

Our reference: **CHSFOI21-22.38**



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 **Tuesday 24 May 2022**. The application was rescoped on **Tuesday 14 June 2022**.

The request was rescoped to:

'A copy of all final ministerial briefs (excluding all attachments to the briefs) from 10th of March 2022 to 10th of April 2022 generated for or directed to any ACT Government Minister. This request includes briefs prepared for Question Time, but not for Estimates or Annual Reports'

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 **Tuesday 12 July 2022**.

I have identified 27 documents 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 14 documents
- grant partial access to 11 documents, and
- refuse access to two documents.

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
- The views of relevant third parties, and
- The *Human Rights Act 2004*.

Full Access

I have decided to grant full access to 14 documents at references 1-2, 5-6, 10, 13, 15-16, 19-20 and 24-27.

Refuse Access

I have decided to refuse access to two documents at references 9 and 21.

Public Interest Factors Favouring Disclosure

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

- Schedule 2, 2.1(a)(i) promote open discussion of public affairs and enhance the government's accountability
- Schedule 2, 2.1(a)(ii) contribute to positive and informed debate on important issues or matters of public interest
- Schedule 2, 2.1(a)(iv) ensure effective oversight of expenditure of public funds, and
- Schedule 2, 2.1(a)(viii) reveal the reason for a government decision and any background or contextual information that informed the decision.

Public Interest Factors Favouring Non-Disclosure

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

- Schedule 2, 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*.

Document at reference 9 is comprised of information covered under Schedule 1.2 Information and is subject to legal professional privilege, it is taken to be contrary to the public interest to release. This document also contains personal information of an ACT constituent.

Document at reference 21 has been identified containing 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. The information contained in this document is partially comprised of personal information and Health Records. Section 12 of the FOI Act outlines that this Act does not apply to information in a health record.

I have given significant consideration to the factors favouring disclosure and I believe the factors favouring non-disclosure outweighed these of the information requested. Therefore, I have determined the information identified is contrary to the public interest and I have decided not to disclose this information.

Partial Access

I have decided to grant partial access to 11 documents at references 3-4, 7-8, 11-12, 14, 17-18 and 22-23 that have been identified containing 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.

Public Interest Factors Favouring Disclosure

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

- Schedule 2, 2.1(a)(i) promote open discussion of public affairs and enhance the government's accountability
- Schedule 2, 2.1(a)(ii) contribute to positive and informed debate on important issues or matters of public interest
- Schedule 2, 2.1(a)(iv) ensure effective oversight of expenditure of public funds, and

- Schedule 2, 2.1(a)(viii) reveal the reason for a government decision and any background or contextual information that informed the decision.

Public Interest Factors Favouring Non-Disclosure

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

- Schedule 2, 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*, and
- Schedule 2, Schedule 2.2 (a)(xvi) prejudice a deliberative process of government.

Documents at references 4, 12 and 14 is comprised of information classified as Cabinet information, and under Schedule 1.6 (1) Cabinet Information, it is taken to be contrary to the public interest to release. Schedule 1.6 (1)(d) the disclosure of which would reveal any deliberation of Cabinet (other than through the official publication of a Cabinet decision).

Document 4 also contains personal information of an ACT Government employee mobile number and a deliberative process of government.

On balance, the factors favouring disclosure did not outweigh the factor favouring non-disclosure as the information requested would not provide any government information pertinent to your request. Therefore, I have determined the information identified is contrary to the public interest and would not advantage the public in disclosing 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
Website: 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 9831 or email HealthFOI@act.gov.au.

Yours sincerely

A handwritten signature in black ink, appearing to be 'JS' or similar initials, written in a cursive style.

Josephine Smith
Executive Branch Manager
Strategy & Governance
Canberra Health Services


12 July 2022

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
	<i>'A copy of all final ministerial briefs from 10th of March 2022 to 10th of April 2022 generated for or directed to any ACT Government Minister. This request includes briefs prepared for Question Time, but not for Estimates or Annual Reports'</i>	CHSFOI21-22.38

Ref Number	Page Number	Description	Date	Status Decision	Factor	Open Access release status
1.	1 – 21	GBCHS22/84 – Minister for Health - Question Time Briefs - Assembly 22-24 March 2022	22 March 2022	Full Release		YES
2.	22 – 23	MCHS22/135 – HEALTH TREATMENT AND CARE - Service Provision - Letter - Minister for Health - CHS Services through Immunology Clinic and Genomics and Phenomics Clinics	24 March 2022	Full Release		YES
3.	24 – 25	MCHS22/150 – GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters - Caveat Brief: (Minister for Health) Centenary Hospital Women and Children (CHWC) Expansion Project – Damaged Fire Sprinkler in Block E, Level 3	17 March 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES

4.	26 – 30	MCHS22/152 – PATIENT SERVICES ADMINISTRATION - Service Delivery - Request for Advice - Minister for Health - Plans for Walk in Health Centres	10 March 2022	Partial Release	Schedule 1.6 Cabinet, Schedule 2, 2.2 (a)(ii) Privacy & Schedule 2, 2.2 (a)(xvi) deliberative process	YES
5.	31 – 33	MCHS22/153 – GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters - Initiated Brief: (Minister for Health) - Canberra Health Services Weekly Brief (7 to 11 March 2022)	10 March 2022	Full Release		YES
6.	34 – 35	MCHS22/170 – GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters - Initiated Brief: (Minister for Health) - Canberra Health Services Weekly Brief (14 to 18 March 2022)	17 March 2022	Full Release		YES
7.	36 – 38	MCHS22/173 – RECORDS & INFORMATION MANAGEMENT - Advice (N) - Initiated Brief: (Minister for Health) Freedom of Information (FOI) Application from re Annual Report Briefs (CHSFOI21-22.23)	8 April 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
8.	39 – 41	MCHS22/174 – RECORDS & INFORMATION MANAGEMENT - Advice (N) - Initiated Brief: (Minister for Health) Freedom of Information (FOI) Application from re Subject Line of all final ministerial briefs (CHSFOI21-22.24)	8 April 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
9.	42	MCHS22/184 – GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters - Initiated Brief: (Minister for Health) Outcome of Hearing	18 March 2022	Refuse Release	Schedule 1.2 Legal & Schedule 2, 2.2 (a)(ii) Privacy	NO
10.	43 – 45	MCHS22/186 – GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters - Initiated Brief: (Minister for Health) - Canberra Health Services Weekly Brief (21 to 25 March 2022)	24 March 2022	Full Release		YES

11.	46 – 50	MCHS22/188 – GOVERNMENT & STAKEHOLDER RELATIONS - Partnerships & Collaboration - Minister for Health - Event - Molonglo Valley Community Forum - 24 March 2022 7:30 pm	24 March 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
12.	51 – 54	MCHS22/207 – GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters - Initiated Brief: (Minister for Health) CT Scanner Replacement	25 March 2022	Partial Release	Schedule 1.6 Cabinet	YES
13.	55 – 56	MCHS22/208 – GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters - Initiated Brief: (Minister for Health) - Canberra Health Services Weekly Brief (28 March to 1 April 2022)	31 March 2022	Full Release		YES
14.	57 – 61	MCHS22/223 – GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters - Initiated Brief: (Minister for Health) Rebasings of the ACT Government's Blood Budget to meet the ACT's portion of the 2022-2023 National Supply Plan and Budget (NSP&B)	31 March 2022	Partial Release	Schedule 1.6 Cabinet	YES
15.	62 – 64	MCHS22/227 – GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters - Initiated Brief: (Minister for Health) - Canberra Health Services Weekly Brief (4 to 8 April 2022)	7 April 2022	Full Release		YES
16.	65 – 68	MCHS22/229 – GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters - Initiated Brief: (Minister for Health) Launch of the new Canberra Health Services Website	6 April 2022	Full Release		YES
17.	69 – 94	GBCHS22/83 – Minister for Mental Health - Question Time Briefs - Assembly 22-24 March 2022	22 March 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
18.	95 – 97	MCHS22/154 – GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters - Initiated Brief: (Minister for Mental Health) - Canberra Health Services Weekly Brief (7 to 11 March 2022)	10 March 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES

19.	98 – 100	MCHS22/171 – GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters - Initiated Brief: (Minister for Mental Health) - Canberra Health Services Weekly Brief (14 to 18 March 2022)	17 March 2022	Full Release		YES
20.	101 – 103	MCHS22/187 – GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters - Initiated Brief: (Minister for Mental Health) - Canberra Health Services Weekly Brief (21 to 25 March 2022)	24 March 2022	Full Release		YES
21.	104 – 106	MCHS22/201 – PATIENT SERVICES ADMINISTRATION - Service Delivery - Request for Advice - Minister for Mental Health - Support for Patients with Co-Morbidities	30 March 2022	Refuse Release	Schedule 2, 2.2 (a)(ii) Privacy & Health Records	NO
22.	107 – 109	MCHS22/202 – RECORDS & INFORMATION MANAGEMENT - Advice (N) - Initiated Brief: (Minister for Mental Health) Freedom of Information (FOI) Application from re Annual Report Briefs (CHSFOI21-22.23)	8 April 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
23.	110 – 112	MCHS22/203 – RECORDS & INFORMATION MANAGEMENT - Advice (N) - Initiated Brief: (Minister for Mental Health) Freedom of Information (FOI) Application from re Subject Line of all final ministerial briefs (CHSFOI21-22.24)	8 April 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
24.	113 – 115	MCHS22/209 – GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters - Initiated Brief: (Minister for Mental Health) - Canberra Health Services Weekly Brief (28 March to 1 April 2022)	31 March 2022	Full Release		YES
25.	116 – 118	MCHS22/228 – GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters - Initiated Brief: (Minister for Mental Health) - Canberra Health Services Weekly Brief (4 to 8 April 2022)	7 April 2022	Full Release		YES
26.	119 – 123	MCHS22/238 – HUMAN RESOURCES - Workplace Relations - Request for Advice - Minister for Mental Health - Occupational Violence at Dhulwa	5 April 2022	Full Release		YES

27.	124 – 127	MCHS22/242 – GOVERNMENT & STAKEHOLDER RELATIONS - Government & Assembly Matters - Initiated Brief: (Minister for Mental Health) Launch of the new Canberra Health Services Website	6 April 2022	Full Release		YES
Total Number of Documents						
27						

**MINISTER FOR HEALTH
RACHEL STEPHEN-SMITH MLA
QUESTION TIME BRIEFS
22 – 24 March 2022**

SUBJECT		
COVID-19		
1.	ACT Outbreak – facts and figures	ACTHD – CHS Input (total hospitalisations)
2.	National facts and figures	ACTHD
3.	Current Public Health Social Measures	ACTHD
4.	COVID-19 - Vaccination Program	ACTHD
5.	COVID19 Health System Preparedness	CHS – ACTHD Input
6.	*NEW* Rapid Antigen Testing / PCR Testing	ACTHD
7.	*NEW* Childcare Centre Closures due to COVID	ACTHD
HOT ISSUES		
8.	Latest Quarterly Reporting	ACTHD
9.	Elective Surgery	CHS – ACTHD Input
10.	ED Performance	ACTHD – CHS Input
11.	CHS Culture Results for 2021	CHS
12.	COVID-19 workforce issues during Omicron outbreak	CHS with input from ACTHD
13.	COVID-19 hospital visitor restrictions and exemptions process	CHS with input from ACTHD
14.	Elective Surgery shutdown at CPHB and impact	CHS with input from ACTHD
15.	'A glitch in the ACT Health 'push' notification system	ACTHD
16.	*NEW* PPE/Adequate Breaks for Nursing Staff	CHS
17.	*NEW* Report on Government Services	ACTHD
18.	*NEW* Facilities Management	CHS
Infrastructure		
19.	Canberra Hospital Expansion – Key facts and figures	MPC
20.	Canberra Hospital Expansion – Progress update/Stakeholder Engagement	MPC

21.	Health Infrastructure Key Facts and Figures	ACTHD – CHS Input
22.	Digital Health Record	ACTHD
People and Culture		
23.	Culture Review and Canberra Health Services Workplace Culture Initiatives	ACTHD – CHS Input
24.	Occupational Violence Strategy	CHS
Health Policy		
25.	CHS Legislative Compliance	CHS

GBCHS22/84

Portfolio: Health

HEALTH SYSTEM PREPAREDNESS
COVID-19 Positive Patient Management
Care in Community

Number of contacts	Adult	Paediatric
ACTIVE Enrolled Patients in COVID Care @ Home as of 28 March 2022	12,471	3,412
ACTIVE Enrolled patients in COVID-19 Care Clinic with Antiviral medications as of 28 March 2022	112	
Garran WIC From 10 Jan to 28 March 2022	1,074	298

Sotrovimab, is used to prevent severe illness and hospitalisation in people over the age of 12 with at least one risk factor for COVID-19 related complications.

Care in Hospital

- CHS is applying the general principle of “managing COVID normal while protecting those at risk of severe disease” which is underpinned by:
 - All patients and staff should be assumed to have COVID-19;
 - COVID-19 status should not determine access to timely and appropriate care;
 - Only COVID-19 patients with respiratory symptoms should be cared for in a designated COVID-19 ward/area; and
 - Patients at risk of severe disease from COVID-19 must be identified and managed in line with CHECC advice 109.
- The date of highest hospitalisation has been reported on 24 January 2022, at 74 admissions
- In the January wave of the Omicron infections, the daily peak occurred roughly one week earlier than the hospital peak admissions.

Workforce

- A Workforce Coordination Unit has been established in early January 2022 to oversee priority deployment of staff and to address staff shortages arising from COVID-19 impacts on clinical service delivery.

Cleared as complete and accurate:

Cleared for public release by:

Contact Officer name:

Lead Directorate:

TRIM Ref:

Chief Executive Officer

Colm Mooney

Canberra Health Services

GBCHS21/235

Ext: 41000

Ext: 42138

QUESTION TIME BRIEF

Changes to risk assessment and return of high-risk contacts

- The Clinical Health Emergency Coordination Centre (CHECC) has updated Guidance for ACT health facilities for managing exposures in the context of:
 - Recent changes to casual and close contact definitions by ACT Health.
 - Increasing numbers of COVID-19 affected people and likelihood of impact in ACT health facilities
 - The risk to service delivery, staff and patient safety due to furloughed staff
 - Staff well-being
 - The impacts associated with a high demand for PCR testing
 - The availability and optimal use of RAT kits.
- In updating this advice, CHECC has considered the high level of a fully vaccinated workforce with increasing rates of booster doses, rigorous compliance with risk mitigation strategies, including Personal Protective Equipment (PPE) and measures to ensure staff do not attend the workplace if symptomatic.
- As a general principle, for exposures where furloughing of staff members presents a critical workforce shortage and a risk to safe service delivery to patients, an ACT health facility can approve a COVID-19 exposed staff member to continue to work or return to work with risk mitigation measures based on individual risk assessment.
- Information for close or casual contacts entering an ACT health facility has been updated to align with Low, Moderate (previously casual contacts) or High (previously close contacts). The most significant changes to the guidance is the management and early return of high risk and household contacts to the workplace, where a health care worker's absence would pose significant risk to safe service delivery

Fit Testing

Fit Testing	CHS (as of 28/03/2022)	CPHB (as of 28/03/2022)
Number of staff	7,086	1,312

- Daily stock monitoring of key PPE items e.g. face masks, face shields, gloves and gowns, is undertaken to check on stock levels.

Cleared as complete and accurate:

Cleared for public release by:

Contact Officer name:

Lead Directorate:

TRIM Ref:

Chief Executive Officer

Colm Mooney

Canberra Health Services

GBCHS21/235

Ext: 41000

Ext: 42138

QUESTION TIME BRIEF

Staff Quarantine figures as of 28 March 2022:

Site	Currently Quarantining	Finished Quarantine Today	Returned to work
Calvary Public Hospital Bruce	58	6	977
Canberra Health Services	96	6	1,879
Calvary John James Hospital	11	Unknown	161
Calvary Private Bruce	20	0	230
National Capital Private	Unknown	Unknown	Unknown
Totals	185	12	3,247

Cleared as complete and accurate:

Cleared for public release by:

Contact Officer name:

Lead Directorate:

TRIM Ref:

Chief Executive Officer

Colm Mooney

Canberra Health Services

GBCHS21/235

Ext: 41000

Ext: 42138

GBCHS22/84

Portfolio: Health

SURGERY

Surgery Budget investments

- The 2021-22 Budget continues the significant programs of investments made in public surgery in by the ACT Government with \$46 million allocated for more emergency and elective surgeries over the coming years.
 - \$39 million to increase emergency surgery capacity at Canberra Hospital with more surgeries and more beds; and
 - \$7 million to deliver more elective surgery in 2021, including additional funds for high value surgeries, begin planning the Northside Elective Surgery centre and establish the enhanced recovery after surgery program.
 - \$2.4 million as part of the 2021-22 Budget mid-year review to respond to COVID19 impacts on elective surgery in this financial year.

