LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON PUBLIC ACCOUNTS

(Reference: Inquiry into Auditor-General's Performance Audit Reports January 2022 – June 2022)

Members:

MRS E KIKKERT (Chair)
MR M PETTERSSON (Deputy Chair)
MR A BRADDOCK

TRANSCRIPT OF EVIDENCE

CANBERRA

THURSDAY, 8 DECEMBER 2022

Secretary to the committee:
Ms S Milne (Ph: 620 50435)

By authority of the Legislative Assembly for the Australian Capital Territory

WITNESSES

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Amended 20 May 2013

The committee met at 9.30 am.

STANTON, MR BRETT, Assistant Auditor-General, Performance Audit, ACT Audit Office
PORTER, DR TANJA, Senior Director, Performance Audit, ACT Audit Office

THE CHAIR: Good morning everyone and welcome. I declare open this public hearing by the Standing Committee on Public Accounts for the inquiry into Auditor-General's Performance Audit Reports January 2022—June 2022. Before we begin, on behalf of the committee I would like to acknowledge we meet today on the land of the Ngunnawal People. We respect their continuing culture and the contribution they make to the life of this city and this region.

This inquiry commenced on 30 June 2022 and the committee has received two submissions which are available on the committee website. Today the committee will hear from witnesses representing the ACT Auditor-General, the Chief Minister and the Minister for Mental Health.

There are a few housekeeping matters that I wish to draw to your attention. We are conducting these hearings in a COVID safe manner, please practice good hand and respiratory hygiene. There is a cleaner to clean chairs and desks between witnesses. Please observe social distancing requirements and use allocated seats as marked. All mobile phones are to be switched off or put into silent mode. Witnesses are to speak one and a time and will need to speak directly into the microphone for Hansard to be able to hear and transcribe them accurately, and the first time witnesses speak they will need to indicate their name and the capacity in which they appear.

Please be aware that the proceedings today are being recorded and transcribed by Hansard and will be published. The proceedings are also being broadcast and webstreamed live. So, now we will move to the first witnesses appearing today on behalf of the ACT Auditor-General. On behalf of the committee, thank you for appearing today and for the reports that formed the substance of the inquiry. Can I remind witnesses of the protections and obligations afforded by parliamentary privilege and draw your attention to the privilege statement before you on the table. Could you confirm for the record that you understand the privilege implications of the statement?

Mr Stanton: Brett Stanton, Assistant Auditor-General for Performance Audit, I have read the statement and I understand.

THE CHAIR: Thank you.

Dr Porter: Tanja Porter, ACT Audit Office, I have read the statement and understand.

THE CHAIR: Thank you. Before we proceed to questions from the committee, Mr Stanton and Dr Porter, would you like to make a brief opening statement?

Mr Stanton: No, thank you, Chair, we are happy to take questions.

THE CHAIR: Wonderful. I will kick off then from the management of the detainee mental health services in AMC. What was one of the major findings and major highlights that you have discovered from your investigations and from your report?

Mr Stanton: Well it is quite a comprehensive report, so there are a lot of findings in there and it is very difficult to choose one that might be the key one for the committee's consideration, but if I could point to I think one of the issues that we have identified is the provision of or the staffing arrangements in the AMC and the capacity to provide the psychological services to the cohort of detainees according to their needs.

Chapter 2 of the report which talks about planning for the delivery of mental health services talks about the staffing arrangements and also the lack of capacity in many respects. There are staff shortages, there were staff shortages at the time in relation to qualified psychologists, and we felt that that actually impacted on the ability of the Corrective Services and Canberra Health Services to provide that comprehensive quality of care to detainees. In chapter 2 of the report one of the tables talks about a stepped care model for the provision of psychological services, or mental health services should I say, to detainees and the stepped care model talks about—and that is at table 2-2 on page 41 of the report and talks about step 1, step 2, step 3 all the way up to step 5, and it is an escalating arrangement for the provision of mental health services to detainees.

What we have got there is in the AMC at the time was a lack of psychologists and a lack of qualified sort of staff capacity to provide that psychological services to those detainees that are not particularly acute. So this is lower level mental health issues, lower level acuity. The lack of psychologists meant that those lower level mental health disorders were not necessarily getting the attention that they needed, such that if they did not get the attention that they actually needed at the time, they could of course escalate up through that stepped care approach and then in time become more acute and more needing of deliberate and specific intervention. So if I could reiterate, I think it is the lack of psychologists and that lack of capacity to provide the breadth of service that was needed across the detainees in the AMC.

THE CHAIR: How many psychologists would you recommend that AMC really needs to make sure that all of the detainees' mental health is being addressed?

Mr Stanton: That is a difficult question of course, and I quote table 2-1 which looks at the Custodial Mental Health unit, which provides an element of services there. At that time they had a budgeted staffing level of 16, and the current staffing level at the time of the audit was 11.2, so you have got almost five FTE down from what your budgeted staffing level is. That is a partial answer to your question.

In terms of what is actually needed, that probably lends itself to a consideration of section 53 of the Corrections Management Act, and that calls for the provision of equivalency, equivalent health services in the AMC, equivalent to what is provided in the community. We have made a recommendation in that particular space, around section 53, calling on the Director-General of JACS to understand what that actually means in terms of providing an equivalent level of service in the AMC. What that means and how we actually or how are they actually going to demonstrate that. So

that recommendation around that section 53 we think puts that responsibility and that onus on the Director-General of JACS to identify that and respond to that.

THE CHAIR: Yes, during your investigation what was the feedback from the corrections officers in terms of the detainees not receiving sufficient mental health support and the impact that it has on them as staff at AMC to be able to, you know, take care of the detainees and also manage their mental wellbeing?

Mr Stanton: I do not know if we have received any direct feedback from custodial officers in relation to what impact that has on their workload on the way that they go about their work, so I am not sure if we have got anything particular to say in that space.

THE CHAIR: Okay, and what about the detainees themselves?

Mr Stanton: We engaged a subject matter expert, JRPO Associates, and they looked at some case files and they spoke with a selection of detainees as well. We received some feedback from detainees about the services that were being provided. I am having difficulty recalling which paragraph that is but we certainly received some feedback from those detainees about what they might have been looking for in terms of psychological and mental health support.

THE CHAIR: What was the waiting list? What was the waiting time for detainees to be able to see a psychologist?

Mr Stanton: We do not have any particular information on waiting times for the provision of services to the detainees so that is not in our report.

MR PETTERSSON: Your first recommendation goes to the lack of a clinical services plan for mental health care at AMC. First and foremost, what is a clinical services plan and what are the current frameworks in place that guide the provision of services?

Mr Stanton: So a clinical services plan really is the framework and the methodology through which mental health services in the AMC would be provided. It is the key document. We went into the audit looking for a strategic plan: how are CHS, ACT Corrective Services going about the provision of services in the AMC? What is their strategic plan? What is their strategy in this space? It became apparent to us that what that actually is, is a clinical services plan. So it was not there. That is a key finding and that is a key issue. In the absence of a clinical services plan, there were some policies, procedures, protocols and the like and we outlined those in chapter 2. Some of those documents were in draft at that time. They provided a measure of guidance to staff but some of those documents were not finalised. The key document is the clinical services plan. I think you will find with the government response there was a clear acceptance of that recommendation and an acknowledgement that it needed to be developed and put in place.

May I just go back to the chair's question? In paragraph 2.38 there is some feedback we received directly from the detainees about the services they were receiving. JRPO Associates, our subject matter experts, spoke to those detainees and they interpreted

the information coming from the detainees. Then they articulated what the detainees were looking for in terms of particular psychological interventions related to trauma experiences that focused on emotional regulation skills as well as options outside of medication in the treatment of mental health disorders including potentially, cognitive behaviour therapy.

THE CHAIR: Do you know how many psychologists are currently working at AMC, full-time, part-time, casual?

Mr Stanton: At the moment I do not know. In terms of this report and the time of the audit, the team had a staffing arrangement of 16, with 11 FTE. Not all of those are psychologists.

THE CHAIR: That is right, yes.

Mr Stanton: You may actually have psychologist roles in Corrective Services and in other teams as well.

THE CHAIR: Yes because some of them might be social workers.

Mr Stanton: Yes. Different expertise, yes.

THE CHAIR: Are forensic nurses included with those 11 FTE staff, do you know?

Mr Stanton: We have a breakdown. Yes, that is right. So there is a clinical nurse consultant, registered nurses, forensic psychology registrar, clinical psychology registrar and psychologists. The roles are identified in the budgeted staffing level breakdown.

THE CHAIR: It is interesting that the detainees actually recommended support without medication.

MR BRADDOCK: Looking through these recommendations, there seems to be an absence of strategic leadership; the planning, the measurements, the arrangements and the resourcing seem to be absent. Is that a fair statement?

Mr Stanton: It is difficult to say. We did an audit in the AMC space some time ago. As I recall it might have been about 2015 or 2016. That report also identified a whole raft of issues that needed to be addressed. Looking at the AMC and the provision of services through another lens, we acknowledge Canberra Health Services is the primary provider of health services and mental health services in the AMC and they need to do that absolutely in conjunction with ACT Corrective Services who manage and operate the facility. Then of course, you have other providers and suppliers like Winnunga Nimmityjah as well. The other overlay to this is some of the governance or management arrangements in place date back to when we had one health directorate. Since then we have the ACT Health Directorate and we have Canberra Health Services. So that is the milieu in which these services need to be provided in the AMC. Absolutely that needs very strong governance arrangements and very strong strategic leadership to provide those services.

MR BRADDOCK: Do you think those governance arrangements and leadership are adequate, judged on these recommendations? Or would they need improvement?

Mr Stanton: No, not at the time. With the audit we did, the recommendations we made and the findings we made, particularly in relation to chapter 3, those governance arrangements absolutely needed addressing and strengthening. We highlighted some of those governance documents were out of date. There were two MOUs that were in place and they were out of date at the time we did the audit. There was another governance document that guides the services in the AMC and it is called The Arrangement. At the time we did the audit it had been signed by one of the parties and the other party had not signed it or was otherwise not aware of it. Sorry, was proceeding under the assumption it was still valid and in play. So those governance documents, on the one hand, needed to be addressed, updated, reviewed, re-promulgated.

