Incoming Surgeon General Brief

Health Service Provider

- Health services for immigration detainees in Australia and transferees and refugees in Nauru and PNG are provided by International Health and Medical Services (IHMS). IHMS's parent company is International SOS.
- These services are provided under separate contracts to the Department:
    - The *Immigration Detention Health Services Contract* (IDHSC), for services in Australia, which commenced on 11 December 2014 for an initial five year period. IHMS was the incumbent detention health services provider and was the successful tender in a public tender process. The contract has an estimated value of $438.3m over the period of the contract.
    - *Regional Processing Countries Health Services Contract*, for services in the Nauru and PNG Regional Processing Centres, which commenced September 2012 (initially as a Heads of Agreement) and is due to expire 31 October 2015. This contract is valued at $231.8m over the period of the contract. s. 47E(d) s. 47E(d)
    - Heads of Agreement are currently in place with IHMS for settled refugee services in Nauru and Manus.

Model of care

Australia – held detention

- Detainees in Immigration Detention Facilities (IDFs) in Australia receive individualised health care to a standard comparable to health services available within the Australian community under the public health system.
- Upon entry to immigration detention detainees receive health screening, including for communicable diseases.
- Primary and mental health clinics are available onsite, with allied and specialist health care provided through visiting practitioners or through referral to community-based practitioners.
- Emergency and acute care is provided by local hospitals under agreements with state and territory governments.
- Additional support is provided around mental health including regular mental health screening and a Psychological Support Program, which aims to manage self-harm risk.
- Specialist torture and trauma counselling is offered to detainees as clinically indicated.
- Onsite services are provided during business hours. After hours, when IHMS staff are not onsite, detention staff can access an IHMS nurse-led telephone advice line (Health Advice Service) for guidance. Ambulances are called when requested by IHMS, the Health Advice Service or by other service providers (when there is a clear medical emergency).
    - The previous contract with IHMS provided after-hours onsite staffing at several detention facilities. This was largely removed under the latest contract to better accord with Australian community health standards and to meet Government expenditure targets. This reduction has been criticised by scrutineers such as the Ombudsman and the Department is monitoring.

Australia – community detention

- Detainees in the community receive health care from a network of community-based providers – charges are invoiced to IHMS and passed through to the Department.
- Community detainees are assigned a GP clinic which is responsible for referring them to further services as required, consistent with Australian public health standards and waiting times.

- The network of community providers is contracted to IHMS.

Regional Processing Countries (Manus and Nauru)

- Transferees, who reside in the Regional Processing Centres on Manus or Nauru have access to clinically indicated health care, broadly comparable with Australian public health standards.
- General practitioner, nursing and mental health care clinics are open at the RPCs seven days per week. There is also after-hours medical staffing to respond to any after-hours medical emergencies.
- Refugees settled in the community access primary and mental health services at a settlement health clinic located at the Republic of Nauru Hospital or on Manus, at the East Lorengau Refugee Transit Centre. Additional health services are provided by the hospitals at those locations.
- Health services on Nauru and Manus are supplemented by visiting health practitioners organised by IHMS or the Department, a tele-health service and medical transfers to Port Moresby, PNG when required (including for Nauruan-based refugees and transferees). Medical transfers to Australia are only undertaken in exceptional circumstances. Please note the propensity of those transferred to Australia to join legal action which prevents their subsequent return to PNG or Nauru.
- Health capability on Nauru is being strengthened through improvements to the Republic of Nauru Hospital, including additional medical infrastructure, equipment and services. A particular focus has been on enabling refugee and transferee birthing on Nauru, a capability which is now in place. High medical risk pregnancies require transfer to PNG for birthing.

Independent Health Advisor

- On 23 May 2014, Dr Paul Alexander AO, the former Chair of the Immigration Health Advisory Group (IHAG), was formally appointed to the role of Independent Health Advisor.
- Dr Alexander has had an extensive career in the Australian Defence Force including experience as a senior medical officer with over 32 years in clinical executive posts, and board positions in military, private practice, commercial and not for profit organisations.
- The Independent Health Advisor was appointed by the then former Secretary of the Department to provide expert independent advice as requested, in relation to immigration health issues in community detention, Immigration Detention Facilities and Regional Processing Centres.
- The Independent Health Advisor draws on the professional and clinical advice of the Department's senior medical officers, IHMS, as well as external experts in providing advice on health issues. This may include advice on systemic issues, individual cases or specific incidents.
- A panel of experts was established in consultation with Dr Alexander, which he has drawn on for advice, as it was needed. The contracted experts have included the following:

s. 47F(1)	• General Practice • Refugee and asylum seeker health • Public Health
s. 47F(1)	• Child and adolescent psychiatrist
s. 47F(1)	• Refugee issues / wellbeing
s. 47F(1)	• Communicable diseases • Asylum seeker and refugee health
s. 47F(1)	• Nursing • refugee health care

- The Independent Health Advisor, with assistance from the panel, has provided advice on a range of issues including: the communicable diseases management framework, mental health screening, vector control measures at Regional Processing Centres, fit-out and staffing of proposed surgical and inpatient facilities for Regional Processing Centres, the composition of health data sets for routine reporting from IHMS, tender specifications for the onshore health services contract and the timing of transfer from Nauru to Australia of obstetric patients.

Significant Issues which will require Surgeon General involvement

- Currently there are two significant health service issues which will likely require Surgeon General involvement:
    - Measures to further reduce medical transfers from Regional Processing Countries to Australia.
      As set out above, the Department is seeking to support the management of health issues affecting transferees and refugees in either Nauru or Papua New Guinea without the need to bring them to Australia. Specifically, it is preferred that only those cases where the life of the refugee/transferee is in danger, and the required services are not available in either Nauru or Papua New Guinea, are considered for transfer. The measures being implemented to reduce the number of medical transfers include the provision of additional medical equipment, as well as the procurement of specialist clinician services. Similarly, the decisions around whether to undertake a transfer are currently made using clinical information provided and interpreted by IHMS. Clinical advice and expertise from within the Department and the Australian Border Force will greatly assist in these decision-making processes.
    - Concerns around IHMS performance
      IHMS was recently the subject of extensive allegations raised in the Guardian Australia. A review of the allegations, by the Department with the assistance of consultants (KPMG), revealed that the majority of the allegations were exaggerated or unfounded. s. 47G(1)(a)
      s. 47G(1)(a)

Statistics

A range of data is enclosed, including the latest quarterly health data sets provided by IHMS.

Onshore Health

Key Statistics

Onshore Statistics								
Contract for Onshore Health Services	International Health and Medical Services (IHMS). Contract period: 11 December 2014 to 10 December 2019. Estimated maximum value for the current contract: $438,281,569 (GST inclusive).							
Expenditure (Ex GST) IHMS	2012-2013		2013-2014			2014-2015		
	s. 47G(1)(a)							
Onsite IHMS staffing in immigration detention (Mainland and Christmas Island)	IHMS Staffing as at 30 September 2015							
	Staffing type		31-Mar-14	30-Jun-14	28-Sep-14	31-Jan-15	29-Mar-15	18-Sep-15
	s. 47G(1)(a)							
	Total		**318.5**	**277.5**	**244.7**	**176.5**	**82.9**	**87.9**
Self-harm incidents in immigration detention: Sept 2014 - August 2015 (reported by Serco)	Date	Actual			Threatened			Total	
		Incidents	Rate per 1000	% of total Incidents	Incidents	Rate per 1000	% of total Incidents	Incidents	Rate per 1000
	s. 47E(d)								
Infectious Diseases - New cases identified amongst Detainees in immigration detention for Financial Years: 2013-14 and 2014-15	Infectious Diseases	2013-2014			2014-2015		
		IMAs	Non-IMAs	**Total**	IMAs	Non-IMAs	**Total**
	Contagious (human to human, including sexually transmitted infections)						
	Chickenpox	3	0	3	0	1	**1**
	Chlamydia	13	1	**14**	5	4	**9**
	Gonorrhoea	2	0	**2**	1	0	**1**
	Hepatitis A	1	0	**1**	0	0	**0**
	Hepatitis B (active&carrier states)	153	54	**207**	19	62	**81**
	Hepatitis C	64	7	**71**	8	33	**41**
	HIV	7	1	**8**	0	5	**5**
	Measles, Mumps, Rubella	1	0	**1**	0	0	**0**
	Pertussis (Whooping Cough)	1	0	**1**	0	0	**0**
	Syphilis	67	15	**82**	1	23	**24**
	Tuberculosis - Active	11	1	**12**	4	6	**10**
	Typhoid	0	0	**0**	0	0	**0**
	Non-contagious (via mosquitoes and parasites)						
	Dengue	0	0	**0**	0	0	**0**
	Malaria	3	1	**4**	0	0	**0**
	Schistosomiasis	0	0	**0**	29	0	**29**
	Strongyloidiasis	0	0	**0**	7	1	**8**
	Total	**326**	**80**	**406**	**74**	**135**	**209**

