the building which is a capital work. Plans are being developed for this work which will be co-ordinated through the Chief Minister's Department.

Approved for circulation to the Standing Committee on Health and Disability

By the Minister for Disability, Housing and Community Services
Mr John Hargreaves
Date: 7 December 2005

HD 09 Mrs Jacqui BURKE MLA Minister for Disability, Housing & Community Services

Mrs Burke asked the Minister upon notice:

In relation to Page 222, Volume 1 of the Annual Report 2004/05:

Winnunga Nimmityjah received $26,265 under a 1 year funding agreement for an initiative entitled, 'Caring for Aboriginal Carers'. How successful has this initiative been and will the Department consider extending the funding again in the 2005/06 financial year;

Minister Hargreaves - The answer to the Member's question is as follows:

Reports submitted by Winnunga Nimmityjah, demonstrate that the project has proved to be both successful in its delivery and in providing positive outcomes for carers and the people they care for in the community.

Project highlights included:

- Supporting 41 carers and their families;
- Referring individuals to a number of other services provided by Winnunga Nimmityjah;
- Conducting carer support meetings and workshops;
- Organising social activities and events including the Nadoc Ball and the Winnunga Family Day, which provided the carers and the people they care for, with social and cultural interactions with other people in the community. A trip to Dubbo was also organised providing contact with elders from the area, who assisted with cultural activities;
- Organising a mobile hair dresser so carers did not have to leave the people they care for to have their hair cut; and
- Providing transport whenever possible to ensure that access was available to all activities.

Carers and the people they care for indicated that the project provided opportunities to:

- Increase their knowledge of services, information and supports available in the community;
- Better understand how respite services can help;
- Improve their understanding of grief and loss processes;
- Discuss issues that impact on their everyday life; and
- Make social connections with people in similar situations.

Winnunga Nimmityjah Aboriginal Health Services was again successful in receiving a Carer Recognition Grant in the 2005/2006 funding program. The grant valued at $56,500, will allow the work undertaken in the 2004/2005 project to strengthen the physical, social, emotional and spiritual wellbeing of carers and those they care for to continue. Support and respite for Indigenous Carers will be provided with opportunities for Carers to participate in activities with the aim of reducing isolation that many can experience in their lives.

Approved for circulation to the Standing Committee on Health and Disability

By the Minister for Disability, Housing and Community Services
Mr John Hargreaves
Date: 7 December 2005

HD 10 Mrs Jacqui BURKE MLA Minister for Disability, Housing & Community Services

Mrs Burke asked the Minister upon notice:

In relation to Page 194, Volume 1 of the Annual Report 2004/05:

Collection House Ltd maintains a contract to the value of $75,648 over a period of two and half years to recover debt for Housing ACT. It is understood this contract is close to expiring, will it be continued; How much has this company recuperated on behalf of Housing ACT.

Minister Hargreaves - The answer to the Member's question is as follows:

The current contract with Collection House Ltd expires on 31 December 2005. Negotiations have commenced with Collection House Ltd to continue that contract for a further 12 months whilst the tender for a new contract is prepared. Under the current contract Collection House have recovered $0.301m to the end of November 2005. Collection House has collected a further amount of $3.074m under their previous contracts.

Approved for circulation to the Standing Committee on Health and Disability

By the Minister for Disability, Housing and Community Services
Mr John Hargreaves
Date: 6 December 2005

HD 11 Mrs Jacqui BURKE MLA Minister for Disability, Housing & Community Services

Mrs Burke asked the Minister upon notice:

In relation to Page 121, Volume 1 of the Annual Report 2004/05:

Housing ACT have been engaged in ongoing meetings with residents at Hartigan Gardens, Garran about the redevelopment of the site and possible concerns of residents about relocation options. What advice has been given to tenants about their relocation when the redevelopment occurs; When will the redevelopment occur and what forms of housing options will be made available on the site;

Minister Hargreaves - The answer to the Member's question is as follows:

1. Residents have been advised that if they wish to remain on the site, they will be allocated a unit after it has been redeveloped. The development of the site is being reviewed. The residents of Hartigan Garden will be asked for input into the future development of the site.

Approved for circulation to the Standing Committee on Health and Disability

By the Minister for Disability, Housing and Community Services
Mr John Hargreaves
Date: 7 December 2005

HD 12 Mrs Jacqui BURKE MLA Minister for Disability, Housing & Community Services

Mrs Burke asked the Minister upon notice:

In relation to Page 120, Volume 1 of the Annual Report 2004/05:

Housing ACT has engaged in ongoing meetings with residents at Red Hill concerning the Red Hill master plan. What advice has been given about possible rejuvenation and planning options, particularly concerning the public housing site around Discovery Street, Red Hill;

Minister Hargreaves - The answer to the Member's question is as follows:

Tenants have been advised that Housing ACT intends to review the Red Hill Master Plan. The principles in the Public Housing Asset Management Strategy 2003-2008 support the redevelopment of the site. The tenants have been advised that they will be consulted as part of the planning work.