We also, in chapter 3, talk about the governance committees, management groups and the like and how, in many respects, they were not meeting as intended and the records of meetings, the minutes and the action items coming out of those were not clear. So absolutely, chapter 3 talks about a real need to strengthen the governance arrangements with all of these entities who need to cooperate to provide services to the detainees.

THE CHAIR: On page 2 as regards the mental health services offered to Aboriginal detainees, it says the mental health support to them is quite effective but then—and please enlighten me here; help me to understand—it says:

> However, the delivery of culturally sensitive mental health treatment to Aboriginal and Torres Strait Islander detainees with psychiatric or suicide or self-harm risks could be improved by the inclusion of input from an Indigenous service provider.

I thought Winnunga was there to offer that support?

Mr Stanton: Yes, Winnunga is there to provide primary health care services to detainees, if they choose to receive it from Winnunga.

THE CHAIR: That is correct.

Mr Stanton: So they are there providing the primary health care service, physical and to a certain extent, mental health services.

THE CHAIR: Right.

Mr Stanton: Some detainees have a P-rating or an S-rating. A P-rating is on a scale of one to four and it talks about their general psychological wellbeing. As you go up the scale your mental wellbeing is more problematic. The S-rating is the suicide risk rating. It might also be on a scale of one to four. If you have a high suicide risk rating then absolutely, you need mental health support. The service provision to those detainees who have one of those P scores or S scores, and particularly those detainees that have a higher level score which means that their mental health is more acute, is

firmly within the Canberra Health Services and the teams it provides out there. They have the expertise and the capability to provide those services to those detainees, Indigenous and non-Indigenous.

What we mean by that is notwithstanding you have the service provided by CHS, we would be looking to provide those Aboriginal and Torres Strait Islander detainees with some level of support from an appropriate Aboriginal health officer. We found at the time there was 0.6 of an FTE of an Aboriginal health officer that had the capability to provide that support to those Aboriginal and Torres Strait Islander detainees, 0.6 of an FTE across the cohort. I think the cohort might have been in the order of about 40 or 40-plus. So that person is stretched very thin to provide specific Aboriginal and Torres Strait Islander health support to those detainees. At the time that person was also a male, so their capacity to provide culturally appropriate support to female Indigenous detainees was also challenged.

THE CHAIR: Wow, okay. I did not know that. Thank you for letting me know. Do you know if Winnunga has spoken about the need to have more officers who can provide that Indigenous wellbeing for AMC, within their centre, not within AMC?

Mr Stanton: I do not know. I know Winnunga has been in constant dialogue with ACT Corrective Services and CHS in this space. I do not specifically know what they have raised and how they have raised it or in which context.

THE CHAIR: That 0.6 officer, how many hours would he be working at the AMC?

Mr Stanton: As I understand it, they are located at the AMC, so 0.6 of a person's 36 or 37 hour working week is in the order of high 20, 25 plus hours, 28 hours, maybe.

THE CHAIR: To see 40 Indigenous people, you mentioned before.

Mr Stanton: I think it is lower. Low twenties.

THE CHAIR: It is lower than about 40?

Mr Stanton: Low twenties in the hours that are available.

THE CHAIR: Low twenties. That is including female, though. Okay. All right.

MR PETTERSSON: Just following on from some of your comments about the ongoing back and forth between Winnunga and the government, part of your report says that the Winnunga Implementation, Operational and Governance Group did not meet as much as they should have without all the representatives in place. Why was that group not functioning appropriately?

Mr Stanton: We cannot speak for the people that are involved but there was very apparently a breakdown in the relationships of the people involved in the group and the trust may or may not have been there. So there was a breakdown of relationship and trust in that group.

THE CHAIR: I know when detainees enter AMC they receive a healthcare

assessment, a mental healthcare assessment as well and they are also given a case plan for what they should be doing when they are in AMC. You mentioned there is a lack of data so I probably already know the answer to this question but I want you to elaborate a little bit more. From your investigation, did you find how many of those detainees who received a mental health assessment and a case management workload, did not actually receive any mental healthcare assessment throughout their time in AMC?

Mr Stanton: The evidence is that all detainees are provided with that induction health assessment as they arrive and it is done in a timely manner. So we found that. As part of that process their suicide vulnerability is assessed. The detainees are also given that P rating as well, the psychological risks, as it were. So we found that was in place. Our report says a total of 100 detainees were subject to an S or a P rating and had a care plan in place from July through to December 2020. We found they had those care plans in place if they had that P and S rating.

What we would then go on to talk about is the quality of the documentation associated with the care plan. That is where JRPO, our subject matter experts, came in. They looked at that selection of detainees and that selection of care plans. I think they found that two of the care plans had appropriate documentation and record keeping associated with what was happening with the detainee, their mental wellbeing and the mental health services they were receiving. This means for seven out of the nine the clinical notes were quite sparse with a lack of detail. The quality of the documentation associated with those care plans was certainly a finding from JRPO and is articulated in chapter 5 in our report.

THE CHAIR: You mentioned about the induction into AMC; they are given psychological assessment, they are based on P or S and there is 100 of them. You probably have heard of the case several months ago where a detainee committed suicide after he received a health assessment. However they determined at that time he was not suicidal so there was not the need to watch him. Would you say their health assessment as detainees enter AMC is sufficient and who conducts those health assessments?

Mr Stanton: The health assessment is conducted by Canberra Health Services and a qualified medical practitioner in that space. We did not have any issues with the way the induction and the mental health assessment or the initial assessment was conducted. We do not make any findings in that particular space.

THE CHAIR: All right.

Mr Stanton: As to the quality of the health assessments, we are not qualified and our report does not talk about those. Although I do note the Inspector of Correctional Services released a report a couple of weeks ago and may have touched on this matter.

MR PETTERSSON: What role do custodial officers have in the mental wellbeing of detainees and what further support did you identify that they need?

Mr Stanton: Custodial officers are there and present in the AMC. They can be a source of referral. A detainee has the option and the ability to articulate their health

needs and mental health needs to a custodial officer as a way of receiving or getting access to particular treatment. So that is one of the pathways. Custodial officers being present at the AMC can also make observations and interact with the detainees and the like. They also have the option and the ability to refer detainees or make it known that a detainee might need particular assistance.

We found there was induction training provided to custodial officers and psychological and mental health wellbeing was covered off in that training. What we were looking for was a bit more and further training, and further refreshers for custodial officers after that initial induction, to provide them with the support to fulfil those roles, being a recipient of a detainee's referral and also through observations that they might make about particular detainees that need help.

THE CHAIR: We will move on to the fraud prevention audit.

MR BRADDOCK: What is the outstanding risk here? The audit seems to indicate there are just a few tweaks required around the edges but I would like to know, is it a substantive risk or is it actually quite a minor risk of fraud?

Mr Stanton: We do not think there is a large, outstanding risk in this space. We found that the fraud and corruption control processes and mechanisms were quite mature. We have had, in the territory, fraud and corruption prevention plans for a long period of time. We certainly think that they can be done a little bit differently and a little bit better in recommendations in that space.

We think the conflict of interest processes are there. There are policies and procedures in that particular space. I think probably the strongest implication out of the report is the call for positive acknowledgement that there is no conflict of interest declaration. At the moment, I think the onus is on people to declare that they do have a conflict of interest, if it becomes apparent to them.

Through different processes and different ways, we are looking for people to, at the outset of a process or at the outset of their employment, really think carefully about what conflict of interest they might have and then positively declare that they do not have a conflict of interest, or that they might in this particular space. I think that is probably the key issue that we are pushing there. I would also defer to Dr Porter.

Dr Porter: We also made some observations about improving the monitoring and evaluation of fraud prevention activities. Towards the end of the report we encourage more surveys of staff to collect data about that and to benchmark what the levels of awareness are, such that they can then inform fraud prevention plans and get more targeted and specific in their activities in any given year.

MR BRADDOCK: Thank you.

THE CHAIR: This is a very simple question, but I just wanted your feedback on it. I am just referring to the key findings on conflicts of interest, at 3.30. It says:

> The three agencies do not record conflicts of interest disclosures on a central register within the agency. TCCS' Conflict of Interest Guidelines indicate that

> one will be established, while CMTEDD's Conflict of Interest Policy is silent on this requirement.

Why is it a requirement and why is it important?

Dr Porter: What we found was that the whole-of-government conflict of interest policy hints at the need to create a central register of conflicts of interests in a given agency. That policy is relatively new, however, so it comes on top of existing practices in each of the three agencies that we looked at. As you have just read out, TCCS talks about having such a register but has not got it in place yet. CSD have been working on a register that may be made available to other agencies to use as a template of sorts. So one of our recommendations is that CMTEDD really needs to clarify in the whole-of-government conflict of interest policy what the purpose of a register would be and how information in the register would be managed.

THE CHAIR: Okay. Thank you.

MR PETTERSSON: In terms of internal fraud in the public sector, are there particular behaviours, such as providing false invoices or unapproved access to government equipment, which are most commonly occurring?

Dr Porter: That is quite difficult to establish, actually. Agencies are required to report their fraud and corruption numbers in their annual reports but they do not actually provide detail as to the nature of the allegations that were brought forward or substantiated. The best insight on the nature of internal fraud in the ACT is from reports the Integrity Commission puts out that talk about general themes, things that they have observed across a collection of allegations. Details on the specific nature of those internal fraud allegations are not available.

MR PETTERSSON: Would there be a benefit to that more specific information being more widely available?

Dr Porter: I think there are different views on that. We did speak to the Integrity Commission about the value in creating such a report. There would be considerable work involved in collating those numbers across the ACT government, and it would be unclear as to who would then be responsible for responding to that report and identifying work that would come out of it.

MR PETTERSSON: Fair enough. Thank you.

THE CHAIR: Just a follow-up question: what about the frauds that were made by officials or frauds made by contractors of the agencies? Is that also something that the directorates or the government departments do not actually record?

Dr Porter: No, we did not see data to suggest that that is recorded. There is an obligation in the integrity policy—noting that the one that we were referencing in here was from 2010—that extends the obligations of public servants to contractors as well, but we did not find any evidence, or look for it, in particular, in this report.

THE CHAIR: All right. Thank you. In table 1-1—maybe I am reading it wrong or

maybe I missed something—there is one column that is in grey and the other one is in white. What is the number?

Dr Porter: The grey column shows those allegations that were substantiated.

THE CHAIR: Okay. And the ones in grey were just reports.

