



Dear 

### DECISION ON YOUR ACCESS APPLICATION

I refer to your application under section 30 of the *Freedom of Information Act 2016* (FOI Act), received by Canberra Health Services (CHS) on **Thursday 9 March 2021**.

This application requested access to:

*'Final briefs prepared for Minister(s) and other witnesses, whether or not they appeared or were used, for the ACT Legislative Assembly Standing Committee Inquiries into Annual and Financial Reports 2019-20 and Estimates 2020-21.'*

I am an Information Officer appointed by the Chief Executive Officer of Canberra Health Services (CHS) under section 18 of the FOI Act to deal with access applications made under Part 5 of the Act. CHS was required to provide a decision on your access application by **Thursday 8 April 2021**.

I have identified 44 documents totalling 110 pages holding the information within scope of your access application. These are outlined in the schedule of documents included at [Attachment A](#) to this decision letter.

#### **Decisions**

I have decided to:

- grant full access to 43 documents; and
- grant partial access to one document.

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

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

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

#### **Full Access**

I have decided to grant full access to 43 documents at references 1-10 and 12-44.

#### **Partial Access**

I have decided to partially grant access to one document.

Document at reference 11 of the identified documents contains information that I consider, on balance, to be contrary to the public interest to disclose under the test set out in section 17 of the Act as the information contained in these folios is partially comprised of personal information.

#### Public Interest Factors Favouring Disclosure

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

- *Schedule 2.1 (a) (ii) contribute to positive and informed debate on important issues or matters of public interest.*

#### Public Interest Factors Favouring Non-Disclosure

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

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

On balance, the factors favouring disclosure did not outweigh the factors favouring non-disclosure as the redacted information relates to statistical figures of a low number of senior radiology registrars, which if disclosed, could be easily identifiable across such a small cohort of doctors. Therefore, I determined the information identified is contrary to the public interest and I have decided not to disclose this information.

#### Charges

Processing charges are not applicable to this request.

#### Disclosure Log

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

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

#### Ombudsman review

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

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

The ACT Ombudsman

GPO Box 442

CANBERRA ACT 2601

Via email: [ACTFOI@ombudsman.gov.au](mailto:ACTFOI@ombudsman.gov.au)

Website: [ombudsman.act.gov.au](http://ombudsman.act.gov.au)

#### ACT Civil and Administrative Tribunal (ACAT) review

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


ACT Civil and Administrative Tribunal

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

**Further assistance**

Should you have any queries in relation to your request, please do not hesitate to contact the FOI Coordinator on (02) 5124 9829 or email [HealthFOI@act.gov.au](mailto:HealthFOI@act.gov.au).

Yours sincerely



Josephine Smith  
**Acting Executive Branch Manager**  
**Strategy and Governance**  
Canberra Health Services

6 April 2021

## FREEDOM OF INFORMATION SCHEDULE OF DOCUMENTS

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

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

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

APPLICANT NAME		WHAT ARE THE PARAMETERS OF THE REQUEST			FILE NUMBER	
[REDACTED]		<i>Final briefs prepared for Minister(s) and other witnesses, whether or not they appeared or were used, for the ACT Legislative Assembly Standing Committee Inquiries into Annual and Financial Reports 2019–2020 and Estimates 2020–2021.</i>			FOI21/08	
Ref Number	Page Number	Description	Date	Status Decision	Factor	Open Access release status
1.	1 – 2	Index CHS Executive Briefs Health Combined Annual Report 2019-20 and Budget Estimates 2020-21	26 February 2021	Full Release		YES
<b>Hot Issues – COVID-19</b>						
2.	3 – 8	COVID-19 – Health system preparedness - To include COVID Surge Centre & Aged Care Planning	26 February 2021	Full Release		YES
<b>Hot Issues</b>						
3.	9 – 12	Additional Investments – Elective Surgery and Outpatient clinic impacts	26 February 2021	Full Release		YES
4.	13 – 14	Canberra Health Services 2019-20 Annual Report	26 February 2021	Full Release		YES
5.	15	Canberra Health Services 2020-21 Budget	26 February 2021	Full Release		YES
6.	16 – 19	Culture Review and Canberra Health Services Workplace Culture Initiatives (ACTHD Brief)	26 February 2021	Full Release		YES
7.	20 – 25	Emergency Department Performance (ACTHD Brief)	26 February 2021	Full Release		YES

8.	26 – 28	Elective Surgery Wait Times (ACTHD Brief)	26 February 2021	Full Release		YES
9.	29 – 30	Junior Medial Officer Pay Issue	26 February 2021	Full Release		YES
10.	31 – 33	Occupational Violence Strategy	26 February 2021	Full Release		YES
11.	34 – 37	Physician Training Program	26 February 2021	Partial Release	Schedule 2.2 (a)(ii) privacy	YES
12.	38	Timely Care Strategy	26 February 2021	Full Release		YES
<b>2020-21 Budget – New Initiatives</b>						
13.	39	CHS E01 Walk-in Health Centres – planning and feasibility	26 February 2021	Full Release		YES
14.	40	CHS E02 Walk-in Health Centres – Coombs Pilot	26 February 2021	Full Release		YES
15.	41	CHS E03 Outpatient Imaging Service at Weston Creek Walk in Health Centre	26 February 2021	Full Release		YES
16.	42	CHS E06 Investigating Insourcing Options	26 February 2021	Full Release		YES
17.	43	CHS CW09 Upgrade and Refurbishment of Buildings at Canberra Hospital	26 February 2021	Full Release		YES
<b>Strategic Objectives and Indicators Annual Report</b>						
18.	44 – 45	Strategic Objective 3: Maximising the quality of hospital services	26 February 2021	Full Release		YES
19.	46 -47	Strategic Objective 4: The number of people admitted to hospitals per 10,000 occupied bed days who acquire a Staphylococcus Aureus Bacteraemia (SAB) infection during their stay	26 February 2021	Full Release		YES
20.	48	Strategic Objective 5: Estimated hand hygiene rate	26 February 2021	Full Release		YES
21.	49	Strategic Objective 6: Reaching the optimum occupancy rate for all overnight hospital beds	26 February 2021	Full Release		YES
<b>Output Classes Budget Paper C</b>						
22.	50 – 54	Output 1.1: Acute Services	26 February 2021	Full Release		YES
23.	55 – 56	Output 1.2: Mental Health, Justice Health and Alcohol and Drug Services	26 February 2021	Full Release		YES
24.	57 - 60	Output 1.3: Cancer Services	26 February 2021	Full Release		YES
25.	61 – 63	Output 1.4: Subacute and Community Services	26 February 2021	Full Release		YES
26.	64 – 65	<b>Index - CHS Executive Briefs Mental Health and Justice Health Combined Annual Report 2019-20 and Budget Estimates 2020-21</b>	26 February 2021	Full Release		YES

<b>Hot Issues – COVID-19</b>						
27.	66 - 67	COVID-19 – Preparedness	26 February 2021	Full Release		YES
<b>Hot Issues</b>						
28.	68 – 70	Adolescent Mental Health Services in ACT	26 February 2021	Full Release		YES
29.	71 – 74	Adult Community Mental Health Services	26 February 2021	Full Release		YES
30.	75 – 77	Adult Acute Mental Health Unit	26 February 2021	Full Release		YES
31.	78	Canberra Health Services 2019-20 Annual Report	26 February 2021	Full Release		YES
32.	79	Canberra Health Services 2020-21 Budget	26 February 2021	Full Release		YES
33.	80 – 81	Dental Services at Alexander Maconochie Centre	26 February 2021	Full Release		YES
34.	82 – 83	Extended Care Unit	26 February 2021	Full Release		YES
35.	84 – 86	Health and Mental Health Service Delivery to Detainees at Alexander Maconochie Centre	26 February 2021	Full Release		YES
36.	87 – 88	Smoking at Alexander Maconochie Centre	26 February 2021	Full Release		YES
37.	89 - 93	Summary of Investment in Mental Health Services	26 February 2021	Full Release		YES
38.	94 – 95	Supported Accommodation	26 February 2021	Full Release		YES
39.	96	Winnunga Delivering healthcare at Alexander Maconochie Centre	26 February 2021	Full Release		YES
40.	97	Workforce Update	26 February 2021	Full Release		YES
<b>2020-21 Budget – New Initiatives</b>						
41.	99 – 100	CHS E08 Adolescent Mobile Outreach Service Continuation Stage 1 and 2	26 February 2021	Full Release		YES
<b>Strategic Objectives and Indicators Annual Report and Budget Paper 3</b>						
42.	101 – 103	Strategic Objective 1: Reducing the usage of seclusion in mental health episodes	26 February 2021	Full Release		YES
43.	104 – 106	Strategic Objective 2: Maintaining reduced rates of patients return to an ACT public acute psychiatric inpatient unit	26 February 2021	Full Release		YES
<b>Output Classes Budget Paper C</b>						
44.	107 – 110	Output 1.2: Mental Health, Justice Health	26 February 2021	Full Release		YES
<b>Total Number of Documents</b>						
44						

**Canberra Health Services  
2020-21 Estimates and  
2019-20 Annual Report  
26 February 2021**

**Hot Issues – COVID-19**

1.	COVID-19 – Health system preparedness - To include COVID Surge Centre & Aged Care Planning
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**Hot Issues**

2.	Additional Investments – Elective Surgery and Outpatient clinic impacts
3.	Canberra Health Services 2019-20 Annual Report
4.	Canberra Health Services 2020-21 Budget
5.	Culture Review and Canberra Health Services Workplace Culture Initiatives (ACTHD Brief)
6.	Emergency Department Performance (ACTHD Brief)
7.	Elective Surgery Wait Times (ACTHD Brief)
8.	Junior Medical Officer Pay Issue
9.	Occupational Violence Strategy
10.	Physician Training Program
11.	Timely Care Strategy

**2020-21 Budget – New Initiatives**

No.	Title
12.	CHS E01 Walk-in Health Centres – planning and feasibility
13.	CHS E02 Walk-in Health Centres – Coombs Pilot
14.	CHS E03 Outpatient Imaging Service at Weston Creek Walk in Health Centre
15.	CHS E06 Investigating Insourcing Options
16.	CHS CW09 Upgrade and Refurbishment of Buildings at Canberra Hospital

## Strategic Objectives and Indicators Annual Report

No.	Title
17.	<b>Strategic Objective 3:</b> Maximising the quality of hospital services (AR Page 28 BPC Page 36))
18.	<b>Strategic Objective 4:</b> The number of people admitted to hospitals per 10,000 occupied bed days who acquire a Staphylococcus Aureus Bacteraemia (SAB) infection during their stay (AR Page 28 BPC Page 36)
19.	<b>Strategic Objective 5:</b> Estimated hand hygiene rate (AR Page 28 BPC Page 36)
20.	<b>Strategic Objective 6:</b> Reaching the optimum occupancy rate for all overnight hospital beds (AR Page 29 BPC Page 37)

## Output Classes Budget Paper C

No.	Title
21.	Output 1.1: Acute Services (AR Page 224 BPC Page 38 and 42)
22.	Output 1.2: Mental Health, Justice Health and Alcohol and Drug Services (AR Page 226 BPC Page 39 and 44)
23.	Output 1.3: Cancer Services (AR Page 229 BPC Page 40 and 45)
24.	Output 1.4: Subacute and Community Services (AR Page 230 BPC Page 40 and 46)



GBCHS21/23

**Portfolio:** Health

## **COVID-19: HEALTH SYSTEM PREPAREDNESS**

### **Talking points:**

- The ACT Government acted early to boost the Territory's frontline health services and ensure we are prepared for any increase in patients requiring life-saving treatment as a result of COVID-19.
- Additional funding of \$126 million has been allocated (ACT proportion \$63 million) to ensure our health services are well resourced and prepared to respond to the pandemic.

This funding delivered:

- Health facility infrastructure, providing flex and surge capacity across public and private facilities;
- A temporary COVID-19 Surge Centre, in partnership with Aspen Medical, which is now capable of full operations when activated by the Clinical Health Emergency Coordination Centre (CHECC);
- Personal protective equipment and other medical supplies for our doctors, nurses and other frontline workers;
- Ongoing sampling and testing through respiratory clinics and additional equipment;
- The Emergency Operations Centre; and
- Enhanced operational capacity for health protection services, including contact tracing and COVID-19 testing.

### Public Health

- Work is ongoing to support significant numbers of domestic and returned travellers in a mix of hotel and home quarantine in the ACT.
- ACT Health, together with health facility input, undertakes extensive work to review and manage exemption requests by people wishing to enter the ACT from COVID affected areas, including health care workers.
- Preparation is underway to receive a repatriation flight expected to arrive in the ACT on 1 March 2021.

Cleared as complete and accurate: 15/02/2021  
Cleared for public release by: Chief Executive Officer Ext: 42138  
Contact Officer name: Dave Pepper Ext: 42138  
Lead Directorate: Canberra Health Services  
TRIM Ref: GBCHS21/23

**AGENDA**

- The SCan Program protocol has been further developed so that all personnel working in hotel quarantine settings are tested for COVID-19 every shift. This is in line with an agreement made by National Cabinet on 8 January 2021.
- The ACT is liaising with the Commonwealth Government regarding the distribution and delivery of COVID-19 vaccines in the ACT.

#### System capacity – Intensive Care Units (ICU), ventilators and surge capacity

- The ACT can currently operate 28 ventilated ICU beds in ACT Public Health Facilities on a day to day basis.
- The ACT can flex to 49 ventilated ICU beds at Public Health Facilities should this be required.
- We have plans in place to be able to surge this capacity up to double in the event of a COVID-19 cluster or outbreak, generating significant demand. This flexing can occur largely within or adjacent to existing ICU footprints across facilities.

#### Supply chain update

- The ACT has on-hand a minimum of four weeks' supply of all items of PPE, under current use rates. For some PPE, the supply on hand is sufficient for many months.
- We also have secured adequate supply of critical ICU medicines, including remdesivir from the National Medical Stockpile.
- NSW has also offered Canberra Health Services access to its medical stockpile through its central medication supplier, NSW HealthShare. Canberra Health Services will effectively be treated as another NSW local health district for medication supply should this be required.

#### Telehealth

- Canberra Health Services has embraced the enhanced use of technology to deliver its services. This includes the establishment of a collaborative telehealth service across its outpatient services such as cancer, sexual health, community nursing and allied health, mental health, diabetes and endocrinology.

- Canberra Health Services is working on supporting the use of interpreters during telehealth video appointments. We are also working to support the Carers ACT – telehealth project which is aimed at supporting patients who may not have a computer or internet or just not confident in using technology.
- Calvary Public Hospital Bruce has implemented the enhanced use of technology to deliver its services. This includes the establishment of a collaborative telehealth service across suitable outpatient services for suitable patients using the Health Direct platform.

### Aged Care Planning

- The ACT Residential Aged Care COVID-19 Sector Response Plan was developed in collaboration with the sector and key stakeholders and released on 6 October 2020.
- The purpose of the plan is to clearly outline roles and responsibilities for achieving agreed actions to prepare and respond to COVID-19 in the Aged Care sector.
- An Outbreak Response Centre has been jointly established with the Australian Department of Health and the Aged Care Quality and Safety Commission to support rapid and coordinated response to outbreaks in the ACT.

### Workforce

- In conjunction with Commonwealth stakeholders, ACT Health and the CHECC will facilitate provision of a local surge workforce in the event of an outbreak in a residential aged care facility, for the initial phase of outbreak management.

### Sector Engagement

- On-site infection prevention and control audits and desktop audits of outbreak management plans have been completed for all 30 Residential Aged Care facilities by the ACT Public Health Emergency Coordination Centre.
- CHECC has developed the Territory-wide COVID-19 Residential Aged Care Facility Clinical Response Plan' to coordinate efforts required if there was a COVID-19 outbreak in one or more Residential Aged Care facilities across the Territory.

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**AGENDA**

- The Executive Summary of the findings report from the COVID-19 Safe Assessments undertaken by CHECC provides an overarching guidance on the process undertaken, what was reviewed by the COVID-19 Safe Teams and the key issues/risks that have been identified.
- A third Aged Care Forum will be held on 24 February 2021 with ACT Health, Aged Care Providers, and key stakeholders including the Commonwealth. The priority for this forum will be for Residential Aged Care facilities to highlight how they have embraced the documents provided in relation to COVID-19 outbreak preparedness and prevention. The forum will focus on sharing their innovations and projects.

### Education for preparedness

- Face-to-face, on-site personal protective equipment training for General Practitioners and aged care staff remains a priority. The Australian Catholic University educators in conjunction with ACT Health will provide individual facility on-site training in personal protective equipment and Infection Prevention and Control. Utilising resources from the Public Health Emergency Coordination Centre and the individual facility's Outbreak Management Plan. This training will be rolled out to individual facilities from February 2021. In the interim, a reminder email was sent by ACT Health to all 30 Residential Aged Care facilities to re-familiarise them with ACT Health Outbreak Management Process including reference to the Department of Health 'First 24 hours – managing COVID-19 in a Residential Care facility' fact sheet.

### Private Hospitals

- The Australian Government provides a financial viability guarantee under the *National Partnership on COVID-19 Response* (NPCR) until 31 March 2021 to those private hospitals identified as critical to COVID-19 response planning. The financial viability guarantee is administered by states and territories.
- The ACT implemented the NPCR with private hospitals through a two-stage process. A Heads of Agreement (HoA) established the requirements to be eligible for the minimum financial viability payment. The HoA was offered to 15 private providers in Canberra with seven signing the HoA covering eight private hospitals, and seven declining the offer.

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**AGENDA**

- The ACT Government currently has one HoA in place covering one private hospital in Canberra. A Comprehensive Agreement is now being negotiated with the private hospital to replace the HoA.
- Comprehensive and Secondment Agreements have been developed to execute with those private hospitals that are more likely to be engaged in supply of services, equipment and/or secondment of staff in COVID-19 related activities. The Comprehensive Agreements have been drafted to end on the expiration of the ACT public health emergency and include arrangements to support the ACT COVID-19 response.
- The Clinical Health Emergency Coordination Centre will determine when and whether there will be a need to enter into any further Agreements with any other private hospitals for the ACT to maintain the ability to access private hospitals for the COVID response.
- The private hospitals with which Comprehensive Agreements are executed will maintain their staff and facilities and make them available to support the ACT's response to the COVID-19 pandemic.

#### Ngunnawal Bush Healing Farm

- A COVID-19 plan has been developed for the Ngunnawal Bush Healing Farm. This includes options for delivery of some program components virtually, should the need arise due to COVID-19 restrictions.

#### Surge Centre

- The ACT Government partnered with Aspen Medical to deliver a temporary COVID-19 Surge Centre adjacent to Canberra Hospital on the Garran Oval.
- It is a custom built facility, designed to be flexible in how it is used. But with all potential uses subject to the highest level of protections for the workforce and patients.
- On 11 July 2020 the facility was activated as a COVID-19 testing centre. Activation supports the sustained efforts of the Public Health and Canberra Health Services (CHS) teams to deliver higher levels of testing for the community, at convenient locations.
- From 22 February 2021 the facility will be the vaccination hub for phase 1a of the vaccination rollout. It will continue to be a COVID-19 testing centre with separate entrances for vaccinations and testing.