Approved for circulation to the Standing Committee on Health and Disability

By the Minister for Disability, Housing and Community Services
Mr John Hargreaves
Date: 7 December 2005

HD 13 Mrs Jacqui BURKE MLA Minister for Disability, Housing & Community Services

Mrs Burke asked the Minister upon notice:

In relation to Page 78, Volume 1 of the Annual Report 2004/05:

What improvements have been made to the regulatory framework for community housing to enhance its governance and accountability structures;

Minister Hargreaves - The answer to the Member's question is as follows:

The ACT Government Service Funding Agreement includes governance and accountability measures for community housing organisations funded by the ACT Government. A discussion paper on options for the regulatory framework for community housing in the ACT will be developed in the first half of 2006.

Approved for circulation to the Standing Committee on Health and Disability

By the Minister for Disability, Housing and Community Services
Mr John Hargreaves
Date: 6 December 2005

HD 14 Mrs Jacqui BURKE MLA Minister for Disability, Housing & Community Services

Mrs Burke asked the Minister upon notice:

In relation to Page 74, Volume 1 of the Annual Report 2004/05:

Can the Minister advise of the progression of the endorsed model of separation of support provision and tenancy management at Ainslie Village;

Minister Hargreaves - The answer to the Member's question is as follows:

The separation of support provision and tenancy management at Ainslie Village became effective on 1 December 2005. Havelock Housing Association is responsible for tenancy management services whilst Centacare and other service providers on site continue to provide support to residents.

Approved for circulation to the Standing Committee on Health and Disability

By the Minister for Disability, Housing and Community Services
Mr John Hargreaves
Date: 6 December 2005

HD 15 Mrs Jacqui BURKE MLA Minister for Disability, Housing & Community Services

Mrs Burke asked the Minister upon notice:

In relation to Page 72, Volume 1 of the Annual Report 2004/05:

1. It is understood that Housing ACT is seeking to pursue wherever possible joint ventures for redevelopment of Housing ACT sites to achieve economically viable returns for social housing. Where has the department been successful in the development of accessible and adaptable forms of housing, and in what specified geographical areas of the ACT;

2. Housing ACT is examining its short, medium and long-term capabilities as they relate to operations for public housing. Will this mean that some services or operations may have to be outsourced to deliver greater efficiencies in the portfolio; What strategies are being put into place that will allow for any financial efficiencies;

Minister Hargreaves - The answer to the Member's question is as follows:

1. Page 69 of Volume 1 of the Annual Report 2004/2005 for the Department of Disability, Housing and Community Services provides details about the capital program for that financial year. The geographic areas are Turner, Braddon, Dunlop and Lyons.

2. Housing ACT will consider a range of issues when examining its short, medium and long-term capabilities, including maximising financial and operational efficiencies.

Approved for circulation to the Standing Committee on Health and Disability

By the Minister for Disability, Housing and Community Services
Mr John Hargreaves
Date: 7 December 2005

HD 16 Mrs Jacqui BURKE MLA Minister for Disability, Housing & Community Services

Mrs Burke asked the Minister upon notice:

In relation to Page 69, Volume 1 of the Annual Report 2004/05:

Housing ACT identified that it sold 77 properties during 2004/05, including 61 at auction and a further 16 were sold to tenants. In order to see some further growth in capital return on properties disposed of by Housing ACT, will the trend continue where the department will sell more properties in the coming year, particularly where possible to tenants, in order to be able to construct more properties that are suited to the projected needs of applicants on the housing waiting list;

Minister Hargreaves - The answer to the Member's question is as follows:

Yes.

Approved for circulation to the Standing Committee on Health and Disability

By the Minister for Disability, Housing and Community Services
Mr John Hargreaves
Date: 6 December 2005

HD 17 Mrs Jacqui BURKE MLA Minister for Disability, Housing & Community Services

Mrs Burke asked the Minister upon notice:

In relation to Page 63, Volume 1 of the Annual Report 2004/05:

Housing ACT conducted a review of the waiting lists to ensure that current and eligible applicants would remain on the list for allocation of housing assistance. What is the current number of applicants on the waiting lists, both new applications and the number of requests for transfer;

Minister Hargreaves - The answer to the Member's question is as follows:

As at 1 December 2005, there were 2329 new applicants on the waiting list and 1054 tenants seeking a transfer.