Dr Porter: No, the other way around. The ones in the white column were those—

THE CHAIR: White; sorry. Yes.

Dr Porter: that were reported, and those in the grey were the ones that were substantiated.

THE CHAIR: That is what I meant; sorry. That is great. I just wanted clarification on that.

MR PETTERSSON: Thank you. The gifts, benefits and hospitality policy requires employees to declare gifts, benefits and hospitality that they receive. Is there any oversight, management or accountability to ensure that all staff are properly declaring things that they do receive?

Dr Porter: In the three agencies that we looked at in this report, they all have processes in place to review that: their registers of gifts. That relies on people declaring what they have received. In one of the agencies, all gifts needed to be declared to the SERBIR, whereas, in the two other agencies, they only needed to be declared if they were over $40.

MR PETTERSSON: What would happen if a staff member did not declare something?—transgression of their employment, I guess?

Dr Porter: It would be a matter for the code of conduct. There would be a code of conduct investigation, I imagine.

MR PETTERSSON: Is anyone responsible for ensuring that staff are appropriately declaring things?

Mr Stanton: That is the responsibility of the agency—the director-general of the agency or the chief executive of the agency. They are supported in that role by the SERBIR, of course. As Tanja said, we have a whole-of-government policy and they have their own policies in terms of gifts, benefits and hospitality, which are slightly different in terms of levels or amounts.

So that is up to the risk appetite of the director-general. If a person was receiving a gift or a benefit and they did not declare it, that would need to be worked through by that particular agency. It would be particularly problematic if there was a link between the gift or the benefit and their actions as an ACTPS employee. If there was some sort of link between that gift or benefit and their employment and the decisions that they were making and the activities that they were undertaking, that is very firmly, as Tanja said, in the realm of a code of conduct issue. That would need to be

appropriately considered by the agency, through the SERBIR.

MR PETTERSSON: Are you aware of any instances of gifts, benefits and hospitality not being declared and then that being picked up by a supervisor?

Mr Stanton: I do not think we are.

Dr Porter: No, no instances were brought to our attention in the course of the audit.

MR PETTERSSON: All right. So we are just assuming that everyone is declaring everything?

Mr Stanton: That is where the suite of controls are important, in terms of an agency setting the tone at the top, articulating what is right, what is not right, putting the policies and procedures in place, having these mechanisms for people to actually report these things and then, through the internal audit function, testing to see whether these are working. In our report we did cover off what the agencies were doing in the internal audit space. There are internal audits being conducted by the agencies to test particular aspects of their fraud and corruption control arrangements, so that would be one mechanism to get assurance as to what is happening and whether people are declaring those.

MR PETTERSSON: Thank you.

THE CHAIR: Can I go back, please, to table 1-1. Do you find it a little bit concerning that they have reports but there is no breakdown or outcomes provided? For example, in 2017-18 there were four allegations but there was no outcome provided. In 2018-19 there were reports and, again, there was no outcome provided. Also, in 2019-20 there were seven reports of fraud allegations but none provided the outcome. What is the story behind it?

Dr Porter: There are some caveats to be aware of in this data. This is an extract of work that is in the annual reports for each of these agencies, over this time. This does not go directly to your question but may explain part of it. Allegations can take a number of years to resolve or, in fact, involve multiple parts that are resolved in part. So there is some difficulty in reporting. But, setting that aside, yes, I think it is problematic that this data is not as complete as it should be and does not meet the expectations of the annual reports directions about the level of detail that should be provided.

THE CHAIR: Yes. If we go back to 2017-18, there were four allegations of fraud from Education and Health. That is five years ago, but there has been no outcome from it. Interesting. I guess we can follow that up with the right directorate.

Mr Stanton: Absolutely. For the purpose of transparency we would want that information.

THE CHAIR: Yes, absolutely. Thank you. We will move on to report No 3, *Taxi Subsidy Scheme*.

MR PETTERSSON: Recommendation 3 states that the procedural guidance associated with the scheme should be reviewed and updated. Can you elaborate a bit more on this?

Mr Stanton: There is a manual, or there is a document. It is quite detailed on what needs to be done in terms of processing the applications and the like. As the report says, it is undated and it has some old references to old roles and responsibilities. Our best estimate, our best guess, is that this is a document that was produced some time ago, many years ago. No-one could actually identify when it was produced, although we suspect it was produced when the scheme operated out of CSD. So it absolutely needs to be reviewed, refreshed and updated.

MR PETTERSSON: Why has it not been updated? When the scheme was established, was it set up and forgotten about in terms of policy?

Mr Stanton: The operation of the scheme is quite straightforward in terms of receiving applications, assessing the applications and granting the applications, so it is not too difficult. As to why the document was not reviewed, refreshed and updated to refer to more contemporary roles, that is a good question for the agency.

MR PETTERSSON: Thank you.

MR BRADDOCK: I have a question about the geospatial inequity of the scheme. Did you do any analysis of how much those who have to travel further distances are disadvantaged under the current arrangements?

Mr Stanton: We tried our best. That was one of the ideas that we wanted to pursue with this audit. However, we could not do that—and we articulate this in the report—because it really relied on how the trips were recorded by the taxi drivers or participants of the scheme. There is good data on the number of trips that are taken and the costs of those trips, and the date and the time of the trips and the like. However, when you have a description of a trip which says "home to office", we are in no position to work out where the office is, as it were. We can work out where the home is. The other thing might be "home to GP" or something like that. Those descriptors were not sufficient for us to work out where the locations were.

MR BRADDOCK: Were you able to see if people's use of the scheme was higher according to where they live? For example, if you are in the deep south of Tuggeranong, one would presume you would have a higher expenditure on taxis than you would if you lived next to the city.

Mr Stanton: That was our assumption, but we were not able to work that through or produce data in that particular space. We looked at all sorts of options for how we might do that. We have got data in the report in, chapter 2, about the use of the scheme and the costs of the scheme, and what it means in terms of out-of-pocket expenses. We could not quite link that or analyse that in terms of a person's location. The feedback that we got from community groups and the like was that if you are located at the edges of Canberra—say, Tuggeranong or west Belconnen—then you are disadvantaged in terms of the use of the scheme. That is almost a given. But we could not analyse the data to confirm that with accuracy.

MR BRADDOCK: Thank you.

THE CHAIR: What is one of the key findings of this report?

Mr Stanton: The key finding and key recommendation relates to the purpose and objectives of the scheme. Recommendation 1 asks for the government to clearly and fulsomely articulate purpose and the objective of the scheme. Right now, the authorised purpose is articulated in a policy paper. Again, this document is undated and appears to have been prepared some time ago. The policy paper said something to the effect of "improve the affordability of essential services" as being the key purpose or objective of the scheme.

There is, on the ACT Revenue Office's website, something that might look like a little bit more of a fulsome articulation and objective, but this is not in the policy paper; it is on the website. It talks about supporting "social inclusion and economic participation of community members who would otherwise be at risk of social isolation". It says:

> The scheme is intended to assist members attend essential activities such as medical appointments, employment commitments, and social and family gatherings.

So in that paragraph, in that phrasing, you are really opening it up and you are really getting to the point of what the scheme might actually be.

Why we think this is important is that if the policy paper says the purpose of the scheme is to improve the affordability of essential services, quite frankly, if they provided a dollar to a user of the scheme for a particular taxi trip then they are improving the affordability of that trip. But is that dollar sufficient or right, or does it otherwise support social inclusion and economic participation?

The link then goes to how the subsidy amounts and the caps are set. We made some commentary that we could not see any rhyme or reason as to how those were actually set—why were they set at this level and why have not they been updated for eight years or so? So that is the key point that we are making out of the audit: be clear about what the purpose and the objective of the scheme is, articulate that appropriately and fulsomely, and then that would absolutely link to and drive what you might want to set in terms of your subsidy amounts and caps.

THE CHAIR: Fantastic. Thank you.

MR PETTERSSON: Are there appropriate safeguards against fraud and misuse in place?

Mr Stanton: The key fraud risk is probably someone using a member's card that is not entitled to it. The key control in that space is the taxi driver, to verify that the person is the right person to use the card. There are limited controls in place to safeguard against that, review that and confirm that. But it is difficult to test if that is effective, and the administrators of the scheme are not testing that themselves.

MR PETTERSSON: Do we suspect that taxi drivers would be reporting the misuse of the entitlement?

Mr Stanton: We do not know. As far as we know, the misuse of cards has not been reported by taxi drivers.

THE CHAIR: Do we know, though, if the taxi drivers are being trained to ask certain questions when they pick up a client, to see if they are eligible for that scheme?

Mr Stanton: A card is given; there is photo ID and the like. We do not know what support or training has been provided to taxi drivers.

THE CHAIR: Right. Okay.

MR BRADDOCK: I notice you have some figures on how the cost of flag fares has risen and the out-of-pocket expenses and so forth. It would be really good to have those figures compared to 2014, when the caps were last changed, reviewed, until now. But there seem to be different periods. Some go back to 2001; some to 2016-17. Do you have those numbers going back to 2014?

Mr Stanton: Yes, I think we have got what you are looking for. Figure 2-8 on page 31 of the report shows the subsidy cap amounts going back to 2010, and then it shows the average fares that are being paid by members of the scheme. There is some data there. Figure 2-6 shows the subsidy caps going back to 2002, with the changes in the flag fall rate and fare per kilometre of taxis. So it has not kept pace.

MR BRADDOCK: But these are also the fares that have been paid under the scheme. This does not include the fares for rides not undertaken because they could not be afforded under the scheme, either because people have to travel further or more frequently and so forth. So it is not a true representation of what the cost of the taxi would be.

Mr Stanton: Some of that information might be in the average out-of-pocket expenses incurred by the scheme members, which is figure 2-7. That goes back to 2016-17, so that is the extent of our data in that space. Absolutely, if I was travelling from A to B and I was entitled to that cap amount of $24 in 2016, I might have made that distance within that cap amount of $24. As the flag fall rate and the fare per kilometre has increased over time maybe I am not making it within that $24 cap. Maybe I am now paying $26, $27 or $28 for that journey, in which case I am then $3, $4 out of pocket.

MR BRADDOCK: Yes, if they are still willing to undertake that journey and pay that out-of-pocket cost. I am worried about the unmet demand here of the people who, because it is now not affordable under the scheme, do not take the trips.

