

DIAC-DoHA

First Assistant Secretaries Meeting

Minutes of Meeting - Friday 12 February 2010

Attendees:

DIAC - Peter Vardos (chair), Matt Kennedy, Phil Jacomb, Cathy Milfull, Vijaya Nandagiri (Note taker)

DoHA – Peter Morris, Cath Patterson, Klaus Klaucke, Michelle Kennedy

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5. Review of DIAC-DoHA MOU

- DIAC re-iterated that the current MOU will cease in September and re-negotiations should start soon. A review of the MOU arrangements is also overdue (due September 09).

- DIAC advised that both KPMG and ANAO (as part of recent audit of cross-agency MOUs) had made suggestions as to improvements to the MOU.
- KPMG recommended that performance standards and risk protocols be incorporated.
- The ANAO also suggested informally that compared to other inter-agency MOU's, the current DIAC-DoHA MOU:
 - does not have any performance targets nor escalation procedures written down;
 - does not include robust concrete risk management protocols.
- DIAC advised that it is keen to take on these suggestions as part of revising the MOU.
- DoHA indicated that they had not met directly with the ANAO staff involved in the cross agency audit, but wouldn't want to take an overly bureaucratic approach to the MOU which they see as outlining what is essentially a liaison relationship.
- DIAC suggested that a Working Group be formed to progress the re-negotiations of the current MOU. This working Group would report to Division Heads on the progress of MOU.
- DoHA agreed to forming the Working Group.

Action Item:

- Cathy Milfull and Klaus Klauke to form an MOU Working Group and progress review discussions.

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**DoHA – DIAC Memorandum of Understanding
FAS Level Meeting
20 July 2010**

AGENDA ITEM 2: Review of MoU Arrangements: Provision of Advice and Statistics

OBJECTIVE:

To discuss the progress of the review of the current MoU, which expires in September of this year.

KEY ISSUES:

- The MoU states that 'after two (2) years from signing the Parties will review the performance of this Memorandum'. It further provides that it will remain current for three years from the date of signing. The MoU was signed on 19 September 2007. Lead responsibility for the review rests with DIAC as the MoU relates to their legislation.
- As agreed at the previous First Assistant Secretary (FAS) level meeting, DIAC and DoHA have established a Director-level MoU Working Group to discuss and prepare the next MoU between the two Departments.
- The Working Group has met twice and DIAC has drafted a working paper which reviews the current MoU (Attachment 2A) and discusses options for the next MoU, which is expected to be signed by the end of this year. A copy of the latest version of the working paper can be found at Attachment 2B. (Not all attachments to the working paper have been included in this briefing as they refer to old audit reports.)
- Key issues discussed for the next MoU include:
 - Possible changes to the current arrangements for regular meetings between the two Departments;
 - New proforma to be used for all requests for advice under the MoU (Attachment 2C); and
 - Possible changes to agreed timeframes for requests for advice (Attachment 2D).

TALKING POINTS

- The Department is broadly satisfied with the processes in place for managing migration health issues. DoHA continues to see its role as the provider of factual advice to assist DIAC in the administration of its legislation.
- DoHA agrees that meetings at Deputy Secretary level on an as needs basis, and regular communication at FAS level is useful for strategic planning. However, DoHA believes that more focus could be given to having regular liaison meetings at Branch Head, Director or Officer level.
- We are happy with the direction taken with the new proforma for advice requests and the approach to monitoring queries, with more regular reporting of outstanding work.
- We suggest that the Working Group move to finalise its recommendations.

BACKGROUND

Number of requests for advice for the period 1 June 2009 – 31 May 2010

Requests initiated by DIAC	Requests initiated by DoHA	Total requests
12	12	24

Number of requests since the introduction of the MoU in September 2007

Requests initiated by DIAC	Requests initiated by DoHA	Total requests
47	30	77

- Of the 12 requests initiated by DIAC in the last 12 months, five requested logistical advice in response to a current issue at the time. Examples include disease outbreaks, media controversy and a request for advice on insurance for an upcoming influx of migrant health workers.
- Of the remaining seven requests from DIAC, three were related to policy reviews arising from the Australian National Audit Office recommendations or initiated by senior staff within DIAC.
- The remaining four requests involved:
 - seeking a DoHA signature on a letter to stakeholders on changes to the Health Care Worker Arrangements (this was based on advice provided to DIAC in 2007);
 - assistance with a request for advice from the International Organisation for Migration on their research on health professionals;
 - data to assist answering a Parliamentary Question on Notice on health care for persons on the retirement 410 visa; and
 - confirmation of Tuberculosis Incidence Data for their DIAC Annual Report.