Approved for circulation to the Standing Committee on Health and Disability

By the Minister for Disability, Housing and Community Services
Mr John Hargreaves
Date: 6 December 2005

HD 18 Mrs Jacqui BURKE MLA Minister for Health

Mrs Burke asked the Minister upon notice:

In relation to the depreciation and amortisation in the 2004-05 ACT Health Annual Report:

There seems to be a discrepancy of $2.177m between the (expense) figure of $13.6m on P82 and P105, and the breakdown provided by notes 25 and 26 (pp132 & 133):
Page 132 – shows that Land and buildings accumulated depreciation goes from $15.957m in 2004 to $23.860m in 2005. A difference of **$7.903m**. Page 132 – shows that Plant and equipment accumulated depreciation goes from 41.480m to 43.760m. A difference of **$2.28m** – giving a running total of **$10.183m.** Page 133 – shows Accumulated amortisation of internally developed software goes from 1.051m to 2.233m. A difference of **$1.182m.**
Accumulated amortisation of externally developed software is **$0.058m**, giving a total for depreciation and amortisation of **$7.903m + $2.28m + $1.182m + $0.058m = $11.423m**. Where is the other $2.177m accounted for.

Minister Corbell - The answer to the Member's question is as follows:

The member refers to Notes 25 and 26 of the financial statements and an unexplained amount of $2.177m in depreciation and amortisation expense. Notes 25 and 26 are not intended to report depreciation and amortisation expense. They are used to reflect movement in Property Plant and Equipment and in Intangible Assets, showing both the values at cost and the accumulated depreciation and amortisation.

The other factor included in the movement in accumulated depreciation and amortisation figures in the financial statements is the value of depreciation and amortisation for assets that are disposed of in the particular year. The accumulated depreciation of disposals in 2004-05 was $2.177m.
Disposal of asset information is also shown at Note 25 however this is reported as the written down value ($0.059m). This is calculated as the cost less the accumulated depreciation for the disposed items.

Approved for circulation to the Standing Committee on Health and Disability

By the Minister for Health
Mr Simon Corbell
Date:7 December 2005

HD 19 Mrs Jacqui BURKE MLA Minister for Health

Mrs Burke asked the Minister upon notice:

In relation to the 2004-05 ACT Health Annual Report:

1. Page 14 notes that Calvary undertook a full ACHS assessment in September 2004 and received (partial) accreditation for two years. How many ratings of Low Achievement and Some Achievement were received. Can the committee have a copy of the ACHS report;

2. Page 18 notes that 31 of 51 actions contained in the ACT Mental Health Strategy and Action Plan 2003-08, have been fully implemented or are in progress. Which actions have been implemented, which are in progress and which are still outstanding;

3. Page 82 states that "depreciation and amortisation **expenditure** for the financial year was $13.6m" – how is it possible to **expend money on** depreciation and amortisation;

4. Page 134, payables, notes that there are 22 payables that are overdue by more than 60 days. How many of these are still overdue;

Minister Corbell - The answer to the Member's question is as follows:

1. Calvary Health Care ACT Low Achievement (LA) and Some Achievement (SA) Ratings Summary for 2004 accreditation were:

   Low Achievement: No criteria were rated by the surveyors at LA

   Some Achievement: Six criteria were rated by the surveyors at SA.

   Calvary Health Care ACT is unable to provide a full survey report as it contains both Calvary Private and Public Hospitals information. A summary of Calvary Public Hospital recommendations is attached.

2. As at December 2005, there are only 4 actions outstanding (Actions 25, 32, 39 & 46), 13 actions implemented (Actions 2, 4, 5, 7, 16, 23, 27, 37, 38, 44, 47, 50, 51) and the rest (34) of the actions are in progress.

3. Depreciation and Amortisation is correctly reflected in the financial statements and has been done so every year following the introduction of accrual accounting by the ACT Government in 1996-97. Depreciation relates to land, buildings and equipment. Amortisation relates to software.

These are non cash items meaning no payments are made. They are simply items that have to be included in the Statement of Financial Performance to accurately reflect the full cost of health services.

4. The 22 referred to in Note 20 (page 134 of the Annual Report) was a dollar value not the number of payees. The $22,000 has been paid since 30 June 2005.