Elective Surgery

2020-21 Statistics

- 15,324 elective surgeries were completed in 2020-21 - a record number for the ACT.
- 16,347 patients were added to public hospital elective surgery waiting lists, and 18,131 patients were removed from the waiting lists – 1,784 decrease.
- The most recent AIHW report on elective surgery waiting times for 2020-21 shows that at the 90th percentile the ACT was:
 - First for cardio-thoracic surgery and plastic and reconstructive surgery;
 - Second for gynaecology surgery, neurosurgery, urological surgery and ophthalmology surgery; and
 - Fourth for Ophthalmological surgery.
- Orthopaedic surgery and ENT surgery continue to present the biggest challenge.
- A record number of orthopaedic surgeries were undertaken in 2020-21.

Cleared as complete and accurate:	25/10/2021	
Cleared for release by:	Chief Executive Officer	Ext:44700
Contact Officer name:	Dave Pepper	Ext:42138
Lead Directorate:	Canberra Health Services	
TRIM Ref:	GBCHS21/253	

QUESTION TIME BRIEF

- Recently, gynaecology has become an issue due to stricter follow up of some gynaecological conditions following changes in best practice guidelines.

COVID disruptions

- COVID-19 has significantly impacted the delivery of elective surgery throughout 2021-22.
- In August 2021 and September 2021, there were significant disruptions to elective surgery delivery with COVID-19 restrictions, patient requests, staff leave, and quarantining requirements all having an impact.
- Disruptions continued in October 2021 which were more related to COVID-19 hospital capacity.
- Calvary Public Hospital Bruce (CPHB) ceased non-essential elective surgery between 10 January 2022 - 21 February 2022.
- The decision to suspend some elective surgery at Calvary Public was due to a range of considerations in response to current COVID-19 situation in the ACT.
 - The need to redirect and conserve workforce for COVID-19 priority services and admissions.
 - There are significant staffing shortages across the hospital which greatly impact the hospital's ability to support care in acute ward areas. Postponing elective surgery saves sufficient bed days to be able to staff the expected COVID-19 inpatient admissions.
- CPHB have made a commitment to catch up as much as practicable in the remainder of 2021-22.
- The Territory continues to perform extra theatre lists to try and catch up on missed surgeries.
- The Territory is continually reviewing and managing the annual procedure delivery plan and overdue waitlists, by surgical speciality, across the available surgical capacity.
- An additional \$2.4 million was provided through the Mid-year Budget review to help respond to the impacts, including through shifting some scheduled surgeries from CPHB to private partners.

Emergency Surgery

- Over 12,000 emergency surgeries were completed in 2020-21.
- At Canberra Hospital every effort is made to provide timely access to surgery.
- All patients are assessed by a doctor, and this clinical assessment determines the priority of each individual case.
- Life, limb and organ threatening conditions are always given the highest priority, and unfortunately less urgent cases will sometimes be postponed to make way for more urgent cases.
- Patients who are waiting for emergency surgery are observed regularly by medical and nursing staff so that any change in their condition is taken into consideration when prioritising them for surgery.
- Staff do what they can to keep patients as comfortable as possible while they are waiting for surgery. For patients who are fasting, a decision to postpone surgery is made as soon as it is determined that surgery will not proceed on that day, to avoid prolonged fasting when possible.
- Staff communicate with patients and families about delays so that they are informed about the plan for their surgery and clinical staff round on emergency patients every two hours to ensure they are kept up to date on the situation. Patients are also given a brochure regarding waiting for emergency surgery to help assist with their understanding of the process.
- The ACT Government has funded an additional operating room at Canberra Hospital which is being used to increase the amount of emergency surgery that is performed, and when required, run extra emergency operating lists on the weekend.
- COVID has presented additional significant challenges across the system both in terms of workforce and space.
- The temporary expansion of the ICU to create capacity for COVID patients was enabled by repurposing the area usually used for recovering patients immediately after surgery, which has had an impact on surgery wait times. An eight-bed addition to the existing ICU opened on 22 March 2022, which will see the post-surgery recovery area returned to its usual purpose.
- Planning for expansion of the surgical workforce is ongoing and particularly in preparation for the opening of the Critical Services Building in 2024,

QUESTION TIME BRIEF

which will provide more operating theatres and ICU beds, in addition to a new Emergency Department and enhanced medical imaging services.

Cleared as complete and accurate: 25/10/2021
Cleared for release by: Chief Executive Officer Ext:44700
Contact Officer name: Dave Pepper Ext:42138
Lead Directorate: Canberra Health Services
TRIM Ref: GBCHS21/253

GBCHS22/84

Portfolio/s: Health**CHS 2021 Culture Survey Results**

- Key facts and figures:
 - The 2021 CHS Workplace Survey census period ran from 1 to 15 November 2021.
 - 7,723 surveys distributed with 3,852 respondents (50% response rate)
 - 406,819 pieces of quantitative data
 - Almost 40,000 narrative comments
 - 1,672 direct messages (more than 260 pages) sent to the Chief Executive Officer
 - 190 work units experienced increased levels of engagement.
 - 84 work units experienced decreased levels of engagement.
 - Three work units stayed the same.
 - Out of a total of 125 survey questions, 50 quantitative questions rated statistically better, 50 rated statistically equal (ie not change) and only 18 rated statistically worse when compared to the 2019 Workplace Culture Survey,
 - There was a 13 per cent reduction in team members who indicated they were subjected to bullying, harassment, discrimination or favouritism in the workplace in the past 12 months.
 - For bullying and harassment there has been an 18 percent reduction since the last survey in 2019.
 - There was no change to the percentage of staff who indicated they had been subjected to OV since the last survey in 2019, with 48 per cent of staff indicating they have been subjected to OV in the past 12 months.
- Key results showed overall improvement in CHS' workplace culture.
- The 2021 results show an increase of 6 per cent in staff engagement, now at 44 per cent, placing CHS at a Culture of Consolidation. This increase in engagement is better than Best Practice Australia's benchmarking partners for public hospitals and health care services.
- This is the best result in 16 years, which is testament to everyone on team CHS who has committed to making CHS a truly great place to work.
- The organisational, divisional and units level results continue to be distributed and shared across CHS, to ensure as many staff as possible have been provided feedback on the survey results. Organisational and Divisional reports have been uploaded on the CHS intranet page ensuring accessibility and transparency of the survey results.
- Organisational and divisional action plans are being developed to address the key findings of the culture survey.

Cleared as complete and accurate: 16/03/2022
Cleared for public release by: Chief Executive Officer Ext: 44701
Contact Officer name: Flavia D'Ambrosio Ext:49585
Lead Directorate: People & Culture Canberra Health Services
TRIM Ref: GBCHS22/84

- Further analysis of the results has been finalised and poor performing units have been identified. These units are being provided with targeted interventions to support culture improvement.
- Work to understand and learn from those units identified as having positive workplace cultures is also underway. The findings of this work will be shared broadly across the organisation.
- Independent Survey Provider, Best Practice Australia Analytics (BPA), has been conducting the survey at CHS since 2005. This marks the 10th survey with BPA (including the three smaller pulse surveys which were introduced in 2019).
- Team member health, safety and wellbeing will continue to be a CHS priority and addressing unacceptable behaviours and occupational violence is critically important to deliver on this commitment.

GBCHS22/84

Portfolio/s: Health**COVID-19 workforce issues during Omicron outbreak**

- The health workforce is being impacted with staff needing to isolate with COVID or quarantine due to exposure.
- As of 21 March 2022, there are 137 health care staff currently quarantining and a further 5 that will be finishing quarantine today across the Territory.
- At its peak, there were over 800 health staff furloughed across the Territory.
- Current activities include increasing available staff through:
 - Effective management of recruitment;
 - Increase and fast tracking of bringing on board additional casual staff;
 - Increase and fast tracking of bringing on board student nurses, allied health students and medical students;
 - Review of risk and return of staff; and
 - Coordinate redeployment of staff to support critical service delivery.
- Between 31 January 2022 and 14 March 2022, 600 staff exemptions have been processed including 146 for staff to return before Day 8.
- Key aspects of the Territory Wide COVID-19 Workforce Response Plan include reviewing how care is provided and how this may be delivered differently to maximise staffing as well as patient care.
- Key areas of demand include:
 - Large number of staff furloughed as a result of COVID-19; and
 - Increased vaccination services.
- On 31 January 2022, the Clinical Health Emergency Coordination Centre (CHECC) revised the *COVID-19 Exposure Risk Matrix for ACT health facilities* including changes to enable a health care worker to voluntarily agree to return to work early during a critical workforce shortage.
- As work health and safety is a priority, staff will only be asked to return to work during a critical workforce shortage when it is considered safe and if they volunteer to do so.
- Staff returning in these circumstances will require exemption approval managed by the COVID Central Operations Unit.
- All staff are required to comply with risk mitigation measures and specific exemption conditions depending on the risk assessment of the type of exposure.

Cleared as complete and accurate: 16/03/2022
Cleared for public release by: Chief Executive Officer Ext: 44701
Contact Officer name: Cathie O'Neill Ext: 47354
Lead Directorate: Canberra Health Services
TRIM Ref: GBCHS22/84

Background Information

- The CHECC Advice No. 116 and 117 enables a health care worker to voluntarily agree to return to work **prior to Day 8** during a critical workforce shortage in the following circumstances:

High Risk (non-household contacts)

- With health facility exemption, may return to work on or after Day 3 with a negative initial Day 2 PCR test;
 - Daily RAT up to and including Day 6;
 - Day 7 PCR test; and
 - Risk mitigation measures provided in exemption conditions.
- Household contacts who are able to appropriately separate from the active case during their quarantine period and where there is a critical shortage of their specific skill set:
 - With Public Health and health facility exemption, may return to work on or after Day 3 with a negative initial Day 2 PCR test.
 - Daily RAT up to and including Day 6;
 - Day 7 PCR test; and
 - Risk mitigation measures provided in exemption conditions.
 - Household contacts who are unable to appropriately separate from the active case during their quarantine period:
 - With a health facility exemption may return to work on or after Day 8 with a negative Day 6 PCR test; and
 - Risk mitigation measures provided in exemption conditions.
 - It will be only in extreme shortages that these staff are considered for return to work.

GBCHS22/84

Portfolio/s: Health**Hospital visitor restrictions and exemptions process**

- Visitor restrictions are understandably difficult.
- Currently, two people per day can visit patients at ACT health facilities. This is limited to one visitor at a time to ensure we can maintain physical distancing.
- In areas where patients are at a higher risk from infection visitors may be asked to undergo a rapid antigen test prior to entry to the ward or clinic area. These restrictions are set by the Clinical Health Emergency Coordination Centre (CHECC) and are outlined with further detail under Visitor Restrictions on the [ACT Health website](#).
- Facilities are committed to ensuring this visitor policy is applied with compassion and common sense.
- Completion of the ACT Health Facility screening tool is still a condition of entry for all visitors. This requires any visitor to be symptom free and able to meet the ACT Public Health requirements for entering an ACT health facility.

Visitor Exemption

- Visitor restrictions apply to all health facilities in the ACT.
- Visitor restrictions include:
 - Children and young people under 5 years of age should continue to avoid visiting health facilities where possible;
 - Patients attending an outpatient and/or community health clinic who require a support person should limit this to one person.
 - Admitted babies, children and young people (0-17) may have two parents/carers per day, but only one parent/carer may stay overnight ; and
 - Women admitted for care related to birthing may have two support people for the duration of their admission, but only one person present during a caesarean section.
- Patients requiring assistance to access the hospital including the Emergency Department continue to be supported by their carers.

Cleared as complete and accurate: 16/03/2022
Cleared for public release by: Chief Executive Officer Ext: 44701
Contact Officer name: Cathie O'Neill Ext: 47354
Lead Directorate: Canberra Health Services
TRIM Ref: GBCHS22/84

GBCHS22/84

Portfolio/s: Health**PPE and Adequate Breaks for Nurses**

- The furloughing of staff due to being positive or a contact has meant working through a range of options to ensure we can still deliver care where and when people need it.
- Staff are strongly encouraged and supported to take their allocated breaks during their shift, through:
 - Allocation of breaks at the beginning of shifts;
 - Identifying cross cover for breaks each shift;
 - Addressing workload during the shift that makes it difficult for staff to leave clinical areas at their allocated break times;
 - Managers and team leaders checking in with staff during the shift to ensure that breaks are taken.
- In recent times many staff have been required to wear more PPE during shifts making it more difficult to have refreshments within clinical areas, this has been recognised and refreshment breaks incorporated into daily work patterns.
- Staff have been encouraged to escalate concerns to their manager or the Afterhours Hospital Manager as early as possible if they are concerned that workload will make it difficult for them to leave the clinical area for their breaks to support cover.
- Staff employed under the ACTPS Nursing and Midwifery Enterprise Agreement unable to be released for a meal break of at least 30 minutes before six hours of the employee's shift has passed, overtime rates are payable until the break can be taken.
- Canberra Health Services (CHS) and Calvary Public Hospital Bruce have also:
 - Implemented outdoor tea rooms;
 - Provided catering or subsidised refreshments where strain was highest;
 - Ensured wellbeing programs are appropriately staffed to provide support;
 - Implemented daily briefings to ensure staff were kept up to date;
 - Weekly nursing leadership meetings to discuss workload and strategies;
 - Brought forward Junior Medical Officer and Nursing graduate intakes;
 - Introduction of student workforce to testing and vaccination;
 - Worked with staff to alter models of care to ensure safe staffing;
 - Checked in with staff who are in quarantine to check on their welfare.
- CHS and Calvary have also been ensuring that teams take annual leave where possible to give staff a much needed break.

Cleared as complete and accurate: 02/02/2022
Cleared for public release by: Chief Executive Officer Ext: 44701
Contact Officer name: Cathie O'Neill Ext: 47354
Lead Directorate: Health
TRIM Ref: GBCHS22/10

GBCHS22/84

Portfolio/s: Health**Elective Surgery shutdown at CPHB and impact****Talking points:**

- Clinical Health Emergency Coordination Centre (CHECC) halted non-essential surgery at Calvary Public Hospital Bruce (Calvary Public) effective from 10 January 2022. This will mainly impact non-time critical Category 2 and 3 cases. Under CHECC advice Calvary Public returned to full elective surgery delivery as of 21 February 2022.
- Calvary Public continued to provide emergency, Category 1 and urgent staged Category 2 surgery, as well as endoscopy procedures (emergency and planned).
- Approximately 500 surgeries have been delayed as a result of the cessation of non-essential surgery at Calvary Public during this period.
- This has led to an increase in overdue patients from 516 In January 2022 to 583 at end of February 2022 at Calvary Public.
- Calvary Public are now 860 cases behind target at the end of February 2022, however Calvary Public have made a commitment to achieve their annual target of 6960
- The decision to suspend some elective surgery at Calvary Public was due to a range of considerations in response to current COVID-19 situation in the ACT.
 - The need to redirect and conserve workforce for COVID-19 priority services and admissions.
 - There were significant staffing shortages across the hospital which greatly impacted the hospital's ability to support care in acute ward areas.
 - In response to the current pandemic Calvary Public was required to reopen the COVID Respiratory Assessment Unit, transfer mental health patients to Calvary Public (and provide staff for those patients) and open a Vulnerable Inpatient Unit to support patients at high risk of COVID-19. These activities required increased bed capacity and staffing resources which have presented challenges due to staff directly impacted by COVID-19.

Work underway to manage impact of suspension

- Calvary Public are planning to increase daily activity from 27 surgeries a day to 40-45 surgeries a day.
- Calvary Public has commenced a sub-contracting arrangement with Calvary Bruce Private Hospital, and Calvary John James Hospital to increase surgery completions.