Since the Migration Health Inbox was established in September 2007, DoHA has received 47 requests for advice from DIAC. DoHA has submitted 30 requests for advice to DIAC. The majority of requests involved the Office of Health Protection and were responded to within the four week time period required. There have been some requests that have not been responded to within this timeframe, however arrangements have been made between DoHA and DIAC for late response due to circumstances such as advice needing to be cleared by a committee, or a request involving complex issues that require significant consideration.

Review of the Current MoU

If for any reason it is not possible to meet the September 2010 deadline, DoHA would be open to an exchange of letters to extend the life of the current text for a suitable period.

From DoHA's perspective, the administration of the health requirement has improved since the adoption of the MoU. Requests from either Department for policy advice in relation to the health requirement are now handled by means of DoHA's Migration Health Inbox which is the responsibility of ISB.

However, the Working Group has recognised that some improvements could be made to current arrangements. For instance, the Working Group recognises that a 20 day timeframe for responses is not always feasible for the requests for advice which require significant consideration and coordination across a range of sections. The Group is currently discussing options for new timeframes for responses which reflect the difference in complexity between responses for the next MoU.

The MoU process seems to work best with 'single-issue' queries. Where the response from DoHA in itself leads to further queries, then keeping track of the flow of information, especially when it involves side discussions or meetings, becomes more difficult. Although side discussions are of help in understanding the broader context for requests and the likely implications of draft advice, it will be important in the next MoU to maintain and possibly enhance the discipline around documentation (on both sides). The updated proforma at Attachment 2C aims to improve communication and documentation between the two Departments under the MoU.

The current MoU specifies that DIAC and DoHA will undertake to hold quarterly meetings between the two agencies at the First Assistant Secretary (FAS) level, and six to 12 monthly meetings at the Deputy Secretary level. DIAC is responsible for scheduling, chairing and providing secretariat support for these meetings.

The working group is also currently discussing alternative arrangements for the regular meetings. This is likely to involve:

- The Deputy Secretary level meetings to be held on an as needs basis rather than every six months;
- The FAS level meetings to continue to be held quarterly via teleconference (and delegated to Assistant Secretary (AS) level if necessary); and
- Meetings at Director level held on alternate months.