Nauru Health

Key Statistics

Nauru RPC Statistics									
Contract for RPC Health Services	International Health and Medical Services (IHMS) Contract ends 31 October 2015.								
RPC Expenditure (Ex GST) IHMS*	2012/2013			2013/2014			2014/2015		
	s. 47G(1)(a)								
Onsite IHMS clinical staffing	IHMS Staffing as at 30 September 2015					Nauru RPC		Nauru Settlement Clinic (based at RoN	
	s. 47G(1)(a)								
	Total					**50**		**7**	
Self-harm incidents on Nauru: January - August 2015 (reported by IHMS)	Month	Actual			Threatened			Total	
		Incidents	Rate per 1000	% of total Incidents	Incidents	Rate per 1000	% of total Incidents	Incidents	Rate per 1000
	s. 47E(d)								
Infectious Diseases - New cases identified amongst Transferees on Nauru for Financial Years 2013-14 and 2014-15	Infectious Diseases					2013-2014		2014-2015	
	Contagious (human to human, including sexually transmitted infections)								
	Chlamydia					1		0	
	Hepatitis B (incl active and carrier states)					6		0	
	Hepatitis C					7		0	
	Syphilis					6		0	
	Tuberculosis - Active					0		1	
	Non-contagious (via mosquitoes and parasites)								
	Dengue					2		0	
	Schistosomiasis					0		12	
	Total					**22**		**13**	
Medical transfers to Australia from Nauru	Medical Transfers Nauru to Australia (Transferees and Refugees)					2014-2015		2015 (to 30 Sept)	
	s. 47E(d)								
	Total					**409**		**12**	
Medical transfers from Nauru to PNG (Transferees and Refugees)	Medical Transfers from Nauru to PNG				30 July 2015 (first transfer) to 30 September 2015				
	s. 47E(d)								
	Total				**36**				
	s. 47E(d)								
	Total returned to Nauru				**22**				

Note: * Figures provided are total RPC contract expenditure as the one contract with IHMS covers both Nauru and Manus RPCs and expenditure is not disaggregated by RPCs.

Manus Health

Key Statistics

Manus RPC Statistics									
Contract for RPC Health Services	International Health and Medical Services (IHMS) Contract ends 31 October 2015.								
RPC Expenditure (Ex GST) IHMS*	2012-2013			2013-2014			2014-2015		
	s. 47G(1)(a)								
Onsite IHMS clinical staffing	IHMS Staffing as at 30 September 2015								Nauru Settlement Clinic (based at RoN
	s. 47G(1)(a)								
	Total								**59**
Self-harm incidents on Manus: January - August 2015 (reported by IHMS)	Month	Actual			Threatened			Total	
		Incidents	Rate per 1000	% of total Incidents	Incidents	Rate per 1000	% of total Incidents	Incidents	Rate per 1000
	s. 47E(d)								

Infectious Diseases - New cases identified amongst Transferees on Manus for Financial Years 2013-14 and 2014-15	Infectious Diseases	2013-2014	2014-2015
	Contagious (human to human, including sexually transmitted infections)		
	Chlamydia	1	0
	Gonorrhoea	1	0
	Hepatitis B (incl active and carrier states)	9	0
	Syphilis	7	1
	Tuberculosis - Active	0	2
	Typhoid	1	0
	Non-contagious (via mosquitoes and parasites)		
	Malaria	2	5
	Schistosomiasis	1	10
	Total	**22**	**18**

Medical transfers to Australia from Manus	Medical Transfers Manus to Australia	2014-2015	2015 (to 30 Sept)
	s. 47E(d)		
	Total	**130**	**0**

Note: * Figures provided are total RPC contract expenditure as the one contract with IHMS covers both Manus and Nauru RPCs, and expenditure is not disaggregated by RPCs.

Australian Government
Department of Immigration and Border Protection

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BRIEFING NOTE

INCOMING SURGEON GENERAL

DETENTION ASSURANCE

KEY POINTS

- In June 2015, the Department stood-up the Detention Assurance Branch, bringing together all elements of detention assurance and related activity. This includes the Detention Assurance Team, the secretariats to the Child Protection Panel and the Minister's Council on Asylum Seekers in Detention, and the departmental team coordinating responses to the Royal Commission into Institutional Responses to Child Sexual Abuse.
- At the core of this new Branch is the Detention Assurance Team, which has a focus to provide advice to the Secretary on the management and performance of the immigration detention function and Regional Processing Centres.
- The Detention Assurance Branch operates independently of detention functional line areas within the Department and works with stakeholders to improve immigration detention processes in the onshore Detention Centres and offshore processing centres in support of the host country.
- The Detention Assurance Team contributes to this by undertaking reviews into allegations or incidents, monitoring recommendations made for improvement to detention related practices, reviewing detention practices and recommending strategies for improvement.
- This approach is part of the Department's ongoing commitment to continuously monitor and improve the management of immigration detention in Australia, and assist our Regional partners undertake regional processing in Nauru and Papua New Guinea.
- One of the main priorities for the Detention Assurance Team (DA Team) this year is to build solid working relationships with key business groups within the Department including the Australian Border Force. The DA Team will also focus on detention related issues identified by external scrutiny and advocacy groups.
- The Detention Assurance Branch has a key role in assuring that the recommendations made in the recent 'Moss Review' are implemented

Reviews of Interest

s. 47E(d)

[redacted]

Operating Model

- The DA Team works within documented Terms of Reference that focus on the assurance around the management and performance of the Immigration Detention function.
- The DA Team is developing an end-to-end view of detention related assurance activities; including the areas of contract management, programme delivery, policy design, and procedural controls within both the Department and service providers. Summary of DA Team functions:
    - undertake investigations and support commissioned inquiries into allegations or incidents in the onshore detention network and, in consultation with the relevant country, perform a similar role in support of regional processing arrangements;

- monitor recommendations for improvement in detention contractor management processes and provide assurance that they are implemented and effectiveness is reviewed;
- audit the effectiveness of contract and other detention service performance measures;
- ensure the effectiveness of integrity and other risk controls;
- review detention practices for compliance against international conventions; and
- identify trends and emerging issues in detention contract management and recommend strategies for improvement.