Cleared as complete and accurate: 21/01/2022
Cleared for public release by: Chief Executive Officer Ext:
Contact Officer name: Colm Mooney Ext: 48737
Lead Directorate: Health
TRIM Ref: COR22/1539

- This arrangement will enable Calvary Public to sub-contract public hospital elective surgery within budgeted funding and will assist in the short and longer term to achieve the elective surgery target.

Key information

- Elective Surgery at Calvary Public recommenced on 21 February 2022.
- Calvary Public are sub-contracting surgeries to Calvary Bruce Private Hospital and Calvary John Hames Hospital to increase surgery completions.



QUESTION TIME BRIEF

GBCHS22/84

Portfolio/s: Health

Fair Work Commission dispute regarding CHS Facilities Management staff

- Canberra Health Services have no plans to further outsource any maintenance work that is currently performed by Facilities Management trade staff.
- The utilisation of contractors for planned maintenance activities has always been a necessity within a complex and diverse health infrastructure portfolio.
- Many highly specialist contractors provide specialised services that cannot be performed in-house.
- A consultation paper was provided to all associated unions including CFMEU, Electrical Trade Union, Plumbers Union, United Workers Union, and the CPSU on 21 December 2021 to commence consultation regarding a review of reporting lines and increase to the number of Facilities Management staff in support areas.
- This paper was withdrawn on 9 February 2022 and a new paper re-issued on 18 February that removed the reference to the abolition of vacant positions.
- The hearing with the Fair Work Commission has been deferred until 6 April 2022.

Key Information

- The CFMEU, Electrical Trade Union (ETU) and the Plumbers Union have lodged a dispute with the Fair Work Commission on 2 February 2022.
- The Facilities Management Branch is consulting on the restructure of the branch in order to reflect contemporary Facilities Management operations.
- Other new roles include engineering support roles, and a sustainability officer. There will also be proposed minor changes to reporting lines, contemporary naming of areas, and position description reviews.
- It was agreed with the CFMEU, ETU and Plumbers unions in late 2020, during a consultation process unrelated to vacant roles, that the vacant roles would be reviewed and discussed at a future point in time. Therefore it was considered a recently proposed consultation process was an opportunity to discuss the vacant trade roles.
- Productive meetings have been held with the CFMEU, Electrical Trade Union (ETU) and the Plumbers Union on 15 February, 2 March and 9 March. With consensus on continuing the consultation process.

Cleared as complete and accurate:	04/02/2022	
Cleared for public release by:	Chief Executive Officer	Ext:
Contact Officer name:	Chris Tarbuck	Ext:49711
Lead Directorate:	Health	
TRIM Ref:	GBCHS22/10	

GBCHS22/84

Portfolio: Health

OCCUPATIONAL VIOLENCE (OV) STRATEGY

- Canberra Health Services launched the Occupational Violence Strategy on 1 April 2020.
- Implementation of the OV Strategy is progressing well with 73 per cent of key activities completed as of 15 March 2022. The project is due for completion by the end of 2022.
- Following completion a new Work, Health Safety Strategy will be developed incorporating OV as a key component. This would combine WHS/OV to become a holistic approach that is embedded as an integral element of our WHS approach and systems .
- The expected outcomes from the strategy will be:
 - A safer workforce through: improved governance, implementation of effective preventative measures, introduction of specific workplace OV training, a systematic response to OV, improved WHS incident reporting, and improved support to staff following an OV incident
 - Improved OV risk management through the systematic use of lessons learnt from incidents and identification and addressing of key OV issues.
 - A comprehensive and sustained approach to communicating to staff, patients and visitors that OV is unacceptable in CHS.
- The OV Lost Time Injury Frequency Rate reflects how many OV incidents result in staff absence e.g.personal leave to attend medical appointments.
- The OV Lost Time Injury Frequency Rate target for 2021/2022 is 5.80 and is based on the 5 per cent reduction from the baseline OV Lost Time Injury Frequency Rate for 2019/2020.
- As at 31 January 2022, the actual rate for 2021/2022 FYTD is 5.74.
- Canberra Health Services achieved and exceeded the target of 5 per cent in the 2020-21 financial year, with a 26 per cent reduction in incidents of lost time.
- The OV Strategy includes a focus on governance, prevention, training, response, reporting, support, investigation and staff/consumer awareness.

Example actions achieved

- Review of the Alert Management System and an update to the Alert Management Procedure to improve staff understanding of the Alerts Management System and how to place alerts when high level OV events occur.
- Development and piloting of the Behaviours of Concern chart to identify indicators for potential OV from patients. The 'higher' risk inpatient units, have implemented the Behaviours of Concern chart.

Cleared as complete and accurate: 15/03/2022
Cleared for public release by: Chief Executive Officer Ext: 44701
Contact Officer name: Daniel Guthrie Ext: 49544
Lead Directorate: Canberra Health Services
TRIM Ref: GBCHS22/84

QUESTION TIME BRIEF

- A trial of Behaviours of Concern Safety Management Plan for patients identified as a higher risk of OV towards staff (e.g. documenting triggers and strategies to prevent OV and manage OV incidents) has been completed with positive feedback from trial sites.
- Procurement of Community Duress Devices has been finalised and 415 devices are being distributed to staff who deliver community healthcare services. These devices allow staff to discretely raise alarm to a control centre during an OV incident.
- “Respect our staff” posters have been developed and distributed across CHS.
- An OV Risk Assessment Tool was developed to assess and treat work unit OV risks with a goal to complete the tool for all client facing work units in CHS.
- Of the identified 108 work units that require an OV Risk Assessment Tool (i.e. client facing units), 61 have been completed, including all identified higher risk work units.
- Review of current security systems such as access control, CCTV and duress alarms based on assessed level of OV risk from the OV Risk Assessment Tool.
- Development and implementation of Psychological Support for Staff: a Manager’s Guide to improve manager’s knowledge of resources to support staff after an OV incident including RUOK?, Psychological First Aid, and operational debriefing.
- Commencement of two additional trainers to implement updated face-to-face OV prevention and management training to all CHS staff.
- Update of OV eLearning which is part of the mandatory training framework for all CHS staff.

GBCHS22/84

Portfolio/s: Health**Legislative Compliance**

- Canberra Health Services (CHS) is required under legislation and under Action 1.7 of the National Safety and Quality Health Service Standards to demonstrate compliance with legislation.
- CHS has taken a proactive and detailed approach to ensure compliance with the significant amount of legislation which applies to the health service.
- To support legislative compliance, CHS purchased an online platform, Health Legal Victoria (HLV). The platform allows organisations to assess their compliance against applicable legislation.
- CHS reports quarterly to the independent Audit and Risk Management Committee on legislative compliance.
- The system allows CHS to monitor compliance and identify opportunities to improve systems and processes, and ensure patient and team member safety.
- As of 10 March 2022, there are a total of 152 legislative topics to comply with, of those:
 - a. 127 topics have been assessed as compliant and uploaded to HLV platform
 - b. 22 topics have been assessed as partially compliant and require further review in line with their risk rating
 - c. 3 topics are currently being reviewed.
- Partially compliant topics generally include areas:
 - where CHS has an agreed process in place which complies with legislation, though it may not be clearly documented, for example, assistance animals are allowed into CHS facilities, but there is not a specific procedure which outlines the process for this; or
 - where a process is documented, but could be strengthened to demonstrate the linkages to legislation. For example many pieces of legislation include offences for certain breaches - though CHS may have a procedure about a certain process, they have identified that they need to articulate what the offences are under the legislation if the procedure is not followed.
- As with any monitoring and compliance system, these figures continue to fluctuate as items become due and are subsequently reviewed, as well as when legislation is amended, introduced or repealed.

Cleared as complete and accurate: 10/03/2022
Cleared for public release by: Executive Branch Manager Ext: 49564
Contact Officer name: Katherine Macpherson Ext: 49590
Lead Directorate: Canberra Health Services
TRIM Ref: GBCHS22/10

ADVISORY NOTE

Minister for Health

TRIM Ref: MCHS22/135	Immunology Clinic and Genomics and Phenomics Diagnostic Sequencing Service
Critical Date	Not applicable
Chief Exec Officer	Dave Pepper /...../.....

Minister's question:

Advisory Note about the CHS services through the Immunology Clinic and the Genomics and Phenomics services that are pointed out in the response that outlines what the services are, how many people they treat and how it fits into the whole of Territory treatment availability.

Canberra Health Services' response:

There are approximately 80 different types of autoimmune diseases. Some effect specific organ systems (e.g. autoimmune thyroid disease) and others affect more than one organ system (e.g. systemic lupus erythematosus).

The treatment approach varies for different autoimmune diseases. In some cases, the treatment is aimed at suppressing the autoimmune response to switch off the disease process. This is with drugs such as corticosteroids and immunosuppressants. For other conditions, organ damage is extensive before the diagnosis is made and treatment consists of replacement of the damaged organ function, for example, administration of insulin for type 1 diabetes.

Organ-specific autoimmune diseases are usually managed by organ-based specialities (e.g. endocrinologists look after patients with thyroid disease or diabetes, rheumatologists look after patients with arthritis).

Immunologists are often involved in the management of patients with systemic autoimmune diseases, or those who have a constellation of autoimmune diseases.

At the moment, the understanding of autoimmune disease is far from complete and therefore routine diagnostic tests are relatively unrefined. The service is attempting to overcome this limitation in several ways through research to understand the mechanisms of disease.

The genetic contribution to autoimmune disease is substantial, and therefore attempting to clarify how genetic variants cause disease is one important avenue. In rare instances, patients present with autoimmune disease as a result of a single gene going wrong.

When it is suspected that a patient might have a single gene cause of autoimmunity, patients are usually assessed in the Centre for Personalised Immunology clinic, where they undergo testing for one of the known single gene causes through whole exome sequencing. In the ACT, this test is available to patients through Canberra Clinical Genomics, a diagnostic testing service rather than a clinic.

As only a small minority of patients have a straightforward genetic cause for their disease, another approach to understand the cause is by characterising changes in the cells of the immune system. Fortunately, these are readily accessible with a simple blood test. Canberra Clinical Phenomics, an emerging service that is still in its planning and development phase, are developing capacity for more sophisticated clinical analysis of circulating immune cells. This new initiative also seeks to bridge the gap between the clinic and the research lab to advance accuracy of diagnosis and disease monitoring.

Canberra Health Services Immunology Clinic sees both paediatric and adult patients. The waiting list at end February 2022 is represented by:

Paediatric Waiting List	Number of patients on waiting list*
Category One	0
Category Two	72
Category Three	666
Adult Waiting List	
Category One	0
Category Two	4 (1 Allergy Clinic)
Category Three	148 (86 Allergy Clinic)
Category Four	1133 (580 Allergy Clinic)
Category Five (Review Apt)	12 (2 Allergy Clinic)

*Allergy Clinic referrals have been separated as they they are not considered an autoimmune disorder, but are a large component of the Immunology Clinic service.

The Immunology Clinic currently provides an average of approximately 75 appointments per month for paediatric patients and 285 appointments for adult patients.

Noted / Please Discuss

.....

**Rachel Stephen-Smith MLA
Minister for Health**

.../.../....

Signatory Name: Katherine Wakefield Phone: 48513
Action Officer: Tracy Hutchins Phone: 48513



MCHS22/150

UNCLASSIFIED

To: Rachel Stephen-Smith MLA, Minister for Health

Through: Cathie O'Neill, Chief Operating Officer

Subject: Centenary Hospital Women and Children (CHWC) Expansion Project – Damaged Fire Sprinkler in Block E, Level 3

- The Head Contractor engaged for the CHWC Expansion Project main works package is Richard Crookes Constructions (RCC).
- On the morning of 2 March 2022, an incident occurred in the RCC site where the refurbishment works for the new Maternity Assessment Unit (MAU), located in Block E, level 3, is in progress. A description of the circumstances which triggered this incident are outlined below, noting that an investigation is still ongoing.
- At approximately 10:00am, the fire alarm in CHWC was tripped on detection of a pressure loss in the fire sprinkler system. A fire sprinkler head was damaged in the MAU construction site which triggered a substantial discharge of water from the fire sprinkler system.
- Whilst normal practice would be to isolate all services, including the fire sprinkler system when refurbishment works are active in the hospital, Block E does not have an isolation valve from the main CHWC fire sprinkler system. This has meant that the fire sprinkler system in MAU remains live to ensure that the system across the CHWC remains in operation.
- In the period of time between the sprinkler head damage and the main CHWC system sprinkler system being isolated, water discharged in the MAU construction site until the fire brigade could attend and perform the required isolation in the sprinkler valve room.
- RCC immediately took measures to try and contain the water leaking from the construction site on Block E, level 3; however, given the volume of water discharged it spread across the clinical corridor into two birthing suites. The suites were in use at the time and could not be evacuated. Staff and RCC managed to control the water and minimise disruption to the patients.
- Significant water also travelled through penetrations in the floor slab of Level 3, into Block E, Level 2. Clinical services affected by the water ingress included Fetal Medicine Unit (FMU), the current Maternity Assessment Unit (MAU), and Early Pregnancy Unit (EPU). These services have been temporarily relocated to Birthing Suites.
- The damaged sprinkler head has been repaired and the CHWC sprinkler system is live.

- FMU and EPU services have been reinstated on Thursday 3 March 2022. The damage to the MAU is more extensive and the MAU is planned to operate from the Birthing Suites until the end of the week.
- A full incident investigation is underway. Concurrently, RCC has ceased further work in the MAU site, and is undertaking a full review of its work processes and risk assessment procedures to analyse this incident and implement lessons learned.
- A contingency strategy is proposed to mitigate future impacts to the CHWC sprinkler system, which is to isolate the entire sprinkler system for up to a day and install isolation valves to the planned construction zones within the CHWC, to prevent a reoccurrence of this incident.

Noted/Please Discuss

.....
Rachel Stephen-Smith MLA
Minister for Health

Contact Officer: Vanessa Brady
Program Director, Campus Modernisation Program
Contact Number: [REDACTED]
Date: 3 March 2022

Canberra Health Services**To:** Minister for Health

Tracking No.: MCHS22/152

Date: 10/03/2022**From:** Dave Peffer, Chief Executive Officer**Subject:** Plan for Walk in Centres - Health Hubs**Critical Date:** Not applicable**Critical Reason:** Not applicable**Recommendations**

That you:

1. Agree to the new health facility being called Coombs Health Hub;

Agreed/ Not agreed / Please Discuss

2. Note that an Events Brief for opening the Coombs Health Hub will follow for an announcement to occur depending on your availability in either the week of 19 April to Friday 22 April 2022 or the week of Tuesday 26 April to Friday 29 April 2022;

Noted / Please Discuss

Rachel Stephen-Smith MLA/...../.....

Minister's Office Feedback

Background

1. In 2021-22 the ACT Government provided funding for the establishment a new Health Hub at Coombs to provide the Molonglo region with an alternative model of integrated care with a focus on maternal, child and family health.

2. The commencement of services at the Coombs site has been delayed due to a change in ownership at the site.
3. The Coombs site will provide an additional community-based facility for Canberra Health Services (CHS) services to be located closer to the community. Services will focus on women and children.
4. Coombs is located within a GP practice. Further services will be established at the site over the next six months which will progress shared and integrated models of care that will extend in the future to a broader team of multidisciplinary professionals, including GPs, specialists, community care providers and non-government organisations (NGOs).
5. A feasibility study has been commissioned for a further four new Health Hubs to be located in North Gungahlin, West Belconnen, Inner South and South Tuggeranong. The consultancy includes site assessments, options analysis, a feasibility study (including concept design and cost plan) for the preferred site options and a detailed business case, in accordance with ACT Capital Framework.