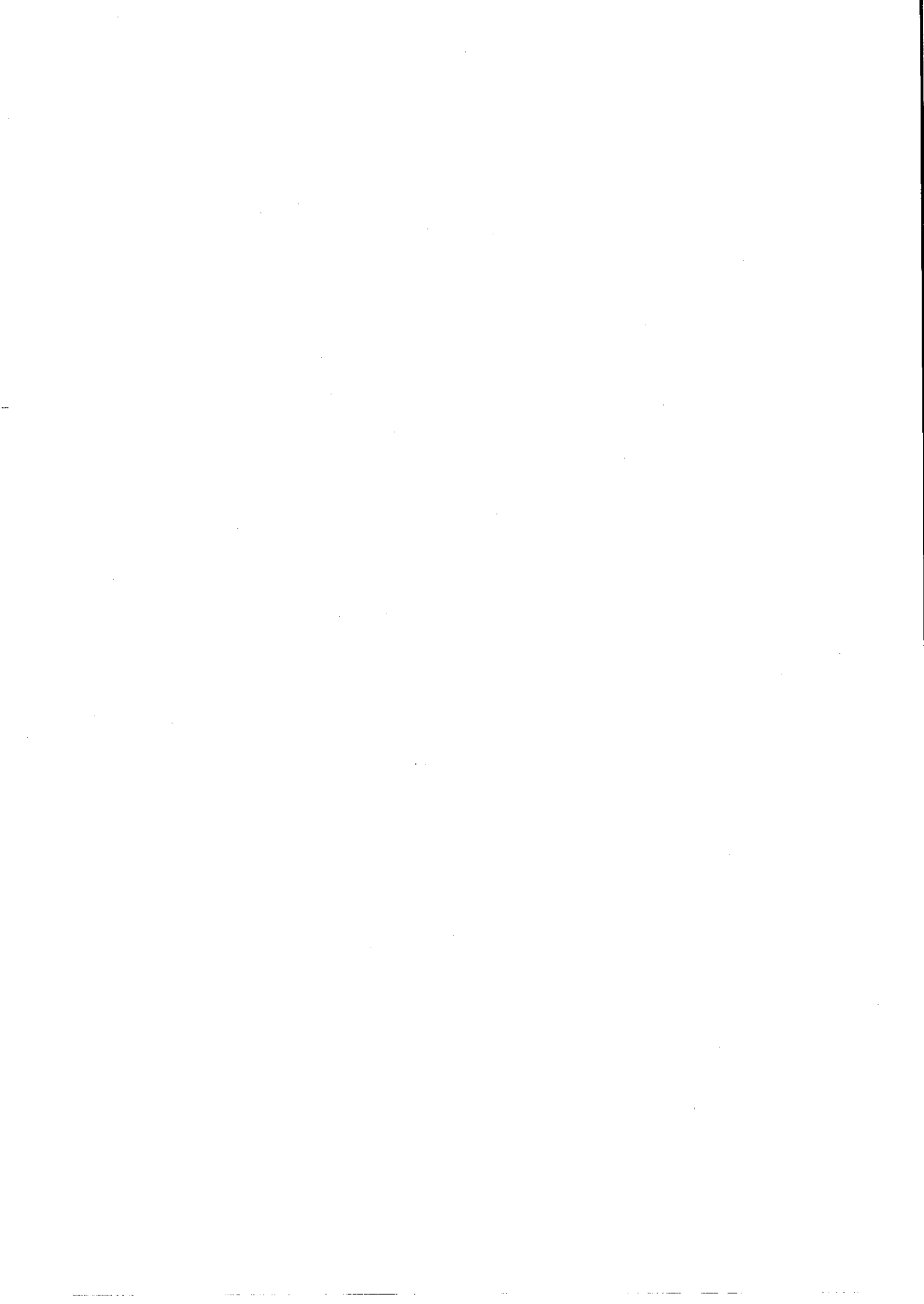
International Strategies Branch (ISB) recommends we agree to this format through the Working Group.

CLEARANCE OFFICER: Cath Patterson
Assistant Secretary
International Strategies Branch

CONTACT DETAILS:

Name, Position/Branch: Klaus Klaucke
Director, Asia Pacific Section
International Strategies Branch

Daytime Phone Number: 02 6289 4143



DIAC-DoHA First Assistant Secretaries Meeting

Minutes of Meeting - Friday 20 July 2010

Attendees:

DIAC - Kruno Kukoc (chair), Matt Kennedy, Phil Jacomb, Cathy Milfull, Jen Barnes (Note taker)

DoHA - Peter Morris, Sally Goodspeed, Klaus Klaucke, Alice Creelman, Lara Hooke, Donna Furniss

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2. Discussion of MOU review discussion paper prepared by the DIAC-DoHA MOU working group

- The Chair acknowledged the work of the joint DIAC-DOHA working group in reviewing the current performance of the MOU.
- He noted that a discussion paper had been prepared by the group and circulated, which provides suggestions for improvements to be incorporated into the new MOU.
- DIAC said that the current MOU had been successful, however noted that, with the MOU ceasing in 2010, both parties have an opportunity to create a more robust and effective MOU.
- The Chair confirmed he is happy with the seven recommendations listed in this discussion paper and would support them being implemented.
- DoHA also indicated that they were happy with the approach taken by the working group in terms of the review and were willing to accept the recommendations.
- DoHA stated that their main concerns were to relax the level of regular meetings and use higher level meetings only where required, as well as bringing the documentation in line with the kinds of requests transmitted between the Departments.
- It was agreed that :
 - All recommendations be incorporated into the new MOU; and
 - DIAC and DoHA endeavour to seek sign off of the MoU by the end of September (noting the constraints of caretaker).