- The DA Team has already completed 10 assurance / post action reviews:
  - s. 47E(d)

Contact Officer

Sharon Nyakuengama
Assistant Secretary
Detention Assurance Branch

Ph: s. 22(1)(a)(ii)

Mob: s. 22(1)(a)(ii)

Department of Immigration and Border Protection
Supplementary Estimates – October 2015

Detention Assurance

Key Talking Points

- In June 2015, the Department of Immigration and Border Protection (the Department, DIBP) stood-up the Detention Assurance Branch, bringing together all elements of detention assurance and related activity. This includes the:
    - Detention Assurance Team;
    - secretariats to the Child Protection Panel and Ministerial Council on Asylum Seekers in Detention; and
    - departmental team coordinating responses to the Royal Commission into Institutional Responses to Child Sexual Abuse.
- At the core of this new Branch is the Detention Assurance Team, which has a focus to provide advice to the Secretary on the management and performance of the immigration detention function and Regional Processing Centres.
- To provide this assurance, the Detention Assurance Team works with stakeholders to improve immigration detention processes in the onshore detention centres and offshore facilities, including undertaking reviews into allegations or incidents, reviewing detention practices and recommending strategies for improvement
- Recommendations made as part of a post action review undertaken by the Detention Assurance Team provide a level of assurance that the risk of a similar situation occurring is mitigated.
- The Detention Assurance Team monitors the recommendations for improvement to detention related practices, ensuring that the recommendations are actioned appropriately.
- This approach is part of the Department's ongoing commitment to continuously monitor and improve the management of immigration detention in Australia, and assist our Regional partners undertake regional processing in Nauru and Papua New Guinea.
- The Detention Assurance Branch operates independently of detention functional line areas within the Department and works with stakeholders to improve immigration detention processes in the onshore Detention Centres and offshore processing centres in support of the host country.
- The Detention Assurance Branch has a key role in assuring that the recommendations made in the recent 'Moss Review' are implemented.

s. 47E(d)

[redacted]

Background:

- On 10 November 2014, the Secretary of the DIBP established a Detention Assurance (DA) function, subsequently announced by a previous Minister for Immigration and Border Protection on 11 November 2014.
- The DA Team will develop an end to end view of detention related assurance activities including the areas of contract management, programme delivery, policy design, and procedural controls within both the Department and service providers.
- Summary of DA Team functions:

- undertake investigations and support commissioned inquiries into allegations or incidents in the onshore detention network and, in consultation with the relevant country, perform a similar role in support of regional processing arrangements;
- monitor recommendations for improvement in detention contractor management processes and provide assurance that they are implemented and effectiveness is reviewed;
- audit the effectiveness of contract and other detention service performance measures;
- ensure the effectiveness of integrity and other risk controls;
- review detention practices for compliance against international conventions; and
- identify trends and emerging issues in detention contract management and recommend strategies for improvement.

s. 47E(d)

- The DA Team has already completed 10 assurance / post action reviews:
  - s. 47E(d)
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- The assurance reviews have identified a number of areas for improvement relating to areas such as:
  - operational planning and command and control;
  - use and access to security systems (improving monitoring and audit capability);
  - enhancing integrity and professional standards for service provider staff;
  - revising existing governance measures; and
  - improving incident response protocols and communication plans.
- The DA Team continues to closely monitor the implementation of the recommendations coming from the Moss Review into past issues at the Regional Processing Centre in Nauru. Additionally, the team has made significant progress in consolidating and implementing an action plan relating to a number of past review recommendations.

s. 47E(d)

Resourcing/budget

In total there are 14 positions within the Detention Assurance Team:

Staff	Level	Number
Director	EL2	1
Assistant Director	EL1	4
Review officers	APS6	6
Review officers	APS5	1
Administration officer	APS4	2

The Detention Assurance Team brings together officers with a broad range of skills, qualifications and backgrounds extending beyond the detention environment. As a team the officers have combined skills and backgrounds in conducting complex criminal and administrative (code of conduct) investigations, practicing law, intelligence analysis, reviewing and developing policy, developing integrity and professional standards processes, physical and personal security, human resources management, coordinating case management, project and contract management and operational experience at immigration detention centres.

Responsible Officer

Stephen Hayward
Acting First Assistant Secretary
Integrity, Security and Assurance Division

Ph: s. 22(1)(a)(ii)

Mob: s. 22(1)(a)(ii)

Contact Officer

Sharon Nyakuengama
Assistant Secretary
Detention Assurance Branch

Ph: s. 22(1)(a)(ii)

Mob: s. 22(1)(a)(ii)

Department of Immigration and Border Protection
Supplementary Estimates – October 2015

SE15-BP-ISA10-Minister's Council on Asylum Seekers and Detention

Key Talking Points

- The Minister's Council on Asylum Seekers and Detention (MCASD) is an independent advisory body - first established in 2001 by the then Minister the Hon Philip Ruddock MP.

- The principal purpose of the Council is to provide independent advice to the Minister on policies, processes, services and programmes necessary to achieve the timely, fair and effective resolution of immigration status for people seeking migration outcomes in Australia. This includes people whose immigration status is unresolved residing either in the community or in any form of detention, or who are having their asylum claims processed in a designated place.

- Members have been selected based on their diverse backgrounds and work in a variety of disciplines. The current membership includes Doctors, Professors, a Bishop, Retired Air Marshal and CEOs. The nine Members and one Observer cover specialised areas of:

    - Medical and mental health;
    - Law;
    - Humanitarian;
    - Torture and trauma counselling;
    - Psychology;
    - Community relations/engagement; and
    - Human rights.

- The Chair of MCASD is Paris Aristotle. Paris has been the Chair since 2009 and has chaired the Council for a number of successive Ministers.

- The Council was re-appointed in April this year for a further three year term. Members work on a part-time, intermittent basis as required.

- MCASD has its own website administered by a Departmental Secretariat. People can email the Council and view Member biographies through the website at: http://www.mcasd.gov.au/Pages/Members.aspx

Current MCASD members

Mr Paris Aristotle AM
Air Marshal Ray Funnell AC (Retd)
Bishop D E Hurley

Associate Professor Mary Anne Kenny
Professor Nicholas Procter
Ms Kerrin Benson
Dr Maryanne Loughry AM
Ms Catherine Scarth
Dr Georgie Paxton
Dr Paul Alexander AO (MCASD Official Observer)

Main Functions

- In addition to providing the Minister with independent advice, the Council works closely with the Department providing advice on immigration policy, services and programmes.
- The Council meets formally as a group four to five times per year for their General Meetings. Meetings generally occur over two days and include senior staff from the Department, the Minister, Secretary and other high profile stakeholders. Often, external and subject matter experts in particular fields also attend and provide updates.
- A number of Council members are also involved in one or more Departmental sub-groups that focus on specific aspects or areas relevant to their qualifications and expertise. These groups also meet several times a year; however, the nature of these meetings is less formal and smaller in participation and duration.
- Council members chair Community Consultative Group (CCG) meetings at Immigration Detention Facilities (IDFs) across Australia. At these meetings, Council members engage with stakeholders and members of the community on matters regarding people in detention and other immigration related issues. The Council reports back to the Department and the Minister on emerging issues, e.g. accommodation, support services, care arrangements and suitability of facilities.
- MCASD has a long record of assisting successive Governments in dealing with challenging detention management situations. Council members have unfettered access to all Immigration Detention Facilities, including access to all staff (including service providers) and detained people to obtain first-hand information on operational and environmental issues.
- The specialised, independent advice provided by the Council is valuable and assists and supports the Immigration and Border Protection Portfolio.

"If asked" -

How is the Council Funded?

The Department allocates a small budget which supports MCASD's activities, inclusive of sitting fee payments, allowances and a Secretariat which provides administrative and logistical support.

Who sets the terms and conditions for the Council?

- Council Members' terms and conditions are set through the Remuneration Tribunal.

- Members are appointed as part time office holders and remunerated by way of daily sitting fees as listed in Remuneration Tribunal Determination 2015/09.
- Travel entitlements are covered by the travel provisions set by the Remuneration Tribunal for Part time Office holders.

How long is the Council's current term?

- The Council was appointed in April 2015 for a three year term.

Can the Council make decisions on behalf of the Minister

- The Council does not have any decision-making authority, and the Minister can chose to accept or decline the Council's advice.

Does the Council advise the Minister on Regional Processing arrangements for Manus and Nauru?

- The Council's terms of reference do not cover Regional Processing arrangements on Manus and Nauru.
- The Council provides independent advice to the Minister in relation to on onshore issues in Australia.

Consultation

Nil.

Responsible Officer

Stephen Hayward

Acting First Assisstant Secretary

Integrity Security and Assurance Division

Ph: s. 22(1)(a)(ii)

Mob: s. 22(1)(a)(ii)

Contact Officer

Sharon Nyakuengama

Assistant Secretary

Detention Assurance Branch

Ph: s. 22(1)(a)(ii)

Mob: s. 22(1)(a)(ii)

Department of Immigration and Border Protection
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SB15-BP-PD05-Bullying and Harassment

Key Statistics

Table 1: Employee Relations Section Bullying and harassment case activity 1 July 2015 to 30 September 2015.