Health Hub Feasibility Study

6. A consultant has been selected as part of a tender process to complete the feasibility study by July 2022. Key milestones for the project are anticipated as follows:
 - Stage 1A – Site investigation and assessment of suitable sites in the nominated locations of South Tuggeranong, West Belconnen, the Inner South and North Gungahlin, including ranking of identified sites for suitability to generate a preferred site at each location;
 - Stage 1B – Options analysis involving assessment of building options to deliver the clinical services at each preferred site to ensure compliance with relevant standards and codes, and a ‘fit for purpose’ solution able to meet the needs of local communities;
 - Stage 2 – Feasibility study involving a detailed assessment of each building option, concept plan for the proposed clinical services at each preferred site, including preliminary site plan and room layouts that reflect Australasian Health Facility Guidelines, and estimate of whole of life costs; and
 - Stage 3 – Detailed business case to identify the capital and operational funding to deliver each preferred building option in accordance with the ACT Government's Capital Framework to be submitted for government consideration as part of the budget process.
7. The consultant will support the community engagement sessions and be required to reflect feedback from the community consultation raised in the feasibility study.

Community Engagement

8. An engagement plan for the broader Integrated Care Program is being developed to include a range of activities with the community and other stakeholders in April and May 2022. This will build on previous engagement activities undertaken throughout July and August 2021 which obtained broad feedback on the overarching principles for integrated care, options for working together to create shared models of care, and ways to address the challenges and embrace the opportunities for integrating patient-centred services.
9. Engagement activities will seek more targeted advice from stakeholders and their views on the types of integrated models of care and patient navigation options, including the infrastructure, systems and processes that will enable integrated care to flourish and best support the community in each of the five locations.
10. Consultation will involve contracting a specialist consultant and use of a range of methods including YourSay to engage community members directly, targeted meetings and/or open forums with local community, advocacy and support groups, and health care providers across the Territory.

Coombs Health Hub

11. CHS has agreed to a sub-lease arrangement with Palm Healthcare (the onsite general practice) providing six consultation rooms and the sharing of waiting room, public amenities, reception, tearoom, kitchenette and staff only amenities.
12. Minor refurbishment works at the Coombs Health Hub are expected to be complete in early April 2022, including fit-out, ICT, signage and delivery of furniture and equipment. This will enable compliance with CHS standards.
13. CHS occupancy will commence from 19 April 2022 at the earliest.
14. A phased delivery of services will commence from mid-April 2022 providing the community with access to women's, children, and family health services. CHS services to commence at Coombs include:
 - Antenatal care
 - Children's Asthma Education Service providing education and health advice.
15. In the coming months the following services will also commence at Coombs:
 - Women's Health Counselling
 - Lactation Consultations
 - Post-natal debriefs
 - Gestational diabetes.

16. [REDACTED]

17. Negotiations are underway with Palm Healthcare to determine how patient care may be integrated with their services. Consultation is also occurring with NGO services for opportunities at Coombs to provide complementary integrated services.
18. Whilst the Coombs Health Hub was initially announced as a “Walk-in Health Centre”, the model of care will not replicate the existing nurse-led Walk-in Centres in the ACT.
19. The use of the name ‘Walk-in Health Centre’ to describe the new facility may cause some confusion in the community about the types of services being offered.
20. It is recommended that the site be named Coombs Health Hub.
21. Appointments will need to be made for the health services offered onsite, to align with the scheduling of services on any given day.
22. Promotional material on the Weston Creek Walk-in Centre will be available at the Coombs Health Hub so the community is aware of other health options in the region.

Financial Implications

23. CHS services are being delivered within existing services.
24. [REDACTED]
25. In 2021-22 capital funding of \$0.25M was provided to establish the Coombs Health Hub and funding of \$1.5M to complete the feasibility study. Some funding will be reprofiled into 2022-23 due to delays from the COVID response.
26. In 2021-22 funding of \$0.6M was provided to support the delivery of an integrated model of care as part of the Schedule – Health Innovation Fund Stage Two Federation Funding Agreement - Health.
27. An outcome of the Health Hubs Feasibility Study will be a business case for the establishment of the additional four Health Hubs.

Consultation

Internal

28. Multiple areas across CHS including Infrastructure & Health Support Systems, People and Culture, Strategic Communications and Engagement, Chief Operating Officer, Deputy Chief Executive Officer, Women, Youth and Children, Mental Health, Justice Health Alcohol and Drugs Service Rehabilitation, Aged and Community services.

Cross Directorate

29. ACT Health Directorate including the Health Service Planning Unit and Digital Solutions Division, Community Services Directorate, Major Projects Canberra, Environment Planning and Sustainability Development Directorate.

External

30. Consultation in July and August 2021 engaged with a range of external stakeholders covering consumer groups and service providers.

31. CHS is working closely with HCCA, particularly with the co-implementation of the patient navigation service.
32. A specific consultation paper regarding the commencement of CHS services at Coombs will be distributed to staff and unions week commencing 17 March 2022.

Work Health and Safety

33. An initial work health and safety assessment has occurred at the Coombs Health Hub with recommendations being actioned to improve the administration area and ensure appropriate signage and induction on emergency and security procedures.

Benefits/Sensitivities

34. Benefits to be realised as part of the Integrated Care Program and the Health Hubs include providing timely care closer to home, reducing fragmentation of care, slowing the rate of disease and reducing the demands on the acute health care system. It will empower patients and carers and actively engage GPs and primary health providers as part of a multidisciplinary coordinated approach.
35. There may be a risk in managing stakeholder expectations from working closing with them to deliver models of care while also maintaining high quality cost-effective health services that are appropriately coordinated across providers and locations.
Clear communication with key groups will help to manage this risk.

Communications, media and engagement implications

36. A crucial element of the Integrated Care Program is engagement with community and a range of stakeholders across health care. Targeted strategies are being planned for the Integrated Care Program, incorporating the Patient Navigation Service and Health Hubs in April and May 2022, and in July 2022 for the Health Hub Feasibility Study. These will progress in close consultation with your office.
37. A draft multi-faceted communication strategy to promote the new services at Coombs is being developed. A member of the CHS team will accompany you to the Molonglo Community Council meeting.
38. An event proposal is being prepared with options for you to launch the Coombs Health Hub in either the week of Tuesday 19 April to Friday 22 April 2022 or the week of Tuesday 26 April to Friday 29 April 2022.

Signatory Name: Cathie O'Neill

Phone: [REDACTED]

Action Officer: Amanda Bell

Phone: 5124 8688



Canberra Health Services

To: Minister for Health Tracking No.: MCHS22/153

Date: 10 March 2022

CC: Dave Peffer, Chief Executive Officer

From: Colm Mooney, Acting Deputy Chief Executive Officer

Subject: Minister’s Weekly Brief – 7 – 11 March 2022

Critical Date: 11/03/2022

Critical Reason: To ensure you are briefed on current issues and events

- DCEO .../.../...

Recommendation

That you:

1. Note the information contained in the Minister’s Weekly Brief – 7 - 11 March 2022.

Noted / Please Discuss

Rachel Stephen-Smith MLA/...../.....

Minister’s Office Feedback

KEY TOPICS/EMERGING ISSUES**Endoscopy Wait List**

GEHU AUDIT TEAM	Mon 7th March	Total
Patients attempted to be contacted	280	6033
Patients unable to be contacted	130	2408
Patients successfully contacted	150	3625
Patients removed		
Patients removed	32	1477
Procedures complete - Financial Year 2021 – 2022 (YTD)		
Procedures complete - Financial Year 2021 – 2022 (YTD)		2361
Procedures complete - Financial Year 2020 - 2021		
Procedures complete - Financial Year 2020 - 2021		2725

- As of 28 February 2022, there were 5,408 overdue patients on the GEHU waiting list ready for care which is a decrease from 5,742 in January 2022.
- In February 2022, 317 patients were removed from the waiting list due to having a procedure. GEHU has completed 2,361 procedures this financial year to 28 February 2022.

Update on Accreditation

- Planning is underway to commence two preliminary surveys scheduled for 21 to 25 March 2022 and 19 to 22 April 2022.
- With the support of the Chief Medical Officer, ACT Health Directorate, a group of internal assessors will conduct the first survey in March 2022 to get a clear understanding of where the organisation is at, and which area/s require an additional focus. The Chief Medical Officer is a certified assessor.
- The assessors will plan a number of environmental walk throughs as well as meet with various subject matter experts across the organisation and review evidence to generate a recommendations report to support the planning for the second survey week.
- A group of trained external assessors, with support from ACT Health Directorate and Canberra Health Services (CHS), will conduct the second survey focusing on the standard/s the organisation is most concerned about and support CHS' preparation.
- Communications team is developing the messaging to inform staff of the additional preliminary survey week in April 2022.

UPDATES ON KEY PROJECTS/PIECES OF WORK**Oral Health Services Reform Update**

The Oral Health Services Reform Steering Committee held its inaugural meeting on 2 March 2022. The Committee is chaired by the Executive Director, Division of Rehabilitation, Aged and Community Services, and has members from within CHS, along with the Health Services Union (HSU), the Community and Public Sector Union (CPSU) and the Health Care Consumers' Association (HCCA). The objectives of the Committee are to lead, reform and formalise the Oral Health Services Organisational Structure and the model of care/clinical services plan.

Signatory Name:	Colm Mooney Acting Deputy Chief Executive Officer	Phone:	5124 8737
Action Officer:	Kath Macpherson Senior Director Policy, Planning and Government Relations	Phone:	5124 9590



Canberra Health Services

To: Minister for Health

Tracking No.: MCHS22/170

Date: 17 March 2022

CC: Dave Peffer, Chief Executive Officer

From: Colm Mooney, Acting Deputy Chief Executive Officer

Subject: Minister’s Weekly Brief – 14-18 March 2022

Critical Date: 18/03/2022

Critical Reason: To ensure you are briefed on current issues and events

- DCEO .../.../...

Recommendation

That you:

1. Note the information contained in the Minister’s Weekly Brief – 14-18 March 2022.

Noted / Please Discuss

Rachel Stephen-Smith MLA/...../.....

Minister’s Office Feedback

KEY TOPICS/EMERGING ISSUES**Endoscopy Wait List**

	Mon 7th March	Total
GEHU AUDIT TEAM		
Patients attempted to be contacted	250	6283
Patients unable to be contacted	107	2515
Patients successfully contacted	143	3768
Patients removed	45	1522
Procedures complete – 1 July 2021 to 28 February 2022		2361
Procedures complete - Financial Year 2020 - 2021		2725

KEY STAKEHOLDER MEETINGS/COMMUNITY ENGAGEMENTS**Industrial Relations**

The Visiting Medical Officers Association (VMOA) has raised concerns in regard to locum Visiting Medical Officer contracts, particularly in Mental Health, Justice Health, Alcohol and Drug Services (MHJHADS), being offered at a daily rate rather than hourly.

These contracts are currently being reviewed to ensure that they comply with the arbitrated contract.

Signatory Name: Colm Mooney Phone: 5124 8737
Acting Deputy Chief Executive Officer

Action Officer: Kath Macpherson Phone: 5124 9590
Senior Director
Policy, Planning and Government
Relations

Canberra Health Services Directorate

UNCLASSIFIED

To: Minister for HealthTracking No.: MCHS22/173
(CHSFOI21-22.23)**Date:** 07/04/2022**From:** Dave Peffer, Chief Executive Officer**Subject:** Freedom of Information application from [REDACTED] (MLA) regarding Annual Report Briefs**Critical Date:** 08/04/2022**Critical Reason:** FOI will be delivered to applicant on this day.

- CEO .../.../...
- DCEO/COO .../.../...

Recommendations

That you:

1. Note Canberra Health Services' response at Attachment A

Noted / Please Discuss

Rachel Stephen-Smith MLA/...../.....

Minister's Office Feedback

UNCLASSIFIED

UNCLASSIFIED

Background

1. On Thursday 10 March 2022, [REDACTED] (MLA) submitted an access application under the *Freedom of Information Act 2016* (the Act) to the Canberra Health Services' (CHS) requesting:

'any final briefs prepared for any ACT Minister(s) or ACT Government witnesses during the 2020 – 2021 Annual Reports Hearings.'

Issues

2. After conducting a search for all relevant documents, CHS has identified 42 documents containing the information that meets the scope of the request.
3. The decision letter and accompanying documents released to [REDACTED] are at Attachment A.

Financial Implications

4. Processing fees are not applicable to this request.

ConsultationInternal

5. CHS Divisions confirmed release of documents prepared by them.

Cross Directorate

6. ACT Health Directorate, Chief Minister, Treasury and Economic Development Directorate, Community Services Directorate, Education Directorate, Environment Planning and Sustainable Development Directorate, Justice and Community Safety Directorate, Transport Canberra and City Services Directorate and Major Projects Canberra. Each of these directorates received this FOI request and are responding independently.

External

7. Not applicable.

Work Health and Safety

8. Not applicable.

Benefits/Sensitivities

9. Not applicable.

Communications, media and engagement implications

10. The CHS media team will support your offices should any media issues arise.
11. The decision letter and accompanying documents in response to [REDACTED] FOI access applications will be uploaded to the ACTHD Disclosure Log in accordance with the Act.

UNCLASSIFIED

UNCLASSIFIED

Signatory Name: Colm Mooney Phone: 5124 8737
Acting Deputy Chief Executive Officer

Action Officer: Katherine Macpherson Phone: 5124 9590
Senior Director, Policy, Planning and
Government Relations

Attachments

Attachment	Title
Attachment A	CHS Response

UNCLASSIFIED

Canberra Health Services Directorate

UNCLASSIFIED

To: Minister for Health

Tracking No.: MCHS22/174 (CHSFOI21-22.24)

Date: 04/04/2022**From:** Dave Peffer, Chief Executive Officer**Subject:** Freedom of Information application from [REDACTED] (MLA) regarding the subject line of all final ministerial briefs.**Critical Date:** 08/04/2022**Critical Reason:** FOI will be delivered to applicant on this day.

- CEO .../.../...
- DCEO/COO .../.../...

Recommendations

That you:

1. Note Canberra Health Services' response at Attachment A;

Noted / Please Discuss

Rachel Stephen-Smith MLA/...../.....

Minister's Office Feedback

UNCLASSIFIED

UNCLASSIFIED

Background

1. On Thursday 10 March 2022, [REDACTED] (MLA) submitted an access application under the *Freedom of Information Act 2016* (the Act) to Canberra Health Services' (CHS) requesting:

'the subject line of all final ministerial briefs from 10th of February 2022 to 9th of March 2022 generated for or directed to any ACT Government Minister.

This request includes, wherever possible, the date of the brief, the internal reference, position of authority it was written by, and which Minister it was addressed to.

This request includes briefs prepared for Question Time, but not for Estimates or Annual Reports.'

Issues

2. A search was conducted of all relevant records systems. CHS has produced two documents containing the data extracted that meets the scope of the request.
3. The decision letter and accompanying documents released to [REDACTED] are at Attachment A.

Financial Implications

4. Processing fees are not applicable to this request.

ConsultationInternal

5. Not applicable.

Cross Directorate

6. ACT Health Directorate, Chief Minister, Treasury and Economic Development Directorate, Community Services Directorate, Education Directorate, Environment Planning and Sustainable Development Directorate, Justice and Community Safety Directorate, Transport Canberra and City Services Directorate and Major Projects Canberra. Each of these directorates received this FOI request and are responding independently.

External

7. Not applicable.

Work Health and Safety

8. Not applicable.

Benefits/Sensitivities

9. Redactions have been made where briefs contain names of constituents.

UNCLASSIFIED

UNCLASSIFIED

10. It is not anticipated that any of the other information in the packages will be contentious.

Communications, media and engagement implications

11. The CHS media team will support your office should any media issues arise.
12. The decision letter and accompanying documents in response to [REDACTED] FOI access applications will be uploaded to the ACTHD Disclosure Log in accordance with the Act.

Signatory Name: Colm Mooney Phone: 5124 8737
Acting Deputy Chief Executive Officer

Action Officer: Katherine Macpherson Phone: 5124 9590
Senior Director, Policy, Planning and
Government Relations

Attachments

Attachment	Title
Attachment A	CHS Response

UNCLASSIFIED



Canberra Health Services

To:	Minister for Health	Tracking No.: MCHS22/186
Date:	24 March 2022	
CC:	Dave Peffer, Chief Executive Officer	
From:	Colm Mooney, Acting Deputy Chief Executive Officer	
Subject:	Minister’s Weekly Brief – 21-25 March 2022	
Critical Date:	25/03/2022	
Critical Reason:	To ensure you are briefed on current issues and events	

- DCEO .../.../...