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Discussion paper:
Review of the Memorandum of Understanding (MOU) between DIAC and DoHA

PURPOSE

This paper:

- reviews the *Memorandum of Understanding between the Australian Department of Immigration and Citizenship and the Australian Department of Health and Ageing to define the cooperative arrangements and responsibilities of the two Departments in relation to the administration of the health requirement under the Migration Act 1958*; and
- discusses options for a revised MOU due to be signed by both parties by September 2010.

BACKGROUND

The 2006-07 ANAO audit

In May 2007, the Australian National Audit Office (ANAO) undertook an audit, the objective of which was to assess the Department of Immigration and Citizenship (DIAC)'s administration of the health requirement of the Migration Act 1958 (the Act).

One of the key findings of the ANAO report was that despite DIAC's historical reliance on the Department of Health and Ageing (DoHA) for the provision of technical advice on national public health issues, there were no formal protocols in place to support this consultation.

To ensure that health risks to Australia are minimised, the ANAO recommended:

"...that DIAC and DoHA develop a protocol, such as a Memorandum of Understanding (MOU), that clearly defines the respective roles and responsibilities of each agency in setting and managing the health requirement of the Migration Act 1958. The protocols or MOU should document mechanisms to achieve a well-coordinated and timely response to support DIAC in setting and reviewing the health requirement."

The current MOU

The subsequent MOU, signed in September 2007 (see **Attachment A**), has resulted in greater collaboration between the two agencies.

Under the terms of the MOU, the parties are to review the effectiveness of the agreement to inform the development of a new MOU, scheduled for signature in September 2010. This discussion paper forms part of that process.

MOU review working group

The development of this discussion paper is being facilitated through the activities of a working group set up to review the current MOU. This working group includes:

DIAC

Cathy Milfull, Director, Health Strategies and Coordination Section (HSC)
Melinda Tynan, Director, Health Policy Section (HP)
Chris Sunderland, HSC

DoHA

Klaus Klaucke, Director, Asia Pacific Section (APS) [currently A/g Assistant Secretary International Strategies Branch (ISB)]
Michelle Kennedy, Assistant Director, APS
Lara Hooke, APS

Recent internal review by KPMG

In late 2009, KPMG were engaged to undertake an internal audit to assess DIAC's progress in implementing the recommendations of the ANAO audit, including the implementation of the MOU and its effectiveness.

In their subsequent report, KPMG recommended a review of the MOU and that any "emerging issues" be addressed and reflected in the new MOU. KPMG further recommended that DIAC and DoHA:

"...should consider the appropriateness of the MOU incorporating risk management protocols for prioritisation of queries, and formalising performance targets and escalation procedures."

Attachment B is an extract from KPMG's report of January 2010 incorporating their findings and recommendations with respect to the DIAC-DoHA MOU and DIAC's response.

Recent ANAO review of cross-agency agreements

In early 2010 the ANAO undertook a performance audit of effective cross-agency agreements, including the DIAC-DoHA MOU. The ANAO recommended that the MOU *"could be strengthened to include:*

- *dispute resolution procedures, with set time-frames for escalation and resolution of any significant issues;*
- *performance measures and/or clearer provisions for management reporting; and*
- *additional points of contact at different levels or areas within DoHA to assist speedy resolution of policy issues."*

The ANAO audit also identified key best-practice principles for effective cross-agency agreements.

Attachment C is a copy of the ANAO's comments in relation to the DIAC-DoHA MOU.

Attachment D is a copy of ANAO's draft best practice principles in terms of cross agency agreements.

This discussion paper takes into account the comments of the KPMG and ANAO audits with respect to the MOU and cross-agency agreements in general.

CURRENT MOU PROTOCOLS AND SUGGESTIONS FOR IMPROVEMENT

This section looks at the main obligations placed on DIAC and DoHA by the current MOU, analyses both parties' adherence to these obligations and proposes options or recommendations for enhancing the relevant provisions in the new MOU.

1. Regular meetings between DIAC and DoHA

Under the terms of the MOU, DIAC and DoHA undertook to meet:

- quarterly at the First Assistant Secretary (FAS) level; and
 - six-twelve monthly at the Deputy Secretary (DS) level;
- to discuss more complex issues and higher-level trends including the relationship between the agencies.