Approved for circulation to the Standing Committee on Health & Disability

By the Minister for Health
Mr Simon Corbell
Date:7 December 2005

ACHS SURVEY RECOMMENDATIONS 2004

CARE CONTINUUM

Criteria	Recommendation
1.1.1	A review of the availability of ventilator beds in ICU take place, taking into account the future needs of an increasing population. This review also include appropriate space requirements and the need for other organ support modalities, such as dialysis.
1.1.1	There be an urgent review of occupational therapy staffing levels across the institution such that all patients who require such a service have access
1.3.1	The hospital improve the efficiency of health care delivery and teamwork by multiskilling ancillary ward staff
1.3.1	Wandering patients be nursed in a more secure area.
1.3.1	Electronic cardiorespiratory monitoring of patients being transferred from endoscopy to recovery be routine.
1.3.2	There be improved radiologist input into the management of acutely ill or injured patients by writing the results of significant, urgent or complex investigations in the medical record.
1.4.1	The use of the convalescent beds be evaluated
1.4.1	Communication to the community be improved by further rollout of the electronic discharge referral as a matter of some urgency.
1.4.1	The hospital explore enhancement of community support and management of selected patients in the community in close collaboration with general practice and community support groups.

LEADERSHIP AND MANAGEMENT

Criterion	Recommendation
2.1.1	Key plans in the agreed planning cycle be reviewed to be more specific in identifying planned outcomes/key result areas and key performance indicators be refined to measure progress in achieving the planned outcomes.
2.1.1	All plans be subjected to regular formal review, possibly quarterly, to measure progress and to provide the capacity to take timely remedial action when necessary.

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2.1.3	The committee structure under the executive management group be reviewed with a focus on identifying duplications and gaps and with the objective of refining terms of reference and streamlining the operations of the committees to better reflect the core business of the organisation.
2.1.4	All contracts with the providers of external services be reviewed and amended to ensure that they meet the requirements for ensuring the provision of quality, safe services including compliance with relevant legislation, policies and occupational health and safety issues
2.1.4	A service level agreement with ACT Sterilising Services be finalised as soon as possible to overcome the current uncertainties around the obligations of the parties.
2.1.5	The exercise of reviewing the existing policy framework at the corporate, operational and clinical policy level be reviewed to ensure that it is completed as a high priority project.

HUMAN RESOURCE MANAGEMENT

Criterion	Recommendation
3.1.1	An action plan be developed to implement recommendations as outlined in the employee survey and to include key performance indicators, time frames and persons responsible.
3.1.2	Steps be taken to endorse the selection and recruitment manual. Following implementation, evaluation of the manual be undertaken in 12 months.
3.1.2	A recruitment training program be established for first line managers to ensure they have appropriate skills for this aspect of their work.
3.1.2	The review and endorsement of the generic position descriptions be continued and completed.
3.1.3	A performance management system be developed for senior medical staff to ensure their continuing competence and the results be evaluated.
3.1.3	Performance reviews of administrative staff be undertaken on an annual basis to help ensure continuing competence and the results be evaluated.
3.1.3	Performance management strategies be negotiated as part of the tender process for contracts and the results be evaluated.
3.1.4	Key performance indicators be developed to evaluate the learning and development programs.
3.1.4	A program be developed to identify the number of staff who have not yet attended annual core elements training.

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INFORMATION MANAGEMENT

Criterion	Recommendation
4.1.1	When clinical records are kept in an individual department a clear tag/identifier be added to the integrated clinical file to indicate that clinical records are being retained at another location.
4.1.1	All clinical staff be encouraged to write their names and designations in clinical records with the practice audited on a regular basis to ensure compliance with documentation standards.
4.1.4	The staffing resources available within the medical records services be reviewed to ascertain whether the current pressures on staff can be eased.
4.1.4	A high priority be given to identifying additional space for the safe and efficient storage of medical records in or near the main record department areas.
4.1.4	The present practice of stacking medical records on the top of the filing shelves be reviewed as a matter of urgency with a view to finding a safer solution to the storage problem.
4.1.4	A solution to ensure easy access to clinical records for the emergency department be found so that the present temporary retention of clinical notes in the ED for five weeks becomes unnecessary.
4.1.5	Consideration be given to carrying out a major library user satisfaction survey at least annually to inform the present system for business planning and setting of future directions.
4.1.5	The need for a duress alarm in the medical library be investigated with a view to reducing possible risks to staff safety.