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**AGENDA**

- Advanced notice of the activation was provided to the Department of Education; Garran Primary School Principal, Board and Parents and Citizens Association; Garran Residents' Association; Curtin Residents' Association; and local residents who are members of the SPIRE Community Reference Group.
- Patients are able to park adjacent to the facility within the confines of the oval.
- A temporary traffic management system is in place. It is supported by security guards directing traffic ensuring no queuing in Kitchener Street.
- Since opening, more than 14,442 COVID-19 tests have been conducted at the facility.
- From 23 November to 23 December 2020, the facility was used to for an initial surge response to fit-test masks for front line health care workers who may need to work in a COVID-19 environment. Fit-testing is used to strengthen the safety of health care workers when using respirator masks. It ensures the respirator is the best fit for the individual. Since the fit testing program commenced, 547 staff have been fit-checked and tested. Fit-testing is now incorporated within CHS' respiratory protection program at the Canberra Hospital and the clinic has relocated to sit within the Occupational Medicine Unit.
- The facility is being staffed by CHS team members. No work order has been issued for additional clinical support from Aspen Medical at this time.
- The centre will be removed, and Garran Oval remediated once I declare the end of the Public Health Emergency.
- On Wednesday 18 November 2020 the Public Health Emergency Declaration was extended for 90 days until 17 February 2021.
- The ACT Government has allocated an initial \$23 million (for the 2019-20 financial year) to build and operate the temporary facility.
- The cost of constructing the facility was about \$10.5 million.
- The cost of medical equipment is less than \$4 million.
- The related contract with Aspen Medical was signed on 24 April 2020

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**AGENDA**

GBCHS21/23

**Portfolio:** Health**ADDITIONAL INVESTMENT****ELECTIVE SURGERY AND SPECIALTY CLINICS AND OUTPATIENT SERVICES****Talking points:**

- The ACT Government has allocated \$30 million to the public health system for prevention, preparedness and recovery of services impacted by the COVID-19 shutdown.
- The recovery program will reach into various services, including elective surgery, speciality clinics and outpatient services.
- An approach to market was made in order to deliver up to 14,000 additional outpatient appointments this financial year, allowing patients who have been waiting longer than clinically recommended to be seen. This investment will be spread across both medical and surgical specialties.
- Canberra Health Services currently provides approximately 10,000 medical specialist appointments a month, although only 20 per cent of these are for new patients. Specialties are working closely with General Practitioners and other services to reduce the number of times they see any one patient to make available more appointments to see new patients.
- The additional appointments will be provided through a range of mechanisms including additional clinics provided by our own doctors (although capacity is limited), engaging locums, contracting private specialists and using telehealth.
- People who are referred to Canberra Health Services are contacted directly when an appointment is available for them.
- Prioritisation of those referrals will be based on the urgency of the triage category and those waiting the longest.
- The additional appointments will cover all medical specialties. Specialties will include:
  - Rheumatology;
  - Paediatrics;
  - Haematology;

Cleared as complete and accurate: 15/02/2021  
Cleared for release by: Chief Executive Officer Ext:44700  
Contact Officer name: Dave Pepper Ext:42138  
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TRIM Ref: GBCHS21/23

**AGENDA**

- Immunology;
- Ears, nose and throat;
- Orthopaedics;
- Gastroenterology;
- Dermatology;
- Respiratory; and
- Plastics.

### **Elective Surgery**

- The Territory has seen a positive impact on the reduction of the long wait list for elective surgery since 9 June 2020, when normal activity was resumed.
- The number of overdue patients has fallen from 1,505 on 30 June 2020 to 1,282 on 31 December 2020. These overdue patients are patients that are both ready for care and not ready for care for clinical or personal reasons.
- 6,715 patients are on the surgical waitlist as of 31 December 2020 (5,433 of these patients were current and not overdue)
- Approximately 7,571 elective surgeries had been performed up to 31 December 2020, which would be a record number for the first six months of any year, and suggests ACT is in a strong position to deliver on the commitment of 16,000 elective surgeries.
- Calvary Public Hospital Bruce has also agreed to do a record number of elective surgery procedures in 2020-21.
- Canberra Health Services has partnered with private hospitals to provide extra elective services as part of the recovery program:
  - Paediatric endoscopy lists;
  - Extra Adult Endoscopy;
  - Extra Indigenous children ENT surgery;
  - Extra paediatric surgery;
  - Extra joint replacement surgery, and orthopaedic surgery;
  - Extra Head and Neck surgery;
  - Extra Vascular Surgery, and varicose vein surgery;



- Extra General Surgery; and
- Extra Plastic Surgery.
- There is an Elective Surgery Information Hotline available for patients wanting to know their status on the waitlist. The hotline number is (02) 5124 9889.

### **Dental Services**

- The Oral Health Service has been working on the recovery program for public dental health through the financial year.
- Since the start of the financial year, under the recovery funding, the waiting list has reduced from 16.4 months to a current wait time of 7.93 months.
- A total of 3,274 of the longest waiting clients have been made an offer to take up the opportunity of an appointment through the program. To date 1,610 clients have accepted these offers and been referred for dental work, a take up of 49 per cent.
- Of the 1,610 offers accepted, 17 clients that identify as Aboriginal or Torres Strait Islander people have accepted.

### **Outpatient Services**

- To support the internal program of work an expression of interest was undertaken through the networks of Territory Wide surgical services, General Practice Liaison Unit, Capital Health Network and also posted on the ACT Health website for external parties to submit proposals to undertake this work.
- Contracts with two providers were put in place from this process, with one provider recently withdrawing.

### **Key Information**

- The \$30 million additional investment also includes funding for the prevention, preparedness and recovery of services impacted by the COVID-19 shutdown, including:
  - Up to 2,000 additional elective surgeries.
  - Up to 679 additional endoscopy procedures.
  - Up to 1,900 dental appointments, targeting people with special needs, children and vulnerable community groups.
  - 14,000 additional specialist outpatient appointments.

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### **Background Information**

- The ACT Government is continuing efforts to recover from the impacts of COVID-19, by increasing investment in Canberra's public health system reboot impacted health services.
- The ACT has responded strongly to the threat of COVID-19 and, while the pandemic is not over, CHS and CPHB have resumed many services and procedures that were postponed due to COVID-19 and fast track recovery in our public health system.

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**AGENDA**

GBCHS21/23

**Portfolio:** Health**2019-20 CANBERRA HEALTH SERVICES ANNUAL REPORT****Talking points:**

- The Annual Report outlines the significant work undertaken by CHS throughout the 2019-20 financial year to deliver on key Government strategies.
- Notable key achievements outlined in the report include:
  - The CHS COVID-19 response centred on keeping our staff and the community safe. This included reviewing the Australian Capital Territory (ACT) Pandemic Plan and initiating the concept of testing for COVID-19 away from the already busy Emergency Department.
  - The fourth Walk-in Centre opened in December 2019, bringing free health care for minor injury and illness to residents of Weston Creek and nearby Woden. In April, as part of the CHS COVID-19 response, this Walk-in Centre became a Respiratory Assessment Clinic, providing COVID-19 tests and, later, clinical support for COVID-19 patients who did not require hospital admission.
  - Another incredibly important part of the CHS identity is our culture. This year the CHS Workplace Culture Survey was completed with a record response rate of 57 per cent. The survey showed promising positive change and highlighted areas that still need some work. Work will be ongoing to develop and implement initiatives to ensure CHS is a great place to work.
  - The CHS annual report also outlines specific achievements within each divisional section.
- The ability of CHS staff to adapt and innovate in challenging times is first class.
- CHS has experienced material financial impacts as a result of the COVID-19 health emergency. Given the rapidly changing response to the virus, we expect these impacts to continue to occur in future years.

Cleared as complete and accurate: 29/01/2021  
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**AGENDA**

- As part of the 2019-20 Supplementary Budget, Canberra Health Services (via the ACT Local Health Network) received additional funding of \$59.7 million. Overall, the 2019-20 operating deficit for CHS was \$64.4 million compared to a budget deficit of \$43.6 million and the prior year deficit of \$102.1 million.
- CHS has stringent performance reporting processes. However, financial results will continue to be challenging as the population reverts to post COVID-19 norms which includes significant demands on CHS services.
- The 2019-20 Canberra Health Services Annual Report has been published and can be accessed via [https://www.cmtedd.act.gov.au/open\\_government/report/annual\\_reports](https://www.cmtedd.act.gov.au/open_government/report/annual_reports)

GBCHS21/23

**Portfolio:** Health**2020-21 CANBERRA HEALTH SERVICES BUDGET****Talking points:**

- The 2020-21 Budget will provide Canberra Health Services with new capital funding of \$23.2 million over the four-year estimates period. The funding will support the delivery of:
  - an Outpatient Imaging Service at the Weston Creek Walk-in Centre (\$5.7 million);
  - the upgrade and refurbishment of buildings at Canberra Hospital (\$16.6 million); and
  - \$0.250 million to deliver a pilot Walk-in Health Centre in Coombs as part of the Screwdriver Ready program; and
  - \$0.675 million as part of the Screwdriver Ready program, which includes funding for additional works at the Inner North Community Health Centre.
- In 2020-21, it is anticipated capital works projects totalling \$83.7 million will be undertaken by Canberra Health Services to support the delivery of high quality healthcare to the Territory.

**Background Information**

- Canberra Health Services is only appropriated funding for capital projects. Operational funding is received from the Local Health Network (LHN).

GBC21/46

**Portfolio:** Health**Culture Review and Canberra Health Services Workplace Culture Initiatives****Talking points:**

- The ACT Government invests significantly in the delivery of public health services to ensure safe, high-quality healthcare for the ACT community and our surrounding regions. In addition to taking care of our community, we are also working hard to ensure that our staff are cared for and feel valued.
- The mental health and wellbeing of our workforce are central to the changes that we will implement, ensuring our staff feel valued, safe and supported in the important work they do for our community.
- The effect of this will be a better public health system for staff and the Canberra community.
- The Culture Review Oversight Group and the Culture Review Implementation Steering Group have been established to ensure effective and efficient implementation across the ACT public health system, including implementation of the 20 recommendations accepted from the *Final Report: Independent Review into Workplace Culture within ACT Public Health Services*.
- Through a comprehensive program plan, work is being progressed in an iterative manner to ensure that core objectives are met in a step-by-step process.
- The Culture Review Oversight Group convened a workshop on 25 August 2020 with the key aims of reviewing the Group's Terms of Reference and discussing and agreeing on the roles and responsibilities of the Group. Further discussions will be held to clarify the alignment between the Oversight Group and the Culture Review Implementation Steering Group and how ACT public health system initiatives will be progressed.

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**AGENDA**

- In December 2020, a complete refresh of the Culture Review Implementation information on the ACT Health website was undertaken. This included the public release of the Workplace Culture Framework, which serves as the roadmap to support culture reform approaches across the ACT Public health System. The following documents were published:
  - Executive Summary: *ACT Public Health System. Investing in our People: A System-Wide, Evidence-Based Approach to Workplace Change* (Investing in our People Report);
  - ACT Public Health System: Evidence-Based Workplace Culture Framework;
  - ACT Public Health System: Evidence-Based Workplace Skills Development Model;
  - Eight Rapid Evidence Assessments; and
  - A video that outlines the work undertaken to date in cultural reform.
- The Culture Review Oversight Group acknowledged that cultural changes takes time and requires sustained effort over several years, and the ACT public health system is in an early phase of positive change.

### Canberra Health Services Workplace Culture Initiatives

- Whilst monitoring the continued impacts of COVID-19, focus has now returned to:
  - Implementing recommendations from the Review; and
  - Developing the Fostering Organisational Culture Improvement Strategy (previously known as Positive Workplace Strategy) for the organisation.
- Initiatives that are in place or currently underway:
  - CHS Awards and Recognition Program has been developed to recognise and acknowledge staff who embody our Vision and Values. The inaugural CEO Awards Ceremony was held on 19 November 2020.
  - The Workplace Resolution and Support Service (previously known as the Employee Advocate) has been fully integrated into the business – on a shared basis with the ACT Health Directorate.

- Introduced the Consultative Framework. There are four committees in place covering all of the workforce, along with forums being conducted with all relevant Unions, and regular one-on-one meetings between the Chief Executive Officer, Executive Group Manager People and Culture and principal unions.
- Established the Aboriginal and Torres Strait Islander Steering Group and staff network to lead relevant key initiatives.
- Established the CHS Aboriginal and Torres Strait Islander Consumer Reference Group. The aim of the Reference Group is to develop stronger partnerships with Aboriginal and Torres Strait Islander communities. The Reference Group was launched on 24 July 2020.
- Launched the Occupational Violence Strategy on 1 April 2020. The relevant supporting policy and procedure have been developed and are available for staff.
- The MyHealth Staff Health and Wellbeing Strategy 2020-23 has been finalised and the MyHealth program continues to be implemented across the Directorate.
- Implementing the ‘Speaking up for Safety’ train-the-trainer program through the Cognitive Institute. The EOI process has been completed and staff representatives have been appointed.
- CHS has undertaken assessment against the Organisational Culture Improvement Model (based on the ANU Workplace Culture Framework) to assess past and current culture maturity levels. The outcomes of assessments have informed the development of the Fostering Organisational Culture Improvement Strategy initiatives to be implemented, including:
  - Rollout of the Cognitive Institute Speaking up for Safety program commenced in January 2021; and
  - Development of a Management and Leadership Strategy aligned to the Workplace Culture Framework (ANU).
- For workforce planning, priority areas have been identified and plans underway – including relevant recruitment strategies.



- Became a champion health service member of Choosing Wisely Australia and established a Choosing Wisely Low Value Care Steering Committee and Project Officer. Several initiatives are being trialled, designed to engage clinicians in the Choosing Wisely principles and improve the quality and safety of care.
- Conducting quarterly pulse surveys to measure CHS staff engagement, with the first survey being conducted in November 2020. Results from the survey were released to staff in January 2021, demonstrating a one per cent improvement in engagement.
- Review of Preliminary Assessment/Misconduct processes (complaints and grievances) to identify improvement opportunities.
- A process is underway to establish a robust network for staff with a disability and will be launched on 3 December 2020, which is the International Day of Persons with Disabilities.
- Developed the Supporting CHS Staff During the COVID-19 Pandemic Framework, providing a comprehensive framework for understanding and responding to the sources of anxiety among staff in particular frontline health care professionals.
- Developed and implemented the CHS Staff Health and Wellbeing COVID-19 Strategy which focused on assisting to meet the basic needs as well as the mental health and psychosocial needs of staff in response to the COVID-19 pandemic.

GBC21/46

**Portfolio/s:** Health**Hot Topic 10 – Emergency Department Performance****Talking points:**

- During 2019–20, there were 141,021 presentations across ACT Emergency Departments. This is a reduction in presentations of around 6 per cent from the previous year resulting from fewer emergency department presentations during the early stages of the COVID-19 pandemic.
- 100 per cent of triage Category 1 patients were seen on time in 2019-20 and the timeliness performance for triage Category 2 patients improved each quarter, finishing at just one percentage point below target in quarter 4 (79 per cent against the target of 80 per cent).
- The percentage of all Emergency Department presentations treated within clinically appropriate timeframes was 50 per cent, against a target of 70 per cent.
- The proportion of Emergency Department presentations seen on time was impacted by a significant increase in the number of triage Category 1 and 2 presentations over 2019-20, with triage Category 1 presentations increasing by 25 per cent and triage Category 2 patients increasing by 6 per cent.
- Growth in these two most urgent triage categories puts increased strain on all emergency department resources, which can impact the performance across the less urgent triage categories.
- The percentage of Emergency Department presentations whose length of stay was four hours or less in 2019-20 was 58 per cent. This is slightly lower than the previous 2018-19 result of 60 per cent.
- The result against the target for 2019–20 is due mainly to the wait times experienced for triage Category 3 and 4 patients, which accounted for 81 per cent of Emergency Department presentations.
- As I stated earlier this month, Emergency Department performance is not where it needs to be. I continue to be concerned that we haven't

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**AGENDA**

started seeing improvement as quickly as we would have liked into 2020-21 and I remain committed to improving Emergency Department performance.

### Emergency Department improvement programs

- In response to the challenges around timeliness for triage Categories 3 and 4, there are several strategies in place to improve performance:
  - Both Calvary and Canberra hospitals are implementing changes to processes to improve patient flow through the emergency departments, including:
    - direct admissions into wards;
    - rapid assessment by senior clinicians; and
    - increased sharing of information between jurisdictions to better embed best practice in our Emergency Departments.
- **Canberra Health Services** continues to implement initiatives across the health service through the Timely Care Strategy, to improve patient care and patient flow. The Strategy is focusing on a series of redesign and improvement initiatives to ensure patients receive the right care, at the right time and in the right place. Canberra Health Services has taken a methodological approach and developed targeted redesign and improvement initiatives including:
  - Emergency Department redesign projects;
  - The expansion of daily multi-disciplinary team ward huddles to more wards;
  - Discharge processes that identify appropriate patients and facilitate timely discharges before 9:00am and throughout the day. This includes utilising Discharge Lounges, which increase the availability of beds across the system;
  - Progressing the development of a Patient Flow and Capacity Escalation Framework that outlines the system and processes

across Canberra Health Services that support the patient journey and timely access to care; and

- The development and implementation of policies which provide a framework and outline processes that guide the delivery of timely care.
- A Timely Care Performance Taskforce continues to meet weekly to lead the planning, development, implementation and evaluation of improvement and redesign projects across Canberra Health Services.
- Canberra Health Services has engaged an external consultant with expertise in health service improvement and patient flow. Dr Frank Daly visited Canberra Hospital from 16 February to 19 February 2021. This site visit will further assist in informing redesign and improvement initiatives to support the provision of high quality, safe and timely care to our community.
- **Calvary's** Emergency Department expansion is operational and has added eight new short stay beds and 14 additional treatment spaces to the system, increasing capacity by 50 per cent, and increasing capacity across the Territory by 20 per cent.
- Calvary Public Hospital Bruce commissioned an external review in late 2020 of the functioning of the Emergency Department to ensure all possible initiatives to maximise patient care and flow have been implemented.

#### Demand reducing programs and strategies to deliver care closer to home

- **Walk-in Centres:** In 2019 and prior to COVID-19, we saw approximately 67,700 presentations to Walk-in Centres. These centres support care closer to home and have been associated with a reduction in growth in Category 4 and 5 emergency department presentations.
- **Care closer to home:** Investments have been made in services which aim to treat people closer to home and relieve pressure on the hospital and emergency department.

- **Geriatric Rapid Acute Care Evaluation (GRACE)** service provides clinical care to Canberrans in residential aged care facilities to better manage their conditions, preventing a trip to hospital.
- **Rapid Assessment of the Deteriorating Aged at Risk (RADAR)** is a multi-disciplinary, rapid response program supporting older people who live in the ACT. It provides rapid medical treatment to help people remain at home and aims to prevent future hospital admissions.
- **Hospital In the Home (HITH)** is a service that provides acute hospital substitution service that allows people to receive care from HITH nurses in their homes.
- **Police, Ambulance and Clinician Early Response (PACER)** program brings together a team of experts to help Canberrans in their time of need for mental health support. The teams dramatically reduce the number of people transported to emergency departments.

#### Key Information

Accountability indicator	2019–20 target	2019–20 actual
Percentage of all Emergency Department presentations treated within clinically appropriate timeframes	70%	50%
Strategic indicator	2019–20 target	2019–20 actual
Percentage of emergency department presentations whose length of stay in the emergency department is four hours or less	90%	58%

- Presentations to emergency departments declined during the beginning months of the COVID-19 pandemic and we saw improvements in the percentage of patients whose treatment started on time during this period.
- The table below includes data for all emergency department presentations by financial quarter since July 2019.