Description	1 July - 30 September 2015
Complaints received during period	19
Finalised cases	17

Table 2: Employee Relations Section Finalised cases by outcome for the period 1 July 2015 to 30 September 2015.

Finalised cases (by outcome)	1 July - 30 September 2015
Substantiated	1
Unsubstantiated	1
Other management action	9
No further action	6
Total finalised cases	17

Key to terms used and data reported in tables 1 and 2:

- *Cases* - complaints received being actively responded to. Includes complaints being responded to via ACBPS inquiry process, Code of Conduct investigation or an alternative resolution process.
- *Substantiated* – allegation proven and either breach of the APS Code of Conduct confirmed or ACBPS inquiry determined sufficient evidence exists to substantiate allegation.
- *Unsubstantiated* – allegation not proven (either unsubstantiated or insufficient evidence to substantiate it).
- *Other management action* – allegation responded to via an alternative resolution process, primarily via line management action.
- *No further action* – No further action is determined for a variety of reasons, e.g. insufficient evidence, no identifiable line of inquiry to pursue, frivolous or vexatious allegation, does not involve a breach of the APS Code of Conduct or criminal behaviour.

Key Talking Points

Bullying and harassment complaints management

- During the period 1 July 2015 to 30 September 2015, 19 allegations were received from staff.
- Of the B&H allegations managed this financial year, 17 have been finalised.
- For the three months to 30 September 2015, the number of complaints received and managed is lower than the number of complaints received and managed during the same period in the 2014-15 financial year.

Bullying and harassment management system

- Since 1 December 2014, B&H related functions across the former Australian Customs and Border Protection Service (ACBPS) and the Department have been managed within a single, integrated Employee Relations Section. An integrated policy and procedural framework has been developed for the new Department.
- A Workplace Behaviour Policy has been drafted, which defines Departmental systems for the prevention and management of inappropriate workplace behaviour, including discrimination, harassment, bullying or victimisation. Staff have been consulted on this policy and following consideration of staff feedback and approval the finalised policy will be implemented.
- The development of a range of initiatives has also commenced, including:
    - A suite of alternative dispute resolution service offerings to support staff and managers in the early resolution of workplace conflict.
    - Referral of B&H allegations to Integrity and Professional Standards as warranted.
    - A consolidated education and awareness raising programme, including revision of current learning packages. A dedicated B&H session will be included within the induction programme, and coaching for leadership has a focus on specific management topics including the management of psychosocial hazards/risks.
    - Review and consolidation of Harassment Contact Officer (HCO) functions. HCOs are trained to provide assistance to staff, which may include referral to the Employee Assistance Program (EAP) and providing advice on processes and options for resolving issues.
    - A communication strategy to articulate all changes to staff.
- B&H has been included in the Terms of Reference for the Regional and National Health and Safety Committees as a standing agenda item.

Background

- Workplace bullying is defined as repeated and unreasonable behaviour directed towards a worker or a group of workers, at work, that creates a risk to health and safety (*Safe Work Australia definition*).
- Workplace harassment includes offensive, belittling or threatening behaviour towards an individual or group of employees. The behaviour is unwelcome, unsolicited, usually unreciprocated, and often repeated (*APSC definition*).
- Bullying and harassment presents serious issues in the workplace. These behaviours can constitute a breach of the APS Code of Conduct within the *Public Service Act 1999*, be contrary to the APS Values and Employment Principles, and be in breach of the *Work Health and Safety Act 2011*.
- Under various federal, state and territory legislation, every agency must take all reasonable steps to prevent B&H in the workplace. Failing to take reasonable steps can have serious consequences for all levels of the organisation, including for individuals, teams, agencies as a whole and for the perpetrators.

- The table below indicate allegations received and finalised in the period 1 July 2014 to 30 June 2015.

Table 3: Finalised cases by outcome (2014-2015)

Description	Financial Year 1 July 2014 - 30 June15		
	ACBPS	DIBP	Total
Complaints received during period	30	86	**116**
Finalised cases	27	85	**112**

Consultation

- Work Health and Safety Section, People Strategy and Policy Branch

Responsible Officer

Paula Goodwin
A/g First Assistant Secretary,
People Division, Corporate Group
Phone: s. 22(1)(a)(ii)
Mobile: s. 22(1)(a)(ii)

Contact Officer

s. 22(1)(a)(ii)
Director, Employee Relations Section
People Division, Corporate Group
Phone: s. 22(1)(a)(ii)
Mobile: s. 22(1)(a)(ii)

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SB2015-BP-PD04-Workplace Health and Safety

Key Statistics

WHS vital statistics 2015/16	DIBP	All Commonwealth agencies' average
Premium rate	2.86 per cent of payroll	1.85 per cent of payroll
Premium amount paid	$40,552,016	N/A
Average total claims cost*	$68,389	$93,813
Average time off work per claim	3.49 weeks	4.55 weeks
Mental stress claims as a percentage of claims accepted	7.56 per cent	11.36 per cent
Highest incidence by type of injury	1. Body stressing 2. Falls, trips & slips 3. Mental stress	1. Body stressing 2. Falls, trips & slips 3. Mental stress
Highest cost by type of injury	1. Body stressing 2. Falls, trips & slips 3. Mental stress	1. Body stressing 2. Mental stress 3. Falls, trips & slips

* Based on case estimates as at 30 September 2015. Highlighted figures to be updated when available.

Key Talking Points

- Key drivers increasing the premium for the Department based on a four year premium cycle include:
  - An increase in the average lifetime claim cost for the 2014 calendar year to date, relative to the Department's experience for prior calendar years.
  - The body stressing claims represent the largest portion of the total claims cost of 48.9 per cent.

  - The cost of mental stress claims which represent 17.69 per cent of total claims cost in 2014-15.
  - The combined claims profile has changed since the Departmental integration. Prior to integration, mental stress claims represented the largest costs for DIBP and body stressing claims for Australian Customs and Border Protection Service (ACBPS).
- We continue to focus on early reporting of injury and illness and have commenced a pilot of a triage approach for case management of new referrals.
- The triage approach is expected to provide an immediate early intervention response to workplace injury and illness through the provision of rehabilitation and ergonomic supports.
- Effective early intervention can reduce costs associated with absences, medical treatment, rehabilitation, and reduce long term claim and premium costs.
- We have developed a Departmental mental health plan with a focus on prevention initiatives, improving work ability through psychological wellbeing, and early intervention through peer support and internal counselling services.
- To ensure the long term claims are managed effectively, we are working with Comcare in a collaborative approach to review and potentially resolve/close claims.
- Unscheduled absences continue to impact the Department. As part of the Manager's Toolkit, mangers will be provided with the tools to respond to unscheduled absences, with a focus on notification of the absence and the skills to initiate a conversation on return to work.
- We will introduce the Comcare Work Ability survey as a tool to assess individual and organisational Work Ability. This tool will help us to target our health promotion activities and resources, and to monitor organisational improvement in forward years.

Responsible Officer

Paula Goodwin

A/g First Assistant Secretary

People Division

Ph: s. 22(1)(a)(ii)

Mob: s. 22(1)(a)(ii)

Contact Officer

Allison Denny-Collins

Assistant Secretary

People Strategy

Ph: s. 22(1)(a)(ii)

Mob: s. 22(1)(a)(ii)

Department of Immigration and Border Protection
Supplementary Estimates –October 2015

SB2015-BP-PD10 - Staff Mental Health in Detention Centres

Key Talking Points

The Professional Support Framework aims to tailor support to different staff cohorts who work in environments which pose unique challenges, such as detention centres and Regional Processing Centres (RPCs). The Framework includes:

- Staff and interpreters undertaking a mandatory general health assessment before being deployed, irrespective of the length of the deployment, to ensure their fitness for the role
- A mandatory psychological assessment programme which identifies psychological risks associated with staff working in a detention environment and then puts preventative measures in place to mitigate the risks where required
- Complementing these psychological assessments, with the implementation of a programme of on-site support, which involves the on-site presence of Employee Assistance Program (EAP) counsellors within the detention network
- Mandatory post-deployment debriefing, conducted by the Department's EAP provider within one month of the completion of a deployment, to ensure the mental health and wellbeing of staff returning to normal duties.