Performance

Since 2008, the following meetings have been held:

FAS level – 1 July 2008
 21 August 2009
 12 February 2010 (teleconference)

[next FAS level meeting to be held on 8 June 2010]

DS level – 19 March 2009

There have been additional meetings between the agencies, including two at the Assistant Secretary level and three at the Director level. Regular telephone and email contact now also occurs between the two agencies at the Director and APS levels.

The pressures of busy portfolios have challenged the capacity of both agencies to meet on a regular basis at the FAS and DS levels. As a consequence, meetings have been held on an ad-hoc basis rather than within the time frames aspired to in the MOU. For example, the latest FAS-level meeting on 12 February 2010 had been rescheduled several times from the previous November and was only able to proceed as a teleconference.

The primary purpose of the DS and FAS-level meetings, as outlined in the MOU, is to discuss:

- more complex requests and strategic matters;
- changing trends in migration processing; and
- issues related to the relationship between the two agencies at a strategic level.

In practice, time constraints and the infrequent scheduling of meetings have meant that meetings have tended to focus on a high-level overview of agenda items. As a result, these meetings have become a forum for "touching base" and exchanging updates at the expense of in-depth discussion and resolution of complex issues.

Proposed options for the new MOU

All members of the MOU review working group felt that a more effective and responsive meeting structure could be proposed as part of the new MOU.

At a recent meeting of the MOU review working group, the consensus was that most issues could be discussed and resolved at the Director level, and where the agencies need higher-level resolution, discussions at the Director level could be summarised and tabled with options for decision at the subsequent FAS-level meeting.

At the meeting it was also noted that high-level issues, including DIAC-DoHA relationship management, could be managed at the FAS level as effectively as at the DS level.

DIAC staff also indicated that their executive still:

- thought it was important to maintain relationships between the two Department at DS level; and
- saw significant value in continuing regular meetings at a high level.

DIAC members of the working group indicated that regularity of meetings was a key success facilitator, and that DIAC is keen to see these meetings proceed at the AS rather than the FAS level when work constraints necessitated, rather than the meetings being cancelled or significantly postponed.

Three options were thus discussed by the group:

Option A: No changes.

Option B: Annual meetings at the DS level preferably following the start of a new financial year to discuss high level priorities for the year ahead. Quarterly meetings at FAS level via teleconference. Meetings on alternate months at Director level.

Option C: Meetings at the DS level on a needs basis (subject to the new MOU functioning more effectively). Quarterly meetings at FAS level via teleconference, delegated to AS-level when unavailable. Meetings on alternate months at Director level.

Recommendation:

The working group all agreed that changes to the current meeting structure would improve the effectiveness of the relationship, and that ideally, Option C would best nurture relationships at a senior level, whilst encouraging increased communication between the two organisations at the lower levels, and enabling practical resolution of issues of joint concern.

If option B or C is adopted a DS level meeting should be held once the MOU is signed to discuss priorities for 2010-2011. The frequency of DS meetings (i.e. 6 monthly, annual or on a needs basis) would be reviewed early in 2011, once the new MOU has been in place for a reasonable time and it can be assessed whether the new MOU is working more effectively than the current arrangements.

2. DoHA to establish a Migration Health email inbox to assist in the management and coordination of requests from DIAC

Performance

This protocol has been fully implemented. Requests for advice are now mostly being sent via health.policy@immi.gov.au to migrationhealth@health.gov.au and triaged internally via the Health Strategies and Coordination section (HSC) in DIAC and the International Strategies Branch (ISB) in DoHA respectively.

Proposed options for the new MOU

These arrangements appear to be working well and no significant changes are recommended.

However, the working group recognised that when queries are not channelled via MOU arrangements, there is a risk they will be misdirected and responses delayed. Consequently, in discussions, DIAC noted that it may be appropriate for some stakeholders within both agencies to liaise directly, but stressed it was important that HSC/ISB be kept informed for monitoring purposes. DoHA noted that any advice received could form the basis for new policy specifically relating to the "health requirement" and in their opinion it is vital that all responses to requests for advice go through formal channels.

Two options were discussed by the group:

Option A: Both agencies ensure all requests are lodged via MOU processes, or where this is not practicable, HSC and ISB are informed of the request and kept up to date with the progress and outcomes. This will involve HSC/ISB promoting general awareness of MOU arrangements within their agency and ensuring their staff are utilising these channels.