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Financial Year - Quarter	CHS ED Presentations	Calvary ED presentations	Territory wide ED presentations
01 - July 2019 - September 2019	23,954	14,230	38,184
02 - October 2019 - December 2019	23,360	14,199	37,559
03 - January 2020 - March 2020	21,871	13,932	35,803
04 - April 2020 - June 2020	18,201	11,271	29,472
01 - July 2020 - September 2020	21,818	13,821	35,639
02 - October 2020 - December 2020	24,210	13,624	37,834

- The table below shows data for the number of mental health presentations<sup>1</sup> at ACT Emergency Departments by financial quarter from 2019-20.

Financial Year - Quarter	Mental Health Presentations at CHS ED	Mental Health Presentations at CPHB ED	TOTAL Territory wide ED presentations - Mental Health
01 - July 2019 - September 2019	1,181	465	1,646
02 - October 2019 - December 2019	1,355	486	1,841
03 - January 2020 - March 2020	1,179	489	1,668
04 - April 2020 - June 2020	1,152	419	1,571
01 - July 2020 - September 2020	1,285	548	1,833
02 - October 2020 - December 2020	1,258	521	1,779

1. Mental Health and suicidal ideation

- The number of presentations to Emergency Departments by people for mental health issues and suicidal ideation continues to increase. Presentations in the first half of 2020-21 (3,612) were 3.5 per cent higher than in the first half of 2019-20 (3,487). [Noting the point above about activity during the early months of the pandemic.]
- Patients suffering with Acute Mental illness have complex needs that require considered and compassionate care. This care required significant resources, often requiring a period of observation to complete an assessment to ensure patient safety.
- The Adult Mental Health Consultation Liaison team have developed a number of new initiatives including formal clinical meetings with other Consultation Liaison teams including Drug and Alcohol and the Child and Adolescent Mental Health to streamline access and care. A Mental Health Nurse Practitioner role will be implemented in the second quarter of 2021. This role will provide timely intervention for people in mental distress.

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**Background Information**

- The ‘four-hour rule’ indicator measures the proportion of emergency department presentations who either leave the emergency department for admission to hospital, are referred for treatment or are discharged, whose total time in the emergency department is four hours or less.
- The four-hour rule was a national target in the National Partnership Agreement on Improving Public Hospital Services, which ended at the end of 2015–16.
- Calvary Public Hospital Bruce commissioned an external review in late 2020 of the functioning of the emergency department to ensure all possible initiatives to maximise patient care and flow have been implemented. Calvary has received, and are responding to, the draft report and will share the resultant actions with ACT Health Directorate for review during future contract performance meetings.

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GBC21/46

**Portfolio/s:** Health**ELECTIVE SURGERY WAIT TIMES****Talking points:**

- In 2018-19, the ACT government delivered a record 14,015 elective surgeries and had a target to deliver a further record of 14,250 elective surgeries in 2019-20 prior to the onset of the COVID-19 pandemic.
- From 25 March 2020 to 9 June 2020, the delivery of elective surgery was significantly hindered by the suspension of all non-essential elective surgeries due to the COVID-19 pandemic response.
- The system began returning to normal elective surgery activity after 9 June 2020. As a result, the total number of elective surgeries performed for public patients in the ACT in 2019–20 was 12,870, a shortfall of 1,380 surgeries compared to the annual target.
- The suspension of non-essential elective surgery in turn impacted on the number of patients waiting longer than clinically recommended (long waits) for their surgery. The number of long waits at the end of 2019-20 was 1,317 against a target of 430.
- While 97 per cent of Category 1 patients received their surgery within the clinically recommended timeframes in 2019-20, only 65 per cent of Category 2 and 78 per cent of Category 3 patients did.
- Timing for scheduling surgery for Category 2 and 3 patients can be affected by increased demand in emergency surgeries as well as the more urgent needs of Category 1 elective surgery patients.
- The ACT Government has committed to deliver more than 16,000 elective surgeries in 2020-21 to address the impacts of COVID-19.
- The ACT Government has also committed to delivering 60,000 elective surgeries over the next four years from 2021-22.
- Once the backlog of patients who are overdue can be reduced, we expect to see timeliness performance improve, supported by our commitment to provide a larger number of surgeries over the next four years.

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**Key Information**

Strategic indicators	2019–20 target	2019–20 actual
The number of patients waiting longer than clinically recommended timeframes for elective surgery	430	1,317
Number of elective surgeries performed	14,250	12,870*

\*differences in end of year results between the Annual Report and other available publications are the result of data maturity related to the way elective surgery patients are counted and reported.

**Background Information**

- A breakdown of elective surgery activity and performance for 2018-19, 2019-20 and 2020-21 (to date) is provided below:

Indicator	2018-19 Results <sup>1</sup>	2019-20 Targets	2019-20 Results <sup>2</sup>	2019-20 Q1 Results <sup>3</sup>	2019-20 Q2 Results <sup>3</sup>	2019-20 Q3 Results <sup>3</sup>	2019-20 Q4 Results <sup>3</sup>	2020-21 Q1 Results <sup>3</sup>
Number of elective surgery procedures performed	14,015	14,250	12,870	3,840	3,477	3,087	2,448	3,982
Number of patients waiting longer than clinically recommended timeframes	635	430	1,317	594	783	889	1,317	1,013
Category 1 elective surgery patients admitted for surgery within clinically recommended timeframes	96%	100%	97%	97%	98%	97%	98%	98%
Category 2 elective surgery patients admitted for surgery within clinically recommended timeframes	75%	80%	65%	71%	71%	62%	49%	60%
Category 3 elective surgery patients admitted for surgery within clinically recommended timeframes	78%	93%	78%	76%	76%	76%	77%	71%

1. Results are from the 2018-19 Annual Report.
2. Results are from the 2019-20 Annual Report.
3. Quarterly results up to and including Quarter 1 2020-21 sourced from Quarterly Performance Reports.

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- There may be minor differences in the results reported in the Annual Report 2018-19 and 2019-20 and those that can be found in other available publications. This is due to data maturity, with each report containing the most up to date figure available at the required time of submission or preparation.
- This may also mean that the summing of quarterly figures may produce different results from annual figures reported in the above table.
- The 'elective surgery waiting times by clinical urgency category' indicator reports the proportion of patients who were admitted from waiting lists.
- The elective surgery clinical urgency categories are:
  - Category 1 — procedures that are clinically indicated within 30 days;
  - Category 2 — procedures that are clinically indicated within 90 days; and
  - Category 3 — procedures that are clinically indicated within 365 days.

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GBCHS21/23

**Portfolio:** Health

## **JUNIOR MEDICAL OFFICER PAY ISSUE**

### **Talking points:**

- Canberra Health Services and Shared Services Payroll are working together to ensure that the entitlements contained in the Medical Practitioner's Enterprise Agreement are being applied correctly.
- Further investigation by Shared Services Payroll and Canberra Health Services, in consultation with the Junior Medical Officers, has identified that the main issues relate to public holiday pay and more recently, Accrued Days Off (ADO).

### **Public Holiday Pay**

- Shared Services Payroll has implemented an internal tool to calculate Junior Medical Officer entitlements .
- The automated system will be in place by the end of March 2021.
- Shared Services have advised that Junior Doctors who are currently on staff and due a retrospective adjustment will receive this for pay day 18 February 2021.

### **ADOs**

- It was also identified that the accrual rate of ADOs for Junior Medical Officers was incorrect; and should be 13 per year instead of the 12 currently configured in the payroll system, Chris21.
- Canberra Health Services has been working with the Junior Medical Officers group to fix these issues, who I am advised are pleased with the progress to date.

### **HRIMS**

- The HRIMS will provide an integrated payroll and human resource management solution for the ACT Government workforce, including our invaluable health workers.
- A major benefit of the HRIMS will be the increased accuracy and efficiency in payroll and reporting, which will be in the first release of the system and is due to be implemented by the end of June 2021

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- The system is on track to be delivered in full before December 2021.

**Key Information**

- Canberra Health Services is working productively with Junior Medical Officer representatives and will continue to keep them updated on the matter, as part of Canberra Health Services' commitment to ensuring staff are remunerated in accordance with the relevant Enterprise Agreement.
- Canberra Health Services has informed both the Australian Salaried Medical Officer's Federation and Australian Medical Association of the issue, and have advised that Shared Services is working towards resolving them and Canberra Health Services will keep them abreast of the progress.
- Canberra Health Services is liaising with Shared Services to ensure the accrual method is amended prospectively, Shared Services has advised that this should be completed by mid-February 2021.
- Due to the complexity of ascertaining the extent of the impact of the incorrect accrual method for ADOs, the error will be addressed retrospectively in due course by Shared Services, however Canberra Health Services commit to ensuring that no Junior Medical Officer is disadvantaged due to the configuration error.

GBCHS21/23

**Portfolio:** Health**OCCUPATIONAL VIOLENCE STRATEGY****Talking points:**

- Canberra Health Services (CHS) launched the Occupational Violence (OV) Strategy on 1 April 2020.
- The Strategy includes the following areas of focus:
  - Governance;
  - Prevention;
  - Training;
  - Response;
  - Reporting;
  - Support;
  - Investigation; and
  - Staff/Consumer Awareness
- The supporting policy and procedures have been developed and are available for staff. This includes updated procedures relating to the classification and reporting of OV incidents to provide consistent and detailed data that can be utilised in OV prevention strategies.
- CHS had an OV Strategy Working Group in 2018 and 2019. The Working Group was chaired by the Chief Executive Officer, CHS, met regularly and included more than 80 managers and staff, Worksafe ACT, consumer and union representatives.
- The governance of OV has been further enhanced with the introduction of the OV Prevention and Management Committee in February 2020 chaired by the CEO, CHS. This Committee has broad representation including ACT Policing, ACT Ambulance Service, Corrections ACT, Worksafe ACT, Carers ACT, Health Care Consumers Association and Mental Health Consumer Network as well as managers and staff from CHS.
- Under the CHS Corporate Plan 2020/2021 a key performance indicator was established setting CHS a target to reduce the OV lost time injury frequency rate (LTIFR) by 5% from the baseline data of 2019/20.

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- Based on data measured as at 30 December 2020, CHS has achieved a reduction of 20% in the OV LTIFR, exceeding the target of 5% in the 2020/21 financial year.

Examples of actions that have been progressed under the OV Strategy include:

- Establishment of a multi-disciplinary committee, the Occupational Violence Prevention and Management Committee (OVPMC) chaired by CHS CEO;
- Recruitment of a project officer to progress the work under the OV Strategy.
- Development of a OV Lost Time Injury Frequency Rate (LTIFR) key performance indicator (KPI) for 2020/2021 under the CHS Corporate Plan;
- CHS branded “Respect our staff” posters have been developed and were distributed across Canberra Health Services during April 2020.
- Development of Power BI OV staff incident statistics and reports to provide Executive with live data and improved visibility of OV trends and patterns;
- OV Risk Assessment Tool (OVRAT) developed to assess and treat individual work unit OV risks with a goal to complete and OVRAT for all client facing work units in CHS.
- Review of current security systems (access control, CCTV, duress alarms, etc.) based on assessed level of OV risk (from OVRAT);
- Implementation of Security audits to enhance systems and reduce OV risk;
- Development and implementation of Alerts Management Procedure to ensure that CHS staff are made aware of potential for OV from specific patients and consumers;
- Development and implementation of Psychological Support for Staff: a Manager’s Guide;
- Progressing procurement of Community Duress Devices for use by lone and isolated healthcare workers e.g. community nurses; and
- Development of a clinical occupational violence individual risk assessment to identify early signs of aggression and proactively intervene to prevent outbursts of violence

**Background Information:**

- In November 2018, the CHS OV Working Group, chaired by the Chief Executive Officer, was formed to develop a strategic approach to address OV towards staff in CHS.
- An action from the OV Working Group was to progress an organisational OV Strategy that details a planned and structured approach to better identify, assess and manage OV.

GBCHS21/23

**Portfolio:** Health**PHYSICIAN TRAINING PROGRAM****Talking points:**

- Canberra Health Services is committed to providing its trainee physicians with the best possible opportunity to learn and gain professional experience.
- In late 2019 CHS commissioned a review to examine a drop in the pass rate of Canberra Health Services trainees in the Royal Australasian College of Physicians Clinical Examination. The review made 54 recommendations in relation to the physician training program and the workplace for physician trainees at Canberra Health Services.
- Canberra Health Services has accepted all of the recommendations, and in the context of the COVID-19 pandemic, has moved as quickly as possible to address 38 recommendations since receiving the report in late 2019.
- Actions to address the remaining recommendations are part of a program in place for action as soon as practicable, overseen by the Physician Training Committee.
- The welfare of all healthcare workers in the ACT is of clear importance to the Government, which is why on 2 December 2020, I agreed to report to the Legislative Assembly each year on the progress of actions to improve the training and working environment for junior doctors in the ACT.
- A comprehensive strategy has been developed with stakeholder consultation. Where recommendations require extra resources, the ACT Network Director of Physician Education will undertake benchmarking with comparably sized hospitals to determine resource requirements.
- Despite difficulties highlighted by the review, the number of trainees in the ACT Physician Training Network has grown year on year.
- ACT Basic Physician Trainees sat their last round of RACP exams in late 2020 and early 2021. These exams were delayed due to the COVID-19 pandemic. More broadly, specialist training programs at Canberra Health Services are very successful:

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- The pass rates in **emergency medicine and general surgery** are consistently at or very near to 100 per cent and among the highest in Australia;
- 100 per cent of ACT trainees have passed various components of exams in the Royal College of **Pathologists** of Australasia so far this year. These exams are ongoing and CHS provides continuous support to the trainees. The pass rate is a reflection of the tremendous effort of the trainees, and the commitment of the staff who support them.
- **Emergency Medicine** trainees at Canberra Health Services have significant weekly amounts of protected teaching time, and appropriate access to study leave and reduced working hours, to ensure they are fully prepared for their exams.
- Canberra Health Services **radiology** training program has made great strides in turning its culture around after receiving a number of recommendations for improvement from the College of Radiology in 2018. In response, this program improved its rostering practices, added some new rotation options, and increased access to study leave for trainees ahead of exams.
- Canberra Health Services radiology trainees sat their exams in late 2020, with very positive results. All junior radiology registrars passed their exams. ■■■ out of ■■■ senior radiology registrars passed all or most components, noting that most radiology trainees complete their full examinations in more than one attempt.

### Key Information

- To date, Canberra Health Services has implemented several initiatives to improve the Physician Training Program including:
  - Ensuring dedicated teaching time during working hours for physician trainees;
  - Restructuring rosters to allow for better work-life balance;
  - Implementing a leave management plan that takes exam preparation into account and ensures trainees are able to take their leave as entitled;
  - Committing to improving and implementing trainee wellbeing programs, modelled on successful interstate examples, that includes individualised pastoral care, mentoring, and career development;
  - Establishing a junior trainee mentoring program, rolling out in December 2020 to coincide with the new intake of employees in February 2021;

- One on one meetings with each trainee to explore professional development support, identify individual stressors and reflect on systems improvements;
- Increased participation across the network by senior medical practitioners in medical handover meetings and other physician training activities (where teaching and fostering of workplace relationships occur);
- Increasing accessibility to teaching activities for junior and senior medical staff by offering multi-modal technology options;
- Revision of the clinical exam preparation structure to be in line with comparable successful training networks.
- Canberra Health Services recruited to three additional full time medical registrar positions for 2021, to help reduce overtime and contribute to covering annual and study leave. As of early February 2021, some positions remained vacant and recruitment will continue until all posts are filled.
- Several appointments have been made to address structural issues identified in the report.
  - A Senior Medical Registrar was appointed in mid-2019 and has proven a valuable resource assisting with pastoral care to trainees and examination preparation support.
  - The recent appointment of the ACT Network Director of Physician Education to the role of Clinical Director of the Division of Medicine at CHS creates a valuable link between physician trainees and the senior physician staff and has been well received by both groups.
  - The appointment of Dr Nick Coatsworth to the role of Executive Director of Medical Services at CHS, which is the executive lead for physician education. Dr Coatsworth is himself a physician, and an RACP education supervisor and examiner.
- Dr Coatsworth is keen to support an ambitious program of quality training for ACT physician trainees and with his team is actively nurturing an improved relationship between Canberra Health Services' trainee physicians and their senior clinical colleagues.

- The drop in local Clinical Exam pass rates in 2018 and 2019 likely reflects a combination of factors as outlined in the report. The ACT Network’s written exam pass rates, the precursor to the clinical exams, remain commensurate with the national average.

YEAR	2016	2017	2018	2019	2020
<b>Written Examination</b>					
ACT pass rate:	12 of 19 (64%)	7 of 11 (63%)	11 of 12 (92%)	11 of 15 (73%)	11 of 16 (69%)
National pass rate:	71%	74%	87%	71 %	78%
<b>Clinical Examination</b>					
ACT pass rate:	15 of 22 (68%)	9 of 9 (100%)	5 of 14 (36%)	7 of 17 (37%)	Delayed due to COVID-19, results pending
National pass rate:	73%	70%	71%	70%	

Regarding the deferral of the clinical exam in 2020:

- Earlier this year during the upswing of the COVID-19 pandemic, the RACP deferred the exam to 2021.
- In June-July 2020, the College surveyed trainees, many of whom indicated an interest in seeing the exam brought forward or at least the option of sitting in 2020.
- In around August 2020 the RACP announced that there would be a staggered exam schedule starting in November 2020 for all states except Victoria. The decision to bring the exams forward was dissatisfying to some trainees, who by that time had made plans (for example, for leave) based on the deferral to 2021.

GBCHS21/23

**Portfolio:** Health**ISSUE:       TIMELY CARE STRATEGY****Talking points**

- Canberra Health Services has continued to implement initiatives across the health services to improve patient care and patient flow.
- The Timely Care Strategy is focusing on a series of redesign and improvement initiatives to ensure patients receive the right care, at the right time, and in the right place.
- Canberra Health Services has taken a methodological approach and developed targeted redesign and improvement initiatives. These include:
  - Emergency Department Redesign Projects that are reviewing systems and processes across the patient journey from Emergency Department presentation through to discharge. For example:
    - A new admission procedure from the Emergency Department to the ward has been implemented.
    - A review of triage processes and workforce models that support patient flow within the Emergency Department.
  - The development of a Canberra Health Services Patient Flow and Capacity Escalation Framework that details systems and processes across CHS that support the patient journey and timely access to care, including escalation points.
- A Timely Care Performance Taskforce continues to meet weekly to lead the planning, development, implementation and evaluation of improvement and redesign projects across Canberra Health Services.
- Canberra Health Services has engaged an external consultant with expertise in patient flow. Dr Frank Daly visited Canberra Hospital the week of 15 February 2021. This will assist in informing further redesign and improvement initiatives to support the provision of high quality, safe and timely care to our community.