Mr Stanton: Sure. We received feedback from these community groups—and I think that is articulated in chapter 1—about their uncertainty as to the cost of a trip and whether the scheme would cover it. That is a key consideration for people with a disability as to whether they embark on the taxi trip.

MR BRADDOCK: Thank you.

THE CHAIR: We will move to the final report, No 4, *Governance arrangements for the planning of services for Parkwood, Ginninderry* .What was your major finding in that?

Mr Stanton: I will defer to Tanja.

Dr Porter: Thank you. I think the major finding is that the ACT government's preferred approach to delivering services in Parkwood is to move the ACT border; Parkwood becomes part of the ACT. The implication of that is that the decision to move the border is actually one that the ACT government itself has little control over. It would be a negotiation between the New South Wales government and the commonwealth.

While the ACT government waits for the green light to go ahead and support those negotiations—because the ACT would be a major party in facilitating those, in terms of providing the information to make it possible—there is no additional work being done on planning for Parkwood, in the likelihood that it stays in the ACT. So the major finding was that moving the border is a threshold issue and, until that is resolved, from the ACT government's point of view there is little work to be done on alternative planning options.

THE CHAIR: What would it mean if the borders are moved? I think it was two suburbs in the New South Wales area, if I am correct—two or three. What would be the most likely negotiation outcome from New South Wales if we do move the border across to New South Wales, as in "This is what I want"? Was that part of your investigations or research at the time?

Dr Porter: It was a consideration in our background, certainly. The full information about that was not yet available. The Yass Valley Council was waiting on a report about the possibilities of projects of priority to them that may be supported as a result of giving up the land that is currently Parkwood to the ACT government.

THE CHAIR: Okay.

Dr Porter: It is referred to in the audit report as a legacy project.

THE CHAIR: Okay. Thank you. My further question is probably to the Chief Minister himself. Is there anything that you would like to add that we may have missed in those four reports that we were just briefly discussing?

Dr Porter: Not from my perspective, no.

THE CHAIR: No. Brett?

Mr Stanton: Thank you, no.

THE CHAIR: All right then. We shall conclude. On behalf of the committee, I would

like to thank you, Mr Stanton and Dr Porter, for appearing today on behalf of the ACT Auditor-General. When available, a proof transcript will be forward to witnesses to provide an opportunity to check the transcript and identify any errors in transcription.

If witnesses undertook to provide further information or took questions on notice in the course of the hearing, answers to these questions would be appreciated within one week of the date you receive the unproofed transcript. This public hearing is now suspended. Thanks so much.

Hearing suspended from 10.28 am to 12.01 pm.

BARR, MR ANDREW, Chief Minister, Treasurer, Minister for Climate Action, Minister for Economic Development and Minister for Tourism
WEST, DR DAMIAN, Deputy Director-General, Workforce Capability and Governance, Chief Minister, Treasury and Economic Development Directorate
MINERS, MR STEPHEN, Deputy Under Treasurer, Economic, Revenue, Insurance, Property and Shared Services, Treasury, Chief Minister, Treasury and Economic Development Directorate
HOLMES, MS LISA, Acting Executive Group Manager, Revenue Management, Treasury, Chief Minister, Treasury and Economic Development Directorate
BLOUNT, MS WILHELMINA, Executive Group Manager, Policy and Cabinet, Chief Minister, Treasury and Economic Development Directorate
THOMSON, MS CHRISTINA, Executive Branch Manager, Professional Standards Unit, Workforce Capability and Governance, Chief Minister, Treasury and Economic Development Directorate
BROWN, MR NATHAN, Acting Executive Branch Manager, Economic and Financial Analysis, Treasury, Chief Minister, Treasury and Economic Development Directorate

THE CHAIR: We move to the next witnesses appearing today, Chief Minister Andrew Barr and officials from the Chief Minister, Treasury and Economic Development Directorate. On behalf of the committee, thank you for appearing today and for your written submission and the government responses to the reports that are the subject of this inquiry. I remind witnesses of the protections and obligations afforded by parliamentary privilege and draw your attention to the privilege statement before you on the table. Can you confirm for the record that you understand the privilege implications of the statement?

Mr Barr: Yes.

THE CHAIR: Thank you. Before we proceed to questions from the committee, Chief Minister, would you like to make a brief opening statement?

Mr Barr: No, thank you.

THE CHAIR: Okay. We will kick off, then, on fraud—interesting topic. Because this report was completed several months ago, do you want to give us an update on the recommendations from the report?

Dr West: Sure. I acknowledge the privilege statement. Thank you, Chair, and thank you for the opportunity to talk through this report. In the period following the release of the review, we have undertaken a fairly substantial program of work to reform our fraud and integrity framework. That is an amalgam of four or five key policy documents and outputs that have helped to strengthen the overall architecture. Many of those respond to issues raised through the audit report, but they also go further to strengthen the overall framework.

We had begun a detailed piece of work to review the framework prior to this audit commencing because so much has changed in this landscape over the last number of years. There has been the introduction of the Integrity Commission, the change in the

public interest disclosure reporting processes and, overall, the changing nature of fraud and conduct itself. So we are picking up on recommendations but, more broadly, looking to strengthen the overall framework and the way messages and information are made available and communicated to staff across the service.

THE CHAIR: How is that done?

Dr West: Through a range of mechanisms—everything from whole-of-government messaging from the Head of Service, or me, DGs and others, through expert work groups, our senior officer business integrity risk group and also through our key forums of chief operating officers and people groups who convey the messages out to staff.

We also have all of the programs we have launched or refreshed in regard to new starters and making sure new starters are inducted into the ACT public service in a way that they understand what their obligations are around fraud, integrity and reporting. So there is a whole range of work we have undertaken to strengthen what is communicated.

THE CHAIR: Is that followed up after several months of being within the directorate? With the induction you are teaching newbies about fraud prevention. Do you follow up within six or eight months?

Dr West: We do a number of things. There is a continued stream of messaging. I will have to check or come back on whether directorates go specifically back to new starters to gather their understanding of the materials that were presented. What we have aimed to do is to make sure that this information is discoverable, that it is understood and it is clearly written.

Certainly, some of the materials and the governance checklists and guides we have rewritten in a way that provides examples of how to consider and what action needs to be taken. That was part of the big overview that we did. With this body of work, as I said, the environment has changed significantly in the last few years and we wanted to provide more clarity. We also want to provide evidence of how to manage the process and your obligations and how to report et cetera. So it is a continuing body of work. It is not a body of work that we can ever stop refreshing and revisiting. But what we do want to do is make sure that it is discoverable and that it is as clean and as clear as possible for people if they need to access those documents, so that they are aware of their obligations and what that looks like.

We have some more work to do. I think one of the recommendations goes to a review of conflict of interest policies. We have signalled that in 2023 we will do that fundamental review there to make sure that we have got that in a contemporary state. That will then result in a range of communication and awareness raising. I think the move to online training and making training and education easily available has helped us as well. It is quite accessible to people and they can do it at a time that works for them and their workplace.

THE CHAIR: And the review for next year, how long does that usually take?

Dr West: I think it will take a series of months because we will want to consult broadly and make sure that we understand both contemporary practice and our practices and how well they are serving us. Then it will need to come back and come through all of our various channels for approval. I imagine it would take probably to the midpoint of the year, once we restart, probably in late January.

THE CHAIR: And then to implement the findings of the review will not probably happen until this time next year.

Dr West: I think we will be faster than that. This is not greenfield; we already have a conflict of interest policy and processes and procedures. I think mostly it will be about revisiting those and making sure we compare ourselves to other jurisdictions. We spend a lot of time working across jurisdictions to make sure we are as contemporary as we can be. I think it is more about evolving it than starting afresh, because we already have practices and processes. So in my mind it is tweaks, rather than a fundamental rework.

THE CHAIR: Okay. Thank you.

MR PETTERSSON: Since the audit and then the government response, has the government had a whole-of-government survey that contains questions on fraud awareness, as outlined in recommendation 6?

Dr West: Thank you. The whole-of-government survey is run every two years, so the next survey is due to run at the end of March. I think we had questions about this last time, and we will include questions in the next whole-of-government survey. We are doing testing at the moment on the design of those questions, working with our provider, who is well renowned for designing questions that elicit the right sort of information. So we will do that, and the survey itself will be run through March next year. The output of that will be captured in the *State of the Service* report.

MR PETTERSSON: Wonderful. Thank you.

THE CHAIR: Can I draw your attention to the Auditor-General's report, table 1-1. It lists reports of allegations of internal fraud and substantiated ones. I do not really understand how it works within the directorate. For example, in Education and Health there are allegations of fraud. Is that addressed by the education and health directorates or is that addressed by you guys?

Dr West: There are two answers to that question. The preliminary review will be addressed within the directorate. If there are concerns that need to be referred to the centre then they are referred to the centre, to Ms Thomson's unit, who will then investigate them.

As with all things there are—and I think the data indicates this—often allegations, but substantiated instances in the broad term are very, very low, which is pleasing, given the size of our service. I should caveat this by saying that the one thing we will evolve next year is the interpretation of fraud and what it means, because it has a broad lens, so it can be anything from not recording that you have a second job to playing around with your time sheet. We need to narrow that scope a little bit so that we are all

talking the same language. But the actual numbers that are substantiated are very low.

THE CHAIR: From that table, in 2017-18 there were four reports from Education and Health but there was no outcome provided. Can you clarify whether or not those reports were sent to you guys?

Ms Thomson: I would have to take that on notice to be able to cross-check the data.

THE CHAIR: Of course. Also, in 2018-19, there were four reports from Education and three reports of allegations from Health but there was no outcome provided. Do you want to take that on notice as well?

Ms Thomson: Yes, we will take that on notice.

THE CHAIR: Thanks, Christina.

Dr West: Sometimes, because of the nature of the investigations, it cuts across reporting period. So it is not uncommon that we start an investigation in one reporting year and it carries forward into another year. That may be why it is not clear what the outcome has been. Also, an investigation, depending on the nature of the matter, can take considerable time in terms of days. So we do see that move across different reporting periods. Sometimes when we are reporting on outcomes, we are reporting on outcomes that were actually alleged and submitted in a previous reporting period. So it is just a flow of—

THE CHAIR: Of course. If you look at the table it kind of flows from 2017 to 2019 and then to 2019-20 that all of those allegations have not been provided with any sort of outcome. I am curious about what happened to those reports and whether they fell in your directorate. If so, it would be good to get an update on it and, if it did not, then we need to follow up on what happened to those allegations with the relevant directorate.