SAFE PRACTICE AND ENVIRONMENT

Criterion	Recommendation
5.1.1	The SHIP program be included in a revised committee structure for the hospital.
5.1.2	The staffing requirements of the engineering and stores areas be reviewed with the aim of providing sufficient staff to manage the required workload.
5.1.2	Further efforts be made to improve the system for the disposal of unwanted assets so that fewer unwanted assets are stored awaiting disposal and the storage itself is better managed.
5.1.2	As a matter of priority Calvary Health care ensure the safe transport and storage of gas cylinders.
5.1.6	Duress alarms be more widely available to the staff particularly those interviewing mental health patients in the emergency department.
5.1.6	The door closure in the room in the emergency department where mental health patients are interviewed be removed and either not replaced or replaced by one which does not provide a potential hanging point.

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5.1.6	Consideration be given to an alternative after hours exit from the hospital so that people do not have to walk through the middle of the emergency department.
5.1.6	Entry to and exit from the mental health inpatient unit be managed to ensure that staff have awareness of who is entering and who is leaving the unit.
5.1.7	Further steps be taken to reduce the amount of potentially dangerous goods stored in the hospital and o make the storage of such materials safer. The steps taken then be evaluated.
5.1.7	The use of Chemwatch be enhanced by training more staff in its use.
5.1.9	Definite steps be taken and be evaluated to reduce the amount of general waste included in clinical areas.

IMPROVING PERFORMANCE

Criterion	Recommendation
I 6.1	The structure and funding of the governance system be embedded on an ongoing basis with further development of clinical champions.
6.1.1	Review of the committee structure regarding clinical governance versus quality, safety and risk committees be undertaken because of potential duplication and potential lack of effectiveness.
6.1.1	Audit functioning be augmented through this peak quality committee.
6.1.1	Clinical pathway usage be reviewed and where appropriate more useable pathways which can be analysed more efficiently be developed.

Outcomes:

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HD 20 Mrs Jacqui BURKE MLA Minister for Health

Mrs Burke asked the Minister upon notice:

In relation to Mental Health in 2004-05 ACT Health Annual Report:

1. What is MITT (Mobile Intensive Treatment Team);

2. What do they do that is different to CATT

3. Why are MITT not mobilised in support of CATT workers;

4. Why is MITT not listed with CATT and other mental health services in the phone book.

Minister Corbell - The answer to the Member's question is as follows:

1. The Mobile Intensive Treatment Team (MITT) is a specialised team of mental health clinicians whose target groups are consumers with first or early onset psychosis and consumers entering the service with identified complex needs. The aims of the service include:
    a. Providing a flexible and accessible service to consumers and their families;
    b. Minimising lengthy and repeated admissions to bed based services;
    c. Providing ongoing education and support for the consumers and their families; and
    d. Operating within a model that emphasises early detection and intervention.

2. The MITT undertake clinical management of the above target group of consumers whereas the Crisis Assessment and Treatment Team undertake crisis intervention and short term management and treatment.
3. The MITT and CATT teams often work together and support each other to provide the necessary services for the Canberra Community.
4. MITT is a team within a regional community team and can be reached by contacting either the Triage Team or one of the Regional Mental Health Teams listed in the telephone book.

Approved for circulation to the Standing Committee on Health and Disability

By the Minister for Health
Mr Simon Corbell
Date:7 December 2005

HD 21 Mrs Jacqui BURKE MLA Minister for Health

Mrs Burke asked the Minister upon notice:

In relation to Mental Health:

Is it the case that Bipolar I disorder is rarer than schizophrenia and depression; If that is the case, are CATT staff adequately trained to correctly assess people with Bipolar I who are experiencing manic episodes and/or psychosis.

Minister Corbell - The answer to the Member's question is as follows:

Yes, Bipolar I disorder is rarer than Schizophrenia and Depression. CATT staff are trained mental health clinicians who have the expertise to identify and manage this client group.

Approved for circulation to the Standing Committee on Health and Disability

By the Minister for Health
Mr Simon Corbell
Date:7 December 2005

HD 22 Ms Karin MACDONALD MLA Minister for Disability, Housing & Community Services

Ms Macdonald asked the Minister upon notice:

Can you please provide to the Committee, the composition of the Homelessness Working Groups?

Minister Hargreaves - The answer to the Member's question is as follows:

Refer attached table

Approved for circulation to the Standing Committee on Health and Disability

By the Minister for Disability, Housing and Community Services
Mr John Hargreaves
Date: 6 December 2005