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**AGENDA**

GBCHS21/23

**Portfolio:** Health

**CHS E01 WALK-IN HEALTH CENTRES – PLANNING AND FEASIBILITY**

	<b>2020-21</b> <b>\$000's</b>	<b>2021-22</b> <b>\$000's</b>	<b>2022-23</b> <b>\$000's</b>	<b>2023-24</b> <b>\$000's</b>
Expense	542	1,458	-	-
Revenue	-	-	-	-
Capital	-	-	-	-
FTE	1.3	5.4	-	-

**Talking points:**

- The feasibility and planning work will determine options for initial site selection for four new Walk-in Health Centres, a scoping study for service delivery and the model of care to be implemented.
- The proposed model will differ from the current Walk-in Health Centres, offering a combination of walk-in and appointment-based services with a focus on prevention, early intervention and coordinated care for people with chronic illness.
- The study will also examine opportunities for an integrated primary and community care model, characterised by maintaining the wellbeing of at-risk populations in the community and delivering early interventional care by multidisciplinary teams.
- The key elements of the program are:
  - Scoping Study (Model of Care/Service Delivery design): February 2021 – June 2022
  - Consultancy: February 2021 – June 2022
  - Principal Consultant Appointment: July 2021
  - Phase 1 - Design Analysis Completed: September 2021
  - Phase 2 - Design Analysis Completed: February 2022

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GBCHS21/23

**Portfolio:** Health

**CHS E02 WALK-IN HEALTH CENTRES – COOMBS PILOT**

	<b>2020-21</b> <b>\$000's</b>	<b>2021-22</b> <b>\$000's</b>	<b>2022-23</b> <b>\$000's</b>	<b>2023-24</b> <b>\$000's</b>
Expense	-	166	169	172
Revenue	-	-	-	-
Capital	250	-	-	-
FTE	-	-	-	-

**Talking points:**

- There are currently five Walk-in Health Centres in Canberra to reduce the burden on the main hospital emergency departments. The focus of these centres is to provide urgent care.
- The Walk-in Health Centre - Coombs pilot will test a model of integrated care and working alongside general practice.
- It will free up space at the Weston Creek Walk-in Health Centre for a new medical imaging service.
- The National Health Co-Op partnership pilot in Coombs will focus on health care for womans health and young families in the area. The existing National Health Co-Op clinic already includes a large waiting room, facilities for staff and patients and a dedicated parent/child space.
- It is anticipated that the Coombs pilot Walk-in Health Centre will be operational in July 2021.

GBCHS21/23

**Portfolio:** Health

**CHS E03 IMAGING SERVICES AT THE WESTON CREEK WALK-IN HEALTH CENTRE**

	2020-21 \$000's	2021-22 \$000's	2022-23 \$000's	2023-24 \$000's
Expense	-	544	2,299	2,343
Revenue	-	213	2,616	2,681
<b>Net Funding / Cost Impact</b>	-	<b>331</b>	<b>-317</b>	<b>-338</b>
Capital	660	5,010	-	-
FTE	-	1.1	6.7	6.7

**Talking points:**

- The expanded Weston Creek Walk-in Health Centre service will provide community access to commonly required diagnostic medical imaging services including ultrasound, x-ray and computed tomography (CT). The proposed model of care is designed to service eligible outpatients in an accessible location separate to Canberra Hospital.
- This new outpatient service will help reduce community wait times for medical imaging services and enable more efficient scan times for Canberra Hospital Emergency Department and inpatient service.
- The Weston Creek Walk-in Health Centre is ideally suited for an outpatient medical imaging service, complimenting existing nurse led and pathology services.
- Key elements for the project will be:

<b>Indicative Project Milestones</b>	<b>Indicative Milestone Dates</b>
Commence Procurement Activities	February 2021
Appoint Principal Consultant	May 2021
Complete – Preliminary Sketch Plan Design	August 2021
Appoint Head contractor	October 2021
Commence Construction	November 2021
Practical Completion	May 2022
Operational Go Live	June 2022

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**AGENDA**

GBCHS21/23

**Portfolio:** Health

**CHS E06 INVESTIGATING INSOURCING OPTIONS**

	<b>2020-21</b> <b>\$000's</b>	<b>2021-22</b> <b>\$000's</b>	<b>2022-23</b> <b>\$000's</b>	<b>2023-24</b> <b>\$000's</b>
Expense	145	-	-	-
Revenue	-	-	-	-
Capital	-	-	-	-
FTE	-	-	-	-

**Talking points:**

- The new Insourcing Feasibility Taskforce will conduct initial feasibility and possible development of a strategy to insource work currently sub-contracted to external parties.
- Objectives of the Insourcing Feasibility Taskforce is to establish the economic viability of an insource strategy and the associated new operating models that would be required to provide a better value outcome compared to the current outsourced state.
- Key outcomes of this early stage work:
  - Finalise an insource model.
  - Timeline and resource plan for the 2021-22 year including possible Legislative changes, Industrial Relations planning, Job Redesign scope.



GBCHS21/18

**Portfolio:** Health

**CHS CW09 UPGRADE AND REFURBISHMENT OF BUILDINGS AT  
 CANBERRA HOSPITAL**

	<b>2020-21</b> <b>\$000's</b>	<b>2021-22</b> <b>\$000's</b>	<b>2022-23</b> <b>\$000's</b>	<b>2023-24</b> <b>\$000's</b>
Expense	-	-	-	-
Revenue	-	-	-	-
Capital	763	9,699	6,172	-
FTE	-	-	-	-

**Talking points:**

- ACT Pathology is located within Building 10 at Canberra Hospital and operates 24 hours per day, seven days a week.
- It provides a critical service to support the ACT Government's COVID-19 response.
- Current electrical infrastructure in the building is dated and poses a risk to the Pathology Department service delivery in the event of failure.
- The upgrade and refurbishment of Building 10 will:
  - provide certainty of service delivery for critical pathology services and research activities undertaken in Building 10 by upgrading building services infrastructure;
  - improve timeliness, accuracy and certainty of pathology results, through electrical upgrades to support the installation of a fully integrated end-to-end solution for pathology analysis; and
  - minimise disruption to pathology services and research activities whilst the works are undertaken.
- Anticipated completion of this project is in June 2022.

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**AGENDA**

GBCHS21/23

**Portfolio:** Health

**STRATEGIC OBJECTIVE 3 MAXIMISING THE QUALITY OF HOSPITAL SERVICES**

(Annual Report Page 28)

This indicator highlights the effectiveness and quality of care provided to patients within CHS from a patient's perspective.

Strategic indicator	2019–20 target	2019–20 outcome
Patient Experience Survey—score of positive patient experience responses	>80	86

**Talking points**

- Canberra Health Services (CHS) has consistently performed above the target of 80, at 86 for the 2019-20 year.

**Key Information**

- In 2019-20, the discharged inpatient survey was posted to 56 patients over 18 years of age, each week who were discharged from CHS. This equates to approximately 10 per cent of all discharges.
- The survey includes questions about the patient's experience of Canberra Hospital services.
- This indicator is percentage of patients who rated their care as good or very good to the question "Overall how would you rate the care you received in hospital?"
- From 1 July 2019 to 30 June 2020, 750 responses were received by paper or via telephone.

(Budget Paper C Page 36)

This indicator highlights the effectiveness and quality of care provided to patients within CHS from a patient's perspective.

**Table 4: Overall how would you rate the care you received in hospital**

Strategic Indicator	2019-20 Target	2019-20 Outcome	2020-21 Target
Patient Experience Survey – score of positive patient experience responses	>80	86	>80

**Talking points**

- Canberra Health Services has consistently performed above the target of 80.

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**AGENDA**

- For the 2020-21 financial year to date, CHS is above target:
  - Quarter 1- 1 July to 30 September 2020 at 92.3 per cent; and
  - Quarter 2- 1 October to 31 December 2020 at 86.9 per cent.

**Key Information**

- In the 2020-21 financial year, the discharged inpatient survey is posted to 48 patients over 18 years of age, each week who have been discharged from CHS. This equates to approximately 10 per cent of all discharges. The total number of surveys sent has reduced since the dissolution of the Critical Care Division, as surveys are sent to eight patients per Division per month.
- The survey includes questions about the patient's experience of CHS services.
- This indicator is percentage of patients who rated their care as good or very good to the question "*Overall how would you rate the care you received in hospital?*"
- From 1 July 2019 to 30 June 2020, 750 responses were received by paper or via telephone.
- From December 2020, patients were offered an on-line method of completion utilising a QR code, in addition to paper or telephone, to promote higher participation rates.

GBCHS21/23

**Portfolio:** Health

**STRATEGIC OBJECTIVE 4 THE NUMBER OF PEOPLE ADMITTED TO HOSPITALS PER 10,000 OCCUPIED BED DAYS WHO ACQUIRE A STAPHYLOCOCCUS AUREUS BACTERAEMIA INFECTION (SAB INFECTION) DURING THEIR STAY**

(Annual Report Page 28)

This provides an indication of the safety of hospital-based services.

Strategic indicator	2019–20 target	2019–20 outcome
Number of admitted patients who acquire a SAB infection per 10,000 bed days	<2.0 per 10 000 bed days	0.90 per 10 000 bed days

(Budget Paper C Page 36)

This indicator highlights the effectiveness and quality of care provided to patients within CHS from a patient's perspective.

Strategic Indicator	2019-20 Target	2019-20 Outcome	2020-21 Target
Number of admitted patients who acquire a SAB infection per 10,000 bed days	<2.0 per 10,000	0.90 per 10,000	<2.0 per 10,000

**Note:**

- Hospital targets are based on similar rates for peer hospitals – based on the Australian Council of Healthcare Standards (ACHS).

**Talking points**

- Canberra Health Services (CHS) recorded SAB rate of 0.90 per 10 000 bed days which is well below the 2019-20 target of <2.0 per 10 000 bed days for *Staphylococcus aureus* bacteraemia (SAB) infections acquired while hospitalised.

**Key Information**

- This indicator measures the number of people admitted to hospitals who acquire a SAB infection during their hospital stay per 10 000 occupied bed days.
- ACT Health infection control officers continue to develop and implement programs to limit the transfer of infections within public hospitals. This includes education programs for clinicians, patients, general staff and visitors.
- CHS routinely monitors healthcare-associated SAB infections as these are commonly associated with significant morbidity and mortality.
- Longstanding and recent literature supports the value of sustained infection prevention and control practices in reducing the incidence of these preventable SAB infections.

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- The Australian Health Ministers' Advisory Council recently endorsed a new national benchmark for healthcare-associated SAB infections for public hospital reporting, which was implemented from 1 July 2020. The current benchmark is 1.0 per 10 000 patient days. CHS is reporting against this new benchmark.

GBCHS21/23

**Portfolio:** Health

**STRATEGIC OBJECTIVE 5 ESTIMATED HAND HYGIENE RATE**

(Annual Report Page 28)

This provides an indication of the safety of hospital-based services.

Strategic indicator	2019–20 target	2019–20 outcome
Estimated hand hygiene rate (June 2020)	80%	87%

(Budget Paper C Page 36)

**Table 6: Estimated Hand Hygiene Rate<sup>1</sup>**

Strategic Indicator	2019-20 Target	2019-20 Outcome	2020-21 Target
Canberra Hospital	80%	87%	80%

**Note:**

- Hospital targets are based on similar rates for peer hospitals – based on the Australian Council of Healthcare Standards (ACHS).

**Talking points**

- Canberra Health Services result for hand hygiene rates 2019-20 was 87 per cent, which showed improvement from the 2019-20 target of 80 per cent.

**Key Information**

- The estimated hand hygiene rate for a hospital is a measure of how often (as a percentage) hand hygiene is correctly performed.
- It is calculated by dividing the number of observed hand hygiene ‘moments’ where proper hand hygiene was practiced in a specific audit period, by the total number of observed hand hygiene ‘moments’ in the same audit period.
- CHS continues to monitor results regularly and undertakes hand hygiene audits three times a year; in March, June and October, applying national rules and definitions for data collection.
- Acute public hospitals are required to submit results to the National Hand Hygiene Initiative database three times a year.
- The national hand hygiene benchmark is set by the Australian Health Ministers' Advisory Council (AHMAC). Since 2017, the benchmark has been 80 per cent.

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**AGENDA**

GBCHS21/23

**Portfolio:** Health

**STRATEGIC OBJECTIVE 6 REACHING THE OPTIMUM OCCUPANCY RATE FOR ALL OVERNIGHT HOSPITAL BEDS**

(Annual Report Page 29)

This indicator measures the overall occupancy rate for CHS, based on average available overnight beds across Canberra Hospital and University of Canberra Hospital.

Strategic indicator	2019–20 target	2019–20 outcome
Mean percentage of overnight hospital beds in use	90%	88%

(Budget Paper 3 Page 37)

**Table 7: The mean percentage of overnight hospital beds in use**

Strategic Indicator	2019-20 Target	2019-20 Outcome	2020-21 Target
Mean percentage of overnight hospital beds in use	90%	88%	90%

**Talking points**

- Bed occupancy is a measure used to manage the capacity in hospitals.
- Bed occupancy figures fluctuate hourly, daily and monthly, and vary substantially with the level of demand experienced across each hospital campus.
- The aim is to manage occupancy at around the 90 per cent level, to ensure that hospitals are being used efficiently but also retain the flexibility to respond to peaks of demand experienced at each campus.
- It is important to note that occupancy is calculated using overnight beds and does not include beds assigned for day procedures. The overnight bed numbers are a calculation of the daily available beds, averaged over the reporting period.
- Bed occupancy rates should not be considered in isolation of the overall performance of the system, for example, the average length of stay in hospitals is also an important indicator of efficiency.
- By reducing the average length of stay, patient flow across the hospitals can be improved, resulting in more new admissions and improved timeliness.

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**AGENDA**

GBCHS21/23

**Portfolio:** Health

**OUTPUT CLASS 1: HEALTH AND COMMUNITY CARE**
**OUTPUT1.1 ACUTE SERVICES**

(Annual Report Page 224)

	Original Target 2019-20	Actual Result 2019-20	% Variance from Original Target	Notes
Total Cost (\$000's)	801 193	919 301	15%	
<b>Accountability Indicators</b>				
<b>Percentage of elective surgery cases admitted on time by clinical urgency</b>				
a. Urgent – admission within 30 days is desirable for a condition that has the potential to deteriorate quickly to the point that it may become an emergency	100%	97%	(3%)	
b. Semi-urgent – within 90 days is desirable for a condition causing some pain, dysfunction or disability which is not likely to deteriorate quickly or become an emergency	80%	57%	(29%)	1
c. Non-urgent – admission within 365 days is desirable for a condition causing minimal or no pain, dysfunction or disability, which is not likely to deteriorate quickly, and which does not have the potential to become an emergency	93%	56%	(39%)	2
<b>Proportion of emergency department presentations that are treated within clinically appropriate timeframes</b>				
d. One (resuscitation, seen immediately)	100%	100%	-	
e. Two (emergency, seen within 10 minutes)	80%	74%	(7%)	3
f. Three (urgent, seen within 30 minutes)	75%	28%	(63%)	4
g. Four (semi-urgent, seen within 60 minutes)	70%	47%	(33%)	5
h. Five (non-urgent, seen within 120 minutes)	70%	83%	18%	6
i. All presentations	70%	46%	(35%)	7

**Notes:** The above Statement of Performance should be read in conjunction with the accompanying notes.

The above Accountability Indicators were examined by the ACT Audit Office in accordance with the Financial Management Act 1996. The Total Cost measure were not examined by the ACT Audit Office in accordance with the Financial Management (Statement of Performance Scrutiny) Guidelines 2019.

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**AGENDA**



(Budget Paper C Page 38 and 42)

**Table 8: Output Class 1: Health and Community Care**

	2019-20 Audited Outcome \$'000	2020-21 Budget \$'000
Total Cost <sup>1,2</sup>	1,419,693	1,400,967
Controlled Recurrent Payments <sup>3</sup>	0	0

**Notes:**

- Total cost includes depreciation and amortisation of \$32.375 million in 2019-20 and \$33.247 million in 2020-21.
- The decrease in Total Cost for 2020-21 Budget from the 2019-20 Audited Outcome is due mainly to the impacts of COVID-19.
- Canberra Health Services receives funding through the Local Hospital Network and not from Controlled Recurrent Payments.

**Table 13: Accountability Indicators Output 1.1**

	2020-21 Targets	2020-21 YTD Targets	2020-21 YTD Result	Variance (%)
<b>Percentage of Elective Surgery Cases Admitted on Time by Clinical Urgency</b>				
a. Urgent – admission within 30 days is desirable for a condition that has the potential to deteriorate quickly to the point that it may become an emergency	100%	100%	99%	-1
b. Semi-urgent – admission within 90 days is desirable for a condition causing some pain, dysfunction or disability which is not likely to deteriorate quickly or become an emergency <sup>1</sup>	80%	80%	58%	-27
c. Non-urgent – admission within 365 is desirable for a condition causing minimal or no pain, dysfunction or disability, which is not likely to deteriorate quickly, and which does not have the potential to become an emergency <sup>2</sup>	93%	93%	48%	-48
<b>The Proportion of Emergency Department Presentations that are Treated within Clinically Appropriate Timeframes</b>				
d. One (resuscitation seen immediately)	100%	100%	100%	-
e. Two (emergency seen within 10 mins)	80%	80%	78%	-3
f. Three (urgent seen within 30 mins) <sup>3</sup>	75%	75%	32%	-57
g. Four (semi urgent seen within 60 mins) <sup>4</sup>	70%	70%	48%	-31
h. Five (non-urgent seen within 120 mins) <sup>5</sup>	70%	70%	83%	19
i. All presentations <sup>6</sup>	70%	70%	49%	-30
Total Cost (\$'000)	905,136	452,568	467,939	3
Controlled Recurrent Payments (\$'000)	-	-	-	-

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**AGENDA**

**Notes:**

- a. Percentage of elective surgery cases admitted on time by clinical urgency—urgent (within 30 days of listing).
- b. Percentage of elective surgery cases admitted on time by clinical urgency—semi-urgent (within 90 days of listing).
- c. Percentage of elective surgery cases admitted on time by clinical urgency—non-urgent (within 365 days of listing).
- d. The proportion of Emergency Department Presentations that are treated within clinically appropriate timeframes—triage category one (Immediately).
- e. The proportion of triage category two Emergency Department presentations that were treated within clinically appropriate timeframes (10 minutes).
- f. The proportion of triage category three Emergency Department presentations that were treated within clinically appropriate timeframes (30 minutes).
- g. The Proportion of Emergency Department Presentations that are treated within clinically appropriate timeframes—triage category four (60 minutes).
- h. The Proportion of Emergency Department Presentations that are treated within clinically appropriate timeframes—triage category five (120 minutes).
- i. The proportion of all Emergency Department presentations that were treated within clinically appropriate timeframes.

**Talking points****Emergency Department**

- Triage Category 2 presentations increased by three per cent in 2019-20, this is despite the COVID-19 pandemic. The increase in activity over 2019-20 for this cohort of patients along with increased protocol and screening process impacted Canberra Health Services (CHS) Emergency Department (ED) ability to meet this target.
- Triage Category 3 for CHS ED experiences the highest level of demand of all triage categories by a significant margin. This triage category also has one of the shortest windows to treat patients within (less than 30 minutes) which makes this target extremely challenging based on the high demand. Presentations for Triage Category 3 were slightly increased in 2019-20, despite the COVID-19 pandemic. As such, performance for this metric was below target.
- Triage Category 4 presentations decreased minimally in 2019-20, largely due to the COVID-19 pandemic period where there was significantly less presentations occurring for this triage group. Performance improved substantially throughout the COVID-19 period due to less demand. Triage Category 4 patients have the second highest rate of presentations outside of Triage Category 3.
- Presentations decreased for most triage categories due to the COVID-19 pandemic over the following period between March 2020 to June 2020. Generally, increases in presentations puts pressure on wait times overall. CHS takes a holistic approach to the care and will see the most critical patients first which may result in longer wait times for those who are less

critical. However, this does not reflect the quality and level of care provided to our consumers.