Recommendation

That you:

1. Note the information contained in the Minister’s Weekly Brief – 21-25 March 2022.

Noted / Please Discuss

Rachel Stephen-Smith MLA/...../.....

Minister’s Office Feedback

KEY TOPICS/EMERGING ISSUES**Endoscopy Wait List**

GEHU AUDIT TEAM	Mon 21st March	Total
Patients attempted to be contacted	251	6534
Patients unable to be contacted	125	2640
Patients successfully contacted	126	3894
Patients removed	90	1612
Procedures complete – 1 July 2021 to 28 February 2022		2361
Procedures complete - Financial Year 2020 - 2021		2725

Update on Accreditation

- As you are aware, Canberra Health Services (CHS) will be taking a phased approach to the preliminary accreditation survey to ensure we put our best foot forward during the organisation wide survey in June 2022.
- The preliminary survey commenced on Monday 21 March 2022 and is supported by Dr Dinesh Arya, Chief Medical Officer, ACT Health Directorate. During this initial week, the internal assessors will review Medication Safety, Communicating for Safety and Partnering with Consumers.
- The internal assessors will continue to visit areas across the organisation over the coming weeks and asking staff to explain how they deliver care that meets and exceeds the National Standards, as well as any particular safety risks or challenges they are currently facing.
- These conversations will provide additional opportunities for CHS to assess whether there are remaining gaps and risks that require priority action plans.
- The Quality, Safety, Innovation and Implementation (QSII) Division will be providing direct feedback to Executive Directors the week following the initial phase of the preliminary survey.
- Between now and June, QSII staff will also be conducting 'spot visits' to various clinical areas and community health centres.
- Blood Management will be assessed separately in the coming weeks given the specialist nature of the requirement in the National Standards.
- Dr Arya and two external assessors will then review the remaining National Standards in late April or early May 2022.

- An update on the outcomes from the initial preliminary survey week will be provided by Executive Director, Nursing & Midwifery and Patient Support Services, at the regular CHS briefing on 28 March 2022.

KEY STAKEHOLDER MEETINGS/COMMUNITY ENGAGEMENTS

Industrial Relations

A new Joint Consultative Committee has been established to undertake reviews under the Medical Practitioners Enterprise Agreement. This Committee is chaired by ACT Health, and includes membership from the AMA, ASMOF, CHS and Calvary.

Signatory Name:	Colm Mooney Acting Deputy Chief Executive Officer	Phone:	5124 4680
Action Officer:	Kath Macpherson Senior Director Policy, Planning and Government Relations	Phone:	5124 9590



Rachel Stephen-Smith MLA

Minister for Health

Minister for Families and Community Services

Minister for Aboriginal and Torres Strait Islander Affairs

Member for Kurrajong

ARRANGEMENTS BRIEF

FUNCTION:	Molonglo Valley Community Forum (MVCF)
VENUE:	Denman Village Community Centre, 5 Felstead Vis, Denman Prospect ACT 2611
HOST:	Name: Monique Brouwer (Co-convenor of MVCF) Mobile: [REDACTED]
DAY:	Thursday
DATE:	24 March 2022
TIME:	Forum starts at 7:30 pm – agenda attached
TIME COMMITMENT:	Arrival for forum start at 7:30pm for speech at 7:50pm to 8:10pm
CATERING:	Coffee, chat and meet the committee at 6:30pm before forum
DRESS CODE:	Business
YOUR ROLE:	Speech to provide an update on the Coombs Walk in Centre followed by a short Q&A from the floor. No lectern. Microphone, projector and computer. Powerpoint presentation has been prepared for you and needs to be provided to organisers by 10am on Thursday 24 March.
WHERE TO PARK:	Onsite at venue, Denman Village Community Centre
WHO WILL MEET YOU:	Mr Ryan Hemsley, Convenor of MVCF, will meet the Minister in the Community Centre
ADVISOR ATTENDING:	The event organiser has been advised that Cathie O'Neill (CHS COO) will be accompanying the Minister. Cathie will meet the Minister at the venue.

Rachel Stephen-Smith MLA - Arrangements brief

AUDIENCE:	Members of the Molonglo Valley Community Forum and other residents in the community. Streamed via Facebook @mvcommunityforum
VIPs:	Mr Ryan Hemsley, Convenor, MVCF
PAST INVOLVEMENT:	If known, previous occasions when the Minister has addressed the organisation
SENSITIVITIES:	N/A
ORDER OF CEREMONIES	Master of Ceremonies is Mr Ryan Hemsley, Convenor, MVCF 7.30pm: Mr Hemsley opens forum 7.35pm: Mr Ian Walker, Environment Planning and Sustainable Development Directorate, speaks on Namarag, Nature Reserve 7.50pm: Minister speaks with short Q&A on Coombs site 8.10pm: Mr Hemsley provides MVCF update with short Q&A 8.25pm: Final remarks and close at 8.30pm
MEDIA:	No
SOCIAL MEDIA ACCOUNTS	Event is being advertised and live streamed on Facebook https://www.facebook.com/mvcommunityforum/
OUTSTANDING REGULATORY ISSUES	N/A

Rachel Stephen-Smith MLA - Arrangements brief

SPEAKING NOTES FOR THE

MOLONGLO VALLEY COMMUNITY FORUM 7.30PM, THURSDAY 24 MARCH 2022 DENMAN VILLAGE COMMUNITY CENTRE

Acknowledgements

- **Traditional owners:** Yuma. I acknowledge the traditional custodians of the land we are meeting on, the Ngunnawal people. I acknowledge and respect their continuing culture and the contribution they make to the life of this city and this region.
- Slide 1 - Thank you, Ryan and Monique for providing me this opportunity to speak with the Molonglo Valley Community Forum.
- I'm pleased to give you updates on new community-based health facilities.
- Slide 2 - You may remember the ACT Government provided funding for a new health centre to be established at Coombs providing the Molonglo Valley region with health services that are closer to home.
- Thank you to those of you who contributed to our previous consultations.
- While there were some delays from a change in ownership at the site, I am pleased to advise that arrangements have been made with Palm Healthcare for the services to be located within the Molonglo Valley Medical Centre at 110 Woodberry Avenue, Coombs.
- The new facility at Coombs will support Molonglo's growing population which is already home to more than 1,200 families and expected to have more than 51,000 residents by 2041.
- It will provide free appointment-based health services right here in your community.
- Slide 3 - The Coombs facility will be staffed by a team of highly skilled registered nurses, midwives and other health professionals to provide the local community with a range of health services related to women's health and family health care.

Rachel Stephen-Smith MLA - Arrangements brief

- Services are planned to commence at the end of April and will be further expanded to best meet the needs of your community.
- It will initially offer a small number of services including pregnancy care and support, women's health counselling, and a children's asthma service.
- More services are expected to move into the facility, including expanded services from Canberra Health Services and other providers.
- Slide 4 - The Coombs facility is the first of five new health facilities that the ACT Government has committed to establish in community locations across the Territory.
- This new facility at Coombs is a chance for us to work together to try, test and learn what models of health care best serve our local communities.
- It will inform our future development of four more new public health facilities across Canberra. The facilities are planned for South Tuggeranong, West Belconnen, the Inner South, and North Gungahlin.
- These new facilities will build on our existing network of Walk-in Centres and Community Health Centres to deliver free, convenient public healthcare, where and when Canberrans need it.
- Slide 5 - It is expected that services in the new facilities will focus on integrated models of care, providing preventive care and advice, early intervention, and the management of acute and chronic complex illnesses.
- A current focus for ACT Health is the development of Territory-wide integrated models of care, particularly for people with complex needs and people whose care is being transitioned across care settings and providers.
- The Integrated Care Program is being led for the Territory by Canberra Health Services, working together with consumers, carers, peak bodies, community organisations, and health system staff more broadly.
- The Program will build on best practice examples of integrated care models and will work to address gaps in care.

Rachel Stephen-Smith MLA - Arrangements brief

- The new Coombs site and the additional four facilities are a component of the Integrated Care Program. They provide infrastructure in the community for timely access to quality integrated multidisciplinary care.
- Another component is a Patient Navigation Service to support patient and carer empowerment through self-management and easy access to the right care, at the right time, at the right place by the most appropriate provider.
- You also told us that knowing when, why and how to escalate your care needs is important to you.
- The Patient Navigator Service will assist in ensuring consumers of this service will know exactly what to expect from the range of circumstance they may encounter in their care.
- Slide 6 – We will be working with local communities and community groups like yourselves to ensure each of these health facilities cater to the needs of our diverse regions and neighbourhoods.
- A range of engagement activities are planned from May to hear from the community on what they think is important for integrated care and patient navigation.
- Slide 7 - I also would like to take this opportunity to provide you with an update on the Weston Community Health Centre. This site, shortly after it was refurbished and opened as a Walk in Centre quickly adapted to provide a COVID respiratory centre.
- I'm pleased to advise that the Weston Walk in Centre is again fully functional, 7.30am to 10pm, 360 days a year.
- Other services available at this centre include Maternal and Child Health (MACH) services, an Access & Sensory Vaccination Centre, and ACT Pathology. You might also see some building works as we build a new Medical Imaging Service onsite.
- Slide 8 - Thank you for again for providing this opportunity to meet with you all tonight. I am happy to take questions.

ENDS

Canberra Health Services**To:** Minister for Health

Tracking No.: MCHS22/207

Date: 25/03/2022**From:** Dave Pepper, Chief Executive Officer**Subject:** Computed Tomography (CT)1 scanner replacement at Canberra Hospital**Critical Date:** Nil**Critical Reason:** Nil

- DCEO .../.../...

Recommendation

That you note the information contained in this brief.

Noted / Please Discuss

Choose an item. MLA/...../.....

Minister's Office Feedback

Background

1. Canberra Hospital provides high quality diagnostic medical imaging services. The service uses equipment allocated a useful life under the Medicare Benefits Scheme (MBS).
2. Currently there are two Computed Tomography (CT) scanners at Canberra Hospital.

3. The CT1 scanner provides a critical service to Canberra Hospital patients and is used in the initial diagnosis and/or treatment of:
 - Trauma
 - Acute skeletal disorders
 - Acute medical diseases
 - Cancer diagnosis and monitoring of treatment responses
4. The existing CT1 scanner is approximately 8.5 years old and while it is within its MBS end-of-life range, it has delivered excessive activity for a machine of its age. This includes a significant number of cardiac scanning procedures, which is known to cause greater wear and tear on the system.

Issues

5. The CT1 scanner is past its useful life. We are seeing high failure rates and components no longer supported.
6. These recurring failures and lack of reliability impact on positive patient outcomes and flow across the Canberra Hospital campus. They increase pressure on the health system which is already under immense strain and result in the inability to manage any major failures.
7. [REDACTED], there is an opportunity through an existing supplier to purchase a replacement scanner now.
8. Given the long lead times for the supply of major medical equipment, potential supply chain issues in the coming months and significant organisational and patient risks, Canberra Health Services (CHS) is proceeding with procuring the currently available replacement.
9. Along with reducing downtime, the new CT scanner will provide improved processing time and imaging resolution to assist in more efficient diagnostics. It is also DHR compatible.
10. The time to decommission and fit out the existing CT1 room in preparation for the new replacement machine is estimated to require approximately 15 working days to include necessary upgraded radiation room shielding and clinical commissioning.
11. Whilst Medical Imaging department have Business Continuity Plans (BCP) (National Capital Private Hospital, Calvary Public Hospital Bruce and private imaging service providers) in place to accommodate some CT machine service downtime, a prolonged period of machine downtime will significantly compromise patient safety.
12. To minimise the patient safety risk and adverse hospital flow issues it is proposed to install the newly acquired CT machine in a shelled space area adjacent to the existing CT machine.

13. The anticipated time to prepare the shelled space area is approximately three months after which the new CT machine can be installed and commissioned over a period of approximately one month. Infrastructure and Health Support Services (IHSS) will work with Major Projects Canberra and the preferred machine supplier, Canon to finalise a program of works over the coming days.
14. Given the significant impact the CT service has on critical services at the Canberra Hospital it is expected that a comprehensive communication / consultation process will commence with all stakeholders to ensure alignment with the singular shared goal of eliminating the risk of CT machine failure.

Financial Implications

15. [REDACTED]
16. The cost of fit out of the shelled space is to be confirmed pending feedback from the preferred head contractor proposed to undertake the works in the most expeditious manner without impacting on busy adjoining clinical areas. The estimated costs of the required works is in the order of \$0.5M to \$1.0M which will be funded through Better Infrastructure Funding in 2021-22 and 2022-23 financial years through minor works project reprioritisation.
17. Ongoing downtime attributed to scanner breakdown results in significant disruption to patient flow, excessive diversion of resources, BCP activation and regular unplanned maintenance costs.
18. Once fully commissioned the new CT will take over from existing CT1 machine as the new lead CT machine within Medical Imaging department. Accordingly, existing current workforce levels will be maintained to operate two CT machines throughout the planned works.

Consultation

Internal

19. Medical Services; Division of Medicine; Infrastructure and Health Support Services; Chief Financial Officer.

Cross Directorate

20. Not applicable.

External

21. Not applicable.

Work Health and Safety

22. The new CT scanner will benefit CHS staff and patients requiring CT scans at Canberra Hospital.

Benefits/Sensitivities

23. Medical Imaging department equipment requires significant investment to improve service reliability and improve team morale. [REDACTED]
[REDACTED], it is anticipated that this early investment in new CT will generate a positive cultural outcome.

Communications, media and engagement implications

24. Internal communications and change management materials will be prepared to promote the installation/commissioning of the new CT machine as the project progresses.

Signatory Name: Colm Mooney

Phone: 49796

Action Officer: Kate Schorsch

Phone: 42728



Canberra Health Services

To:	Minister for Health	Tracking No.: MCHS22/208
Date:	31 March 2022	
CC:	Dave Peffer, Chief Executive Officer	
From:	Colm Mooney, Acting Deputy Chief Executive Officer	
Subject:	Minister’s Weekly Brief – 28 March – 1 April 2022	
Critical Date:	01/04/2022	
Critical Reason:	To ensure you are briefed on current issues and events	

- DCEO .../.../...

Recommendation

That you:

1. Note the information contained in the Minister’s Weekly Brief – 28 March – 1 April 2022.

Noted / Please Discuss

Rachel Stephen-Smith MLA/...../.....

Minister’s Office Feedback

KEY TOPICS/EMERGING ISSUES**Endoscopy Wait List**

<u>GEHU AUDIT TEAM</u>	Monday 28 March	Total
Patients attempted to be contacted	403	6937
Patients unable to be contacted	186	2826
Patients successfully contacted	217	4111
Patients removed		
	26	1638
Procedures complete - 1 July 2021 to 28 February 2022		
		2361
Procedures complete - Financial Year 2020 - 2021		
		2725

Signatory Name: Colm Mooney Phone: 5124 4680
Acting Deputy Chief Executive Officer

Action Officer: Kath Macpherson Phone: 5124 9590
Senior Director
Policy, Planning and Government
Relations

Canberra Health Services

To:	Minister for Health	Tracking No.: MCHS22/223
Date:	31/03/2022	
CC:	Rebecca Cross, ACT Health Directorate Director-General	
From:	Dave Peffer, Chief Executive Officer Canberra Health Services	
Subject:	Rebasing of the ACT Government's Blood Budget to meet the ACT's portion of the 2022-2023 National Supply Plan and Budget (NSP&B)	
Critical Date:	04/04/2022	
Critical Reason:	The National Blood Authority (NBA) has requested endorsement of the 2022-2023 NSP&B from the Jurisdictional Blood Committee (JBC) prior to its progression to Health Ministers final approval.	

Recommendations

That you:

1. Note the information contained in this brief;

Noted / Please Discuss

2. Note that the ACT's Jurisdictional Blood Committee (JBC) member Dr Dinesh Arya, ACT Chief Medical Officer, will submit to the National Blood Authority (NBA) the 2022-2023 NSP&B JBC out-of-session (OOS) item at Attachment C that notes:

"The ACT JBC member is currently only in a position to provide 'in-principle' agreement to the 2022-2023 National Supply Plan and Budget,

Noted / Please Discuss

Rachel Stephen-Smith MLA/...../.....