Option B: Both agencies ensure all requests are sent and responded to via MOU processes with any preliminary discussions documented. This will involve HSC/ISB

promoting general awareness of MOU arrangements within their agency and ensuring their staff are utilising these channels.

Recommendation:

The working group supports Option A as it was recognised that ideally all requests for advice should be lodged via the MOU processes – particularly where DIAC is seeking health requirement-related advice from DoHA. However, it was recognised that in other contexts close working relationships were already in place between relevant areas in DoHA and DIAC (e.g. in the context of workforce management) and should continue.

Cathy Milfull also asked that DoHA include her area in all communications relating to health insurance given HSC's new responsibilities for policy in this area.

3. DoHA will create a DIAC liaison officer position.

Performance

This protocol has been fully implemented, with the Director, Asia Pacific Section, International Strategies Branch, appointed to this position..

Proposed options for the new MOU

DIAC finds it very useful to be able to discuss issues of joint concern with counterparts in DoHA and recognise that this can be a challenging role given the diversity of DoHA's portfolio.

No changes are recommended. However, recognising that ISB has a coordination role in these requests only, DIAC will attend DoHA in person where needed to discuss requests for advice with the relevant areas in DoHA.

The DS-level meeting of 19/3/2009 chair's notes state: "We have found that a meeting following a detailed or complex request assists DoHA in responding within MOU guidelines." This view was reinforced at the FAS-level meeting of 21/8/09: "it may help streamline response time if the relevant areas of both departments discussed issues prior to a formal response."

4. The request for advice proforma will be used by DIAC when seeking advice from DoHA. Requests will be cleared at the AS level.

Performance

The proforma is being used on most occasions. However, on several documented occasions the query is simply contained in the body of an email or in a separate word document.

Proposed options for the new MOU

The working group members agreed that a more effective proforma could alleviate confusion that has arisen in relation to some requests for advice and ensure that:

- the party requesting advice clearly outlines what advice is being requested, and what the advice will be used for
- the party providing advice outline the evidence on which their advice has been provided, and the results of any internal consultations held.

The proforma will be expanded to incorporate notes of preliminary consultations, the final response provided and notes of any subsequent discussions.

Recommendation:

The revised proforma available at **Attachment E** be incorporated into the new MOU.

5. DoHA undertakes to ensure that advice is provided in a consistent and timely manner to DIAC.

The MOU does not define timelines for either party to respond to queries, although the request for advice template states: "A response is requested within the agreed 4 week timeframe as defined within the Memorandum of Understanding, 2007."

The recent KPMG audit of DIAC's implementation of ANAO's recommendations with respect to managing the health requirement also noted: "[A] generally agreed timeframe of 28 days to respond to queries is in place."

Performance

Almost all requests for advice on file at DIAC have had a response, and this response has been coordinated through the migration.health@health.gov.au mailbox with the exception of two queries which were sent from an individual in DIAC to a specified contact in DoHA.

Response times have, however, varied – with referral to third parties, particularly committees, impacting significantly on response times.

The DS-level meeting on 19 March 2009 noted that:

"...most responses from DoHA are timely and comprehensive...Advised that a couple of issues did take longer than the prescribed time [but the issues were complex (public health threat) and required external input]...our first request took a significant time to be responded to and then follow-ups were required."

Other feedback has been mixed:

"DIAC advised they were happy with the timelines or responses from DoHA. In cases where DoHA were unable to meet the agreed timeframe they ensured DIAC was kept informed of the reasons for delay." (FAS-level meeting 1/8/2008)

"DIAC does have some concern about the time taken to receive a response, particularly when urgent advice is required...in most cases advice has not been received within the agreed 20 working day [i.e. 4 weeks] period." (DS meeting 19/3/2009)

It is noted that there are currently at least two outstanding requests for advice which have been on hand for a significant period. These include:

- Tuberculosis and illegal fisherpersons (requested 19 August 2008) – DoHA is awaiting the a provision of a discussion paper from DIAC before it provides additional advice
- Incoming passenger cards and onshore health undertakings (requested 22 January 2009) – DIAC is awaiting advice on this, although 18 months has now passed since the request was made.