"If asked"

Possible Question

- How many mental health injury claims have been made by employees working in the detention network compared to the Department as a whole?

Answer

- Since 2007, and as at 30 September 2015, there have been XX accepted mental health claims associated with work in the detention network compared with XXX accepted mental health claims for the Department overall.

Background

The Professional Support Framework enhancements are offered irrespective of length of deployment. These initiatives occur at the pre-deployment, on-site and post-deployment phases for each staff member. In addition, the Framework includes a mandatory vaccination programme to reduce the risk of exposure to infectious disease when working in high risk work roles and environments.

The Department has several mechanisms in place to ensure due diligence obligations and the duty of care of effected staff are met. These include post incident debriefs by management; post incident reviews to identify and address possible gaps/risks; increased Employee Assistance Program support to all staff; incident reporting procedures and peer support. Staff who have compensable mental health claims are allocated a rehabilitation case manager for ongoing support.

In addition, the Department has an incident reporting system in place to record all non-notifiable and notifiable incidents that occur in the workplace. This mechanism monitors the number of incidents and identification of trends. Staff can self-report as required on this system or notify supervisors, Health Safety Representatives, First Aid Officers etc.

Staff can access EAP services and/or seek the advice of a Rehabilitation Case Manager at any time.

Consultation

External agencies consulted: N/A

Responsible Officer

Paula Goodwin/First Assistant Secretary/People Division

Ph: s. 22(1)(a)(ii)

Mob: s. 22(1)(a)(ii)

Contact Officer

s. 22(1)(a)(ii) /Director, Work Health and Safety/ People Division

Ph: s. 22(1)(a)(ii)

Mob: s. 22(1)(a)(ii)

Australian Government

Department of Immigration and Border Protection

Establishment of CMO/Surgeon General role

An outline of changes required to implement the Surgeon General role and consolidate health services across the Portfolio under the new Health Services and Policy Division

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Overview

Following the Portfolio Health Review conducted by the Independent Health Advisor (IHA), the Executive Committee (EC) agreed to establish a centralised health structure lead by a First Assistant Secretary (FAS) who will perform as Chief Medical Officer (CMO) for the Department and Surgeon General for the Australian Border Force (ABF).

The creation of the new CMO/Surgeon General role and supporting division makes a single authority responsible for all Portfolio health matters and establishes the structure to support a senior health advisory function, and centralised health policy and health quality assurance and governance functions.

The new structure intends to aggregate health functions (policy, standards, strategy, expert advice, awareness of health issues) from across the organisation to increase the Department's health capability, ensure consistency of practice and policy and provide a single point of ultimate responsibility.

This centralised health function will ensure we can:

- provide a senior health advisory function to the Secretary and ABF Commissioner
- provide strategic policy advice across the Portfolio and to whole of government
- provide enhanced clinical governance over contract management arrangements
- develop and maintain strong leadership and organisational governance to plan, manage and support the delivery of health capability
- provide improved and consistent health policies
- improve capacity to undertake clinical research to develop evidence-based policies and advice
- screen and monitor our workforce before, during and post deployments to maximise wellness, protect staff, increase resilience and prevent adverse health outcomes
- develop and maintain strategic partnerships to enhance capability.

It will help to mitigate associated risks through:

- increased capacity and ability to respond to urgent health matters in the detention environment
- improved health capability to manage the increase in the quantity, complexity and sensitivity of health and related issues within detention
- improved use and strategic application of medical/technical resources across the Portfolio
- increased oversight of contracts to ensure consistency and remove duplication
- support the People Division on staff health and welfare.

Project objectives

This document:

- defines the accountabilities, roles and responsibilities of the new CMO/Surgeon General role and Health Services and Policy Division (HSPD) to ensure they are clear and well understood across the Portfolio
- describes options for a matrix model to deliver health services under the two out posted branches: Immigration Health and Detention Health Services
- identifies functions which can operate out of the centralised division.

Key recommendations of the EC paper

The Portfolio Health Review paper to the EC identified four key proposals in a new centralised structure that delivers health functions through a matrix model:

- senior advisory role on health matters
- high level health advice
- centralisation of health policy
- health quality assurance and clinical governance coordinated centrally.

The proposed model addresses each of these recommendations and achieves centralisation of policy, technical advice, clinical governance and assurance of programmes and contracts, high level strategic advice to senior management and government, as well as greater support for staff health and welfare.

Guiding principles

In undertaking this project the following guiding principles have been established to support the design of the CMO/Surgeon General role and supporting HSPD:

- Consolidation and coordination principles:
  - provide a single point of accountability for strategic health policy advice, health policy and health quality assurance and governance
  - align functions to avoid duplication and improve efficiency and governance to reduce the risk to the Department. Wherever practical, like functions should be performed together in a single unit.
  - ensure that the existing considerable health capability, including suitably qualified and experienced personnel with medical and clinical skills, be used more strategically and broadly across the organisation
  - all operational functions should reside with the out posted branches, with HSPD delivering and directing clinical functions in a matrix setting.

- Working effectively across the department:
  - provide clear lines of accountability and responsibility for the HSPD and the new CMO/Surgeon General role
  - describe how the HSPD and out posted branches may operate in an integrated and collaborative way across the organisation.

Options

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Role of Chief Medical Officer /Surgeon General

The CMO/Surgeon General:

- provides high level strategic and expert clinical advice to the Secretary and ABF Commissioner on Portfolio health matters, contributing to the overall strategic direction of the organisation from a health perspective
- provides strategic high level policy advice to the leadership group and represents the department on whole of government health related matters
- has technical control and authority for health matters for the Department and ABF
- owns, develops and provides the following capabilities across the Portfolio:
    - medical/technical advice
    - health policy
    - clinical governance and assurance over contract management
- coordinates current and future health capabilities
- develops and maintains strategic partnerships
- is responsible for assurance of outcomes which includes measuring and testing the delivery of services across the capabilities under their responsibility
- has overall responsibility for reporting on quality and health outcomes delivered across the organisation.

CMO/Surgeon General has a direct line to the Secretary:

- For day to day line management purposes, the CMO/Surgeon General reports to the Chief Operating Officer (COO), however, the CMO/Surgeon General may also have a direct line to Secretary/Commissioner.
- The nature of the role is strategic and high level.
- The position is like the Special Counsel in that it provides high level, specialist advice but differs in respect of capability management.
- They are required to work across the Senior Executive level and beyond the Department at the international and national level.

The CMO/Surgeon General owns health policy:

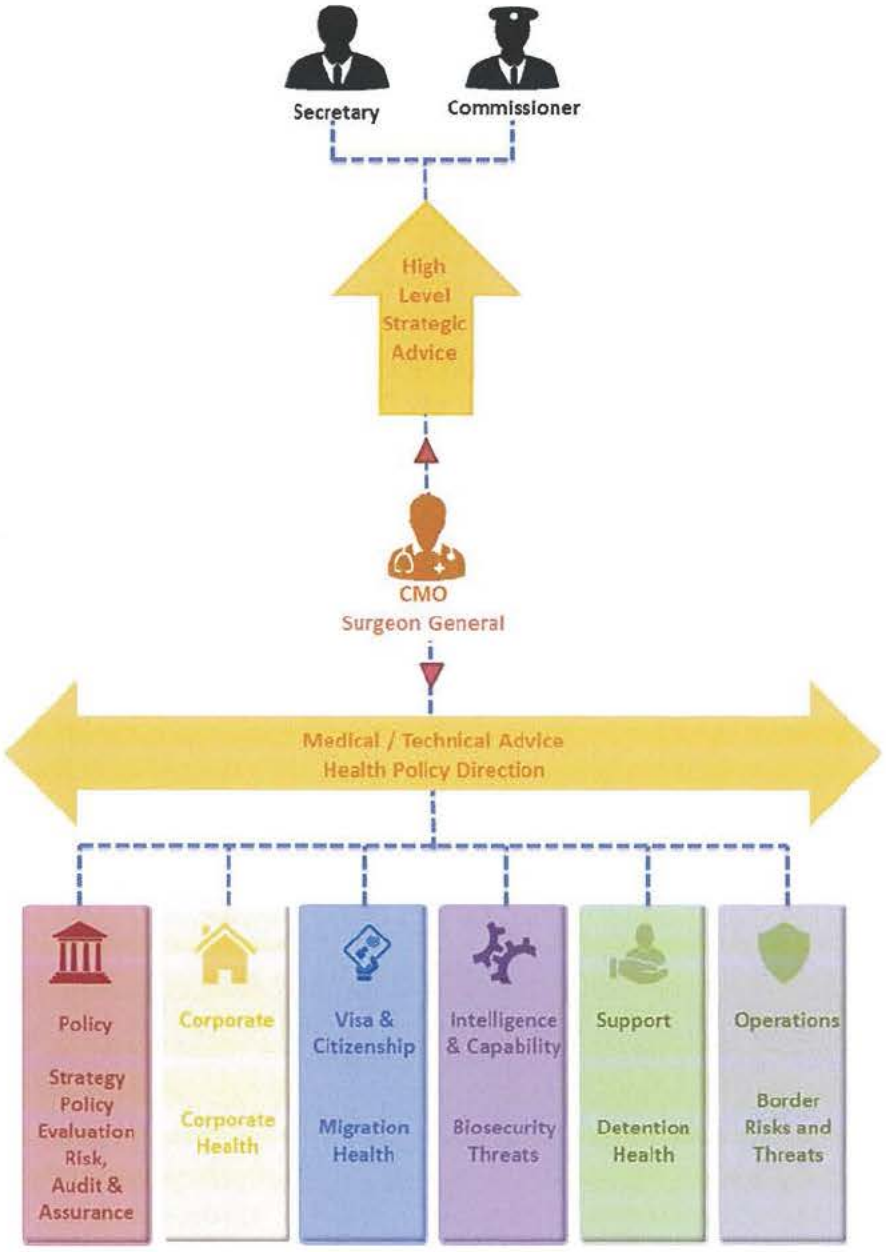
- defines the health policies[1] that bind the organisation
- undertakes health research to ensure policy is evidence based and current
- all policy that has a clinical aspect comes under the CMO/Surgeon General
- a centralised health policy function will ensure policy is consistent, cohesive and current – the way that it is now, we are not aware of the differences between policies
- The overall principle is that all policy should be consolidated but it needs to be looked at on a case by case basis e.g. health policy under Detention Health Services and Immigration Health will be centralised.

The CMO/Surgeon General owns medical/technical advice and instructions:

- manages and deploys medical resources across the Portfolio
- provides clinical leadership and direction to medical resources
- sets the health standards through clinical technical instructions that operationalise health policies.

[1] Health policy includes all elements of policy within the Portfolio that requires clinical expertise/input.

Diagram 1: Delivery model for health capability



The CMO/Surgeon General provides the central point for the provision of medical advice, health policy and clinical governance and assurance over health contracts across the Portfolio.

Under this new model, internal Departmental medical advice will be made available across the Portfolio as needed. This will include setting the health standards for contract deliverables for Corporate, Migration and Detention Health.

The CMO/Surgeon General will work closely with the Policy Group to ensure the consistent development of policies, and audit and assurance programmes as well as to provide input into Portfolio wide policy including the Visa Framework Reform. They will also provide strategic technical advice to People Division for clinical matters to support staff health and welfare programmes. The CMO/Surgeon General is also the central point for advice on health related border risks and biosecurity threats.

Proposed Health Services and Policy Division Functions

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Matrix Model

Under HSPD, the health capabilities will be centrally managed and applied across the organisation. This follows the classic characteristics of a matrix model where overall responsibility for a broad capability or function is owned by one group but the practitioners sit under another part of the organisation with operational responsibility to their direct line of business.

Under the matrix model the CMO/Surgeon General:

- becomes the new health focal point for the organisation and the executive
- holds a dual role:
  - in their CMO role, provides strategic health advice for the organisation
  - in their FAS role, provides leadership upwards and across the organisation and is responsible for managing the relationship with business areas carrying out health functions
- is the health capability owner across the Portfolio and:
  - provides the capability required for health functions that are delivered by others who hold the organisational responsibility
  - manages capabilities - directs, instructs and sets the standard, quality and nature of these capabilities
- has oversight and coordination of clinical performance over the two out posted branches and provides technical expertise to policies and strategies for staff health and welfare
- provides high level assurance for all clinical deliverables in health related contracts and health programmes
- provides the Portfolio view of health scrutiny on critical and high risk health issues to the executive
- manages and deploys medical resources across the Portfolio.

How does it work?

The new CMO/Surgeon General's role will be defined in a Secretary's Instruction that will detail the CMO/Surgeon General's duties and authorities.

Under the matrix model the Deputy Secretaries and Deputy Commissioners will:

- have direct vertical reporting lines from the Assistant Secretaries in the out posted Health Branches
- be accountable for delivery of services and programmes
- control and utilise resources at their disposal to ensure outcomes
- negotiate expectations around policy changes, resources and priorities.

The AS roles in out posted health branches will:

- have operational responsibility for delivery of services and programmes
- manage the health service delivery arms for the organisation
- set the work programme for their respective branches and are accountable for performance outcomes
- report directly to the FAS in their business line/Group
- report on a capability level to the CMO/Surgeon General
- provide health scrutiny reporting to HSPD
- receive medical and technical services from the CMO/Surgeon General and HSPD - the medical officers are out posted but irrespective of where the medical officers sit they will report through to the CMO/ Surgeon General who is accountable for consistency in health standards
- take health policy advice from the CMO/Surgeon General on the application of health matters.

Medical Officers will:

- form part of the Portfolio's overall health capability under the CMO/Surgeon General through a DCMO. This will ensure the CMO/Surgeon directs the health capability, however, frees them up to focus their higher level accountabilities.
- operate in the following contexts:
- Health Operations: as embedded officers in out posted branches to deliver clinical governance and assurance models
- Health Policy: in HSPD to provide input into health policy
- Health Advice: in HSPD and health operations to provide timely specialist advice across the Portfolio and input to health strategy
- take clinical direction from CMO/Surgeon General through a DCMO but operational priorities are set by the leadership in out posted branches.

Options for matrix management models

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Conclusion

The new health operating model for the Portfolio requires central control over health standards, the application of which need to be managed through a strong governance model. A preferred model will be determined through further consultation.

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Appendices

Appendix A: Stakeholders consulted

Group	Division	Branch	Stakeholders Consulted	Nature of consultation
Corporate	Independent Health Advisor		Dr Paul Alexander	Meetings
Corporate	People	People Strategy and Policy	Paul Goodwin, FAS [redacted] s. 22(1)(a)(ii) s. 22(1)(a)(ii)	Meetings and Teleconference
Corporate	People	Workforce Management Branch	s. 22(1)(a)(ii) Workforce Design s. 22(1)(a)(ii) Workforce Transition	Meetings and Teleconference
Support	Detention Services	Detention Health Services	Amanda Little	Meeting
Support	Border Force Capability	Change and Career Management	s. 22(1)(a)(ii) s. 22(1)(a)(ii)	Meeting
Support	Children, Community & Settlement	Community Operations	s. 22(1)(a)(ii)	Teleconference
Policy	Immigration & Citizenship Policy	Planning, Design and Assurance Branch	Sophie Montgomery s. 22(1)(a)(ii)	Meetings
Policy	Immigration & Citizenship Policy	Humanitarian, Family and Citizenship Policy	s. 22(1)(a)(ii) s. 22(1)(a)(ii) s. 22(1)(a)(ii)	Meeting
Policy	Strategic Policy & Planning	Strategy	Ben Evans	Meeting
Policy	International Division	Pacific & Transnational Issues	s. 22(1)(a)(ii)	Emails
External				
Department of Health		s. 47F(1)		Meeting