Minister's Office Feedback

Background

1. The National Blood Arrangements require the National Blood Authority (NBA) to develop an annual National Product Price List (NPPL) and National Supply Plan and Budget (NSP&B) for approval by Health Ministers. The 2022-23 NSP&B has been developed following detailed consultation with each jurisdiction. The NPPL ([Attachment A](#)) and NSP&B ([Attachment B](#)) were derived from three main inputs:
 - forecast volumes for each blood product based on estimated demand;
 - estimated prices for blood and blood products based on forecast contract prices and supporting financial risk management strategies; and
 - jurisdictional funding obligations towards the operational services of the Australian Red Cross Lifeblood, the NBA, and a range of nationally endorsed blood sector programs (such as Blood Sector ICT Systems, BloodSafe eLearning and the National Immunoglobulin Governance Program).
2. [REDACTED]
3. The ACT's financial obligations under the NSP&B, as serviced by a discrete cost centre within Canberra Health Services (CHS), provides for the usage of all blood products used across the entire ACT public and private health sectors.

Issues

4. The ACT's portion of the NSP&B has risen from [REDACTED] [REDACTED] ([Attachment B](#)) and the increased cost is primarily related to:
 - Increased cost of Immunoglobulin (Ig) therapy.
 - Australia's imported Ig price rose in 2020 from [REDACTED];
 - Over recent years, the ACT has experienced a significant increase in demand for this highly regulated therapy; and
 - Projected Ig expenditure represents [REDACTED] of the ACT's 2022-2023 NSP&B;

- National implementation in December 2020 of a new style monoclonal antibody coagulation product (Hemlibra®) for the prophylactic treatment of patients with Haemophilia A.

5. Although the ACT Government’s Blood Budget Cost Centre has performed well and within its appropriated funding during the decade leading up to 2020, [REDACTED]
[REDACTED]
[REDACTED]

6. [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

7. This CHS cost centre also annually services the nationally endorsed funding commitment towards the National Haemopoietic Progenitor Cell (HPC) program (operating since 2001). The ACT’s HPC funding commitment for 2022-2023 is estimated at [REDACTED].

8. Significant expenditure increases resulting from national blood product changes and demand increases over the last three years have affected all jurisdictions.

9. Tasmania with a similar population proportion to the ACT, has experienced an almost identical escalation in blood product expenditure during the same three period, as evidenced within the comparative table directly below.

[REDACTED TABLE]

10. As in all previous years since the establishment of the National Blood Arrangements in 2003, the NBA has requested that JBC representatives in all states and territories agree to the 2022-23 NPPL and NSP&B prior to final approval being obtained from Health Ministers from each jurisdiction.

11. JBC endorsement of the 2022-2023 NSP&B via an out-of-session (OOS) process is due on 21 March 2022. The ACT JBC member, ACT Health Directorate (ACTHD), Chief Medical Officer (CMO), Dr Dinesh Arya, will provide the amended endorsement form at Attachment C to NBA, noting that this advice also includes the following proviso:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Financial Implications

12. There is no additional capacity for the ACT to mitigate the new costs associated with the supply of blood and blood products. [REDACTED]

Consultation

Internal

13. [REDACTED]

Cross Directorate

14. The ACT Government Blood Budget Cost Centre has sat within CHS since 2010. It is managed by the ACT Blood Counts Program within the budgeting domain of the Medical Services Group. There exists significant cross directorate collaboration between CHS and the ACTHD in regard to the NSP&B and other national blood sector matters. The ACTHD CMO is supported in his role as the ACT JBC member by the ACT Blood Counts Program Manager, Ms Carolyn Duck, who is also the proxy JBC representative for the ACT.

External

15. The 2022-2023 NSP&B reflects the specific requirements of each jurisdiction (including the ACT), following extensive multi-lateral consultations with the NBA.

Work Health and Safety

16. There are no Work Health and Safety matters regarding this issue.

Benefits/Sensitivities

17. [REDACTED]

Communications, media and engagement implications

18. Although the final approval of each year's NSP&B has now moved to an exchange of letters between the Commonwealth and state and territory health ministers during 2020, this matter and the JBC OOS process remains a business-as-usual process and is unlikely to attract any undue media attention.

OFFICIAL

Signatory: Dave Peffer Phone: 51244700
 Chief Executive Officer
 Canberra Health Services

Action Officer: Carolyn Duck Phone: 51242536
 ACT Blood Counts Program Manager
 Medical Services
 Canberra Health Services

Attachments

Attachment	Title
Attachment A	National Products Price List (NPPL) - NBA price list 2022-2023
Attachment B	2022-23 National Blood Supply Plan and Budget- All Jurisdictions & Commonwealth
Attachment C	ACT Response to JBC OOS Item 2022-01 re- National Supply Plan and Budget for 2022-2023



Canberra Health Services

To: Minister for Health Tracking No.: MCHS22/227

Date: 7 April 2022

CC: Dave Pepper, Chief Executive Officer

From: Colm Mooney, Acting Deputy Chief Executive Officer

Subject: Minister’s Weekly Brief – 4-8 April 2022

Critical Date: 08/04/2022

Critical Reason: To ensure you are briefed on current issues and events

- DCEO .../.../...

Recommendation

That you:

1. Note the information contained in the Minister’s Weekly Brief – 4-8 April 2022.

Noted / Please Discuss

Rachel Stephen-Smith MLA/...../.....

Minister’s Office Feedback

KEY TOPICS/EMERGING ISSUES**Endoscopy Wait List**

GEHU AUDIT TEAM	Monday 5 April	Total
Patients Contacted	201	7138
Patients unable to be contacted	95	2921
Patients successfully contacted	106	4217
Patients Removed	7	1645
Procedures completed – 1 July 2021 to 31 March 2022		2784
Procedures completed – 2020-21 Financial Year		2725

Update on Accreditation

The preliminary survey commenced on 21 March 2022 with internal assessors from Canberra Health Services (CHS) and the ACT Health Directorate (ACTHD).

The team visited a range of inpatient, outpatient and community-based settings with a focus on the Communicating for Safety, Medication Safety and Partnering with Consumers National Standards.

Great examples of where the National Standards were being met or exceeded were identified, these included:

- Quality boards and action plans in place following the Comprehensive Bedside Audit (CBA).
- Examples heard of quality improvement activities that resulted from consumer feedback or a near miss incident.
- Engagement of staff with quality and safety of patient care.

There were some areas identified that the team will be working to address in the coming weeks, these include:

- Some team members becoming complacent with COVID-19 PPE requirements.
- Variances in compliance with Schedule 8 Drug Register documentation.
- Variances in methods used to positively identify patients.
- Clinical Handover and identifying transition of care.

The preliminary survey has been a great opportunity for everyone to practice answering questions and receive 'on the spot' feedback from the internal assessors, ahead of the organisation wide survey in June 2022.

The internal assessment team will continue to visit various wards, clinics and community centres over the coming weeks with external assessors coming on site in late April/early May 2022 to review the remaining National Standards.

Signatory Name: Colm Mooney
Acting Deputy Chief Executive Officer

Phone: 5124 4680

Action Officer: Kath Macpherson
Senior Director
Policy, Planning and Government
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Phone: 5124 9590

Canberra Health Services**To:** Minister for Health

Tracking No.: MCHS22/229

Date: 06/04/2021**From:** Dave Pepper, Chief Executive Officer**Subject:** Launch of new website for Canberra Health Services**Critical Date:** 20/04/2022**Critical Reason:** Launch of new website on 20/04/2022

- DCEO .../.../...

Recommendations

That you:

1. Note the intention to launch the new website on 20 April 2022;

Noted / Please Discuss

2. Note the Website usability report at Attachment A; and

Noted / Please Discuss

3. Note the Website launch communications plan at Attachment B.

Noted / Please Discuss

Rachel Stephen-Smith MLA/...../.....

Minister's Office Feedback

Background

1. Earlier this month we presented our new Canberra Health Services (CHS) website to you.
2. The website has been developed in response to significant research and feedback from consumers.

Issues

3. User-testing of the website is now complete.
4. The user-test process identified a few areas where we can further enhance the user experience. These are all fairly minor and the team is already implementing changes. These are expected to be in place by the time the website launches for a seamless user experience.
5. Overall, the test results were excellent, in particular:
 - a. consumers judged the information on the site both easy to understand and easy to use - key factors in good health literacy.
 - b. consumers judged the website useful, credible and trustworthy.
 - c. the website's System Usability Score of 80 is well above the web average of 68.
 - d. our desktop and mobile sites scored Net Promoter Scores of 47 and 70, respectively (health and government sites usually score closer to 0).
6. A detailed usability report, including direct quotes from consumers is at [Attachment A](#).
7. Based on the results of the user test process, the team will proceed with a CHS website launch date of 20 April 2022.
8. This will be supported by a detailed communication plan ([Attachment B](#)) which will be supported by key partners, including ACT Health Directorate (ACTHD).
9. We are working closely with the ACTHD on a seamless transition. In particular, we have a dedicated 'go live' plan shared with ACT Health, including:
 - a. a content audit to identify which pages will remain on the ACT Health website; and
 - b. redirects to ensure there are no broken links on the ACT Health website.

Financial Implications

10. The budget for this work is included in the CHS Strategic Communication and Engagement Branch budget for 2021-22.

ConsultationInternal

11. CHS Executive endorsed the project.
12. Aboriginal and Torres Strait Islander Consumer Reference Group provided input into design of new website and were consulted on content.
13. Cancer Consumer Reference Group provided input into design of new website and were consulted on content.

Cross Directorate

14. CMTEDD Communications - we have sought advice from and are working closely with CMTEDD on user experience design and Single Public Face.
15. CMTEDD Online Services - website functionality development.
16. ACTHD - we continue to work closely with the team at ACT Health Directorate to ensure a seamless experience for consumers and to clearly define the purpose of each site.

External

17. Health Care Consumers Association - ongoing advice, consultation and testing including with their Accessibility and Design Consumer Reference Group.
18. Consultation on needs with:
 - a. ACT Mental Health Consumer Network
 - b. Migrant and Refugee Settlement Services
 - c. ACT Disability Reference Group
 - d. Carers ACT
 - e. Canberra Multicultural Community Forum
 - f. Women with Disabilities ACT
 - g. Women's Centre for Health Matters

Work Health and Safety

19. Not applicable.

Benefits/Sensitivities

20. Developing a better CHS website is an important step in partnering with consumers, particularly through health literacy.
21. Clearer content will help us manage consumer expectation in terms of the services we have available, how to access them and what to expect during their time with us.

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22. We will update website governance to ensure:
- a. content is reflective of consumer expectations,
 - b. content is aligned with CHS's strategic priorities, and
 - c. available resources are used efficiently in managing the website into the future.

Communications, media and engagement implications

23. We will continue to engage with consumer groups in the lead-up to and after the launch, and to encourage regular feedback and collaboration post-launch.
24. The communications strategy is at Attachment B.

Signatory Name: Colm Mooney Phone: 5124 9796

Action Officer: David Jean Phone: 5124 6115

Attachments

Attachment	Title
Attachment A	CHS Website Usability Report
Attachment B	Website launch communications strategy

**Minister for Mental Health
Minister for Justice Health
Emma Davidson MLA
Canberra Health Services
Question Time Briefs
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22 – 24 March 2022**

Hot Issues	
A.	Child and Adolescent Mental Health Services in ACT
B.	Adult Community Mental Health Services
C.	Adult Acute Mental Health Unit
D.	Community Support Options in Place for Patient Discharge
E.	Healthcare at Alexander Maconochie Centre
F.	Infrastructure Update
G.	Seclusion Rates in Acute Mental Health Inpatient Units
H.	COVID 19
I.	Complaints handling at Canberra Health Services
J.	Aboriginal and Torres Strait Islander Health needs at AMC and Bimberi
K.	Young Person Admitted to the Adult Mental Health Unit
L.	Second PACER Team

GBCHS22/83

Portfolio: Mental Health**CHILD AND ADOLESCENT MENTAL HEALTH SERVICE****Talking points:**Acute

- For the period 1 December 2021 to 28 February 2022, there were 249 hospital presentations for young people requiring assessment compared to 204 for the same period in 2020/21.
- Of the 249 presentations, 74 or 24 per cent were admitted compared to 48 or 16 per cent of the 204 presentations for the same period in 2020/2021.
- Treating teams are seeing increase trends due to stressors and emotional dysregulation relating to return to school following the lifting of COVID-19 restrictions, serious deliberate self-harming behaviours, serious overdoses from prescription drugs and illicit substances requiring medical attention.
- For the period 1 December 2021 to 28 February 2022, there were 17 admissions to the Adult Mental Health Unit for 13 – 18 years, compared to seven for the same period in 2020/2021
- This supports the anecdotal evidence that acuity is increasing for young people presenting to the Emergency Department.
- For the period 1 December 2021 to 28 February 2022, there were six CAMHS admissions to the Mental Health Short Stay Unit compared to nine for the same period in 2020/21. The majority of these adolescents were aged between 16 to 18 years.

Community

- There were 338 new community registrations between 1 December 2021 and 28 February 2022, compared to 386 for the same period in 2020/21.
- This represents a 12 per cent decrease in 2022. However, service activity (occasions of service) within CAMHS Community Teams has increased.
- CAMHS North has a consistently higher level of activity, due largely to the population growth in Gungahlin
- Child and Adolescent Mental Health Services offer daily emergency appointments to provide timely access to support, in the community in order to prevent hospital admissions and deterioration.
- The Hospital Liaison Team (in the Emergency Department) and the Adolescent Intensive Home Treatment Team are also available if a young person find themselves in crisis.
- Since the inception of the Adolescent Intensive Home Treatment Team in March 2021 to February 2022, 577 referrals have been received.

- Child and Adolescent Mental Health Services community teams offer two different type of appointment – CHOICE and PARTNERSHIP appointment.
- As of the end of February 2022, the current wait time is:

Team	Choice	Partnership
CAMHS Nth	66 days	122 days
CAMHS Sth	8 days	39 days

- CAMHS North and South teams work collaboratively and share resources across both teams. The longer wait times at CAMHS North are associated with staff shortages and population growth in Gungahlin. There has been a redistribution of resources within CAMHS to support the reduction of wait times at CAMHS North.

Key Information

- The Government is committed to developing youth-focused mental health services including:
 - a dedicated inpatient Adolescent Mental Health Unit;
 - a Mental Health Day Service; and
 - an Adolescent Intensive Home Treatment Team (AHITT) (implemented in March 2021).
- Canberra Health Services has commenced design work on the new Adolescent Mental Health Unit, which has an estimated completion in June 2023.
- An Adolescent Mental Health 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, 12B or Mental Health Short Stay Unit under the approval of the accepting consultant. Clinical care is provided in close consultation with Child and Adolescent Mental Health Services to ensure appropriate developmental and therapeutic approaches are taken in order to support the young person and their family.
- AHITT provide intensive follow up support to eligible children or young people under the age of 18 who have been discharged from Canberra Hospital and have a mental health vulnerability and are not case managed by Child and Adolescent Mental Health Service (CAMHS) Community Teams.
- 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. There were no interstate transfers for 2021.

Background information

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- A CHOICE appointment is a face-to-face meeting to discuss mental health concerns that are moderate to severe in nature, and to collectively decide on the most appropriate service and whether the consumer should progress to Child and Adolescent Mental Health Services PARTNERSHIP (case management). At the CHOICE appointment, external referrals and alternate pathways of care are provided to those who are assessed as not requiring Child and Adolescent Mental Health Services PARTNERSHIP. CHOICE appointments have moved to an online platform, and face-to-face appointments will be offered based on clinical risk and assessment.
- Partnership appointments are a combination of face-to-face contact and telehealth based on consumer preference and clinical risk. This will ensure ongoing support whilst monitoring risk.

GBCHS22/83

Portfolio: Mental Health**TERRITORY WIDE MENTAL HEALTH SERVICES IN ACT****Talking points:****Home Assessment and Acute Response Team and ACCESS**

- The Home Assessment and Acute Response Team has had an average of 351 new referrals for rapid response for the period of January and February 2022, compared to an average of 262 over the same period in 2021. This is an increase of 29 per cent. The Intensive Home Treatment averaged nine referrals a month for 2022, which is an increase from an average of 3.5 a month for 2021.
- The Home Assessment and Acute Response Team for the period of January to end of February 2022 received 701 new referrals in total compared to 546 over the same period in 2021. This is an increase of 24 per cent.
- Almost all the referrals to Home Assessment and Acute Response Team for rapid response were via community referral or “triaged referrals” via ACCESS.
- The use of the GP line (specific for general Practitioner use only) has increased by 32 per cent in January and February 2022 compared to the same period in 2021.
- The use of the triage line remains consistent for the period of January and February in 2022, with a small reduction of 6 per cent in calls when compared to January and February 2022.
- For January and February 2022, there was 183 people brought to Emergency Department under an Emergency Apprehension compared to 276 for the same period in 2021; that is a 40 per cent decrease.