- The sustained growth in demand on the ED service over the last five years has added to the pressure to meet targets. Growth in demand needs to be matched by a combination of growth in staffing (medical, nursing, allied health, wardspersons and security) to allow optimisation of efficient work flow.

### **Elective Surgery**

- In the second quarter of 2020-21 the ACT public hospital system delivered 3,573 elective surgeries, demonstrating that services levels have returned to pre-COVID-19 levels.
- Performance in terms of waiting times improved from the previous quarter in the proportion of patients receiving their surgery on time for all categories.
- 99 per cent of Category 1 patients i.e. those needing the most urgent care, received their surgery within the recommended 30 day timeframe.
- In dealing with the overdue cohort of patients it was expected that the Category 2 and 3 timeliness would drop.
- In 2018-19, the ACT government delivered a record 14,015 elective surgeries and the Territory had a target of 14,250 elective surgeries in 2019-20 prior to the onset of the COVID-19 pandemic.
- The impact of the COVID-19 suspension on non-essential surgeries as part of the response to the COVID-19 pandemic saw the ACT deliver 12,870 surgeries in 2019-20.

- Elective surgery performance statistics: A breakdown of elective surgery activity and performance for 2018-19, 2019-20 and 2020-21 (to date) is provided below:

Indicator	2018-19 Results <sup>1</sup>	2019-20 Targets	2019-20 Results <sup>2</sup>	2019-20 Q1 Results <sup>3</sup>	2019-20 Q2 Results <sup>3</sup>	2019-20 Q3 Results <sup>3</sup>	2019-20 Q4 Results <sup>3</sup>	2020-21 Q1 Results <sup>3</sup>
Number of elective surgery procedures performed	14,015	14,250	12,870	3,840	3,477	3,087	2,448	3,982
Number of patients waiting longer than clinically recommended timeframes	633 <sup>4</sup>	430	1,317	594	783	889	1,317	1,013
Category 1 elective surgery patients admitted for surgery within clinically recommended timeframes	96%	100%	97%	97%	98%	97%	98%	98%
Category 2 elective surgery patients admitted for surgery within clinically recommended timeframes	75%	80%	65%	71%	71%	62%	49%	60%
Category 3 elective surgery patients admitted for surgery within clinically recommended timeframes	78%	93%	78%	76%	76%	76%	77%	71%

1. Results are from the 2018-19 Annual Report (with the exception of 'number of patients waiting longer than clinically recommended timeframes' – see note 4).
2. Results are from the 2019-20 Annual Report.
3. Quarterly results up to and including Quarter 1 2020-21 sourced from Quarterly Performance Reports.
4. This figure is from the latest data available in the ACT Health Directorate elective surgery dataset.

- The latest AIHW report shows the wait time for surgery in the ACT compared to other jurisdictions. In 2019-20, patients in the ACT:
  - had the lowest median wait time for cardio-thoracic surgery;
  - had the second lowest median wait time for vascular surgery; and
  - waited three days less than the national median for neurosurgery.

GBCHS21/23

**Portfolio: Health**
**OUTPUT CLASS 1: HEALTH AND COMMUNITY CARE**
**OUTPUT1.2 ALCOHOL AND DRUG SERVICES**

(Annual Report Page 226)

	Original Target 2019-20	Actual Result 2019-20	% Variance from original Target
d. Alcohol and Drug Services community contacts	70,000	62,391	(11%)
h. Percentage of current clients on opioid treatment with management plans	98%	96%	(2%)

(Budget Paper C Page 39 and 44)

**Table 10: Output 1.2: Mental Health, Justice Health and Alcohol and Drug Services**

	2019-20 Audited Outcome \$'000	2020-21 Budget \$'000
Total Cost	195,854	195,546
Controlled Recurrent Payments <sup>1</sup>	-	-

**Note:**

1. Canberra Health Services receives funding through the Local Hospital Network and not from Controlled Recurrent Payments.

**Table 14: Accountability Indicators Output 1.2**

	2020-21 Targets	2020-21 YTD Targets	2020-21 YTD Result	Variance (%)
d. Alcohol and drug services community contacts	70,000	35,000	26,770	-24
h. Percentage of current clients on opioid treatment with management plans	98%	98%	97%	-1

**Notes:**

- a. The number of patient service events completed by Alcohol and Drug Services.
- b. Percentage of current clients on opioid treatment who have management plans.

**Talking points**

- d) Alcohol and Drug Services community contacts are six per cent under the target. This is attributable to unexpected staff vacancies and difficulties with recruitment.

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**AGENDA**

- h) The result for clients with management plans is impacted by clients who are prescribed by private prescribers and receive their dose with the Alcohol and Drug Services public clinic.

**Key Information**

- d) Recruitment strategies for new staff are commencing. This is expected to improve community contacts.
- h) This result is impacted by clients who use the public clinic located at Building 7, Canberra Hospital as a dosing point, but are clinically managed by their GP. Newly released detainees who choose to dose at the public clinic continue to dose on a script prescribed at the Alexander Maconochie Centre for up to one month, until they are able to access an appointment with an Addiction Medicine Specialist at the public clinic. Management plans are completed at this appointment.

GBCHS21/23

**Portfolio:** Health

**OUTPUT CLASS 1: HEALTH AND COMMUNITY CARE**
**OUTPUT 1.3 CANCER SERVICES**

(Annual Report Page 229)

	Original Target 2019-20	Actual Result 2019-20	% Variance from Original Target	Notes
Total Cost (\$000's)	77 970	86 008	10%	
<b>Accountability Indicators</b>				
<b>Breast screening</b>				
a. Participation rate, proportion of women aged 50 to 74 who had a breast screen	60%	56%	(7%)	1
b. Total breast screens	19 500	17 850	(8%)	2
e. Percentage screened patients who are assessed within 28 days	90%	73%	(19%)	3
<b>Radiotherapy treatment within standard timeframes</b>				
f. Emergency—treatment starts within 48 hours	100%	100%	0%	
g. Palliative—treatment starts within 2 weeks	90%	89%	(1%)	
h. Radical—treatment starts within 4 weeks	90%	88%	(2%)	

The above Statement of Performance should be read in conjunction with the accompanying notes.

The above Accountability Indicators were examined by the ACT Audit Office in accordance with the Financial Management Act 1996. The Total Cost measure were not examined by the ACT Audit Office in accordance with the Financial Management (Statement of Performance Scrutiny) Guidelines 2019.

**Notes**

1. Participation was negatively impacted by temporary screening shutdown in April due to the COVID-19 pandemic. This aside, the ACT participation rate remains higher than the national average.
2. Screening capacity was impacted significantly in April and May due to the COVID-19 pandemic. Breast screening services were suspended for a 3-week period in April followed by a gradual return to full capacity in June.
3. Under achievement against target overall is primarily due to the reduction in screening in April and May as a result of the COVID-19 pandemic. Under recruitment also contributed to the under achievement over the year.

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**AGENDA**

**Talking points**

- Breast screening services were impacted in 2019-20 due to bushfires and the COVID-19 pandemic.
- The ACT temporarily suspended screening services for three weeks in April 2020 in accordance with the BreastScreen Australia national approach. There was a graduated and limited resumption of screening services in May 2020.
- By June 2020, a total of 17,850 women had been screened, compared to 18,764 the preceding year.
- Screening attendance, and therefore the participation rate, has remained relatively consistent despite the lack of promotional activity due to COVID-19. The participation rate for the ACT remains above the national average.
- Timeliness to assessment has continued to improve as a result of the previously outlined quality activities and having a full establishment of breast radiologists to staff the assessment clinics. Furthermore, every effort is made to ensure women are assessed in a timely manner in the event service delivery is impacted by COVID-19.
- Having completed refurbishment of two treatment bunkers and Linear Accelerators at the Canberra Region Cancer Centre in 2019-20, Canberra Health Services (CHS) will commence the replacement and refurbishment of the other two Linear Accelerators and bunkers in 2021-22.
- To ensure treatment targets are met and the requirement for specific radiation therapy treatments remains available, CHS will continue to extend the operational hours of the other linacs to maintain the same patient throughput.

**Key Information**

- Linear Accelerator (LINAC) 1 was due for replacement in May 2022 but suffered a serious hardware failure in July 2020 affecting the stability of a key component that produces the treatment beam. Due to the cost to repair and maintain the LINAC, CHS decided to take the LINAC out of use and expedite its replacement.
- CHS continues to operate extended hours on three LINACS to maintain the throughput whilst the LINAC 4 is out of action.



(Budget Paper C Page 40 and 45)

**Table 11: Output 1.3: Cancer Services**

	2019-20 Audited Outcome \$'000	2020-21 Budget \$'000
Total Cost	86 008	84,683
Controlled Recurrent Payments <sup>1</sup>	-	-

**Note:**

1. Canberra Health Services receives funding through the Local Hospital Network and not from Controlled Recurrent Payments.

**Table 15: Accountability Indicators Output 1.3**

	2020-21 Targets	2020-21 YTD Targets	2020-21 YTD Result	Variance (%)
a. Participation rate, proportion of women aged 50 to 74 who had a breast screen <sup>1</sup>	60%	60%	56%	-7
b. Total breast screens	19,500	9,750	10,043	3
c. Percentage of screened patients who are assessed within 28 days <sup>2</sup>	90%	90%	99%	10
<b>Radiotherapy Treatment Within Standard Timeframes</b>				
d. Emergency – treatment starts within 48 hours	100%	100%	100%	-
e. Palliative – treatment starts within 2 weeks <sup>3</sup>	90%	90%	96%	7
f. Radical – treatment starts within 4 weeks <sup>4</sup>	90%	90%	98%	9
Total Cost (\$'000)	84,683	42,342	43,794	3
Controlled Recurrent Payments (\$'000)	-	-	-	-

**Notes:**

- The percentage of all women in the target age group who have received a breast screen within the last 24 months as per national counting and reporting period schedule. This indicator differs with other breast screen reporting periods which report within a single financial year.
- Total number of breast screens completed in the period.
- The percentage of women requiring assessment who wait 28 days or less from their breast screen appointment to their assessment appointment.
- The percentage of patients requiring emergency radiotherapy treatment who started treatment within 48 hours of requiring it.
- The percentage of patients requiring palliative radiotherapy treatment who started treatment within 2 weeks of requiring it.
- The percentage of patients requiring radical radiotherapy treatment who started treatment within 4 weeks of requiring it.

**Talking points**

- The key priorities for cancer care services are early detection and timely access to diagnostic and treatment services.

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 TRIM Ref: GBCHS21/23

**AGENDA**

- These include ensuring that population screening rates for breast cancer meet targets, waiting time for access to essential services such as radiotherapy are consistent with agreed benchmarks and there is timely access to chemotherapy and haematological treatments.
- Access to radiation therapy treatments are meeting the target with 100 per cent of all emergency treatments commencing within 48 hours.
- Due to excellent management and improvements in technology Radiation Therapy workflow has become lean and streamlined.

**Key Information**

- To reduce the risk to vulnerable cancer patients during the COVID-19 pandemic, Radiation Oncologists have implemented more hypofractionated course of treatment to reduce the number of times patients need to attend the hospital. This has had the positive result of being able to treat more patients throughout 2020.

GBCHS21/23

**Portfolio:** Health

**OUTPUT CLASS 1: HEALTH AND COMMUNITY CARE**  
**OUTPUT 1.4 SUBACUTE AND COMMUNITY SERVICES**  
 (Annual Report Page 230)

	Original Target 2019-20	Actual Result 2019-20	% Variance from Original Target	Notes
Total Cost (\$000's)	179 858	218 530	22%	
<b>Accountability Indicators</b>				
c. Mean waiting time for clients on the dental services waiting list	12 months	11.7 months	3%	
g. Sub-acute	27 600	35 584	29%	1
h. Walk-in Centre presentations to Gungahlin	20 000	18 390	(8%)	2
i. Walk-in Centre presentations to Belconnen	24 000	21 657	(10%)	3
j. Walk-in Centre presentations to Tuggeranong	24 000	20 476	(15%)	4
k. Median wait time to be seen, in minutes (all Walk-in Centres combined)	<30 minutes	16 minutes	0%	

The above Statement of Performance should be read in conjunction with the accompanying notes.

The above Accountability Indicators were examined by the ACT Audit Office in accordance with the Financial Management Act 1996. The Total Cost measure were not examined by the ACT Audit Office in accordance with the Financial Management (Statement of Performance Scrutiny) Guidelines 2019.

### Talking points

- Presentations for the 2019-20 financial year are below target across our network of Walk-in Health Centres largely due to COVID-19 and the impact this had on clients presenting to the Walk-in Centres.
- The ACT Government opened its fifth Walk-in Centre, the Inner North Walk-in Health Centre at Dickson on 26 August 2020 and continues to expand options for the Canberra community to access health services closer to home with four new walk-in health centres over 2020-21 and 2021-22.

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**AGENDA**

(Budget Paper C Page 40 and 46)

**Table 12: Output 1.4: Subacute and Community Services**

	2019-20 Audited Outcome \$'000	2020-21 Budget \$'000
Total Cost	218,530	215,603
Controlled Recurrent Payments <sup>1</sup>	-	-

**Note:**

1. Canberra Health Services receives funding through the Local Hospital Network and not from Controlled Recurrent Payments.

**Table 16: Accountability Indicators Output 1.4**

	2020-21 Targets	2020-21 YTD Targets	2020-21 YTD Result	Variance (%)
a. Mean waiting time for clients on the dental services waiting list <sup>1</sup>	12 months	12 months	14 months	16
b. Sub-acute bed days of care at University of Canberra Hospital <sup>2</sup>	27,600	13,800	18,958	37
c. Walk-in Centre presentations to Gungahlin <sup>3</sup>	20,000	10,000	7,904	-21
d. Walk-in Centre presentations to Belconnen <sup>4</sup>	24,000	12,000	9,214	-23
e. Walk-in Centre presentations to Tuggeranong <sup>5</sup>	24,000	12,000	9,324	-22
f. Median wait time to be seen, in minutes (all Walk-in Centre's combined)	<30 minutes	<30 minutes	13 minutes	-
Total Cost (\$'000)	215,603	107,802	111,221	3
Controlled Recurrent Payments (\$'000)	-	-	-	-

**Notes:**

- Client mean waiting time is defined as the mean waiting period between when a client is placed on the adult dental central waiting list and the receipt of treatment.
- Sub-acute bed days of care at University of Canberra Hospital in the period.
- Total patient presentations in the period to the Gungahlin Walk-in Centre.
- Total patient presentations in the period to the Belconnen Walk-in Centre.
- Total patient presentations in the period to the Tuggeranong Walk-in Centre.
- Median wait time to be seen for client at all Walk-in Centres.

**Talking points**

- Oral Health Services mean waiting time has increased as COVID-19 restrictions prevented a number of treatments being provided.

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**AGENDA**

- Half yearly presentations are below target across our network of Walk-in Centres largely due to COVID-19 and the impact this had on clients presenting to the Walk-in Health Centres earlier in the 2020-21 financial year.
- We have seen an increasing trend of presentations in Q2 of the financial year with 6,527 presentations to our Walk-in Health Centres in December 2020, up from 6,277 presentations in December 2019.

**Key Information**

- In December 2019, the ACT had a network of four Walk-in Health Centres, located at Belconnen, Gungahlin, Tuggeranong and Weston Creek (which commenced services from 13 December).
- In December 2020, the ACT had a network of four Walk-in Health Centres, located at Belconnen, Gungahlin, Tuggeranong and Inner North (which commenced services from 26 August 2020). The Weston Creek Walk-in Health Centre was repurposed for COVID-19 Testing Centre in March 2020.

**Minister for Mental Health  
Minister for Justice Health  
Canberra Health Services  
2020-21 Estimates and  
2019-20 Annual Report  
26 February 2021**

**Hot Issues – COVID-19**

1.	COVID-19 – Preparedness
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**Hot Issues**

2.	Adolescent Mental Health Services in ACT
3.	Adult Community Mental Health Services
4.	Adult Acute Mental Health Unit
5.	Canberra Health Services 2019-20 Annual Report
6.	Canberra Health Services 2020-21 Budget
7.	Dental Services at Alexander Maconochie Centre
8.	Extended Care Unit
9.	Health and Mental Health Service Delivery to Detainees at Alexander Maconochie Centre
10.	Smoking at Alexander Maconochie Centre
11.	Summary of Investment in Mental Health Services
12.	Supported Accommodation
13.	Winnunga Delivering healthcare at Alexander Maconochie Centre
14.	Workforce Update

**2020-21 Budget – New Initiatives**

No.	Title
15.	CHS E08 Adolescent Mobile Outreach Service Continuation Stage 1 and 2

### Strategic Objectives and Indicators Annual Report and Budget Paper 3

No.	Title
16.	<b>Strategic Objective 1:</b> Reducing the usage of seclusion in mental health episodes (AR Page 27 and BPC Page 35)
17.	<b>Strategic Objective 2:</b> Maintaining reduced rates of patients return to an ACT public acute psychiatric inpatient unit (AR Page 27 BPC Page 35)

### Output Classes Budget Paper C

No.	Title
18.	Output 1.2: Mental Health, Justice Health (AR Page 228 BPC Page 39 and 44)

GBCHS21/24

**Portfolio:** Mental Health**COVID-19 PREPAREDNESS****Talking points:**

- A Mental Health, Justice Health and Alcohol and Drug Services (MHJHADS) COVID-19 Response Plan is in operation.
- The current operating environment is complex and changing. The plan is dynamic and flexible, to allow for change as the situation evolves.
- The MHJHADS COVID-19 Response Plan details proposed strategies and actions for MHJHADS as a whole and for each individual program area.
- The workforce plan is in place and includes detailed information in relation to all staff attached to each service area, including whether they fit a vulnerable group criterion and/or have childcare responsibilities, in case circumstances with schools and childcare change.
- The workforce plan aims to align the workforce to highest priority areas.
- MHJHADS has identified the minimum staffing levels in the inpatient units if the health system becomes overloaded.

**Key Information:**

- All services have been prioritised on a scale from 1-3. Priority 1 services will continue to be supported through redeployment of staff from Priority 3 services, and if needed, from Priority 2 services.
- The Priority 1 services include all Mental Health inpatient units, the Consultation Liaison teams supporting the Emergency Department (ED) and the wards at Canberra Hospital and the Access Triage service.
- Priority 2 services continue and may be scaled down as required. These services include Police, Ambulance and Clinician Early Response and all assertive outreach services including Home Assessment and Acute Response Team.
- Priority 3 services are all other services including our community-based services.
- Group programs have been re-established with social distancing requirements in place. Non-face-to-face options have been made available, including consultation-based services, and tele- and video conferencing for suitable participants.
- Visiting restrictions are in place in MHJHADS inpatient units, in line with the restrictions in place across Canberra Health Services. The Official Visitors have been advised.

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**AGENDA**



- Leave procedures for patients are reviewed regularly and if the COVID-19 risk increases, leave may be restricted and COVID-19 precautions implemented for persons where necessary, to keep patients as safe as possible from any potential outbreaks.