Dr West: We are happy to take that on notice.

THE CHAIR: Great. Thank you. Do you keep any data on how much it cost to address any of the frauds in previous years?

Dr West: We keep data on the timeliness of the investigations. Something we have focused on heavily in the last 12 to 18 months is to reduce the time it takes to actually investigate and complete an investigation. But that is across the broad gamut of investigations that we undertake. The majority of the investigations that are still undertaken at the centre relate to interpersonal conflict, rather than fraud, and behaviour matters.

But, as with any investigation, it takes time to talk to witnesses, to acquire information and then deliberate and make a final decision. So we look at the timeliness, and that has been one of our indicators for improvement. We have been able to reduce the timeliness over the course of the last 12 to 18 months. I think we have reported on that previously, where 80 per cent of our investigations are completed around the 80-day mark, which we think is starting to get to the standard that we would like to hold

ourselves to. But they vary greatly. Sometimes we need to talk to one person and sometimes we have to talk to 20 people. It depends on the nature of the matter, the availability of witnesses and all of those things. That feeds into the timeliness.

From there, we could work out what a daily rate is. That is not beyond the realms of possibility. But our main indicator has been around reducing the time and ensuring that we have got really good processes for our investigators and that investigative logic is sound.

THE CHAIR: It is great that you are keeping a tab on the timeliness. What about the cost of it?

Dr West: The cost in terms of the funding of the team who do that?

THE CHAIR: Yes.

Dr West: That team is funded through appropriation to do this work. It is done centrally.

THE CHAIR: Is that in the annual reports?

Dr West: Yes; I believe so.

THE CHAIR: What title would that be in under in the annual reports—fraud prevention funding? What would it be called?

Dr West: I think it would be under the Public Sector Standards Commissioner funding, but we could check that and provide that to you.

THE CHAIR: That would be good—just so it is a lot easier for me to check up on it.

Dr West: That is fine.

THE CHAIR: Thank you.

Dr West: That team has been relatively stable in size and cost for many, many years. What we have done is improved our practice, and the improved practice has allowed us to manage those time frames. So the teams have not grown in size, or anything of that nature; it has been about ensuring that our investigators are skilled and have the tools to do their job.

THE CHAIR: Is their particular job to investigate fraud allegations? Do they have another job and then, when allegations come up, they take leave from that particular job to do their investigation?

Dr West: No; they are a dedicated unit. As I said, the majority of the investigations are not what I would classify as fraud in the pure sense.

THE CHAIR: Yes; of course.

Dr West: At one point, we were doing the public interest disclosure before that moved across to the Integrity Commission. The majority of their investigations are around interpersonal conflict or other issues around the actions of staff members, which I would define differently from pure fraud in terms of what that would mean to a person in the street. But we still investigate those matters in terms of whether or not the values that we aspire to have been upheld.

THE CHAIR: How many people are in those teams?

Ms Thomson: We have a team of 13 investigators. The team is actually larger than that. We have about 23 people in the team. That is because, with the efficiencies, we have created shorter time frames. We are now able to provide a lot more education and training opportunities. We are actually going out to the directorates and providing information about the role of the Public Sector Standards Commissioner, reporting opportunities, both to the PSSC, as we are called, and to the Integrity Commission and getting involved in a lot more whole-of-government policy responses. So the team are dedicated investigators but their knowledge is actually being harnessed to feed back into preventative opportunities, such as policy and procedure across the service.

THE CHAIR: Wonderful. So they will be the team who will be in charge of developing the fraud and corruption prevention plan. That is mentioned in the report. So they develop that and then help implement it and educate the directorates on it.

Ms Thomson: The directorates actually develop their own plans, but we are working closely with a couple of key directorates and the Integrity Commission to develop a model fraud and corruption prevention plan. That will be rolled out across the service as an example for people to use to update across their different directorates and agencies.

THE CHAIR: So they are currently working on that, or they did work on it?

Ms Thomson: Everybody already has their plans, but we are currently working on a model plan with the input from the Integrity Commission about what they suggest or what they would like to see.

THE CHAIR: When will that be ready?

Ms Thomson: I would have to take that on notice. It is currently a piece of work that we are going through. We are using a couple of key directorates to begin looking at what their needs are and rolling that through. Once those plans are developed, it will then inform a model plan that other directorates can essentially copy—the format, that is.

THE CHAIR: So every directorate has their own fraud prevention plan?

Ms Thomson: Yes.

THE CHAIR: Is that a good thing? Does it make it more confusing? I would assume that fraud is fraud.

Ms Thomson: It is a good thing because there are some key risks that occur across the whole of the service, but there are also some that are unique to particular directorates. It ensures that the fraud and corruption plans are tailored to the individual, unique aspects of each individual directorate or agency.

THE CHAIR: Thank you for bringing that up, because it reminded me that, in the Auditor-General's report, one directorate implemented a centre management thing and then some directorates did not, and the Auditor-General made—

Dr West: I think you are talking about a centralised conflict-of-interest register for recruitment.

THE CHAIR: Yes, that is right.

Dr West: I think one directorate had piloted such an approach. We are still contemplating the merits of doing that. In and of itself, it sounds like a good idea but actually comes with a number of delivery challenges. Having every conflict-of-interest document stored in one place is quite tricky—vis-a vis having very good practice within directorates to manage the conflict of interest.

This was around recruitment processes in the main. I think that was what the recommendation was for. We ask people when they are participating in a recruitment process to declare any conflicts that they may have with applicants and to capture that and store that locally. If we have to capture that and we were to store that centrally, that is quite a complex process to maintain the privacy and information that we are capturing. We have one directorate who piloted a model such as that for itself, and we are still watching to see how that is playing out.

THE CHAIR: Which directorate is that?

Dr West: CSD.

THE CHAIR: How long have they been doing it for?

Dr West: I think that had been about 12 months in development and pilot.

THE CHAIR: I suppose it is good to find out where they are at and whether or not it is working out for them. We can ask them.

MR PETTERSSON: JACS and TCCS include in their annual report information about the types of internal fraud. Is there a reason other directorates do not?

Dr West: Not that I am aware of, but I might have to look at that and come back to you on that one.

MR PETTERSSON: Potentially just oversight?

Dr West: I would not suggest oversight. I am not familiar with what they are reporting on. I would need to check their annual reports and be clear about how they are clarifying it and what they are reporting on.

Ms Thompson: Sometimes it can be challenging in terms of the smaller areas and the smaller number of matters. So reporting on it could have some implications for privacy or confidentiality. I think the Auditor made that comment.

MR PETTERSSON: Yes. I think their comment was about the surveys as opposed to reporting in annual reports—but it is a fair point. Thank you.

THE CHAIR: Andrew?

MR BRADDOCK: No further questions on this particular audit.

THE CHAIR: I cannot find it in the report now, but the revised ACTPS integrity policy was due in early 2022. Has that been accomplished?

Dr West: Yes; that was delivered and released, I think, in the middle of the year by the Head of Service. That was the entire suite that was revisited, and I think there were five central documents to that suite which were all comprehensively reviewed. There was extensive consultation with staff, the Integrity Commissioner and others in the integrity framework to make sure that we were picking up issues and that we had a very contemporary model in language and explanations about actions, behaviours and expectations, because it goes into values and code of conduct.

THE CHAIR: That is great. Thank you, Damien and Christina. We will now move to report No. 3, on the Taxi Subsidy Scheme. Mr Pettersson will start off the questions.

MR PETTERSSON: What safeguards against fraud and misuse exist in the scheme?

Mr Miners: There are a number of arrangements that we have in place to protect against fraud in the scheme. A lot of it is to do with reporting side, but I will ask Liz Holmes to answer in a little bit more detail.

Ms Holmes: There are multiple ways that we get identified of fraud. Sometimes it is through data checks, sometimes it is through people reporting to us that they think something is happening and sometimes it is through the management of the taxis themselves.

MR PETTERSSON: Who do they report it to?

Ms Holmes: Sometimes it will come through to us, sometimes it might be reported to the taxi company and sometimes it can be picked up by TCCS, who actually manages the taxis.

MR PETTERSSON: Any indication of how prevalent fraud and misuse is?

Ms Holmes: We do not think there is anything systemic. There have certainly been instances, though, that we are aware of which have been informed through to the police for investigation.

MR PETTERSSON: Can you put a quantity to it? How commonplace is this?

Ms Holmes: I would not say it is commonplace. Part of what we are doing at the moment with the new contract that we have recently engaged with for the provision of the scheme is that it is going to allow us to get more data so we can do more data matching.

MR PETTERSSON: When you say more data, what types of data—the location of the end and start of trips, potentially?

Ms Holmes: We are already getting that information, but it allows us to get more specific and accurate data. It can depend on how the taxi driver has described where they have done a pick up and drop off. Sometimes you might get the word "home" coming through rather than a suburb. We are moving to be able to get more specific data to be able to do data matching and to do investigations if necessary.

MR PETTERSSON: Thank you.

MR BRADDOCK: The Auditor-General's report states that the subsidy cap has not been lifted since 2014, and I note the government response says, "The government considers the subsidy levels are adequate." On what basis do we make that assessment that it is adequate?

Mr Miners: These are decisions that go through budget processes each year or as required to look at where levels are set and what it is covering. There are a couple of things we would look at in providing that advice. One would be around the number of trips that are covered within the caps of the scheme. The other would be around how much they are actually exceeding any of those caps. For example, about 80 per cent of all trips are covered within the caps at the moment. Those that do go above the cap are only usually by a very small amount on average. So we look at all of those factors.

At the end of the day, the level of subsidy that the government wishes to provide on any scheme is a matter for government to do as part of their decision-making and would go through normal processes for those decisions to be made—the same as any subsidy would in terms of just how much of a subsidy or support should be provided for any of our schemes.

MR BRADDOCK: With those two measures which you use to assess that, there is a selective bias in both of those in terms of what trips are actually being done under the scheme, not necessarily what the demand from the community is requiring. According to the Auditor-General's report, there is unmet demand out there. How are you assessing that?