PACER

- A comparison of the Access Priority Line of January 2022 and January 2021 demonstrates the role of PACER has reduced the demand on the Access Priority Line by 14 per cent.
- From October to December 2021, PACER attended a total of 299 cases. During this timeframe, there were a total of 60 cases where PACER had patients transferred to the hospital. Of those presenting to hospital, 41 per cent (24 cases) were admitted to a mental health inpatient ward.

Key Information

Current Waiting Times for Access

- As of 11 March 2022, current waiting times for appointments with the Access Mental Health Team are as follows:

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- Consultant Psychiatrist/Senior Specialist appointment: Four (4) weeks
- Psychiatry Registrar: Within Two (2) Weeks
- Other Mental Health Clinicians (Psychologist, Social Worker, Occupational Therapist, or Nurse): Within two (2) weeks
- Post Discharge appointments occur within 7 – 14 days
- GP referrals are processed within 24 hours with phone assessment follow up within 14 days.
- Consumers may utilise their General Practitioner (GP), the Access Mental Health line, private counselling or psychology services for other supports while awaiting specialist psychiatric input.
- Non-Government Organisations (NGOs) such as Lifeline and Beyond Blue are also available for phone support.

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

- From 1 July 2021 to 10 March 2022, the percentage of mental health patients with a length of stay in the Emergency Department longer than 24 hours was 1.4 per cent, a decrease from the same period in 2019-20, where the rate was eight per cent.
- There has been an increase in occupancy in beds in Adult Acute Mental Health Services in the period 1 July 2021 to 10 March 2022, with a 14 per cent increase in acute mental health occupancy overall. This was despite a nine per cent decrease in high dependency occupancy during the period from 1 July 2021 to 10 March 2022, compared with the same period last year.
- Mental health bed days activity has increased ten per cent year on year for the period 1 July 2021 to 10 March 2022. There are an average of 92 patients per day for all CHS mental health inpatient units in 2020-21. This is eight more per day than in 2019-20.
- The Average Length of Stay has increased to 14.3 days for the period 1 July 2021 to 10 March 2022, compared with 13.5 days for the same period in 2020-21.
- Ward 12B became fully operational and accepted patients from 21 September 2021.
- All mental health patients cared for in general hospital beds are clinically assessed for suitability under the authority of a Consultant Psychiatrist. In addition to the 24/7 Mental Health Consultation Liaison Service in the Emergency Department, this service has expanded to the general wards from five days per week, business hours to include weekends and three evenings.

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 (HDU) beds and 22 Low Dependency Unit (LDU) beds and 8 beds that can be flexed from LDU to

HDU beds depending on demand. The unit operates almost constantly at capacity with the utilisation of leave beds in response to bed pressure.

Mental Health Short Stay Unit - – Low Dependency

- 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.

Ward 12B – Low Dependency

- Ward 12B (10 funded beds) providing voluntary and involuntary psychiatric care and treatment for people with a mental health illness who require inpatient care with a lower risk of behavioral disturbance, vulnerability, or other issues than persons requiring the more restrictive environment of AMHU High Dependency Unit.

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

GBCHS22/83

Portfolio: Mental Health**COMMUNITY SUPPORT OPTIONS IN PLACE FOR PATIENT DISCHARGE****Talking points:**

- ACT Mental Health Services recognise that some people require time to secure stable housing once they are well enough to be discharged from an acute setting. In July 2020, ACT Health established a Mental Health Discharge Support Program delivered by the ACT Mental Health Foundation.
- The Mental Health Discharge Support Program initiative has been established to enable people who experience moderate to severe mental illness, whose barrier to discharge is accommodation, to move back into the community following discharge from the ACT Public mental health inpatient units. The initiative provides short term, transitional accommodation, and recovery-focused support for people for up to 14 days.
- For the period of 1 July 2021 to 11 March 2022, the Mental Health Discharge Support Program has offset 338 acute adult inpatient bed days. The last financial year, 497 bed days were saved.
- On 21 August 2021, the ACT Government committed \$260,000 to extend existing mental health supports delivered by community mental health organisations and sector partners during the lockdown period. This funding saw \$40,000 allocated to Canberra Health Services for Homelessness Outreach.
- The City Community Recovery Service mental health team is currently operating a pilot program, Pilot Homelessness Outreach Team to meet the needs of people experiencing mental illness and homelessness in the City catchment area.
- The Homelessness Outreach Team aims to provide people with an assertive, mobile response from a designated sub-team to meet their short-term needs and then step them down to City CRS standard clinical management for ongoing and more longitudinal care.
- The Step Up Step Down facilities empower people in our community to either ‘step up’ from community-based programs to receive additional support, or ‘step down’ from a hospital setting to continue their mental health recovery and transition back to community life. The ACT has five SUSD facilities including:
 - Garran (18-64yrs) – six beds
 - Lyneham (18-64yrs) – five beds
 - Watson (13-17yrs) – five beds
 - Kambah (18-25yrs) – six beds
 - Outreach SUSD for adults (Transition to Recovery for 18-64 years)

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Background

- The Government has also invested \$3 million in the 2018-19 ACT Budget to build four Supported Accommodation Houses, which house up to 16 people. These houses form the long-term home for those residents.
- The Parliamentary Agreement has provisioned for an additional five Supported Accommodation Houses to be delivered over this term of Government.
- The ACT Government recently announced funding for a one-year initiative for a Clinical Liaison Officer to undertake the development of a model of care to assist in the future development of supported accommodation.

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

- There is no waiting list for psychiatric review or clinical management within Custodial Mental Health.
 - 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.
- Detainees submit health assessment request forms when they require access to health services.
- These forms are reviewed and triaged by the nursing staff and based on clinical assessment and the information provided, booked according to the urgency determined by the triage category.
 - 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 are generally for follow up care and medication reviews.
 - Some episodes of care may be managed entirely by nursing staff with support from medical staff if required.
 - Alcohol and Other Drug urgent appointments are seen the same day or if after hours, the following day; and
 - Alcohol and Other Drug non-urgent appointments are seen within four weeks and are generally for follow up care and medication reviews.
 - The Population Health service does not have a waiting list as clients are seen as required.

WINNUNGA DELIVERING HEALTHCARE AT ALEXANDER MACONOCHIE CENTRE

- From January 2019 to 11 March 2022:
 - 103 clients have had their health care transferred to Winnunga Health Care (Winnunga), including clients no longer in custody;
 - 73 clients transferred to Winnunga are no longer in custody;
 - 8 clients have had their health care transferred back to Justice Health Services (JHS); and
 - 7 clients are currently being reviewed by Winnunga to have their care transferred to them.
- As of 11 March 2022, 21 clients (5.9%) are currently receiving care via Winnunga.

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- 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.

AUDITOR GENERAL REPORT - REVIEW OF MENTAL HEALTH SERVICES IN AMC

- The ACT Auditor-General's Report for management of detainee mental health services in the AMC was tabled in the Legislative Assembly and is now in the public domain.
- A Government Response to the Report is due by 2 July 2022.
- The Report made 19 recommendation with 16 of these relating to Canberra Health Services.

The main themes of the report are Strategic Planning, Operational Systems to Support Care, Governance, Key Performance Indicators, Clinical Services Improvement Key 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 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 enduring 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.

INFRASTRUCTURE UPDATE**Talking points:****Adult Mental Health Inpatient Ward**

- In September 2021, construction was completed on the Ward 12B mental health ward that has provided additional acute beds at Canberra Hospital. This has created a purpose built 10 bed (funded) Mental Health Low Dependency Unit, with internal capacity to flex up to 14 beds (unfunded) if required.
- In December 2021, construction was completed on a High Dependency Unit (HDU) wall to deliver HDU surge in-patient beds in the Adult Mental Health Unit and to create the capacity for the existing 10 High Dependency Unit beds to flex up to 18 beds as required.
- 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.

Adolescent Mental Health Unit

- The Government is committed to developing youth-focused mental health services including:
 - a dedicated Inpatient Adolescent Mental Health Unit;
 - a Mental Health Day Service; and
 - an Adolescent Intensive Home Treatment Team.
- Planning for the dedicated Inpatient Adolescent Mental Health Unit includes six medical/surgical beds, six dedicated mental health beds and two enhanced care beds and an Adolescent Mental Health Day Service.
- Canberra Health Services has completed the design for the new unit and the revised completion date is Q2 2023 subject to clinical operational constraints.

- The purpose of admission to the Inpatient Adolescent Mental Health Unit will be for the 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. This will minimise the disruption to education, peer connections, interpersonal relationships, social/recreational activities, and other adolescent developmental milestones.
- The Inpatient Adolescent Mental Health Unit will be incorporated in the existing Paediatric 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.

Key Information

- 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.
- The ACT Labor and ACT Greens Parliamentary and Governing Agreement has committed to investment in a number additional mental health infrastructure initiatives that include:
 - Refurbishing 10 beds at the Brian Hennessy Rehabilitation Centre for transitional and rehabilitation accommodation for consumers with enduring mental illness; and
 - Construction of five additional support accommodation houses.

GBCHS22/83

Portfolio: Mental Health**SECLUSION RATES IN ACUTE MENTAL HEALTH INPATIENT UNITS****Talking points**

- The seclusion performance indicator was 1.96 per 1000 bed days for the period of 1 July 2021 to 10 March 2022; which is below the Strategic Indicator of less than 7 per 1000 bed days.
- The success of the implementation of various strategies has resulted in the sustained reduction in seclusion events across the territory. Particular improvements have been seen in Adult Mental Health Unit, where in recent months the seclusion rate has remained below the target.
- Multiple strategies have been embedded to reduce seclusion rates across public mental health services in the ACT. Some of these initiatives include:
 - Implementation of the Broset Violence Checklist in the Adult Mental Health 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; and
 - The Dhulwa and Adult Mental Health Unit Seclusion and Restraint Committees have also been combined to provide increased opportunities for sharing of information, strategies, education and learnings.

Background

- 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.

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- 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.
- 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.
- 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.

Key Information

The current seclusion data for 1 July 2021 to 10 March 2022

	Bed Days	Seclusion Events	Rate per 1,000 bed days
Seclusion rate for ACT *	23919	15	0.627
AMHU #	9219	7	0.759
Dhulwa +	4079	8	1.961

* Includes all acute inpatient bed days at Canberra Hospital and Calvary Healthcare Bruce

Only includes bed days at AMHU

+ Only includes bed days at Dhulwa

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Portfolio: Mental Health**COVID-19****Talking points:**Vaccine Rollout

- Mental Health Services have been working closely with Canberra Health Services vaccination coordination team to facilitate COVID-19 vaccinations roll out across mental health inpatient units.
- Vaccinations for consumers commenced on 16 July 2021 as part of Stage 1B of the COVID-19 vaccination roll out.
- All consumers in the Dhulwa Mental Health Unit, Gawanggal Mental Health Unit, Adult Mental Health Rehabilitation Unit and consumers who have had a length of stay of more than 25 days or frequent presenters are offered the Pfizer vaccination.
- If a person at the Adult Mental Health Unit outside this criterion expresses a want to receive a vaccine, the service will support them to do so.
- Consent for the vaccine is collected from the consumer or their guardians.
- Consumers who are discharged prior to receiving their second dose, will be provided with information and support to receive their second dose of the vaccination.

Staffing Safety

- Staff safety measures include:
 - ready access to Personal Protective Equipment (PPE);
 - targeted communication with regular COVID-19 updates from the Chief Executive Officer;
 - regular updates from the Executive Director, Mental Health, Justice Health and Alcohol and Drug Services;
 - regular COVID-19 huddles at the unit level to keep staff informed;
 - dedicated COVID-19 information page on the Canberra Health Services Intranet;
 - access to priority appointment for COVID-19 vaccinations;
 - emotional safety is provided with support from Employee Assistance Program providers and daily check-ins with staff by clinical leaders;
 - staff can access COVID-19 leave that is additional to their leave entitlement. Staff are given COVID-19 leave to attend vaccination and testing; and
 - Staff can opt into the 'STOP' staff COVID-19 surveillance testing program. Staff have priority access to COVID-19 testing at the Garran Surge Centre.

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Lead Directorate: Canberra Health Services
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General Visitor/Patient Safety

- Visitors are restricted from visiting all inpatient units as per current Clinical Health Emergency Coordination Centre policy. As of 16 February 2022, Two visitors are allowed per person per day, but only one visitor is allowed at any one time.
- Staff and visitor screening at entry points, with surgical masks provided.

Rapid Evaluation and Care in the Home (REaCH) Team

- REaCH is a tri-service approach that supports the Primary Health, Mental Health and Alcohol and Drug needs of people in quarantine and isolation across the ACT and surrounding areas. The team receives referrals directly from quarantine accommodation centres and the COVID-19 Care@Home Service.
- The REaCH team supports clients at the Garran Surge Centre or in the community that may otherwise be without appropriate services and may require admission to hospital.

Keeping Connected Program

- The Mental Health Inpatient Units are running a Keeping Connected Program. The program was developed to support consumers to maintain contact with their family while visits to Canberra Health Services facilities have been stopped as per the Clinical Health Emergency Coordination Centre advice.
- Many consumers are using their personal electronic devices to keep in touch, however for some people this is not possible. The way in which patients will have access to communicate will be different, depending on the kinds of technology available in the unit. Generally, this will be a combination of a telephone, central teleconferencing (WebEx), iPads and consumers' own devices.

Community Mental Health Services

- All community mental health teams have increased welfare calls to registered consumers during the COVID-19 pandemic.
- Members of the public are still able to contact the Access team 24/7 for mental health concerns.
- In line with social distancing guidelines, the majority of mental health teams are conducting appointments via telehealth. Face-to-face appointments are made when the level of acuity requires this service. Staff will attend in PPE to ensure the safety to all parties.
- Some staff are undertaking training so they can conduct opportunistic COVID-19 swabs to help identify disease in the vulnerable adult community mental health cohort.

Cleared as complete and accurate: 11/03/2022
Cleared for public release by: Chief Executive Officer Ext: 44700
Contact Officer name: Katrina Rea Ext: 41577
Lead Directorate: Canberra Health Services
TRIM Ref: GBCHS22/83

COVID-19 Safety at Alexander Maconochie Centre

- As of 10 March 2022, 85 per cent of detainees currently in custody have received their first COVID-19 vaccination and 83 per cent their second dose. The booster has also been provided to 65 per cent of the population. It is important to note that this number fluctuates as detainees enter and are released from custody. A small portion of first dose vaccination rates included in this report are attributed to vaccinations given to detainees whilst in the community.
- Ongoing COVID-19 vaccination clinics are being conducted weekly to vaccinate new arrivals at the Alexander Maconochie Centre who are not already vaccinated.
- Detainees who are released prior to receiving the second dose, are provided with information where they can receive their second dose of the vaccination.
- Detainees are able to choose not to have the vaccine. Should a detainee decline the vaccination initially, additional opportunities to access a vaccine are offered whilst in custody through the weekly clinic.
- Detainees who access primary health services through Winnunga Nimmitjiah Aboriginal Health Service are included in the vaccination roll out and are able to access their vaccine through Winnunga.
- Epidemiological screening is undertaken on all new admissions/inductions to the AMC.
- Surveillance testing is being conducted on all new admissions/inductions to the AMC.
- Detainees are tested at day 0 and day five regardless of symptomatic or exposure risks.
- Detainees are isolated until the day five test results are returned.
- If the detainee develops symptoms, they will be isolated for a longer period and repeat testing will occur. The period of isolation depends on epidemiological risk and symptomology and is managed in consultation with Public Health.
- Justice Health Services are monitoring and managing all positive cases within the AMC.
- Clearance from isolation of positive cases within the AMC is managed in consultation with the ACT Health Directorate.