At the FAS-level teleconference on 12 February 2010, it was noted that 28 days may be too long for urgent queries (e.g. the onset of a public health crisis) and too short for queries of a more complex nature, particularly when consultation with a third party is required (e.g. the NTAC referral above).

The KPMG audit noted that informal escalation practices have been adopted, with the AS International Strategies Branch contacted directly where queries are urgent or where delays have been experienced. Nevertheless, it recommended that "[DIAC and DoHA] should consider the appropriateness of the MOU incorporating risk management protocols for prioritisation of queries and formalising performance targets and escalation procedures."

DIAC indicated that there had also been some concerns raised internally about the comprehensiveness of the advice provided by DoHA – with DIAC seeking additional information where required so that it is able to ensure transparency and develop "evidence-based policy". For example, DIAC's Chief Medical Officer has sought additional information in the context of advice about prejudice of access issues (to be discussed at the next FAS level meeting). Additional information will also be sought shortly in relation to the practice of charging for TB treatment, given concerns that no national approach is in place in terms of TB treatment..

Proposed options for the new MOU

The working group considered how improved arrangements could be put in place to ensure consistent and timely advice is provided under the MOU, whilst avoiding imposing excessive administrative processes that could also slow down finalisation of advice requests.

In doing so, it took into account the comments of both KPMG and the ANAO about the need for the MOU to incorporate protocols for prioritisation of queries, performance targets and escalation procedures.

The group considered a number of options:

Option A: formalise response protocols with the addition of specified:

- response timeframes – dependant on the type of queries the amount of internal/external consultation required by the agency responsible for providing the advice/and the urgency of the request;
- escalation processes; and
- progress and feedback protocols

as outlined in **ATTACHMENT F**.

Option B: include a standard timeframe of 20 working days for a response, with a specification that where a response is not available by this time the agency will give an estimated timeframe for a response within 10 working days and an explanation of the internal processes that will be undertaken to provide this response.

Recommendation

DIAC has indicated a preference for Option A being adopted. At working group discussions, DoHA indicated no particular problems with this approach, although it was keen that the approach adopted not be overly bureaucratic and impose unnecessary burdens on the area tracking advice requests.

6. DIAC will:

- (i) provide information to DoHA on immigration health issues, including refugee, humanitarian and detention health matters;**
- (ii) inform DoHA each year, where possible, of the number of refugees and humanitarian entrants accepted by Australia, the States and Territories; and where they will be placed, including communicable disease screening information on these entrants, where available;**
- (iii) provide information/statistics, if possible, on the movement of people to Australia, so that the OHP can accurately assess the communicable disease health threat posed by countries with the greatest movement to Australia;**

(iv) formally notify each State and Territory of people put on health undertakings in their jurisdiction providing a report, where possible, on the communicable disease for which people have been placed on health undertakings; and inform DoHA when this occurs.

Performance

DIAC has complied with (i) where requested. Requests for information have mostly been of a statistical nature and have otherwise been infrequent.

It does not, however, appear that DIAC has complied with (ii) to (iv) above as explained below:

- *With respect to protocol (ii)*, the genesis of this appears to be a project initiated by DoHA in 2007 to establish a reporting system on infectious diseases of interest to Australia by country. To feed into this project, at a DIAC – DoHA meeting in December 2007, DoHA requested that DIAC supply data on:
 - immigrants with a health undertaking; and
 - refugee and humanitarian immigrantsfor eight countries, by categories including infectious disease.

The response was provided on 10 April 2008 and not all data was able to be provided, but the report showed broad trends which were of use to DoHA. In addition to this ad-hoc report, the Integrated Humanitarian Settlement Services section of DIAC formerly sent de-identified health manifest information to Communicable Disease Network Australia (within DoHA) on a daily basis. This practice ceased in 2008 on feedback that the information was not being utilised.

- *With respect to (iii)*, Settlement Planning section in DIAC used to produce refugee and humanitarian planning numbers each program year. These figures were communicated to the states and territories (uncertain if sent to DoHA). Settlement data, by location, can be produced on a periodic basis if required.

A request of this nature was sent to the health policy mailbox in July 2008 and supplied seven days later. An additional request was lodged via MOU arrangements in December 2008 for the same data but for a 10 year period. The data was supplied in mid-late February 2009.