Mr Miners: It is one of those really tricky questions—How do you know what someone has not told you? We certainly can engage with the community in terms of what information is there, such as whether people are not actually using the scheme or would like to see the scheme broadened and all that sort of stuff. Treasury, through our budget processes, is very open to those sorts of advice coming forward. Liz, I am not sure whether you have any more information on anything that we done in that space.

It is an open conversation we can have. I am not aware of us receiving a lot of information saying, "We would like to use the scheme more." The scheme is available and the parameters of it are well known. That is what has been determined as appropriate and that is the scheme that we are managing.

MR BRADDOCK: When was the last time the Treasury went out to the community to ask that question?

Mr Miners: We go out every year as part of the budget process looking at the budget as a whole and any changes that need to be made. We run a number of consultation processes through that, including talking directly with community groups to ascertain whether there things that really should be being picked up in the budget process.

MR BRADDOCK: Thank you.

THE CHAIR: So you would be open to speaking to stakeholders and community organisations about the taxi scheme subsidy?

Mr Miners: Certainly.

Ms Holmes: One of the things that we will be doing is that, when we have to talk to existing participants of the scheme for renewal purposes, we will be sending out a survey at that point in time to collect feedback. That is very much the existing participants of the scheme.

MR BRADDOCK: Is that the first time such a survey has been undertaken?

Ms Holmes: It will be, yes.

MR BRADDOCK: When will that happen?

Ms Holmes: We are looking to do that next year.

THE CHAIR: When next year?

Ms Holmes: I do not have the exact date. But it will be when people's renewals come up—

THE CHAIR: I see. So it will vary throughout the year?

Ms Holmes: Yes.

THE CHAIR: Are taxi drivers being trained on how to ask certain questions to the clients to make sure that they have the right client when they get in the taxi—to prevent fraud, in case it might be somebody else abusing the system?

Ms Holmes: Members of the scheme have an ID card, which has their name and photograph on it. The taxi drivers are supposed to check that ID card.

THE CHAIR: Do you know if they check it all the time?

Ms Holmes: I could not comment on that.

THE CHAIR: Have there been any reports of people misusing it?

Ms Holmes: Taxi drivers or the individuals?

THE CHAIR: Individuals and taxi drivers.

Ms Holmes: As I have said, there have been some matters that we have been made aware of which have been referred to the police.

THE CHAIR: Is that from individuals or just from the taxi drivers? I know you answered that before, but have there been any reports from individuals?

Ms Holmes: The ones that I am talking about are in relation to taxi drivers.

THE CHAIR: Thank you.

MR BRADDOCK: I am interested in the geospatial equity of the scheme. Some people are nice and close to where they need to go, and hence these caps are quite sufficient for them, but others have to travel significant distances. How is that addressed under the scheme?

Mr Miners: One of the main ways that is done is because it is a percentage of fare. If you are travelling further then it is covering 50 or 75 per cent of the fare, depending on which scheme you are in. As I said, 80 per cent are still falling within that. So if you are travelling from further out you are getting the same percentage of your fare covered.

MR BRADDOCK: But the out-of-pocket element has grown as well, which could start to become prohibitive for some users where they are too far out.

Mr Miners: As I said, 80 per cent are still falling within their caps. The amount will change depending on the length of the trip. But I am not receiving a lot of advice saying that that is a particular issue. It is still covering a vast percentage of the fares. The Auditor-General's report has some numbers in there, and it just shows that it is still covering a very large percentage of those fares.

MR BRADDOCK: Again, there is a selective bias to those who are actually utilising the scheme and not those who, for whatever purposes, are not able to utilise it because out of the out-of-pocket costs.

Mr Miners: It is very hard to comment. The scheme is there and is available. Anyone who meets those requirements can use the scheme. If anyone is not using the scheme, it is by choice not to use the scheme, not because they are being excluded other than by the requirements of the scheme itself. So it is very hard to then say that someone who has not signed up to the scheme and does not use would pay something else. It all becomes very hypothetical. The scheme is available to them, and they can sign up and have their fares subsidised, assuming they meet all the relevant criteria.

MR BRADDOCK: We are going to be surveying our existing users of the scheme next year. Are we also going to actively be talking to groups about the users who are not using the scheme but are eligible and would fit the criteria and understand why they may not be utilising the scheme?

Mr Miners: I have nothing in the process to chase that particularly.

Mr Brown: The ACT government is currently developing a 10-year disability strategy. As part of that, people have been out and about talking to people in the disability community about various ACT government services and offerings that impact them. We are talking to the team that are undertaking that work and hearing from them what they are hearing from that. So any feedback received as part of that process on the Taxi Subsidy Scheme, whether from existing users or from people who may be eligible but are not using it, will be able to be collected and analysed and recommendations can be made about anything that needs to be done about any of that feedback.

MR BRADDOCK: May I suggest the Auditor-General has already gone out and obtained feedback, which is contained in the report?

Mr Brown: Yes, and we will be using that process that is currently underway to add to the feedback that is being received.

Mr Miners: We will certainly be using anything in the annual report.

MR BRADDOCK: Thank you. I have no further questions on this audit.

THE CHAIR: It looks like we are done with the Taxi Subsidy Scheme. Thank you so much. We will move on to report No. 4, the governance arrangements for the planning of services for Parkwood Ginninderry. Andrew, I will let you kick off with the first set of questions.

MR BRADDOCK: Following the publication date of this audit, the announcement was made by the New South Wales government that it was agreeing to enter discussions about moving the border. What are the implications of that announcement as a result of this? Do we need to still incorporate some of the lessons learnt from this report into the ACT government process?

Mr Barr: I think the short answer to that is that much of what is contained within the audit report would not therefore be necessary in the context of agreement on the border moving. That would appear to be everyone's initial assessment from all sides of the issue—local government, state government and the territory government, and I believe the commonwealth as well. The events have now rendered much of what is contained within the audit report not as relevant as they might have been at that time. But, that said, it was certainly always the ACT government's preference that the border move.

MR BRADDOCK: What is the contingency plan should the ACT government and the New South Wales government not be able to reach an agreement about the border

movement?

Mr Barr: That is somewhat hypothetical. I do not believe there is a great risk of that not occurring. So I think it will happen, as I have said publicly. My soundings from both sides of politics in New South Wales and the facts of the matter in relation to the location of the land and its accessibility only really from the territory side of the border render most of those sorts of hypothetical questions somewhat academic. The process now is around putting in place the necessary steps to move the border, not to spend a lot of time on contingencies, noting of course that any development in the area in question is a decade away at least.

MR BRADDOCK: Yes.

THE CHAIR: Chief Minister, I thought that I read in *The Canberra Times* that the Premier was in agreement about considering. Can you confirm whether he is considering the extension of the ACT border or did he confirm that the ACT border will be extended into New South Wales?

Mr Barr: The current Premier has indicated a willingness to engage. He has done so formally through his bureaucracy and he has also done so informally with me, recognising the realities of the situation—that the land can really only be accessed from the ACT side of the border. Whilst one never just takes, I guess, handshake agreements—they are not contractual—it is clear to me that the position of the current New South Wales Premier is one that it makes sense to proceed down the pathway he has outlined from a New South Wales perspective, and that is that we work towards a border move.

So it is not that we are arguing over whether the border should move; it is around the process to achieve it and what would be necessary to facilitate that and the implications that has for New South Wales. So I believe it is appropriate to turn our attention to making the border move work for everyone, rather than hypothetically suggesting that we might be back to square one.

Again, I have been around politics long enough to know that I also need to have those conversations with the alternate New South Wales Premier, who I anticipate will be the New South Wales Premier after March. So I have been conscious of that and engaging with the New South Wales opposition as well. I will continue to pursue that so that there is bi-partisan support in New South Wales for this issue.

THE CHAIR: How long would it take for that to become reality?

Mr Barr: I think there is a process that will take several years, but well inside 10 years.

THE CHAIR: So 10 years?

Mr Barr: I feel we have 10 years to achieve this outcome. The process will take several years. Even if it does not start until 2028, there is still plenty of time. There is no immediate pressure here but, obviously, the sooner it is resolved, the more certainty there is for everyone. But I am working on the basis that the border is

moving. That is what we are working towards.

THE CHAIR: So, when the agreement happens between the New South Wales and ACT governments, does it then need to go to the federal government? What happens afterwards?

Mr Barr: I understand there is a process. Wilhelmina may be able to assist there.

Ms Blount: The early advice is that section 111 of the Constitution is the applicable section for expanding the ACT. That would provide for the surrender of state land by the parliament of a state and acceptance by the commonwealth of the land constituting part of the state. So it has to be transferred from the state to the commonwealth first. Then that surrendered land would become subject to exclusive jurisdiction of the commonwealth. That mechanism was used to establish the ACT, for example. It is then transferred to the new territory.

THE CHAIR: It does not need to go through a vote process within the federal government; it is just a behind closed doors type of thing, right?

Mr Barr: Do you mean the federal parliament.

THE CHAIR: A federal—yes.

Mr Barr: Obviously there is a distinction between the government and the parliament. As I understand your question to mean, it is an executive decision of the federal government, not a requirement for the federal parliament to vote for it. Is that the question?

THE CHAIR: That is correct, yes. So it just needs executive commonwealth bureaucrats to give it the tick?

Mr Barr: The relevant minister would need to agree.

THE CHAIR: Okay; thank you.

MR PETTERSSON: Are there any other border changes on the horizon for the ACT?

Mr Barr: Not on the immediate horizon, no.

THE CHAIR: Just out of curiosity, when the border extends to New South Wales and the Yass Valley has a certain project in mind, what does that really mean? Help me to understand that. I am not sure what it is called—something about integrity. It is probably not called an integrity project. Yass council wants something in return for giving us that part of their land. What is the Yass council actually asking for in return?

Mr Barr: It relates to water security.

Ms Blount: It does, yes.

THE CHAIR: Water. How difficult, complex or easy is that water security? Can you help me understand?

Mr Barr: Relatively easy in theory. The question really is just the cost of a pipe and who pays for that.

THE CHAIR: Right. So they want the ACT government to be paying for the pipe and the water?

Mr Barr: Not necessarily. They just want access in the same way that Queanbeyan has access to notionally ACT water. The question would be: would water that is within the ACT government's control through our water utility be made available for cross-border communities in the north west as it currently is in the east.