GBCHS21/24

**Portfolio:** Mental Health**ADOLESCENT MENTAL HEALTH INPATIENT UNIT****Talking points:**

- Data from October 2020, shows that Child and Adolescent Mental Health Services has experienced increased demand compared to the same period last year, with a 12 per cent increase in the number of clinically managed clients and a 26 per cent increase in occasions of service provided.
- The current wait time for a Child and Adolescent Mental Health Services CHOICE service appointment is 55 days, more than double the same period for 2019 (21 days).
- For December 2020, hospital presentations remained consistent with the same period for 2019.
- In addition, Emergency Department presentations have become more complex, with adolescents with mental health issues also presenting with autism spectrum disorder, intellectual disability, and substance abuse disorders.
- The Government is committed to developing youth-focused mental health services.  
This includes:
  - a dedicated Inpatient Adolescent Mental Health Unit;
  - a Mental Health Day Service; and
  - the expansion of the Child and Adolescent Mental Health Services Hospital Liaison Team and Adolescent Mobile Outreach Service.
- Canberra Health Services is expanding the size and range of services at the Centenary Hospital for Women and Children, including the planning of a dedicated six bed ward with an additional two flex beds Adolescent Mental Health Unit and Day Service.
- Canberra Health Services has commenced design work on the new unit, which has an estimated completion in 2022.

- The aim of admission to the Adolescent Mental Health Unit, is acute stabilisation of psychiatric risk, supporting the family at a time of distress, and facilitating transfer back to the family home/unit as soon as is practicable, so as to minimise the disruption to education, peer connections, interpersonal relationships, social/recreational activities, and other adolescent developmental milestones.
- The Adolescent Mental Health Unit will be incorporated in the existing Adolescent Ward. The Model of Care for the unit will incorporate both physical health and mental health needs for this population group. This will support a unit that provides flexibility for adolescents with diverse medical, surgical and mental health needs. It will also support the efficient use of therapy, social and utility spaces within the foot print of the ward.
- The Day Service will provide a therapeutic program for the continued recovery of adolescents and members of their support system who have been discharged from the Adolescent Mental Health Unit or who have presented to the Emergency Department and would benefit from Day Service programs to avoid a possible admission. Activities will range from individual therapy, to larger group programs involving adolescents and members of their support system.
- From 1 February 2021, the Child and Adolescent Mental Health Service Hospital Liaison Team increased operational hours to provide cover from 07:00 – 21:30 hours, and continues to provide triage and assessment of children, and adolescents who present to Canberra Hospital Emergency Department with mental health vulnerabilities. The development of the Adolescent Intensive Home Treatment Team as an extension of the current Adolescent Mobile Outreach Service model will provide support to adolescents and their families in the home post-hospital discharge, or to those adolescents who have presented to Emergency Department, were not admitted, however require further support.

### **Key Information**

- An Adolescent Inpatient Unit Working Group, which includes consumer and carer representation, has been convened and an integrated Model of Care for the new unit at Centenary Hospital for Women and Children has been established.

- Currently, dependent on diagnostic criteria, young people aged 16 to 18 years can receive inpatient treatment at the Adult Mental Health Unit Vulnerable Persons Suite or Mental Health Short Stay Unit. Clinical care is provided in close consultation with Child and Adolescent Mental Health Service to ensure appropriate developmental and therapeutic approaches are taken in order to support the young person and their family.
- From January to December 2020, there have been 50 young people aged between 16–18 years admitted to the Mental Health Short Stay Unit and 16 young people admitted to the Adult Mental Health Unit. In the month of January 2021, there have been two admissions to the Mental Health Short Stay Unit and two to the Adult Mental Health Unit. All young people admitted to these units were between 16-18 years.
- If a young person requires longer or more intensive inpatient treatment, transfer to a suitable facility in another State or Territory is sought, due to the highly specialised nature of inpatient child and adolescent services. Two young people have been transferred interstate to receive inpatient treatment for the period January–December 2020. In January 2021, there were no interstate transfers.

GBCHS21/24

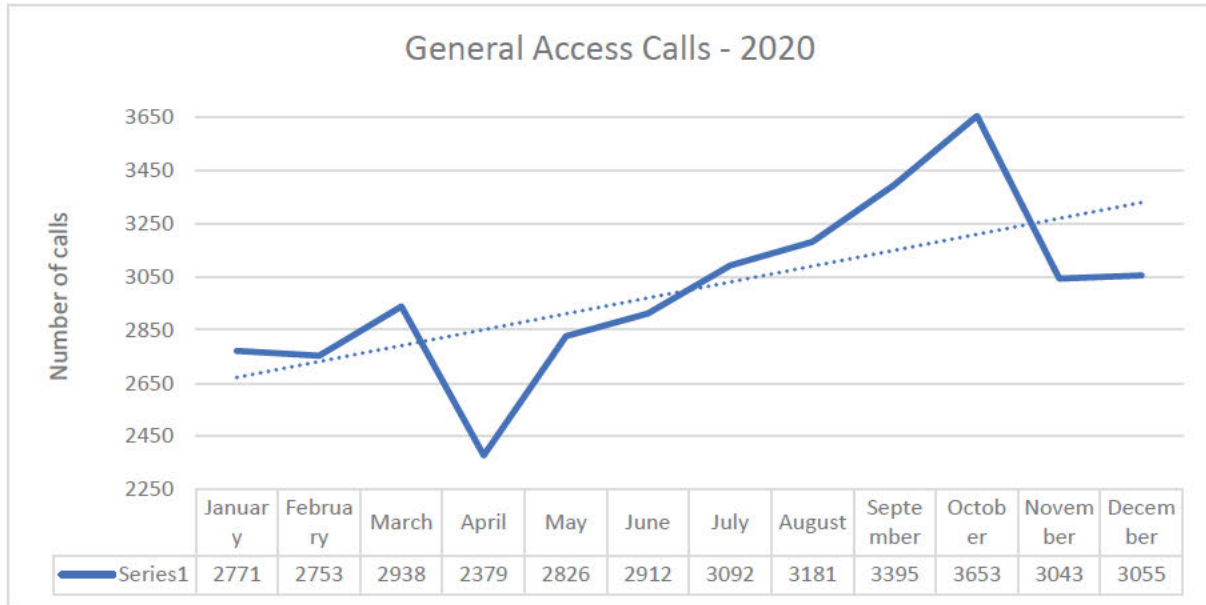
**Portfolio:** Mental Health**ADULT COMMUNITY MENTAL HEALTH SERVICES IN ACT****Talking points:**

- From January – December 2020, there was an overall increase in demand in Adult Community Mental Health Services, which is most likely attributed to the impacts of COVID-19.
- There was a reduction in the daily average calls received by the Access Mental Health Team’s public phonenumber from March to April 2020, which is consistent with the impact of COVID-19 on other health services, and occurred during the lockdown period.
- A part of the Mental Health COVID-19 response included proactively contacting all current clients and this is not reflected in these incoming call numbers.
- From April 2020, demand via the public phonenumber increased steadily, peaking in October 2020, before decreasing again in November and December 2020. However, despite this reduction, there were higher numbers of daily average calls received than at the start of 2020, showing a 10 per cent increase in calls between January and December 2020.
- The second six months of 2020 saw a 17 per cent increase in demand compared with the first six months.
- From January 2020 to November 2020 there has also been a significant increase in GP referrals of 14 per cent. GP referrals dropped in December 2020, but this typically occurs with reduced GP operating days over the Christmas period.
- Canberra Health Services Emergency Department is the only gazetted Emergency Department in the ACT and therefore must accept and assess all consumers who present to the Emergency Department under the *Mental Health Act 2015* (the Act) either under an Emergency Action or a S309 referred from the Courts.

- The previously announced ACT Government funding for Police, Ambulance, Clinician Emergency Response (PACER) and Home Assessment and Acute Response Team (HAART), as part of a broader Mental Health Support Package, has provided ongoing support for hospital diversion and community-based care. The ongoing funding of PACER for seven days per week is assisting in reducing Emergency Department presentations, as 80 per cent of cases resolve with the person remaining and receiving care in the community.
- In the first six months of the 2020-21 financial year, Canberra Health Services has seen a decrease in the number of Emergency Action's transported to the Emergency Department, demonstrating the successful impact of the PACER initiative so far.
- From 1 July 2020 to 31 December 2020, there were 1180 patients brought to the Emergency Department under an Emergency Action compared to 1317 in 2019-2020, a decrease of 11 per cent. All people subject to an Emergency Action are to be assessed within four hours of arrival in accordance with the provisions of the Act.
- The HAART Intensive Home Treatment service has been expanded to the Calvary Adult Mental Health Inpatient Unit ('Acacia'). The Intensive Home Treatment service provides intensive and high frequency contact with consumers in the community to support transition and earlier discharge from hospital. This service has previously only been resourced to support Canberra Hospital inpatient units and the community teams.

### Current Waiting Times

- As of 29 January 2021, current waiting times for appointments with the Access Mental Health Team are as follows:
  - Consultant Psychiatrist/Senior Specialist appointment: Three weeks (earliest available 22 February 2021);
  - Psychiatry Registrar: Two weeks (earliest available 15 February 2021) however, there are two slots for urgent appointments available before this date; and
  - Other Mental Health Clinicians (Psychologist, Social Worker, Occupational Therapist, or Nurse): One week (earliest available 8 February 2021).

**Key Information**


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28/01/2021  
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 GBCHS21/24

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**AGENDA**

Access Mental Health Team/ Triage	General Access 1800 number		Priority Line		GP Line	
	Total	Average per day	Total	Average per day	Total	Average per day
January	2771	89.39	699	22.55	68	2.19
February	2753	94.93	721	24.86	89	3.07
March	2938	94.77	832	26.84	82	2.65
April	2379	79.30	711	23.70	58	1.93
May	2826	91.16	771	24.87	91	2.94
June	2912	97.07	670	22.33	46	1.53
July	3092	99.74	655	21.13	120	3.87
August	3181	102.61	726	23.42	98	3.16
September	3395	113.17	675	22.50	115	3.83
October	3653	117.83	790	25.48	80	2.58
November	3043	101.43	643	21.43	79	2.63
December	3055	98.55	732	23.61	67	2.16

AMHT Access Comprehensive	GP Referrals	
	Total	Average per day
January	178	5.75
February	183	6.31
March	136	4.39
April	111	3.70
May	173	5.58
June	185	6.17
July	190	6.33
August	205	6.61
September	233	7.77
October	200	6.45
November	203	6.76
December	157	5.06



GBCHS21/24

**Portfolio:** Mental Health**ADULT ACUTE MENTAL HEALTH SERVICES OVERVIEW****Talking points:**

- Canberra Health Services has experienced considerable pressure in providing acute Adult Mental Health Services since the COVID-19 pandemic.
- From 1 July 2020 to 31 December 2020, the percentage of mental health patients with a length of stay in the Emergency Department longer than 24 hours was eight per cent, an increase from the same period in 2019-20, where the rate was three per cent.
- There has been continued increasing demand for beds in Adult Acute Mental Health Services in 2020-21 with a 10 per cent increase in acute mental health occupancy overall and a 11 per cent increase in high dependency occupancy during the period from 1 July 2020 to 31 December 2020, compared with the same period last year.
- To manage this, an additional five mental health beds at Calvary Public Hospital Bruce have been opened, and a four bed pod has been established on a general ward at Canberra Hospital to increase capacity.
- In addition to the 24/7 Mental Health Consultation Liaison Service in the Emergency Department, the service has expanded to the general wards from five days per week, business hours to include weekends and three evenings.
- From 4 December 2020, the Territory Wide Flow Coordination role introduced in 2019 was expanded to include weekends. This assists in supporting timely admission to mental health inpatient units over the weekend.
- Infrastructure work is under way which will deliver additional acute beds by July 2021. This is through the refurbishment of Ward 12B at Canberra Hospital to create a purpose built 10 bed Mental Health Low Dependency Unit, with internal capacity to flex up to 14 beds if required.
- In addition, the existing Adult Mental Health Unit will undergo some internal works to create the capacity for the existing 10 High Dependency Unit beds to flex up to 18 beds as required.

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29/01/20251  
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**AGENDA**

- The infrastructure work will mean there will be a total of 56 acute mental health beds on the Canberra Hospital site. In addition, the unit will have flexibility to match bed availability to patient need through the ability to increase HDU beds by 80 per cent as required.
- Through the Mental Health Support Package, Canberra Health Services has established an innovative partnership with the Mental Health Foundation, to provide a supported discharge option to avoid people being discharged into homelessness. As at 10 February 2021, the Mental Health Foundation Discharge Support Program has offset 264 acute adult inpatient bed days.

### **Key Information**

#### Adult Mental Health Unit – High and Low Dependency Units

- Adult Mental Health Unit (40 funded beds) providing voluntary and involuntary psychiatric care and treatment for people with a mental health illness who require hospitalisation. The unit currently has capacity for 10 High Dependence Unit beds and 30 Low Dependency Unit beds. The unit operates almost constantly at capacity with the utilisation of leave beds in response to bed pressure.

#### Mental Health Short Stay Unit

- Mental Health Short Stay Unit is a six bed inpatient unit adjacent to Canberra Hospital Emergency Department. The unit provides opportunity for extended clinical observation, crisis stabilisation, mental health assessment, and intervention for people admitted from the Emergency Department for brief crisis intervention.

#### Mental Health Consultant Liaison Team

- Mental Health Consultation Liaison Services provides specialist hospital assessment for people presenting to the Emergency Department or admitted to a medical ward at Canberra Hospital. The Mental Health Consultation Liaison teams provide assessment, treatment, psychological education, health promotion and assistance with referrals.

#### Ward 12B – Low Dependency - currently being refurbished

- The existing Ward 12B is being redeveloped into a Low Dependency Unit. This will increase timely access to adult acute mental health services, and improve access to specialised and individual interventions within a recovery-focused model. Demolition has commenced with the Ward planned to be operational by mid-2021.

#### Southside Step Up Step Down Project – Gaunt Place, Garran

- This is an adult service for people aged between 18-65 years of age with the same model of care operated in the North of Canberra. It is a new six bed unit based in Garran to provide specialist care for people who require additional support that cannot be provided safely in their usual home environment.

HDU Wall – New Infrastructure Project

- The repurposing of eight Low Dependency Unit beds to increase High Dependence Unit in the Adult Mental Health Unit will include the construction of a wall and supporting infrastructure to separate the Vulnerable Persons Suite and eight Low Dependency Unit beds from the rest of the unit.
- This will create an additional eight High Dependence Unit beds in the Adult Mental Health Unit to support increasing demand for high acute care services.
- This will not change the Adult Mental Health Unit bed base as Low Dependency Unit beds will decrease to 22 beds. However, these eight High Dependence Unit beds will be utilised flexibly based on clinical acuity, risk, demand, and consumer needs on the unit.
- The additional Low Dependency Unit capacity will be created via the Ward 12B project, increasing overall capacity for adult acute inpatient beds across the territory.

GBCHS21/24

**Portfolios:** Mental Health

Justice Health

**2019-20 CANBERRA HEALTH SERVICES ANNUAL REPORT****Talking points:**

- The Annual Report outlines the significant work undertaken by Canberra Health Services (CHS) throughout the 2019-20 financial year to deliver on key Government strategies.
- Mental Health Services saw sustained pressure during 2019-20, with continued increase in demand. This was exacerbated by the impact of the bushfires and COVID-19. CHS implemented several initiatives during the year to address this demand and the impact on patient flow.
- In August 2019, Justice Health Services introduced Buvidal, a new Opiate Maintenance Therapy medication into the Alexander Maconochie Centre.
- The Forensic Mental Health Services Model of Care was endorsed in November 2019 following community consultation.
- During 2019-20, Alcohol and Drug Services progressed development of the North Side Dosing Service. The North Side Dosing Service commenced clinic at the Belconnen Community Health Centre on 1 December 2020.
- During 2019-20, 4923 people presented to Canberra Hospital Emergency Department with mental health concerns. Of these, 49 per cent required acute admission. This is a 5.5 per cent increase on the previous year.
- In 2020-21, Mental Health, Justice Health and Alcohol and Drug Services will commission and deliver infrastructure projects to improve access to treatment for patients and demand for mental health services.
- The 2019-20 Canberra Health Services Annual Report has been published and can be accessed via [https://www.cmtedd.act.gov.au/open\\_government/report/annual\\_reports](https://www.cmtedd.act.gov.au/open_government/report/annual_reports)

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**AGENDA**

GBCHS21/24

**Portfolio:** Mental Health

## **2020-21 CANBERRA HEALTH SERVICES BUDGET**

### **Talking points:**

- The 2020-21 Budget will provide Canberra Health Services with new capital funding of \$23.2 million. Included in the capital funding is \$0.375 million for additional Mental Health High Dependency Unit beds.
- In 2020-21, it is anticipated capital works projects totalling \$83.7 million will be undertaken by Canberra Health Services to support the delivery of high quality healthcare to the Territory.

### **Background Information**

- Canberra Health Services is only appropriated funding for capital projects. Operational funding is received from the Local Health Network (LHN).

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**AGENDA**

GBCHS21/24

**Portfolio:** Justice Health**DENTAL SERVICES AT THE ALEXANDER MACONOCHIE CENTRE****Talking points:**

- Dental services have been provided at the Alexander Maconochie Centre three days per week (Tuesday Wednesday, and Thursday) since July 2020 .
- One dentist is rostered per day for dental services scheduled at the Alexander Maconochie Centre.
- There is one dental chair at the Alexander Maconochie Centre and this is located within the Hume Health Centre.
- The number of detainees seen in a day can vary dependent on the nature of dental work required. Typically, five detainees are seen per day when dental services are scheduled. An agreed Key Performance Indicator between Justice Health Services and Oral Health Services of five patients per day (set at 75 per cent) has been met since September 2020.
- If a detainee requires to see a dentist, they complete a Health Centre Request form or advise a Custodial Health Nursing staff member. Once a Custodial Health Nursing staff member is aware a detainee requires to see a dentist, a dental triage form is completed.
- Once a dental triage form is completed, the detainee will be triaged as urgent or non-urgent. All urgent categories are booked for an appointment accordingly. Those triaged as non-urgent categories are placed on the waitlist. There is no waitlist for urgent referrals as they are always booked an appointment immediately.
- There has been a substantial improvement in the number of detainees waiting for non-urgent dental appointments. As at 29 January 2021, the non urgent dental waitlist (for dental check ups and general dental treatment) has more than halved since the same period last year, with 88 detainees on this wait list, compared with 216 in January 2020.

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**AGENDA**

- Length of waiting times for non-urgent appointments are also reducing. In December 2020, the longest waiting detainee was listed on 22 May 2017. As at 12 January 2021, the longest waiting detainee was listed on 27 February 2018, a reduction of approximately seven months in waiting time.
- The number of AMC detainees receiving internal urgent dental appointments (treated by Oral Health Services dentists at Alexander Maconochie Centre) for the period 1 July – 31 December 2020 was 362.
- Oral Health Services and Custodial Health Medical Officers can refer detainees for emergency dental work outside of the Alexander Maconochie Centre if needed. If a detainee is required to leave the Alexander Maconochie Centre for emergency dental work, this is treated as an external medical escort and is coordinated by Custodial Health and CT Corrective Services.
- Custodial Health is unable to provide the number of external medical escorts requiring emergency dental work.
- A mobile dental clinic was deployed to Bimberi in November 2020 and all consenting detainees received dental treatment and were made dentally fit.