Name	Terms of Reference	**Membership**	Term of Appointment	No of Meetings Held	Major activities or issues
Charter of Rights Working Group	The Charter of Rights Working Group is responsible for developing a Charter of Rights for people experiencing homelessness and an associated Code of Conduct for homelessness service providers.	Ms Veronica Wensing Mr Greg Weir Mr Nathan Hancock Dr Helen Watchirs Mr Peter Sutherland Mr Jeffrey Dalton Ms Maureen Sheehan (Chair) Ms Rowena Daw Dr Kevin Bray Mr David Hopkins Mr Don MacKenzie Mr Shaun Kelly	Est. June 2005	4	▪ Establishment of a draft Charter of Rights for people experiencing homelessness ▪ Establishment of a draft Code of Conduct for homelessness service providers.
Aboriginal and Torres Strait Islander Working Group	The Aboriginal and Torres Strait Islander Working Group provides advice and recommendations on the establishment of a range of housing and homelessness responses as identified in the ACT Homelessness Strategy.	Mr Jim Best Ms Winsome Willow Mr Neil Harwood Ms Joyce Graham Mr Keith Clarke Mr Maurice Walker (Chair) Mr Benny Mills Ms Rose Longford Ms Traci Harris Ms Caroline Munns Mr Les Coe Mr Matthew Kennedy Ms Julie Tongs Ms Maureen Sheehan (Chair) Mr Shaun Kelly	Est. March 2005	4	To consider the relevant actions (Actions 2.4.1; 3.2.3; and 3.2.5.), of the ACT Homelessness Strategy and to develop appropriate structure and models to implement: ▪ Outreach services for people at risk of homelessness; ▪ Supported accommodation for families; and ▪ Hostel Accommodation.
Youth Homelessness Working Group	The Youth Homelessness Working Group developed a Youth Homelessness Action Plan to address the specific needs of young people (12-25 yrs) who are homeless or at risk of homelessness.	Ms Meredith Hunter Ms Margaret Riley Ms Anne Kirwan Ms Ara Cresswell Ms Bronwyn Webster Ms Fran Berry Ms Marilyn Graham Mr Gerald Franks Mr Wilf Rath Mr Charlie Shore Mr Matthew Kennedy Mr Mitchell Cole Mr David James Ms Maureen Sheehan (Chair) Mr Shaun Kelly	March 2005	4	▪ Development of the Youth Homelessness Action Plan. ▪ Planning and implementation of the Youth Homelessness Action Plan.

HD 23 Mr Brendan SMYTH MLA Minister for Health

Mr Smyth asked the Minister upon notice:

In relation to page 25 there's a note that says, "Mandatory reporting of all sentinel events has been introduced."

1. What is a sentinel event?
2. How many such reports were made and can you give us a clear example of what such a thing is?

Minister Corbell - The answer to the Member's question is as follows:

1. A sentinel event as defined by the National Safety and Quality Council (2004) is an event in which death or serious harm to a patient has occurred. A core set of sentinel events has been developed and these include:

    - Procedures involving the wrong patient or body part;
    - Suicide of a patient in an in-patient facility;
    - Retained instruments or other material after surgery requiring re-operation or further surgical procedure;
    - Intravascular gas embolus resulting in death or neurological damage;
    - Haemolytic blood transfusion reaction resulting from ABO incompatibility;
    - Medication error leading to the death of a patient reasonably believed to be due to incorrect administration of drugs;
    - Maternal death or serious morbidity associated with labour or delivery; and
    - Infant discharged to the wrong family.

2. There have been nine sentinel events reported from 1 July 2004 to 30 June 2005. All reported sentinel events are investigated through an audit and review process that leads to remedial action.

Approved for circulation to the Standing Committee on Health and Disability

By the Minister for Health
Mr Simon Corbell
Date:15 December 2005

HD 24 Mr Brendan SMYTH MLA Minister for Health

Mr Smyth asked the Minister upon notice:

In relation to Mental Health:

What is the cost of maintaining somebody in the high-dependency unit and what is the cost of maintaining someone in the PSU, per day?

Minister Corbell - The answer to the Member's question is as follows:

The cost for maintaining a consumer in the high-dependency unit is $840 per day, whilst for non- high dependency the cost is $515 per day.

Approved for circulation to the Standing Committee on Health and Disability

By the Minister for Health
Mr Simon Corbell
Date: 15 December 2005

HD 25 Ms Karin MACDONALD MLA Minister for Health

Ms Macdonald asked the Minister upon notice:

In relation to Mental Health:

Can you elaborate on the nature of the training to AFP on mental health issues?

Minister Corbell - The answer to the Member's question is as follows:

Mental Health ACT provides training to members of the Australian Federal Police that includes the following;

1. An overview of the structure and function of Mental Health ACT
2. The procedure for referring a client to Mental Health ACT via Triage and the role of the Crisis Assessment and Treatment Team (CATT).
3. An introduction to non-psychotic illnesses including anxiety and depression
4. Assessment and management of suicide
5. An introduction to psychosis
6. Strategies for working with someone experiencing psychosis
7. An overview of the ACT Mental Health (Treatment and Care) Act 1994.