Appendix B: Contracts and MOUs

Detention Health Services

- Contract for services between the Commonwealth of Australia represented by the Customs and Border Protection Services and International SOS for Medical Services in Gove, NT, Horn Island and Weipa Queensland (expired on 30 June 2015).
- Contract for services between the Commonwealth of Australia represented by the Customs and Border Protection Services and WA Country Health Service – Kimberley (expired on 30 June 2015).
- Contract for services between the Commonwealth of Australia represented by the Australian Customs and Border Protection Service and Aspen Medical Pty Ltd.
- Onshore Torture and Trauma (T&T) contracts will be folded into the IDHSC as subcontractors as the previous contracts have expired.
- OSSTT is subcontracted to IHMS under the RPCHSC to provide T&T services to transferees – we don't hold the OSSTT contract.
- Settlement health for transferees found to be refugees is under the Heads of Agreement for the Provision of Settlement Health Services on Nauru and the Letter of Agreement for Manus Island Settlement Health Services.
- Transferee health is under the RPCHSC.
- Agreement between the Commonwealth of Australia as represented by the Department of Immigration and Citizenship and the Australian Capital Territory as represented by the Health Directorate.
- Memorandum of Understanding for the provision of health services to persons held in immigration detention on Christmas Island between the Indian Ocean Territories Health Service (a business unit of the Department of Regional Australia, Regional Development and Local Government) and the Department of Immigration and Citizenship.
- Memorandum of Understanding between the Commonwealth of Australia as represented by the Department of Immigration and Citizenship and the State of Queensland (as represented by Queensland Health) in relation to the provision of health services to people in immigration detention.
- Memorandum of Understanding between the Commonwealth of Australia as represented by the Department of Immigration and Citizenship and the State of Victoria (as represented by the Department of Human Services) in relation to the provision of health services to people in immigration detention.
- MOUs/In Principle Agreements for SA, Tasmania, WA and NT currently either being revised/drafted and/or under negotiation.

Immigration Health

Contract

- Contract For the Provision of Visa & Migration Medical Services between the Commonwealth of Australia as represented by the Department of Immigration and Border Protection and Bupa Health Australia Ltd.

Memoranda of Understanding

Domestic:

- MOU between Department Of Immigration And Border Protection and the Department Of Social Services in relation to the Implementation Of The Administrative Arrangements Order To Transfer The Settlement And Multicultural Affairs Administrative Functions And Provide For The Ongoing Cooperation Between The Agencies To Support Settlement And Multicultural Affairs Matters.

International:

- Department of Citizenship and Immigration Canada, Bilateral Memorandum of Understanding (Interim M-MOU) between Citizenship and Immigration Canada and the Department of Immigration and Border Protection of the Commonwealth of Australia regarding the eMedical system used by Australia, Canada and New Zealand to process Immigration Medical Examinations (Expiry Date 20/12/2015, Can be extended upon agreement).

- Immigration New Zealand, Memorandum of Understanding between the Commonwealth of Australia, as represented by the Department of Immigration and Citizenship (DIAC) and the Government of New Zealand, as represented by Immigration New Zealand, Ministry of Business, Innovation and Employment (INZ) regarding the management of an aligned Panel Physician Network.

- Department of Citizenship and Immigration Canada, Interim Multilateral MoU between Citizenship and Immigration Canada and the Department of Immigration and Border Protection of the Commonwealth of Australia regarding the eMedical system used by Australia and Canada to process Immigration Medical Examinations (Expiry Date 20/12/2015, Can be extended upon agreement).

Five Country Conference MOUs:

- Immigration Refugee Health Working Group (FCC)
    - The IRHWG is a Five Country Conference Working Group that seeks to enhance migration health screening as an effective tool to promote healthy migration and global health security.
        - Refugee Health Sub Working Group
            - Identifies gaps and best practices in refugee health management, fostering meaningful exchange on the quality of work of service providers performing refugee health screening on behalf of partner countries, exchanging information on surveillance and outbreaks in various refugee populations.
        - Training Sub Working Group

- Leveraging existing commonalities that exist between Partner immigration medical examination processes to develop goals surrounding the alignment of training practices for Panel Physicians, and how differences can be catered to in training and education.

- International Union Against Tuberculosis and Lung Disease Migration Working Group (IOM)
  - To share information and identify best practice regarding TB management and develop international standards

Health Services Panel of Providers

Location	Infectious Diseases Screening	Pre-employment Medicals	Pre-deployment Medicals	Overseas Posting Medicals	Fitness for Continued Duty Medicals	Other Health Assessments	Voluntary SES Health Checks	Workstation Assessments	Influenza Vaccinations	Rehabilitation and Injury Management Services
National										
New South Wales	Medibank HS (TD 70007538/V37398)	InjuryNET Medibank HS Konekt	Medibank HS Konekt	Medibank HS	MLCOA InjuryNET Medibank HS MLRSA Recovre	MLCOA Medibank HS MLRSA Recovre	Konekt Health Futures	Work Focus Rehab Management Medibank HS Wise APM	Corporate Medical Options UHG	Work Focus Rehab Management APM Wise Insight Konekt
Sydney only	Injury Treatment	Injury Treatment	Injury Treatment	Injury Treatment	Injury Treatment QOH (70007537) -V 115644			Pronto Health WHSM		QOH WHSM Pronto Health
Victoria	Medibank HS Injury Treatment	Injury Treatment InjuryNET Medibank HS Konekt	Injury Treatment Medibank HS Konekt	Medibank HS Injury Treatment	MLCOA InjuryNET Injury Treatment Medibank HS MLRSA Recovre	MLCOA Medibank HS MLRSA Recovre	Konekt Health Futures	Work Focus Rehab Management Medibank HS Crosslinks Wise APM	Kernow Corporate Medical Options UHG	Work Focus Rehab Management APM Crosslinks Wise Konekt
Queensland	Medibank HS	InjuryNET Medibank HS Konekt	Medibank HS Konekt	Medibank HS	MLCOA InjuryNET Medibank HS MLRSA Recovre	MLCOA Medibank HS MLRSA Recovre	Konekt Kinnect Health Futures	Rehab Management Medibank HS APM	Corporate Medical Options UHG	Rehab Management APM Kinnect Konekt
Brisbane only	Injury Treatment	Injury Treatment	Injury Treatment	Injury Treatment	Injury Treatment			Work Focus		Work Focus Working Well
Cairns	Medibank HS	InjuryNET Medibank HS Konekt	Medibank HS Konekt	Medibank HS	MLCOA InjuryNET Medibank HS MLRSA Recovre	MLCOA Medibank HS MLRSA Recovre	Konekt Health Futures	Rehab Management Medibank HS APM	Corporate Medical Options UHG	Rehab Management APM Konekt
Adelaide	Medibank HS	InjuryNET Medibank HS Konekt	Medibank HS Konekt	Medibank HS	MLCOA InjuryNET Medibank HS MLRSA Recovre	MLCOA Medibank HS MLRSA Recovre	Konekt Health Futures	Rehab Management Medibank HS VMS APM	Corporate Medical Options UHG	Rehab Management APM VMS NB&A Rehab Konekt