**Key Information**

- It should be noted that some detainees present with multiple complex dental needs at the time of incarceration at the Alexander Maconochie Centre. Some detainees receive multiple appointments to address their urgent dental needs.
- Medical escorts for emergency dental work would usually be related to trauma relating to assault. Detainees requiring dental work as a result of trauma require review by specialist surgeons at Canberra Hospital.

GBCHS21/24

**Portfolio:** Mental Health**EXTENDED CARE UNIT****Talking points:**

- In the 2018-19 budget, \$22.8 million was allocated for supported accommodation to expand the mental health system to provide more community-based alternatives for people with mental health care needs.
- Included in this initiative was an investment to refurbish the 10-bed Extended Care Unit (ECU) at the decommissioned Brian Hennessy Rehabilitation Centre site, into an upgraded facility where people can gradually transition from secure inpatient clinical settings into supported accommodation.
- Construction on the refurbishment of the 10-bed ECU was completed on 23 October 2020.
- There has been a delay to the occupation of the building due to a nationwide recall of the Residual Current Devices (RCDs) installed in the building. These devices are important for health and safety, as they act as a failsafe to protect against electric shocks. The recall has delayed issuing a certificate of occupancy. Replacement devices are being sourced and it is anticipated that occupation will occur in the first quarter of 2021, however, this is subject to support of the devices being secured.
- The United Ngunnawal Elders Council has recently gifted the name of “Gawanggal” to the unit, meaning honey in the Ngunnawal language. This links culturally to “Dhulwa”, meaning honeysuckle. The refurbished unit will reopen under this new name.
- Further investment is proposed to support people with a mental illness by creating an additional 10-bed unit on the site. Preliminary site investigations are expected to commence in 2021.

**Key Information**

- The residents who remain in the ECU, include those who are subject to a court order or who require a further period of care before they are transitioned to supported accommodation.
- They have been temporarily accommodated in a Villa, adjacent to the ECU. The Villa has received minor modifications and upgrades to ensure that it is fit for this purpose.

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- All residents in the ECU are eligible for the National Disability Insurance Scheme (NDIS) and have been assisted to access individual NDIS packages for the necessary psychosocial support required to enable them to transition to living in the community. The transition of these consumers is currently underway.

GBCHS21/24

**Portfolio:** Justice Health**HEALTH AND MENTAL HEALTH SERVICE DELIVERY TO DETAINEES AT  
ALEXANDER MACONOCHIE CENTRE****Talking points:**

- Justice Health Services at the Alexander Maconochie Centre provides the following services: mental health crisis assessment and clinical management, General Practitioner (GP) clinics, nursing clinics, Alcohol and Other Drug assessment and management, and Population Health clinics.
- Custodial Mental Health is available seven days per week, Monday to Sunday. Operating hours are Monday to Friday 8:30am to 6:00pm and Saturday and Sunday 8:30am to 4:00pm.
- All detainees referred to Custodial Mental Health for follow up are triaged and clinically assessed within their triage timeframes. The triage scale aligns with the mental health triage scale used by community mental health teams and is based on international standards. The triage scale has seven categories including emergency, crisis, priority, semi-urgent, non-urgent, referral and advice.
- As of 1 February 2021, wait times for Custodial Mental Health are:
  - All detainees who are at risk of suicide and self-harm are triaged within two hours; and
  - All detainees are seen within their clinically triaged wait times and there is no waiting list for psychiatric review or clinical management.
- The Custodial Health GP service is available five days per week 8:30am to 5:30pm with a phone on-call service for after hours and on weekends. All detainees requiring a GP appointment are triaged and are clinically assessed within their triage category. The triage scale aligns with community standard primary health triage scales.
- As of 1 February 2021, wait times for the GP clinics are:
  - All urgent appointments are seen the same day or if after hours, the following day; and
  - Non-urgent appointments are seen within four weeks and these non-urgent appointments are generally for follow up care and medication reviews.

- The Custodial Health Nursing service responds to all medical emergencies within the Alexander Maconochie Centre, and provides twice daily medication rounds, and nursing clinics. Custodial Health Nursing is available at the Alexander Maconochie Centre seven days per week, Monday to Sunday 6:30am to 8:30pm.
- As at 1 February 2021, wait times for nursing clinics are:
  - All detainees with urgent health needs are seen the same day; and
  - All detainees with non-urgent health needs are seen within seven days or as per their care plan.
- The Alcohol and Other Drug service is available five days per week, Monday to Friday 8:30am to 4:30pm.
- As of 1 February 2021, wait times for the Alcohol and Other Drug clinic are;
  - All urgent appointments are seen the same day or if after hours, the following day; and
  - Non-urgent appointments are seen within four weeks and these non-urgent appointments are generally for follow up care and medication reviews.
- The Population Health service is available five days per week, Monday to Friday 8:30am to 4:30pm.
- The Population Health service does not have a waiting list as clients are seen as required.

### Key Information

- Triage is an important process which guides the assessment of a detainee to determine their priority for health care based on the clinical urgency of their presenting condition. Triage enables the allocation of resources to obtain the maximum clinical service for all detainees within the Alexander Maconochie Centre.
- Detainees within the Alexander Maconochie Centre complete a *Health Appointment Request Form* when they want to request a health centre appointment. This form is given to Custodial Health nursing staff, and the client is assessed by the nurse to ensure a thorough understanding is gained regarding the *Health Appointment Request*. The nurse then clinically triages the request and informs the client regarding the expected wait time.

**Background Information**

- Custodial Mental Health provides specialist mental health services to detainees at the AMC who require mental health assessment and or specialised treatment for a mental illness or disorder.
- Custodial Mental Health is made up of the Assertive Response Team and the Clinical Management Team. The Assertive Response Team completes mental health screening assessments for all detainees who enter custody and triage/follow up 'At Risk' referrals. The Clinical Management Team is responsible for providing recovery oriented, trauma informed care to people in custody who are experiencing an ensuring mental illness and or disorder which is associated with significant psychosocial functional impairment
- The Custodial Health GP service provides community equivalent level of care and refers to Canberra Health Services outpatients for specialist services.
- The Alcohol and Other Drug team provide drug and alcohol assessments, suitability and assessments for Opiate Maintenance Treatment, referrals to Alcohol and Drug Counselling, discharge planning, facilitates community dosing, relapse prevention, harm minimisation, withdrawal management, and liaises with custodial and community stakeholders.
- Population Health provides Blood Borne Virus screening, immunisations, Sexually Transmitted Infection testing, management, treatment and follow up and chronic illness management.

GBCHS21/24

**Portfolio:** Justice Health**SMOKING AT ALEXANDER MACONOCHIE CENTRE****Talking points:**

- There has been an increase in Work Health and Safety notifications by Justice Health Services staff regarding exposure to cigarette smoking at the Alexander Maconochie Centre (AMC).
- The AMC is currently not a smoke-free facility.
- Justice Health Services and ACT Corrective Services have been meeting since August 2020 to resolve the issues regarding repeated health staff exposure to cigarette smoke.
- Health and Safety Representatives have sought advice from Canberra Health Services Workplace Safety and Worksafe ACT regarding how Justice Health staff can work safely at the centre.
- Justice Health Services continues to provide a full health service to detainees despite the regular exposure to passive smoking.
- Progress is being made on the issue of passive smoke exposure at the AMC. Regular meetings between ACT Corrective Services Senior Management and Canberra Health Services Health and Safety Representatives have been established.
- Strategies implemented to reduce passive smoke exposure at the AMC to date:
  - Smoking within the Crisis Support Unit is not permitted one hour prior to Custodial Health staff visiting the area for scheduled medication rounds;
  - Custodial Mental Health no longer see clients within the Crisis Support Unit and hold their face to face reviews in the Hume Health Centre, health ward 2. Custodial Mental Health send their client schedule for the following day to ACT Corrective Services to ensure appropriate staff can be provided by ACT Corrective Services for escorts to Hulme Health Centre;
  - Fans have been provided in the Crisis Support Unit AQCT Corrective Services officers station, where medications are provided by Custodial Health staff to detainees to ensure better circulation of air; and

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Canberra Health Services

TRIM Ref:

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**AGENDA**

- ACT Corrective Services have implemented a schedule for when detainees can access tobacco within the Management Unit to help reduce passive smoke exposure to Custodial Health staff on scheduled medication rounds.

**Key Information**

- The health and safety of staff and detainees remains paramount in the delivery of services at the AMC.
- Justice Health Services offer Nicotine Replacement Therapy and support for detainees who wish to quit smoking.
- Justice Health Services have formally raised with ACT Corrective Services issues regarding exposure to cigarette smoke ever since the AMC was commissioned in 2008.
- Since 14 September 2020, regular meetings have been held to discuss and resolve passive smoking risks.
- Formal consultation has been underway since November 2020, with meetings held on 9 December 2020 and 21 January 2021 to design and review specific changes to practices within the AMC to limit the exposure of Justice Health Services staff to environmental tobacco smoke.
- At the most recent meeting, the Health and Safety Representatives reported an improvement in certain areas and all parties agreed to further meetings to continue to monitor the situation while a strategic plan is developed for the transition to a smoke free campus.
- Detainees are provided with Nicotene Replacement Therapy and can also access a smoking cessation program run by Justice Health Services.

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GBCHS21/24

**Portfolio:** Mental Health**SUMMARY OF INVESTMENT IN MENTAL HEALTH SERVICES****Talking points:**

- The ACT Government has committed a significant amount of investment in Mental Health Services over the past few years, including acute, hospital-based in-patient services and community-based services.
- According to the latest data from the 2021 Report on Government Services, the ACT Government's overall expenditure on public mental healthcare services was \$121.5 million in 2018-19.
- Of this, the highest proportion of ACT Government mental health expenditure funding was for public acute hospital admitted patient care, at \$55.5 million. The second highest portion was for community mental health services, referred to as Ambulatory Care by ROGS, at \$48.3 million.

Community Mental Health Services

- Canberra Health Services recognises the importance of investing in community-based mental health services to help keep people well in the community and to reduce demand on the acute service sector, including emergency departments and mental health inpatients.
- These community mental health services are a crucial element of a well-functioning mental health system, that range from community-based crisis assessment and treatment, to outpatient management and outreach or day programs.
- This position has been supported through significant ACT Government investment in the following initiatives and service expansion over the past five years including but not limited to:
  - \$720,000 expansion for the Access Mental Health Team and Home Assessment and Acute Response Team (HAART) as part of the ACT Government COVID-19 Mental Health Support Package in May 2020.

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**AGENDA**

- \$22.8 million in the 2018-19 Budget allocated for supported accommodation to provide more community-based alternatives for mental health care, with \$3 million of this allocated to the design and construction of four residential homes to provide long-term supported accommodation for people with chronic and severe mental health issues.
- Funding in the ACT Government 2018-19 Budget for the Southside Community Step Up Step Down program, which will be launched in the coming months, which provides an alternative to hospitalisation or early discharge from hospital for people.
- In addition, the ACT Government has expanded on these commitments in the most recently announced 2020-21 ACT Budget to further meet the needs of the ACT community. Announcements for community mental health services include:
  - \$14.1 million for Police Ambulance Clinician Early Response (PACER), a mental health co-response approach to responding to mental health crises in the community. PACER has demonstrated its effectiveness to reduce unnecessary hospital presentations and admissions, and this funding ensures it can operate seven days per week through to 2024.
  - \$3,156,000 for the continuation of the Child and Adolescent Mental Health Services Adolescent Mobile Outreach Service, through to 2024.
  - A further \$720,000 funding to support the ongoing expansion of the Access Mental Health Team and HAART, as part of a continuation of the COVID-19 Mental Health Support Package.

### Acute Mental Health Services

- ACT Government has made significant investments in Acute Mental Health services, with several infrastructure projects currently underway. These will deliver additional capacity to help respond to the increasing complexity and acuity of mental health presentations. These initiatives include:
  - \$8,475,000 for the redevelopment of Ward 12B and its adjoining spaces, to deliver a 10-bed Mental Health Low Dependency Unit and administrative officers for Adult Acute Mental Health Services.
  - \$2,520,000 for the construction of a new Neurostimulation Therapy Suite in the Adult Mental Health Unit at Canberra Hospital.



- \$2,888,000 for works carried out at Canberra Hospital at buildings 25 and 12 level 2 for ligature harm minimisation
- \$5,586,000 for the refurbishment of the existing 10-bed Extended Care Unit mental health accommodation facility.

### Non-Government Organisations

- The ACT Government's strong commitment to supporting mental health care in the community is also demonstrated through our strong support for the NGO mental health sector in the ACT. As highlighted in ROGS 2021, the ACT Government provided \$10 million to NGOs for mental health support in 2018-19.
- The ACT Government expanded this expenditure through the COVID-19 Mental Health Support Package, which included over \$2.5 million in additional funds to support community mental health organisations to meet the increased demand from the Canberra community. This included support for NGOs that the ACT Government already held contracts with, such as the Perinatal Wellbeing Centre, OzHelp, Menslink and MIEACT.
- However, this also included funding for the development of new NGO services in the ACT, such as the establishment of two Safe Haven Cafes, an accommodation program for people exiting acute inpatient patient admission in partnership with the Mental Health Foundation, and a targeted Aboriginal and Torres Strait Islander Suicide Prevention Service for the ACT.
- The ACT Government also provided further support for NGO mental community health services through the continuation of the Mental Health Support Package, recently announced in the 2020-21 ACT Government Budget. This includes further support for ACT NGOs, including Mental Illness Education ACT, Menslink, the Mental Health Foundation, Relationships Australia and for the Safe Haven Cafes.
- The ACT Government continues to support a whole-of-community approach for the improvement of mental health. This has included the establishment of the Office for Mental Health and Wellbeing with sector support, the development of the ACT Wellbeing Indicators based on extensive community consultations and supporting a strong community based NGO mental health sector.

**Background**

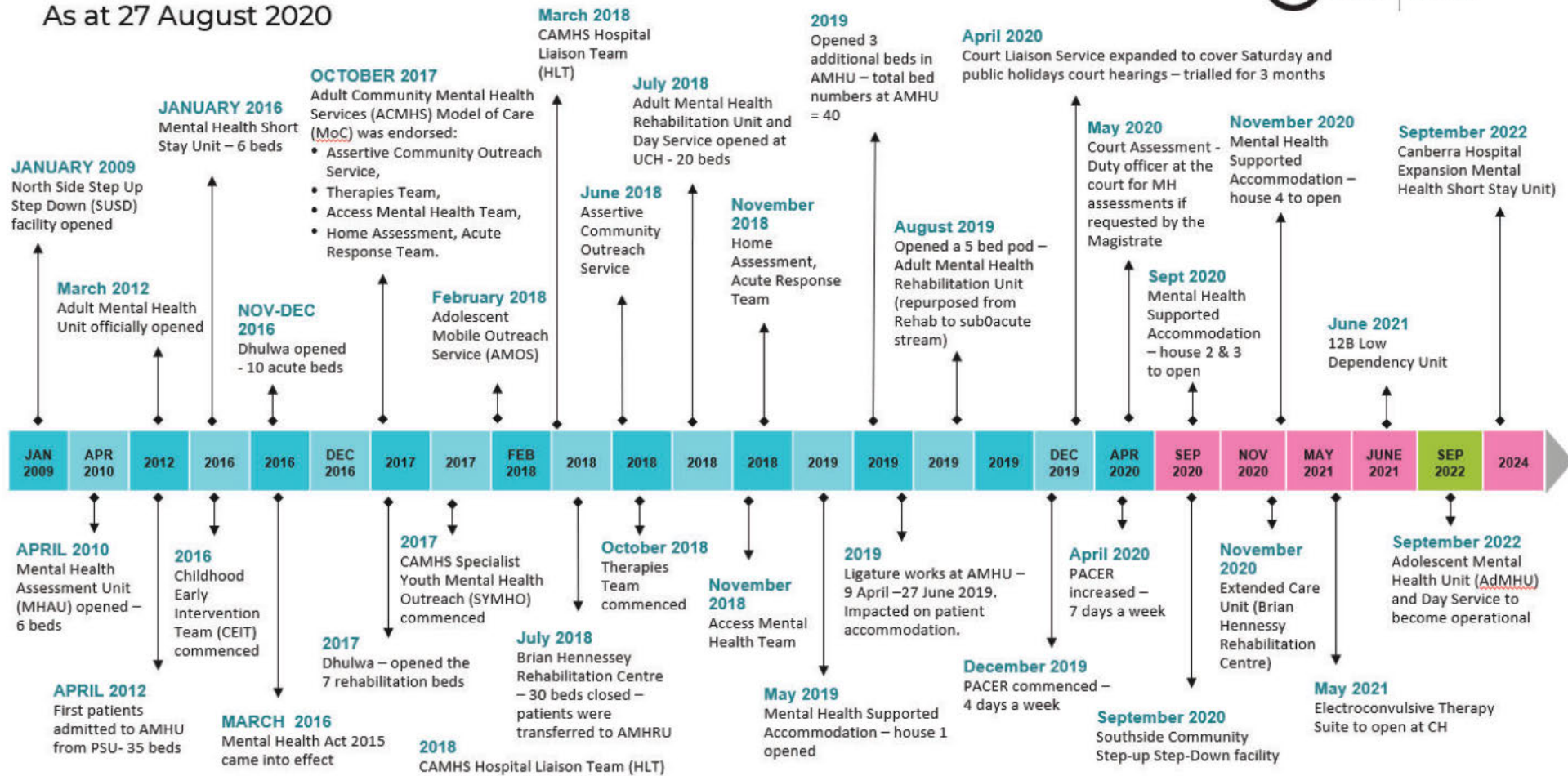
- A full timeline of CHS investment initiatives over the past few years is provided at Attachment A. This demonstrates the balance of investment across different aspects of the overall Mental Health Service System.

# Investment in services since 2009

As at 27 August 2020



Canberra Health Services



GBCHS21/24

**Portfolio:** Mental Health**SUPPORTED ACCOMMODATION****Talking points:**

- In the 2018-19 budget, \$22.8 million was allocated for supported accommodation to expand the mental health system and provide more community-based alternatives for mental health care.
- \$3 million of this funding was allocated for the design and construction of four community houses to provide supported mental health accommodation.
- Further investment is proposed to support consumers with a mental illness by constructing an additional five supported accommodation houses over the next four years.
- Housing ACT has completed construction of four houses to provide supported mental health accommodation facilities in the Belconnen area.
- One of the houses opened in May 2019 and has been home to the same four residents since then.
- Eight residents have been identified for the second and third houses and their transition into these houses is being planned.
- The fourth house has been completed and Canberra Health Services (CHS) is working to identify the final three residents for this home.
- The homes provide people with mental illness, a place to live independently in the community with additional supports in place to assist their journey to recovery.
- The supported accommodation initiative also provided for the establishment of a Southside Community Step-Up Step-Down facility. This will provide short-term residential support for people with the aim of providing a safe alternative to hospital admission and will be run in partnership with a community organisation.
- Construction of the new facility was completed on 11 January 2021.
- The tender to secure a community-based organisation to operate it is being finalised with services anticipated to be operational by late March/early April 2021.

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**AGENDA**

- CHS is currently working with the provider on the establishment of the service over the next few months.