Sessions are interactive and include the use of case studies to illustrate and strengthen the knowledge and skills acquired through the training.

The training session is for three hours and is provided to new staff and to staff being posted to areas of conflict/danger such as New Guinea, Solomon Islands, etc.

Approved for circulation to the Standing Committee on Health and Disability

By the Minister for Health
Mr Simon Corbell
Date: 15 December 2005

HD 26 Mrs Jacqui BURKE MLA Minister for Health

Mrs Burke asked the Minister:

This may be one that you cannot answer, Ms Shaw. It says that the commissioner and a conciliator visited Winnunga Nimmitjah Aboriginal Health Service and met with the chief executive officer and staff to discuss ways in which the commissioner might assist indigenous consumers to resolve any concerns. Do you know much about that? Do you know how practical it was? It says, "Close links will be maintained with Winnunga." Of what value was that? Was there a good and positive outcome? It does not say too much about it. Do you know much about it?

Minister Corbell - The answer to the member's question is as follows:

1. The former Community and Health Services Complaints Commissioner, Mr Philip Moss, visited Winnunga Nimmitjah Aboriginal Health Service to enable key staff at each agency to meet each other. The visit promoted understanding of the role and functions of the Community & Health Services Complaints Commissioner's office, and the range of services provided by Winnunga.

2. The former Commissioner and a Conciliator were shown around the premises of Winnunga and were introduced to all staff present on that day. Winnunga staff were encouraged to contact the Commissioner's office, and to assist their clients to contact the office, whenever issues of concern were unable to be resolved directly with the service provider. Complaint forms and pamphlets were placed in the front foyer of Winnunga. Although it can be difficult to assess any practical outcomes from such an introduction, past experience indicates that people are more likely to pick up the phone, or to assist a client to do so, once personal contact has been established with the Commissioner's office.

3. The Commissioner, a Conciliator, and an Investigations Officer attended the NAIDOC Week celebrations at Winnunga later in the year, at the invitation of the Director.

Approved for circulation to the Standing Committee on Health and Disability

Minister for Health
Mr Simon Corbell
Date: 15 December 2005

HD 27 Mr Brendan SMYTH MLA Minister for Health

Mr Smyth asked the Minister:

On page 21 of the report there is a breakdown of inquiries and complaints about private service providers. It does a category listing and also a comparison between 2003-04 and 2004-05. I notice that, on page 22, there is no comparison data for the public service provider. Is that data available? …Is it possible to do that for 2003-04 and provide it to the committee?

Minister Corbell - The answer to the Member's question is as follows:

1. In previous years, the Community and Health Services Complaints Commissioner did not have available a database report that produced data for a breakdown of enquiries and complaints about public service providers by public service provider categories.

2. That gap in database reporting was recognised and a new report was developed for the reporting of public service provider categories in the 2004-05 Annual Report.

3. Using that new report retrospectively, the data for the breakdown of enquiries and complaints about public service providers by public service provider categories for 2003-04 shows:

Public service provider	**No.**	**%**
Public Hospitals	93	43%
Community Health Service	63	29%
Individual Practitioners	N/A[1]	
Mental Health Service	31	14%
Disability/Rehabilitation Service	7	3%
Correctional Institution	7	3%
Other	17	8%
Total	**218**	**100%**

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Minister for Health
Mr Simon Corbell
Date: 15 December 2005

[1] In 2004-05 a new data entry requirement was introduced to record the individual practitioner/s involved in care given by organisational providers. That data was not uniformly collected prior to 2004-05.

HD 28 Mrs Jacqui BURKE MLA Minister for Health

Mrs Burke asked the Minister upon notice:

In relation to page 26 of the report, the Health Protection Service reports that there were five food-borne and 23 non-food-borne disease outbreaks and clusters.

1. What were the food-borne diseases or infections?
2. What action was taken to control them and prevent reoccurrence?
3. What were the non-food-borne diseases or infections?
4. Were any water-borne?
5. Were there any outbreaks or clusters of cryptosporidium or giardia?