- *With respect to (iv)*, the Health Undertaking Services (HUS) reports daily on a case by case basis to the relevant State/Territory Health Authorities of all persons who have made contact with the HUS as per the health undertaking process. Clinics are also notified. The report contains the completed medical forms, x-ray reports and film.

The DIAC system presently being used to record undertakings lacks the capability to distinguish locations. The HUS has, however, developed a database for reporting purposes and monthly cumulative reports will be sent to the clinics from April 2010. This report will not include clients who were placed on undertakings but who have not made contact with the HUS and it will not specify the jurisdiction the client lives in. Their system does not hold this data.

The HUS has not received a request for cumulative reports on a state/territory or nation-wide level from either the jurisdictions or DoHA.

Proposed options for the new MOU

It is unclear whether either DoHA or other external stakeholders like the states and territories have an ongoing need for the reporting regimes outlined above.

There is no single source of data for reports of the nature and on the scale described. DIAC reporting systems are tailored towards DIAC program-specific objectives. In order to fulfil these arrangements, DIAC would have to manually produce a report combining data sourced from several areas internally. This would take some time and the data would be unlikely to fully match, resulting in gaps in the report. Adjustments will otherwise need to be made to DIAC's reporting structures to enable these reports to be produced in an efficient and timely manner. To date no reports on this scale have been issued.

Recommendation:

Unless DoHA indicates that protocols (ii) to (iv) are required, they be removed from the MOU, and DIAC provide any related statistical data as requested under normal MOU processes instead. DoHA will be seeking confirmation of this from OHP.

OTHER ISSUES

Strengthening the MOU to build cross-agency support and trust.

Requests for advice can vary in scope from a simple request for a minor piece of information to an in-depth query seeking opinion at a high level to feed into significant policy development. The parties agree that in order to support the agency providing advice, the other agency should commit to providing the support detailed below.

This support, in conjunction with the enhanced Request for Advice proforma at **ATTACHMENT E**, will help facilitate a timely and comprehensive response and foster trust and cooperation between the agencies.

Recommendation:

That text be inserted into the MOU to specify that:

- the agency requesting advice will:
 - undertake preliminary and other consultations where needed;
 - clearly identify the reason for the request;
 - clearly outline how the information provided in the response will be used.
- and
- the agency from which advice is required will facilitate preliminary discussions for policy development purposes where possible.

Response monitoring and record keeping

DIAC does not maintain a register documenting the details of all requests for information made (in both directions) under MOU arrangements, although queries (and subsequent responses) lodged through the health policy mailbox are stored in sub-folders of the mailbox.

DIAC also maintains a "DoHA liaison" electronic and hard-copy file in 'TRIM', the official DIAC records-keeping system. This file stores records of responses to requests made through MOU arrangements as well as records of DIAC-DoHA meetings and the MOU itself. These records vary from copies of email trails to responses prepared on templates to formal minutes and reflect the varied nature of queries lodged. This file has been well utilised, but it is not complete and has limitations when being used to document requests.

DoHA, through the International Strategies section, is in the process of creating a register, in the form of a Microsoft Excel spreadsheet, for recording details of all requests for information lodged and responses given under the MOU arrangements. The register includes information on dates, subject matter and requestor/respondent details.

In addition to Excel, Microsoft Access, although not officially supported by DIAC, could be utilised to create a register. A database takes longer to set up but offers enhanced reporting capability.

A register offers many benefits, including:

- a readily accessible source of information on requests lodged and responses given;
- an easy way to monitor the progress of specific requests;
- a straightforward system to update once established; and
- the data can be manipulated to examine trends and performance.

Possible disadvantages, or challenges in maintaining a register include:

- the time and resources involved in creating and maintaining the register;
- the time and resources involved in drafting training material and/or training staff;
- ensuring all requests and subsequent follow-ups are entered into the register;
- cross-referencing between DIAC and DoHA to ensure each agency's records match.

DoHA recommends that all queries be given a reference number for tracking purposes.

Recommendation:

The working group recommends that:

- both parties maintain a register for tracking the progress of queries lodged with their own agency via MOU arrangements;
- each lodged query have a unique identifier to be used internally and given to the other agency; and
- DIAC and DoHA confer at monthly Director level MOU meetings to monitor consistency between registers, review performance against the MOU and discuss outstanding requests.