GBCHS21/24

**Portfolio:** Justice Health**WINNUNGA DELIVERING HEALTHCARE AT ALEXANDER MACONOCHIE CENTRE****Talking points:**

- Since January 2019, Winnunga Health Care (Winnunga) has been providing health services within the Alexander Maconochie Centre (AMC).
- In November 2019, the Memorandum of Understanding (MOU) between Winnunga and Justice Health Services (JHS) was reviewed, with the aim of reducing the exclusion criteria and moving towards a model of shared care.
- From January 2019, to 31 December 2020:
  - 83 clients have had their health care transferred to Winnunga;
  - 54 clients transferred to Winnunga are no longer in custody; and
  - Eight clients have had their health care transferred back to JHS.
- As of 8 February 2021, 21 clients are currently receiving Winnunga health care.
- Shared care between JHS and Winnunga has commenced for detainees who are at risk of suicide or self-harm. This has been working well and provides a positive way forward for other areas of shared care.
- JHS and Winnunga are currently working in partnership to consider other proposed changes for shared care. There has been a new administration building built for health services and JHS and Winnunga are both using this new facility, freeing up space in the Hume Health Centre for the upcoming refurbishment.
- Work is progressing towards Winnunga providing care to clients who are stable on the Opiate Maintenance Therapy. Clinical governance arrangements are being discussed between the two health services.

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GBCHS21/24

**Portfolio:** Mental Health**WORKFORCE UPDATE****Talking points:**

- Speciality Mental Health, Justice Health and Alcohol and Drug Services (MHJHADS) internationally, nationally, and locally in the ACT face shortages of clinical staff in an environment where service demand has increased.
- Locally Canberra Health Services (CHS) has convened a Mental Health Workforce Development Committee to focus on discipline specific workforce attraction, retention and development plans.
- The Committee has aligned priority actions against the program specific and CHS-wide Business Plan deliverables. The aim is to support a sustainable workforce for the future with initiatives including workforce redesign, capacity building, stronger education and professional development, strategic recruitment, and retention of staff across the service areas.

**Key Information**

- As of December 2020, budgeted Full Time Equivalent (FTE) vacancies in MHJHADS at CHS are:
  - Allied Health – 44.50 FTE (16.7 per cent of budgeted FTE)
  - Nursing – 8.52 FTE (2.4 per cent of budgeted FTE)
  - Medical (Consultants) –10.2 FTE (18.4 per cent of budgeted FTE).
- Since July 2020, MHJHADS has successfully recruited:
  - 23 Nursing professionals (19 new starters and four with a history of previous employment with the division);
  - 15 Allied Health professionals (12 new starters and three with a history of previous employment with the division);
  - Seven Administration employees (all new starters); and
  - Two Medical professionals (both new starters).
- In the short term to support these vacancies, premium labour options are deployed. These include:
  - Visiting Medical Officers (VMOs) and temporary recruitment of Senior Career Medical Officers to assist in the cover of the medical short fall.

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- MHJHADS is encountering challenges in recruiting experienced allied health officers (psychologists, social workers, and occupational therapists). Recruitment for the allied health graduate program has completed and eight Social Workers and one Occupational Therapist graduates commenced with the division from 8 February 2021.

Medical Workforce Specific Information:

- There is a nation-wide shortage of consultant psychiatrists, projected to continue past 2030, continuing an ongoing high reliance on overseas trained doctors. Regional areas are more affected by shortfalls than metropolitan areas. MHJHADS is working with several recruitment agencies, with the aim of achieving sustainable staffing levels that allow continued safe clinical care and reasonable staff access to leave.
- Within the psychiatric workforce at present, many psychiatrists are preferring locum work which is more lucrative financially. CHS is managing current services with existing staff and locums, while rolling out a recruitment strategy, recruiting to vacant medical positions and working hard to encourage clinicians to make the ACT a location of choice.
- All vacant medical positions are advertised through the ACTPS jobs website, the Royal Australian and New Zealand College of Psychiatrists (RANZCP) website, Linked In and other relevant websites. Rolling specialist and senior specialist Adult General Psychiatrist roles have been advertised on these websites and in the RANZCP journal.
- An ongoing campaign to recruit psychiatrists is now advertised on the ACTPS jobs website. Where there are no suitable Australian qualified applicants, the Area of Need program allows suitably qualified overseas trained consultants to be employed under particular supervisory and contractual arrangements. The public mental health service has been reliant on this program to meet workforce requirements.
- The timeframes for recruitment of psychiatrists and specialist mental health professionals can vary depending on where the successful candidate comes from. Prior to COVID-19, overseas applicants could take 12-18 months to place, and interstate applicants take three to six months to place. Local applicants can often commence employment within six to eight weeks. These timeframes are now uncertain because of COVID-19 and are dependent on flights, hotel quarantine and state/territory border closures.

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GBCHS21/24

**Portfolio:** Mental Health

**CHS E08 ADOLESCENT MOBILE OUTREACH SERVICE CONTINUATION STAGE 2**

	2020-21 \$000's	2021-22 \$000's	2022-23 \$000's	2023-24 \$000's
Expense	-	1,031	1,052	1,073
Revenue	-	-	-	-
Capital	-	-	-	-
FTE	-	6.6	6.6	6.6

**Talking points:**

- Child and Adolescent Mental Health Adolescent Mobile Outreach Service is a community mental health team who provide assessment and treatment for adolescents aged 12 – 18 years with moderate to severe mental illness who experience barriers to accessing mainstream services or require intensive outreach support.
- Adolescent Mobile Outreach Service provides these specialist mental health clinical services for up to 40 young people at one time in an environment that suits them.
- Adolescent Mobile Outreach Service works in close partnership with multiple key stakeholders such as Child and Youth Protection Services, Bimberi, Disability Services, paediatrics, and Education Directorate and non-government organisations residential facilities. They provide a unique and specialist role in the provision of mental health services in the community for adolescents.
- The service assists with the diversion of emergency presentations, and the work of this team minimises the acute inpatient admissions for its target population.
- Adolescent Mobile Outreach Service provides assertive recovery-focused and community-based services in a setting suitable for the adolescent including their home or other community setting, and represents a 'step-up'. Other mental health tertiary-level supports are unable to sustain services of the same intensity, frequency and responsiveness as the service; this is mostly due to its smaller client numbers.

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**AGENDA**

- Adolescent Mobile Outreach Service clinicians include allied health staff who provide clinical management services and discipline-specific interventions, as well as support for other psychosocial and rehabilitative needs
- Key deliverables are to maintain:
  - The delivery of evidence-based treatment and rehabilitation in the home or in a suitable location as identified by young vulnerable young person who unable to access office based mental health treatment.
  - Adolescent Mobile Outreach Service that runs seven days per week providing comprehensive mental health support and treatment in the home, or an appropriate community setting such as a refuge, for those adolescents.
  - Avoidance and reduction in hospital admission and/or readmission for this cohort and reduce duration and length of stay for these children and young people.
  - Continued engagement with multiple key stakeholders, both government and non-government, to provide timely mental health assessment and treatment for these young people with improved individual and system outcomes.

GBCHS21/24

**Portfolio:** Mental Health

## STRATEGIC OBJECTIVE 1 REDUCING THE USAGE OF SECLUSION IN MENTAL HEALTH EPISODES

(Annual Report Page 27)

This measures the effectiveness of public mental health services in the ACT over time in providing services that minimise the need for seclusion.

Strategic indicator	2019–20 target	2019–20 outcome
The rate of mental health clients who are subject to a seclusion event while being an admitted patient in an ACT public mental health inpatient unit per 1000 bed days	<7 per 1000 bed days	10.8 per 1000 bed days

During 2019–20, a small number of complex patients with significantly high acuity had multiple events of seclusion. As this indicator is currently configured, with patient separations as the denominator, this scenario can significantly impact the rate.

For 2019–20, we have adopted the national standard and counting methodology for this indicator, which is reported as a rate per 1000 bed days.

### Talking points

- In 2019-20, Canberra Health Services (CHS) adopted the national standard and counting methodology for this indicator with it reported as a rate per 1000 bed days. This allows a nationally consistent approach which can be benchmarked against other jurisdictions. However, in small jurisdictions such as the ACT, the small numbers mean that individuals subject to multiple episodes of seclusion can inflate the rate.
- Seclusion refers to confining a person (who is being provided with treatment, care, or support at the facility) by leaving them alone in a room where they cannot physically leave for some period of time.
- A person is secluded in the least restrictive manner, only when necessary, and in a way that prevents the person from causing harm to themselves or someone else.

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**AGENDA**

- Seclusion can only occur under the provisions of the *Mental Health Act 2015*. All seclusions are documented in a register, including the reason for the seclusion, the Public Advocate is notified, and the person is kept under constant observation during seclusion. The person is examined by a medical officer at the end of the seclusion period.
- During 2019–20, a small number of complex patients with significantly high acuity had multiple events of seclusion. As this indicator is currently configured, with patient separations as the denominator, this scenario can significantly impact the rate.
- Multiple strategies to reduce seclusion rates across public mental health services in the ACT have been implemented. Some of these initiatives include:
  - Implementation of the Broset Violence Checklist (BVC) in the Adult Mental Health Unit (AMHU) High Dependency Unit and Mental Health Short Stay Unit as an evidence-based tool to improve identification of acuity in inpatient units;
  - Increased focus on Workforce Strategies to reduce vacancies and increase capability and competency of staff;
  - Ongoing improvements to the Therapeutic Group Programs and sensory spaces within inpatient units;
  - The rollout of Safewards in the AMHU to support a patient centred approach to improving the patient experience and the early recognition and response to mental state deterioration.

### Key Information

- The BVC is an indicator of the level of aggression expressed by a person and helps the team to rapidly identify acuity on the unit. Implementation of the BVC has occurred in the Acute Mental Health Unit High Dependency Unit and Mental Health Short Stay Unit with further rollout to occur to the Low Dependency Unit later in 2021, in line with the infrastructure works occurring within the AMHU.
- Workforce strategies that have been implemented to reduce the instances of seclusion and restraint include
  - Increase of security and ward persons on the unit to support the treating teams in the early identification of deterioration and the management of escalating behaviours within the unit;
  - Implementation of the Concierge Assistant in Nursing role. The Concierge plays a critical role in the support and de-escalating of clients;

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- Increased focus on Workforce Strategies to reduce vacancies and increase capability and competency of staff; and
- Permanent appointment of the senior leadership team to provide clear visions and goals for the unit as well as an increased leadership presence on the unit to support staff by leading by example.
- The Dhulwa Mental Health Unit (Dhulwa) have implemented several strategies to reduce seclusion and restraint in the unit. These include:
  - The Dynamic Assessment of Situational Aggression (DASA) tool which is an indicator of the level of aggression expressed by a person and helps the team to rapidly identify acuity on the unit;
  - The Clinical Revised Risk Assessment Manual (CRRAM) tool is used on assessment and routinely on ward rounds which guides clinical decisions regarding levels of consumer observations and risk profile;
  - Monthly seclusion and restraint review meeting attended by unit leadership team, Official Visitors and Public Advocate to review incidents of seclusion and restraint to gain learnings from each event;
  - The implementation of Safewards principles to the unit which reduce aggression and violence on the ward through an increased awareness of relation security;
  - Information is provided to consumers on admission in their welcome pack which provides information on the mutual expectations of their care whilst in Dhulwa;
  - Increase in the availability of ward activities such as access to daily bush walks, cooking groups, sports groups and use of the gymnasium;
  - Participating in the CHS Occupational Violence Strategy activities; and
  - Ongoing education of staff in de-escalation techniques.

GBCHS21/24

**Portfolio:** Mental Health

**STRATEGIC OBJECTIVE 2 MAINTAINING REDUCED RATES OF PATIENT RETURN TO AN ACT PUBLIC ACUTE PSYCHIATRIC INPATIENT UNIT**

(Annual Report Page 27)

This indicator reflects the quality of care provided to acute mental health patients.

Strategic indicator	2019–20 target	2019–20 outcome
Proportion of clients who return to hospital within 28 days of discharge from an ACT acute psychiatric mental health inpatient unit	<17%	14%

This is intended to indicate the proportion of clients who return to hospital within 28 days of discharge from an ACT acute psychiatric mental health inpatient unit following an acute episode of care.

**Talking points**

- The outcome for 2019-2020 indicates that the range of strategies in place to help manage readmission rates are having a positive impact.
- There are a small number of consumers who can experience frequent acute episodes of mental ill health. ACT Adult Acute Mental Health Services takes a collaborative approach to safely supporting those consumers through a multidisciplinary team or agency process. Emergency Department management plans are discussed and put in place where required, to either expedite or avoid a hospital admission, depending on what is the best option to facilitate recovery at that point in time.
- Increased investment by ACT Government in the Police, Ambulance, Clinician Emergency Response (PACER), Home Assessment and Acute Response Team (HAART), and Access Mental Health Team as part of a broader Mental Health Support Package, has provided ongoing support for hospital diversion and community-based care.
- HAART provides a rapid response, including face to face assessment and intensive mental health treatment, care, and support for people who may be at risk of hospitalisation. Through an Intensive Home Treatment Service, HAART also provides home-based interventions as an alternative to hospital admission and facilitates early discharge from mental health inpatient admissions through community-based support.

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- Access Mental Health Team provides a centralised intake point and mental health information, advice, support, and referral. The Access Mental Health Team operates a 24-hour triage and mental health assessment service that helps to link people with the services that most appropriately meet their needs.
- The ongoing funding of PACER for seven days per week is assisting in reducing Emergency Department presentations, as 80 per cent of cases resolve with the person remaining and receiving care in the community. In the first six months of the 2020-21 financial year, Canberra Health Services has also seen an 11 per cent decrease in the number of Emergency Actions transported to the Emergency Department, further demonstrating the successful impact of the PACER initiative so far.

### Key Information

- The 2019-20 target has increased to 17 per cent as it will measure all mental health psychiatry related admissions within 28 days of discharge from hospital and not just the unplanned readmissions.
- From 1 July 2020 to 31 December 2020, there were 1180 patients brought to the Emergency Department under an Emergency Action compared to 1317 in 2019-2020, a decrease of 11 per cent.
- Canberra Health Services has established an innovative partnership with the Mental Health Foundation, to provide a supported discharge option to avoid people being discharged into homelessness. Although focused on barriers to discharge, having a stable accommodation and support pathway in place when leaving the inpatient unit can help reduce or prevent the escalation of mental health crisis that sometimes results in the need for a readmission. As at 10 February 2021, the Mental Health Foundation Discharge Support Program has offset 264 acute adult inpatient bed days.
- Other options that can help reduce the need for inpatient readmission continue to be explored. The ACT Government has committed to deliver a pilot program of two Safe Haven Cafés here in the ACT. In April 2020, initial funding of approximately \$342,000 was allocated to this project as part of the COVID-19 Mental Health Support Package.
- A Safe Haven Café is a non-clinical, safe space that people can go to if they are experiencing mental health concerns or distress and are seeking connection and support. It offers another option for people in distress to complement what is currently available through hospital emergency departments and mental health crisis services.
- A codesign process to design a model that will meet local needs in the ACT has been conducted and the implementation phase is currently underway. This includes identification and refurbishment of suitable sites and finalisation of the Safe Haven Café Model of Care. Stakeholders include representatives of people with lived experience of

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using services, clinicians from emergency services and mental health services, mental health peak agencies and other service providers.

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**AGENDA**



GBCHS21/24

**Portfolios:** Mental Health

**OUTPUT CLASS 1: HEALTH AND COMMUNITY CARE**
**OUTPUT1.2 MENTAL HEALTH JUSTICE HEALTH**

(Annual Report Page 228)

	Original Target 2019-20	Actual Result 2019-20	% Variance from Original Target	Notes
Total Cost (\$000's)	165 685	195 854	18%	
<b>Accountability Indicators</b>				
a. Adult mental health program community service contacts	198 000	212 794	7%	1
b. Children and youth mental health program community service contacts	72 000	89 788	25%	2
c. Mental health rehabilitation and speciality services	26 250	32 764	25%	3
d. Alcohol and drug services community contacts	70 000	62 391	(11%)	4
e. Proportion of detainees at the Alexander Maconochie Centre with a completed health assessment within 24 hours of detention	100%	100%	0%	
f. Proportion of detainees in the Bimberi Youth Detention Centre with a completed health assessment within 24 hours of detention	100%	100%	0%	
g. Justice health services community contacts	150 000	125 044	(17%)	5
i. Proportion of mental health clients contacted by a Canberra Health Services community facility within 7 days post discharge from inpatient services	75%	70%	(7%)	6

The above Statement of Performance should be read in conjunction with the accompanying notes.

The above Accountability Indicators were examined by the ACT Audit Office in accordance with the Financial Management Act 1996. The Total Cost measure were not examined by the ACT Audit Office in accordance with the Financial Management (Statement of Performance Scrutiny) Guidelines 2019.

**Talking points**

- a) Adult Community Mental Health Services are over target due to reduced staff vacancy rates across the program, coupled with some of the changes in work practices associated with the COVID-19 response (e.g. service provision through increased phone contacts).

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**AGENDA**

- b) Child and Adolescent Mental Health Services (CAMHS) occasions of service have exceeded the original target due to having a full complement of clinical staff, including Consultant Psychiatrists, and an increase in referrals during the bushfire and also due to impacts of COVID-19.
- c) Rehabilitation and Specialist Mental Health Services contacts have exceeded the original target by a significant amount (25 per cent). This increase is related to reduced staff vacancies across the program.

A further contributing factor is the movement of the Older Persons Mental Health Services from Calvary Public Hospital Bruce (CPHB) offices to University of Canberra Hospital (UCH), as at CPHB there was no access to clinic rooms and all service delivery was on an outreach model. With the move to UCH, there has been a change in service delivery, with less outreach and more clinics at UCH.

COVID-19 has resulted in a reduction in home visits and an increase in telehealth/phone contact, which allows more contacts by a clinician overall.

- g) For Justice Health Services (JHS), the target was not met due to a decrease in contacts. There are several reasons that have significantly impacted on the reduction of contacts for JHS:
  - The implementation of Buvidal as part of the Opiate Maintenance Treatment (OMT) program, continues to reduce daily methadone dosing to monthly injections;
  - Nursing resources have been redirected to complete more nursing clinics and preventative health care initiatives;
  - Custodial Health nursing have seen a significant staff shortage which has resulted in the reduction of nursing clinics over several months. Recruitment has now been completed;
  - The Alexander Maconochie Centre (AMC) total muster has seen a decrease over the 2019-20 reporting period. In November 2020, the AMC new admissions were almost half compared to other months. This has resulted in a large reduction in health appointments and medication supervision;
  - ACT Corrective Services have experienced a staff shortage which has impacted on Custodial Health staff accessing detainees; and

- The AMC riot in December 2020 impacted Custodial Health service delivery due to the AMC being in lock down for seven days with limited access to detainees.
- i) This under target achievement was partly due to the fact that in the ACT, a proportion of inpatient admissions include interstate residents who are subsequently discharged or transferred interstate and therefore, do not receive any seven day follow-up from ACT based community mental health services. This impacts CHS's ability to meet this target overall.

**Key Information**

- Overperformance of community service contacts in mental health service programs (Adult Community Mental Health Services, CAMHS, Rehabilitation and Specialist Mental Health Services) against the target is mostly due to increased staffing levels across various MHJHADS programs and changes in service models necessitated by the division's COVID-19 response which increased phone contact relative to face-to-face contact.