Minister Corbell - The answer to the Member's question is as follows:

1. The five food-borne disease outbreaks included one caused by Salmonella, one caused by Campylobacter, one caused by Norovirus and two where the agent was unknown.
2. The Health Protection Service forms an appropriate team to investigate each outbreak. The outbreak investigation aims to confirm the mode of transmission and attempt to identify the source of each outbreak. A priority in each outbreak was to ensure that there was not an ongoing public health risk. Environmental audits were conducted of the food premises involved in each outbreak. These audits examine food storage, food preparation and food handling. There were follow-up inspections conducted as required to ensure that problems had been addressed. These audits were in addition to the regular inspections of food premises conducted by the Health Protection Service. There is also consideration of the need for a stronger regulatory response including prosecution under the ACT Food Act 2001. However, this was not necessary in any of these outbreaks. Issues that were identified included the need for greater use of staff illness registers and the need to improve knowledge of appropriate food handling practices. Traceback of the implicated food source was done in two instances and relevant information in one case was given to the NSW Food Authority. The outbreak summaries are also sent to OzFoodNet- the national food borne disease surveillance and management network- to inform ongoing policy initiatives and collaboration with the food industry to improve the safety of food.
3. The non-food-borne disease outbreaks were viral gastroenteritis outbreaks in institutions particularly childcare centres. The causative agent was identified as Norovirus in three outbreaks and Rotavirus in two outbreaks. The other outbreaks were presumed to be viral based on

the symptoms and duration of illness after investigation by the Health Protection Service.

4. There were no water-borne outbreaks identified in 2004-2005.
5. There were no outbreaks of Cryptosporidium or Giardia identified. There were a number of family clusters of Cryptosporidium and Giardia identified. However, investigation of these clusters did not establish a source of these infections or any link to other community cases. Investigation of sporadic cases of Cryptosporidium and Giardia indicated that the source of infection may have been untreated water in rural and coastal areas in several cases.

Approved for circulation to the Standing Committee on Health and Disability

By the Minister for Health
Mr Simon Corbell
Date: 15 December 2005

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HD 29 Mrs Jacqui BURKE MLA Minister for Health

Mrs Burke asked the Minister upon notice:

In relation to pages 93 and 94 there are tables setting out projects completed, new works and works in progress. It does show a number of projects being cancelled and one whose scope was reduced.

1. Why were the projects cancelled and one project had its scope reduced?
2. Will they ever be considered again or were they considered as not needed, superfluous to requirement, or just a priority?

Minister Corbell - The answer to the Member's question is as follows:

1. The Canberra Hospital undertook a review of minor works projects to address significant OH&S issues, critical accommodation pressures, security issues and implications arising from the Hospital Masterplanning exercise. The projects you refer to were cancelled for 2004-05 and projects that were assessed as having a higher priority were substituted. The substituted projects are identified on page 95 of the ACT Health Annual Report. The total level of the Minor Works Funding program was unchanged.

   In relation to the Emergency Power supply to ACT Hospice, an investigation was undertaken by consultants to confirm the emergency power requirements of the Hospice. The report determined the available funding was not sufficient to meet the requirements to provide back-up power for all essential services.

   The scope of the carpark at Gaunt Place was reduced as part of the overall review of projects to allow sufficient funds to be made available for the higher priority projects that were substituted in 2004-05. The scope reduction was achieved predominately by changing the changing the choice of carpark surface from asphalt to gravel. The number of carpark spaces achieved remained as planned and the scope reduction was achieved with little effect on project outcomes.

2. The projects that were cancelled at The Canberra Hospital in 2004-05 will be reassessed according to priority when determining the Capital Upgrade Program for each year.

   The power supply initiative will be considered when determining the projects to be funded from the 2006-07 Capital Upgrades Funding.

Approved for circulation to the Standing Committee on Health and Disability

By the Minister for Health
Mr Simon Corbell
Date: 16 December 2005

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HD 30 Ms Karin MACDONALD MLA Minister for Health

Ms Macdonald asked the Minister:

I have a question on a totally different area. I refer to page 46 with relation to workplace health and safety, specifically at The Canberra Hospital. I note that at the bottom of page 46 there's a note that manual handling was an area of major concern at The Canberra Hospital, with the numbers of injuries from manual handling increasing, and as such The Canberra Hospital has implemented a manual handling program. Could you provide information on what that involves. Clearly, nursing is one of the areas, but presumably the wardspersons and other areas are affected by this as well.

1. What are the figures on hoists and other lifting equipment?
2. What are the manual handling claim figures to date?

Minister Corbell - The answer to the Member's question is as follows:

1. There are 35 patient lifters of varying type including stand-up lifters and electric sling lifters used throughout The Canberra Hospital.
2. Based on claims received in the period Nov 03 to Oct 04 there were 57 workers compensation claims submitted and for the period Nov 04 to Oct 05 there were 27 workers compensation claims submitted to ACT Health for manual handling injuries at The Canberra Hospital. This represents a 53% reduction over the corresponding period for the previous year.

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Mr Simon Corbell
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