THE CHAIR: Okay. As there are no further questions, on behalf of the committee, I would like to thank you, Chief Minister, and officials, for appearing. When available, a proof transcript will be forwarded to witnesses to provide an opportunity to check the transcript and identify any errors in transcription.

If witnesses undertook to provide further information or took questions on notice during the course of the hearing, answers to these questions would be appreciated within one week from the date of receiving the proofed transcript. This public hearing is now suspended and we will reconvene to hear from the Minister for Mental Health and officials at 1.30 pm. Thank you, everyone.

Sitting suspended from 12.44 pm to 1.30 pm.

DAVIDSON, MS EMMA, Assistant Minister for Families and Community Services, Minister for Disability, Minister for Justice Health, Minister for Mental Health, Minister for Veterans and Seniors
PEFFER, MR DAVE, Chief Executive Officer, Canberra Health Services
McKENZIE, MS KATIE, Executive Director, Mental Health, Justice Health and Alcohol and Drug Services, Canberra Health Services

THE CHAIR: Welcome back to the public hearing of the Standing Committee on Public Accounts inquiry into the Auditor-General's performance audit reports for January 2022 to June 2022. Please be aware that the proceedings today are being recorded and transcribed by Hansard and will be published. The proceedings are also being broadcast and webstreamed live.

We move to the next witnesses appearing today, the Minister for Mental Health and officials from Canberra Health Services. On behalf of the committee, thank you for appearing today and also for your written response to report 1 of this inquiry. I remind witnesses of the protections and obligations afforded by parliamentary privilege and draw your attention to the privilege statement before you on the table. Could you confirm for the record that you understand the privilege implications of the statement?

Ms Davidson: Yes. I have read and agree to it. Thank you.

THE CHAIR: Thank you. Before we proceed to questions from the committee, Ms Davidson, would you like to make a brief opening statement?

Ms Davidson: No. I am happy to go straight to questions.

THE CHAIR: Okay; we shall. Thank you very much. We heard from the Auditor-General's office that there are not enough staff at AMC to deal with the demands of detainees' mental health. Obviously, this report was published earlier this year—in March, I think. During annual reports we heard that there was a forensic psychologist who joined the team at AMC. Could you confirm how many new psychologists or mental health supporters have been hired since the report from the Auditor-General in March?

Ms Davidson: Yes. Before I pass to Katie, who can talk about how many staff we have employed since March in the psychologist and psychiatrist positions, it is important to know, as well, that it is not just about how many psychologists you have. It is also about the efficiency with which you can get people from their accommodation blocks to the Hume Health Centre for treatment appointments and then back again.

It is an environment that has constraints around how many people can be moved around and when, so that does have an impact on how many people you can move through appointments in a day, in a way that you would not have in, say, your local psychologist's office in the suburbs. Katie can talk about how many positions we have.

THE CHAIR: Sorry; can I just make a comment about that, or ask a question or two, just to clarify something. Are you saying that sometimes the appointments are not

being addressed, in terms of detainees seeing a psychologist for their mental wellbeing, due to the fact that they cannot get there on time because of the escort by the corrections officers?

Ms Davidson: What I am saying is that you cannot get through as many appointments in a day within an environment with those kind of constraints as you could in, say, a suburban clinic practice.

THE CHAIR: Of course. That is understandable.

Ms Davidson: So just knowing the numbers of how many psychologists are employed does not really give you the full picture of what the constraints are to getting more people to more appointments. There might be other disruptions in the environment that mean that appointments are running late or have to be rescheduled as well.

THE CHAIR: Of course. I can understand that. But I am sure it is not a huge impact on the detainees seeing a psychologist.

Ms Davidson: It actually is quite a—

THE CHAIR: Are you saying it is a big deal?

Ms Davidson: There is a significant impact on people who are in the AMC accessing any of the health services that require them to go to the Hume Health Centre. With all of those health services, if you are getting the services delivered in the Hume Health Centre, you have to go from the accommodation block to the health centre and then back again. Anything that is delivered there is going to require someone to have to move around the complex, and that is something that requires management.

THE CHAIR: I completely understand that. I cannot see why that would be a huge impact on a particular detainee actually seeing a psychologist but, yes, I get your point of view, totally. Were you going to add something, Katie?

Ms McKenzie: I acknowledge that I have read and understand the privilege statement. The question relating to exact vacancy I am going to have to take as a question on notice. The management team within the AMC are not easily contactable and I was not able to get that exact figure for this afternoon.

THE CHAIR: Okay.

Ms McKenzie: I do just want to reinforce the minister's comments. It is a much more complex and nuanced picture than just vacancy. It is about security arrangements within the AMC and it is also about prioritisation of care. If somebody is quite unwell in that setting, they are seen, regardless of vacancy. There is still a priority and triage system in the AMC, as there would be in any healthcare setting.

THE CHAIR: Okay. You said that it was quite hard to get hold of the AMC management for the exact figures. I thought that mental health staff were hired by Canberra Health Services, not by AMC management.

Ms McKenzie: They are, but they are based in the AMC, so they do not have mobile phones on them.

THE CHAIR: But if you hire them then you would know how many people you have hired since March.

Ms McKenzie: Absolutely, but unit-by-unit FTE detail would come from the management team in AMC and roll up to me. So it was just a transactional issue of access to the phone today.

THE CHAIR: Okay; so you can put it on notice.

Ms McKenzie: Yes, absolutely, I can take it on notice.

THE CHAIR: All right. Thank you.

MR BRADDOCK: Is it possible to get data on how many appointments are being missed or having to be rescheduled as a result of those challenges in getting a client from the accommodation wing to the Hume Health Centre?

Ms Davidson: That is going to be really highly variable from day to day, depending on what else is going on inside the environment there. There are a whole lot of factors that go into working out how many people you can see on a particular day. Some of that goes to what accommodation wing they are coming from and who can be in a waiting room with who else.

Because we have one AMC for all of the people who need to be in that kind of environment in the ACT, it does mean that we have to carefully manage who is mixing with who inside that space. So it is going to be highly variable from day to day. Some days things are going to run relatively smoothly and then there are going to be other days where you realise that this is going to take a bit longer because we are going to have to take one person back to the accommodation wing before we can bring the next person in—because those two people cannot be there at the same time.

MR BRADDOCK: Whilst it might be highly variable, surely the total would be very interesting in terms of how much staff time has not been utilised to its fullest extent, given the fact that we are unable to move those detainees around in order to provide the health services to them.

Ms Davidson: We may be able to give you some sort of snapshot or a picture of this and the kind of range of variation we get in how it runs.

MR BRADDOCK: Thank you.

THE CHAIR: If a detainee misses out on an appointment with a psychologist due to the fact that they cannot be escorted there on time, is that is recorded as a reason why they did not show up on time? Obviously, they need to move on to the next patient. Or is that not reported?

Ms Davidson: I would have to pass to Katie as to what we record as the reasons why an appointment might be rescheduled.

Ms McKenzie: I would have to take that as a question on notice. I would need to look into exactly what it is that we record, versus wait times. Our systems have not been as sophisticated as they could be. One month into the DHR, we are really looking forward to much more rich data on the exact things that you are asking for.

Mr Peffer: Coming to the question about whether the committee would be able to usefully draw a conclusion from the data, I am not sure that you actually would. The reason for that is that, day to day, there may be incidents that require part of the facility to be locked down—all sorts of different responses. So to look at the data and form some sort of opinion like "if we changed that then that would get this result" I am not sure you would be able to do that. But I think we will be able to pull some data about those deferred appointments.

THE CHAIR: Do you not think that understanding the reasons behind why some detainees are not able to make it to their designated appointment is a good thing to know so you can address it with the AMC management?

Mr Peffer: Yes, so—

THE CHAIR: So collecting that data is actually quite important.

Mr Peffer: If you talk to the team out there, they are well aware of what reason sits behind a particular detainee not being able to access care at a point in time, whatever that might look like—whether it is an incident or whether it is a workforce challenge. AMC is no different to the health service. The last couple of years have been very challenging in terms of furloughed staff and other things. I do not think there is a lack of visibility from the team about what is impacting detainees being able to access care. It is just whether that data is then useful to form an opinion about what you can simply change that would give you a marked improvement.

Ms Davidson: I think what you are looking for there is some really good qualitative data, rather than just the raw numbers about how many appointments are rescheduled for a given category reason in a system. That qualitative insight into what would actually make the system work more smoothly is the kind of thing that we can address through the justice health strategy as we are looking at the kinds of bigger problems that we need to solve here.

MR PETTERSSON: I note the ACT government's response to the audit report, and I was hoping the committee could get a further update on the implementation of the recommendations.

Ms Davidson: Is there a particular recommendation you are looking for?

MR PETTERSSON: All of them would be good.

Ms Davidson: We did provide a copy of the progress report that lists which ones are commenced, which ones are complete and which ones are not yet commenced. I did

go through the entire list, but are there is any in particular that you are keen to—

MR PETTERSSON: Let us go through them one by one. I think that would be useful.

Ms Davidson: All right. A number of these pieces of work require some conversations with people from multiple agencies and different stakeholders, which does take some time to do. But, once we have started it, we know that we are going to be able to continue those conversations. So the fact that it has started is a really good sign.

Some of these things will take a little bit of time because we are now going into the end of the year where things shut down for a while over the summer season in terms of doing that kind of strategic planning work. But the work has actually started. That would apply to a number of the things that are in here, such as recommendation 1 on strategic planning, the custodial mental health services operational guide, and some of the work on Aboriginal liaison officer numbers and trauma informed care as well. The conversations will take a period of time to happen and we will continue those as people come back from their Christmas break.

MR PETTERSSON: Why don't we just go through the recommendation and then let us just check in and see if the implementation time frame is still on track? Does that sound like a plan?

Ms Davidson: Yes.

MR PETTERSSON: So strategic planning: implementation time line of June 2023 for a clinical services plan. Is that on track?

Ms Davidson: Yes. The work has started and it is on track at the moment. I have no reason to expect that it will not be completed on time.

MR PETTERSSON: The recordkeeping system: DHR is already in place. So that works?

Ms Davidson: It has actually happened, yes, and it is making a real difference already. It is really great to see.

MR PETTERSSON: Recommendation 3 is the provision of psychological services to detainees. Implementation is June 2023. Is that on track?

Ms Davidson: I am just looking through the update to see where that one is at.

Ms McKenzie: I can add something to that.

Ms Davidson: Yes.