Health Services Panel of Providers

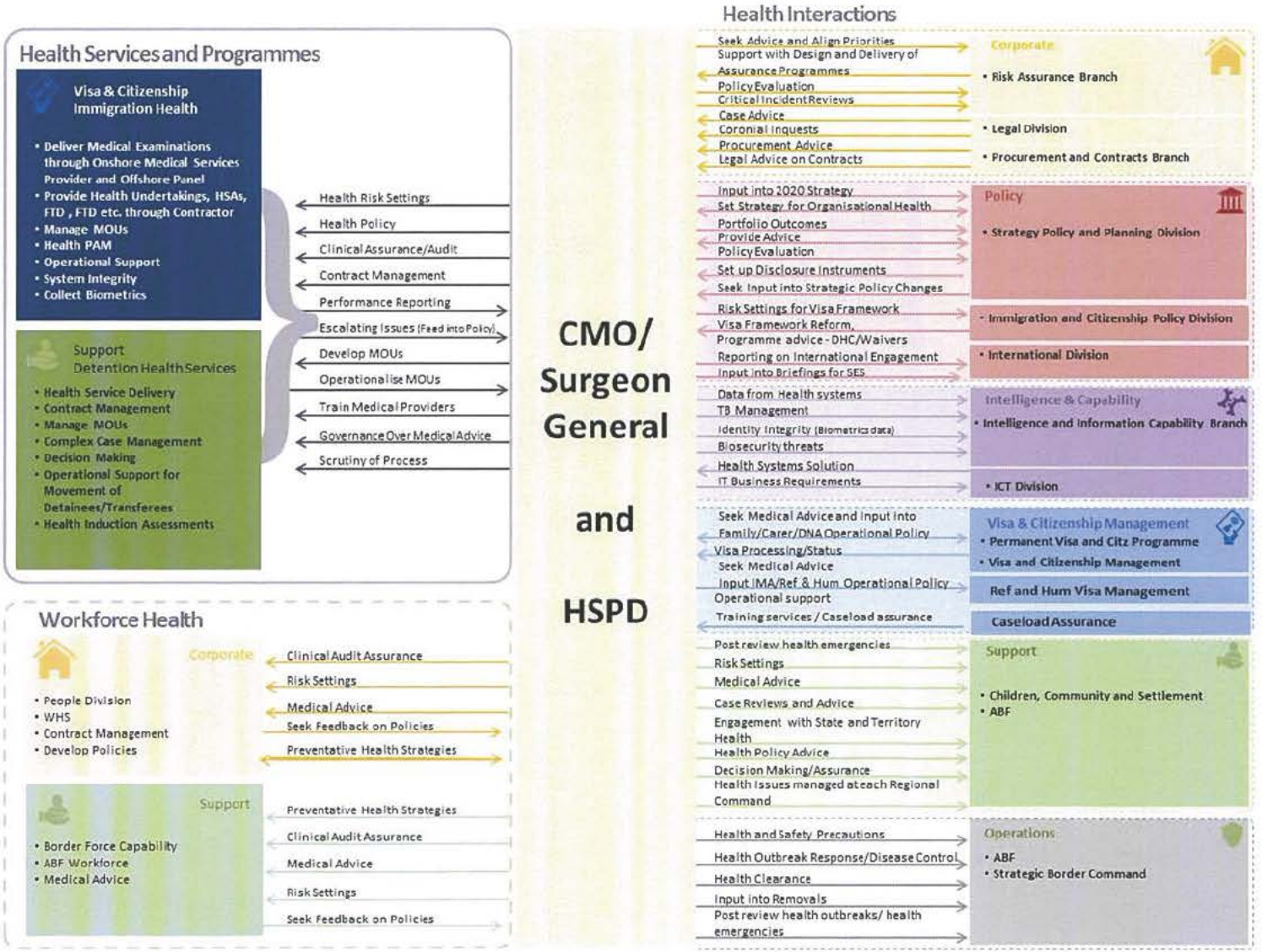
Location	Infectious Diseases Screening	Pre-employment Medicals	Pre-deployment Medicals	Overseas Posting Medicals	Fitness for Continued Duty Medicals	Other Health Assessments	Voluntary SES Health Checks	Workstation Assessments	Influenza Vaccinations	Rehabilitation and Injury Management Services
Darwin	Medibank HS	InjuryNET Medibank HS Konekt	Medibank HS Konekt	Medibank HS	MLCOA InjuryNET Medibank HS Konekt MLRSA Recovre	MLCOA Medibank HS MLRSA Recovre	Konekt Health Futures	Rehab Management Medibank HS VMS Wise APM	Corporate Medical Options UHG	Rehab Management APM VMS Wise Konekt
Hobart	Medibank HS	InjuryNET Medibank HS Konekt	Medibank HS Konekt	Medibank HS	MLCOA InjuryNET Medibank HS Konekt MLRSA Recovre	MLCOA Medibank HS MLRS Recovre	Konekt Health Futures	Rehab Management Medibank HS Wise APM	Corporate Medical Options UHG	Rehab Management APM Wise Konekt
Perth	Medibank HS	InjuryNET Medibank HS Konekt	Medibank HS Konekt	Medibank HS	MLCOA InjuryNET Medibank HS MLRSA Recovre	MLCOA Medibank H MLRSA Recovre	Konekt Health Futures	Work Focus Rehab Management Worklink Medibank HS APM	Corporate Medical Options UHG	Work Focus Rehab Managament Worklink APM Konekt
ACT	Medibank HS Injury Treatment	Injury Treatment InjuryNET Medibank HS Konekt	Injury Treatment Medibank HS Konekt	Medibank HS Injury Treatment	MLCOA InjuryNET Injury treatment Medibank HS MLRSA Recovre	MLCOA Medibank HS MLRSA Recovre	Konekt Health Futures	Capital Clinic Work Focus Rehab Management Medibank HS Wise APM	Corporate Medical Options Health Futures UHG	Work Focus Rehab Managament Worklink APM Konekt

EAP Services			Fit&Well				DAMP		
EAP DIBP	Deployment Resilience Testing and Offshore services	EAP Former ACBPS staff	VOM Wellchecks	VOM Training	Ops Readiness Fitness Assessments	Ops Rediness Medical Assessments	Individual Fitness Assessments and Personal Plans	DAMP Testing Collection & Anaylsis	DAMP MRO Services
Davidson Trahaire Corpsych	Davidson Trahaire Corpsych	Optum	Optum	Optum	Fitsence Injury Treatment	Medibank Health Soultions	Fitness First Fernwood	Medvet	Dr Edward Ogden Forensic Medical Consultants

Appendix C: Policy Projects

Health Policy	Immigration Health	Detention Health Services
Review of humanitarian health waiver streamlining	Health Insurance review	General Health Screening and Management
Health Undertakings	Health Outbreak - Border TB management	Mental Health Screening
Significant cost threshold/10 years costings	Public health inter-agency protocols	Identification and Support of Survivors of torture and Trauma
Period of stay vs period of grant	Identity/biometrics and health	Psychological Support Programme
Prejudice to access framework	Hep B and pregnancy review	Mental Health Policies – application to minors in Immigration detention
Health insurance submission	Longer validity visas	Minors in Immigration detention – Health Screening Policy
Health PICs	Period of stay/period of assessment	Dental Services for persons in immigration detention
First entry date framework changes (TBC)	Re-use and validity review	Discharge Health Assessment (includes FTT)
Waiver review/humanitarian waiver review (TBC)	Integrating PV/detention health	Optical Services policy
Assessment of disability services (TBC)	Review of visas that have no health	Food / fluid refusal policy
	Yellow fever and vaccinations	Antenatal Screening Policy
	MOC Advice Pack	Non-medically indicated circumcision of infant males
		Immunisation of adults
		Immunisation of minors
		Podiatry services
		Communicable disease
		Continuity of care

Appendix D: HSPD Providing Health Capability across the Portfolio



Appendix E: Potential FTE Requirements to Support HSPD

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Workforce Transition | People Strategy and Policy

s. 22(1)(a)(ii)

20/08/2015

*APS best practice spans of control indicates Specialist Policy 3 – 7 direct reports; Policy and Programme 5 – 9 direct reports and High Level Service Delivery 6 – 9 direct reports, High Volume Service Delivery.

http://www.apsc.gov.au/publications-and-media/current-publications/optimal-management-structures

**Please note, the SES Work Level Standards tool was not used to assess the roles – to authoritatively establish functions of a SES Band 1 would require further information, expertise, and is outside the remit of the Executive Level Review.

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s. 22(1)(a)(ii)

From: John BRAYLEY
Sent: Tuesday, 13 October 2015 9:26 AM
To: pvalexander s. 47F(1)
Subject: Greetings [SEC=UNCLASSIFIED]

UNCLASSIFIED

Paul

As you will note from my e-mail address, I have now started work in the Department!

I look forward to speaking with you further on the phone in the very near future, and perhaps meeting some time in the coming weeks when you are in Canberra or I am in Brisbane.

s. 22(1)(a)(ii) from this Office will make contact to arrange a convenient time for a phone call.

Best regards

John

John Brayley
Chief Medical Officer/Surgeon General Australian Border Force
Health Services and Policy Division
Corporate Group
Department of Immigration and Border Protection
P: s. 22(1)(a)(ii) | M: s. 22(1)(a)(ii)
E: s. 22(1)(a)(ii)

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