Ms McKenzie: We have commenced a mapping exercise against the Stepped Care model for the provision of mental health services. We have commenced that collaboratively with ACT custodial services. We started that at our first detainee health oversight committee. It is the first item on the agenda for February. So it is on

track.

MR PETTERSSON: Wonderful. Recommendation 4, training for custodial officers in the crisis support unit—implementation December 2023. Is that on track?

Ms McKenzie: Not commenced—acknowledging the 12-month time frame.

THE CHAIR: Sorry; did you say it has not commenced?

Ms McKenzie: It has not commenced. It is due in 12 months.

THE CHAIR: But the training for custodial officers in the crisis support unit—

Ms McKenzie: The revised training.

THE CHAIR: Yes. Are you going to start next year?

Ms McKenzie: Once we have delivered the strategy. The strategy has a strong focus on workforce development. We feel that the revised training program is sequential from delivery of the strategy.

THE CHAIR: Okay; thanks.

MR PETTERSSON: Recommendation 5 is the establishment of shared care arrangements. That is December 2022. How is that going?

Ms McKenzie: On track—in discussion with the Justice and Community Safety Directorate.

MR PETTERSSON: Wonderful. Recommendation 6 is oversight of Winnunga service delivery arrangements and funding—June 2023.

Ms McKenzie: The focus this year with Winnunga has been on respectful and meaningful re-engagement. The formal work about documenting that relationship will need to commence early next year. But it is on track for June 2023.

MR PETTERSSON: Wonderful. Recommendation 7 is the custodial mental health services operational guide. That is December 2022.

Ms McKenzie: That is endorsed. It is complete.

MR PETTERSSON: Wonderful. Recommendation 8 is Health Advisory Group's terms of reference.

Ms McKenzie: The name has transitioned. It is now going to reflect the working title of the strategy, which is the Detainee Health and Wellbeing Oversight Group. We had our first meeting approximately two weeks ago, and that was chaired by the Commissioner for Corrections. I and other senior team members from my team and the ACT Health Directorate and Winnunga were all present at the first meeting. The next one scheduled for February.

MR PETTERSSON: So I assume that is pretty much the same answer for recommendation 9.

Ms McKenzie: Sorry; you will have to tell me; otherwise—

Ms Davidson: That is linkages between governance groups.

Ms McKenzie: Yes, absolutely the same. The terms of reference reflect a direct link from the AMC operations committee, myself and the Commissioner for Corrections, who will escalate to our equivalent DDG as a clear line of governance. So that is complete.

MR PETTERSSON: Wonderful. Recommendation 10 is key performance indicators.

Ms McKenzie: In discussion. It will need to be considered as part of the strategy and also is going to be picked up in the Detainee Health and Wellbeing Oversight Group.

MR PETTERSSON: Wonderful. Recommendation 11 is the suicide vulnerability assessment tool. That was on notice and not applicable. Recommendation 12 is custodial officers' mental health identification training and guidance material, June 2023.

Ms McKenzie: I think that is identified for Corrective Services.

MR PETTERSSON: Yes, you are correct.

Ms McKenzie: Yes, I think the lead agency is Corrective Services for that.

MR PETTERSSON: Well spotted; thank you.

THE CHAIR: Does the training provided to the custodial officers come from ACT Health Services?

Ms McKenzie: No; it comes from both agencies.

THE CHAIR: Both agencies?

Ms McKenzie: Yes.

THE CHAIR: What are both of those agencies, JACS and—

Ms McKenzie: And CHS. We have a rolling engagement of training with ACT custodial services. So we are involved in training for the corrections officers.

THE CHAIR: So you are training them?

Ms McKenzie: Yes.

THE CHAIR: Thank you for clarifying that.

MR PETTERSSON: So skipping a few recs, recommendation 14 is the collaborative care plans.

Ms McKenzie: We have done our first audit. I have not seen the results of that yet. The audit looked at timeliness, involvement of the detainee in their care planning and release planning. I am just waiting for the audit results to be tabled at the CHS governance committee. So it is on track.

MR PETTERSSON: Wonderful. Recommendation 15 is high-risk assessment team meetings.

Ms McKenzie: They are in place and continue as is. What is the time frame for those, if you do not mind me asking?

MR PETTERSSON: June 2023.

Ms McKenzie: Yes; on track.

MR PETTERSSON: Recommendation 16 is operational guide for delivery of treatment outside custodial mental health.

Ms McKenzie: The due date is but a few weeks away. It is linked to the earlier recommendation about mapping broader mental health service provision. Because it is linked to that recommendation, it is not on track for delivery in the next few weeks. It will meet that linked due date of June. As I said, it is tabled for discussion at the February Detainee Health and Wellbeing Oversight Group.

MR PETTERSSON: Fair enough. Recommendation 17 is Aboriginal Liaison Officer numbers.

Ms McKenzie: We have looked internally at some reallocation of internal funding to be able to do this. We hope to move to a recruitment space next year. We would like to clarify some pathways with Winnunga before we move to recruitment. But that is on track.

MR PETTERSSON: Excellent news. Recommendation 18 is trauma-informed care.

Ms McKenzie: We are in the process of procuring an education provider. That is on track.

MR PETTERSSON: Cool. And, lucky last, recommendation 19 is release planning.

Ms McKenzie: Release planning is not commenced. Again, we felt that is sequential to the strategy. So that will commence when the strategy is complete.

MR PETTERSSON: Wonderful. That was very thorough. Thank you.

MR BRADDOCK: A lot of recommendations have been agreed to for improved or increased services. How is the Hume Health Centre going to have the capacity or the

capability in order to support the delivery of these recommendations?

Ms Davidson: That is a very valid question. What we are looking at doing is implementing a strategy for the kinds of services that are needed in AMC today and into the future. We are working within the constraints of a facility that was built with a different strategy in mind. It makes perfect sense that there might need to be, at some point in the future, some improvements to infrastructure and the space in order to be able to deliver the services. If we find that we need to have more staff, for example, to deliver services, we have got to make sure that there is enough space for them to be able to work adequately. That applies to CHS Justice Health Services as well as to Corrections and to Winnunga as well. Everyone is trying to work in this shared space, and there are limits to that.

This is the kind of thing that is going to have to be addressed through the Justice Health Strategy. We are going to have to look at what we will actually need in the future, what we will need to be able to deliver and what we might need to change in order to do that. The strategy will give us some direction about where that might be going.

But those kinds of decisions about major changes to infrastructure would need to go through a process with government around where the priorities are and what is possible in what time frames before we could really commit to what exactly needs to be done. Certainly, though, I would expect that if there were a significant change in how we deliver services, we might actually need to make some changes to the spaces in which we do that in order to enable that to happen.

MR BRADDOCK: So, in terms of the current delivery of services, what limitations are placed on those from the current layout of the Hume Health Centre?

Ms Davidson: I might pass to Katie, who can talk through some of the operational constraints that people are working with in the Hume Health Centre.

Ms McKenzie: The first two would be size and, as minister said, security arrangements. Everybody has to be escorted, and the risk assessment that guides that is not influenced by us. So, yes, size and security arrangements.

The other thing that is a constraint is whether we would be well placed to bring specialist services into AMC, and it would require some infrastructure support to do that. But to do that would then result in the loss of a room. So it is constant tension about what should be in the Hume Health Centre and what we would lose to have something in the Hume Health Centre. It is an absolute juggling act, day on day, between health service providers and Corrections.

MR BRADDOCK: So what demand is not being met whilst you juggle?

Ms Davidson: Sometimes it is the case of making sure that we are prioritising those urgent care needs, so that people who really do need care can get that care in a timely way. What might be more routine and preventative kind of health care can maybe wait a little bit longer, but there is a limit to how long those things can wait. Making sure that we have the facilities to be able to deliver that preventative health care and that

routine health care is going to make a big difference to people's longer-term wellbeing. So these are really important conversations to have.

Katie was talking earlier about mobile phone access inside the AMC. It is not necessarily the case that we can just have people walking around accommodation blocks and doing things that you might deliver in, say, a community mental health setting out in the suburbs of Canberra. It does not necessarily work the same way inside the AMC. You are essentially asking people to work inside a giant Faraday cage and they do not necessarily have the ability to carry a mobile phone around with them wherever they go. So there are some things that you might deliver closer to home, out in the community that, within environment, you actually need to deliver in a clinic setting because you are in a different security risk environment.

MR BRADDOCK: Thank you.

THE CHAIR: I have a follow up question. I know there have been many talks in the past years about expanding Hume so that the demand is being addressed for AMC detainees. What would it take to actually start progressing in the pathway of expanding the Hume centre?

Ms Davidson: Having the Justice Health Strategy work underway is part of progressing that work. In order to have a clear understanding of the kinds of actions we need to take and what kinds of service changes we need to make, we have to have that strategy that tells us what direction those things need to go in. Having that piece of work already underway is going to help us to understand what we might need to work on next year and the year after.

THE CHAIR: When is that strategy planning due? Is it next year?

Ms Davidson: Katie can correct me if I am wrong here, but I believe we will have a Justice Health Strategy that we are able to talk about publicly in the first half of next year. I could not give you an exact date just yet, but it is getting closer and closer to being ready for us to be able to think through, "Once we have got this strategy out there, what are the next steps from that?"

THE CHAIR: Thank you. I want to go back to recommendation 12. In terms of Health Services providing mental health training in identification of detainees by custodial officers, how are you providing support for that training?

Ms McKenzie: Sorry; I am just going to have to find recommendation 12.

Ms Davidson: I think that was one of the ones that—

Ms McKenzie: Training and guidance?

THE CHAIR: Yes.

Ms McKenzie: I am going to have to take our exact training input as a question on notice. Then I can give you the exact details behind it.

THE CHAIR: Okay; thank you. On behalf of the committee, I would like to thank you, Ms Davidson, and officials for appearing this afternoon. When available, a proof transcript will be forwarded to witnesses to provide an opportunity to check the transcript and identify any errors in transcription. If witnesses undertook to provide further information or took questions on notice during the course of the hearing, answers to these questions would be appreciated within one week from the date of receiving the un-proofed transcript.

On behalf of the committee, I would like to thank all the witnesses who have appeared today. If members wish to lodge questions on notice, please provide them to the committee secretary within five working days of the hearings.

Thank you very much.

The committee adjourned at 1.59 pm.