Key Information

- COVID-19 vaccinations are continuing at Bimberi Youth Justice Centre. This information has not been included in this report due to the small number of young people at Bimberi and the possibility of them being able to be identified.

Cleared as complete and accurate: 11/03/2022
Cleared for public release by: Chief Executive Officer Ext: 44700
Contact Officer name: Katrina Rea Ext: 41577
Lead Directorate: Canberra Health Services
TRIM Ref: GBCHS22/83

GBCHS22/83

Portfolio: Mental Health**COMPLAINTS HANDLING AT CANBERRA HEALTH SERVICES****Talking points:**

- Consumer feedback received by Canberra Health Services is managed by the Consumer Feedback and Engagement Team (CFET).
- Consumer feedback is received via the ACT Health App, telephone, email, letter, hardcopy feedback form or an online form.
- CFET co-ordinates feedback investigation and responses within each Canberra Health Services Division within a 35-day timeframe in line with a national KPI.
- For feedback received on behalf of another consumer, a Request for Information form is provided with a request to be completed and returned within 14 calendar days.
- Within the Canberra Health Services response to complaints, the consumer is provided with divisional contact information should the consumer wish to further discuss the matter.
- If the consumer remains unsatisfied with the response provided, the consumer may contact the Human Rights Commission. Contact details for the Human Rights Commission are available upon request, and are available publicly.
- The Division of Mental Health, Justice Health and Alcohol & Drug Services is responsible for responding to consumer complaints in person, via telephone or in writing.
- From 1 January 2021 to 11 March 2022, Mental Health, Justice Health and Alcohol & Drug Services received a total of 501 pieces of consumer feedback. 64 per cent of these were complaints, the rest were compliments and comments.

Key Information

- Please note that the Complaints data in this Brief are Priority 3 only (divisional and Consumer Feedback and Engagement Team response), and does not include Priority 1s (Ministerial and Human Rights Commission responses and feedback received by the Minister's office). Priority 3 complaints are subject to the 35-day response KPI.

Cleared as complete and accurate:
Cleared for public release by:
Contact Officer name:
Lead Directorate:
TRIM Ref:

15/03/2022
Chief Executive Officer
Katrina Rea
Canberra Health Services
GBCHS22/83

Ext: 44701
Ext: 41577

Index

QUESTION TIME BRIEF

- Feedback received by Mental Health, Justice Health and Alcohol & Drug Services from 1 January 2021 to 11 March 2022 is broken down by type and by month in the table below.
- The below data was exported on 11 March 2022

Month Received	Comment	Compliment	Complaint
January 2021	0	24	39
February 2021	0	8	23
March 2021	3	21	29
April 2021	0	9	23
May 2021	2	14	27
June 2021	2	6	23
July 2021	6	20	21
August 2021	8	10	38
September 2021	1	3	22
October 2021	0	4	14
November 2021	1	5	17
Dec 2021	0	3	22
2021 Total	23	127	298
Jan 2022	2	11	11
Feb 2022	2	13	9
Mar 2022	0	1	4
2022 Total YTD	4	25	24
Grand Total	27	152	322

- Top three themes for complaints are below, noting each complaint may have more than one theme:

Theme Group (top 3)	Total
Conduct	315
Quality and Safety	168
Information/Communication/Education	150

GBCHS22/83

Portfolio: Mental Health**Winnunga contracts at AMC and Bimberi****Talking Points:**

- I am aware of the article in City News in November 2021 about a client in the Alexander Machonochie Centre (AMC). I am unable to comment on individual matters due to provisions in the *Health Records Privacy and Access Act, 1994*, nor can I comment on a matter that is before the ACT Supreme Court.
- Justice Health Services provide Health Assessments upon induction to detainees to determine any health needs which Justice Health Services may need to be aware of including but not limited to acute injury or illness, intoxication or withdrawal, or any ongoing health concerns. This information is used to formulate ongoing care.
- These Health Assessments meet obligations as outlined in Section 67 of the *Corrections Management Act 2007*. People in custody are not entitled to claim items on the Medicare Benefits Schedule under Section 19(2) of the *Health Insurance Act (Cth) 1973*. The health services provided in ACT Correctional and Detention facilities are funded by the Territory.
- The Aboriginal Health Assessment comprises of the following, dependent on age and circumstances:
 - check blood pressure
 - check blood sugar levels
 - measure height and weight
 - blood test
 - urine test
 - ask about the health of family
 - talk to about health priorities and goals
 - do other tests, as needed.
- Winnunga Nimmityjah Aboriginal Health and Community Services delivers culturally appropriate trauma-informed and responsive health care, specifically developed to meet the complex health and social support needs of Aboriginal and Torres Strait Islander detainees. Winnunga services at the AMC include:
 - Health assessments
 - GP mental health care plans and focused psychological strategies
 - Coordination and care planning for chronic conditions
 - Standard GP consultations and case conferencing.

Cleared as complete and accurate: 11/03/2022
Cleared for public release by: Chief Executive Officer Ext:44701
Contact Officer name: Katrina Rea Ext: 41753
Lead Directorate: Canberra Health Services
TRIM Ref: GBCHS22/83

- While Winnunga provides a range of comprehensive clinical service items to registered AMC clients under the Model of Care, Winnunga is not able to claim against the MBS for any of these items, as per the Health Insurance Act s19(2).
- For the half year ending 30 June 2021, Winnunga provided the following services to Aboriginal and Torres Strait Islander Detainees in the AMC :
 - 55 internal and external referrals were recorded.
 - 2,811 occasions of service for 57 detainees were provided outside standard hours by Winnunga GPs and nurses.
 - 3,516 occasions of service/service contacts were provided by Winnunga GPs and nurses to 80 clients
 - 2,841 episodes of medication administration (medication rounds) provided by nurses. This was 81 per cent of all contacts.
 - 36 referrals were recorded for AMC clients to external providers.
- Winnunga is not funded to provide primary health services at the Bimberi Youth Justice Centre. Primary health and wellbeing services at Bimberi are provided by Canberra Health Services.
- As a component of the Service Funding Agreements between Winnunga and ACT Health, healthy lifestyle, sexual health and other programs are provided as needed/requested.

Key Information:

- In 2020/21 the ACT Government through the ACTHD funded Winnunga \$497,646.87 to provide primary health care and wellbeing services to Aboriginal and Torres Strait Islander detainees at the Alexander Maconochie Centre (AMC).
- Up until the announcement of the 2021/22 budget, Winnunga self-funded the nursing component of the Model of Care to account for the funding shortfall in previous years. A significant element of the Winnunga Model of Care incorporates registered nurses providing daily services to Winnunga clients at the AMC. Additional costs cover pharmaceutical compounding costs and outsourcing Clinical Supervision for Winnunga FTE.
- In 2021/22 \$1.348 million will be provided to Winnunga to maintain the current service level for the Winnunga Model of Care at the AMC and, Justice Health will receive \$0.128 million taking the total initiative funding to \$1.476 million.

Background Information:

- Winnunga has a fulltime presence within the AMC. The Winnunga Model of Care, as a stand-alone community-controlled service in the AMC, is the first of its kind nationally to be implemented into a correctional facility. The establishment of these unique services originated as a response to the inquiry, the Moss review 2016, into the treatment and care of ██████████ in AMC.

Cleared as complete and accurate: 11/03/2022
Cleared for public release by: Chief Executive Officer Ext:44701
Contact Officer name: Katrina Rea Ext: 41753
Lead Directorate: Canberra Health Services
TRIM Ref: GBCHS22/83

GBCHS22/83

Portfolio: Mental Health**YOUNG PERSON ADMITTED TO THE ADULT MENTAL HEALTH UNIT****Talking points:**

- I am unable to comment on individual matters due to provisions in the *Health Records Privacy and Access Act, 1994*.
- Please be assured that the Adult Mental Health Unit is suitable and safe environment to provide care for young people with certain conditions, and or presenting factors.
- Such an admission is rare and may occur, for example, when a patient is at risk of harming themselves or others, or of absconding before receiving the care they need. The specialised facilities at Adult Mental Health Unit would provide the most suitable environment initially in such a case.
- The layout of the Adult Mental Health Unit allows for these young people to be cared for in a 'suite' like environment away from other patients. Additional resources are also provided to ensure safety.
- Once it is safe and appropriate to do so, a young person in this situation will be moved to a paediatric ward or discharged to return to their usual place of residence or alternative community-based support service.
- When a young person is at Adult Mental Health Unit, treating clinicians work collaboratively with colleagues across Canberra Health Services, including Child and Adolescent Mental Health and Paediatric teams at the Centenary Hospital for Women and Children, to ensure appropriate care is provided.
- This includes arranging for access to supplies and equipment that may not otherwise be on hand.
- Multi-disciplinary in-reach teams from other parts of the health service visit Adult Mental Health Unit consumers when appropriate and as required. However, all Adult Mental Health Unit nurses have training in general nursing and are equipped to provide safe care for patients irrespective of age.

- If a young person is so unwell that they require temporary admission to Adult Mental Health Unit, it is unlikely that they are well enough to attend the hospital school or use an educational device.
- However, if it is safe and appropriate to do so, arrangements can be made to facilitate learning opportunities.

Background information

- A new Adolescent Mental Health Unit (AdMHU) and Day Service will be constructed at Canberra Hospital as part of the Centenary Hospital for Women and Children expansion project.
- The new Unit is scheduled for completion in June 2023, pending operational constraints.
- The Unit was originally planned as a standalone facility to open in late 2021, but following stakeholder consultation, a decision was made to co-locate it with other adolescent services within the Centenary Hospital.
- This move will provide long term benefits for patients, their carers and staff, but has tied the project to the staged delivery schedule of the Centenary Expansion.
- High demand for inpatient beds due to COVID-19 has also impacted on the completion date for the new Unit, as it has not yet been possible to carry out ward moves originally planned for late 2021 to allow the works to get underway.

GBCHS22/83

Portfolio: Mental Health**SECOND PACER TEAM****Talking points:**

- The second PACER team – PACER AM commenced on 21 February 2022. The team operates from 8:00 to 18:30.
- The PACER AM is averaging one to two jobs per shift as opposed to the four to five per shift for the PACER PM team.
- From 21 February 2022 until 14 March 2022, PACER AM has attended an average of 18 jobs per week, inclusive of diversion to priority ambulance responses.
- The reduced volume of PACER AM jobs is thought to be due to the availability of other mental health services such as Community Recovery Services and the Home Assessment and Acute Response Team (HAART), and decreased need during the operational timeframe.

Background information

- PACER AM is an addition to the current PACER PM team which commenced on 12 December 2019 and operates from 14:00 – 00:30.

Canberra Health Services**To:** Minister for Mental Health

Tracking No.: MCHS22/154

Date: 10 March 2022**CC:** Dave Pepper, Chief Executive Officer**From:** Colm Mooney, Acting Deputy Chief Executive Officer**Subject:** Minister's Weekly Brief – 7 - 11 March 2022**Critical Date:** 11/03/2022**Critical Reason:** To ensure you are briefed on current issues and events

- DCEO .../.../...

Recommendation

1. Note the information contained in the Minister's Weekly Brief – 7 to 11 March 2022.

Noted / Please Discuss

Emma Davidson MLA/...../.....

Minister's Office Feedback

KEY TOPICS/EMERGING ISSUES**Update on COVID-19 Vaccination Rollout in Mental Health Inpatient Facilities**

As of 7 March 2022, 73 vaccinations have been provided to consumers at the Adult Mental Health Unit (AMHU). This includes first and second doses of Pfizer.

As of 7 March 2022, a total of 57 doses of Pfizer have been provided to consumers at the Adult Mental Health Rehabilitation Unit.

COVID-19 Vaccination Rollout Plan at Dhulwa and Gawanggal Mental Health Units

The Vaccination Outreach Clinic has attended both Dhulwa and Gawanggal, as of 7 March 2022 they have provided 65 vaccinations to consumers.

COVID-19 Vaccinations at the Alexander Maconochie Centre (AMC)

As of 7 March 2022, 88 per cent of detainees currently in custody have received their first COVID-19 vaccination and 80 per cent their second dose. It is important to note that this number fluctuates as detainees enter and are released from custody. A small portion of first dose vaccination rates included in this report are attributed to vaccinations given to detainees whilst in the community.

As of 7 March 2022, 64 per cent of the detainees currently in custody have received their COVID-19 booster vaccination.

COVID-19 Exposure locations at AMC and Mental Health Units

AMC: Nil

Bimberi: Nil

Mental Health Units:

Dhulwa: Nil

AMHU: Nil

Worksafe Investigation at Dhulwa Mental Health Unit

- On 7 March 2022 at approximately 1300 hours, Worksafe Investigator BG contacted Mental Health, Justice Health and Alcohol and Drug Services (MHJAHDS) to advise of their intent to visit Dhulwa Mental Health Unit (Dhulwa) between 9am and 10am 8 March 2022.
- Preliminary discussions with BG highlighted an interest in Worksafe accessing CCTV and records relating to their investigation for events during 10 and 13 February 2022 inclusive.

- On 8 March 2022 at the conclusion of BG's visit to Dhulwa, BG issued a requirement to give information and provide documents under Section 171 (1)(b) of the Work Health Safety Act 2011. Scope included *CCTV footage capturing workplace incidents and violence occurring at Cassia Ward of Dhulwa involving staff and consumer [REDACTED] on 28 January 2022, 13 February 2022 and 2 March 2022.*
- There is no CCTV footage of [REDACTED] in Cassia Ward of Dhulwa on 28 February 2022, 13 February 2022 and 2 March 2022.
- MHJHADS have since been advised that a new Worksafe Inspector MF has been allocated to the investigation.
- In addition, MF has issued a requirement to give information and provide documents under Section 155 (2)(a) and (b) of the Work Health and Safety Act 2011. The scope has significantly increased to *all video files depicting workplace violence incidents that have been bookmarked on the CCTV memory relating to the Dhulwa Mental Health Unit between the dates of Friday 28 January and Thursday 3 March 2022 inclusive.*
- MHJHADS will work with CHS Security to provide the requested copies by 11 March 2022.
- Further consultation with MF from Worksafe will take place to support the process and ensure a collaborative engagement.

Signatory Name: Colm Mooney Phone: 5124 8737
Acting Deputy Chief Executive Officer

Action Officer: Kath Macpherson Phone: 5124 9590
Senior Director
Policy, Planning and Government
Relations

Canberra Health Services**To:** Minister for Mental Health

Tracking No.: MCHS22/171

Date: 17 March 2022**CC:** Dave Peffer, Chief Executive Officer**From:** Colm Mooney, Acting Deputy Chief Executive Officer**Subject:** Minister's Weekly Brief – 14-18 March 2022**Critical Date:** 18/03/2022**Critical Reason:** To ensure you are briefed on current issues and events

- DCEO .../.../...

Recommendation

1. Note the information contained in the Minister's Weekly Brief – 14-18 March 2022.

Noted / Please Discuss

Emma Davidson MLA/...../.....

Minister's Office Feedback

KEY TOPICS/EMERGING ISSUES**Update on COVID-19 Vaccination Rollout in Mental Health Inpatient Facilities**

As of 10 March 2022, 73 vaccinations have been provided to consumers at the Adult Mental Health Unit (AMHU). This includes first and second doses of Pfizer.

As of 10 March 2022, a total of 57 doses of Pfizer have been provided to consumers at the Adult Mental Health Rehabilitation Unit.

COVID-19 Vaccination Rollout Plan at Dhulwa and Gawanggal Mental Health Units

The Vaccination Outreach Clinic has attended both Dhulwa and Gawanggal, as of 10 March 2022 they have provided 65 vaccinations to consumers.

COVID-19 Vaccinations at the Alexander Maconochie Centre (AMC)

As of 10 March 2022, 85 per cent of detainees currently in custody have received their first COVID-19 vaccination and 83 per cent their second dose. It is important to note that this number fluctuates as detainees enter and are released from custody. A small portion of first dose vaccination rates included in this report are attributed to vaccinations given to detainees whilst in the community.

As of 10 March 2022, 65 per cent of the detainees currently in custody have received their COVID-19 booster vaccination.

COVID-19 Exposure locations at AMC and Mental Health Units

AMC: Nil

Bimberi: 5 positive

Mental Health Units:

Dhulwa: Nil

AMHU: Nil

KEY STAKEHOLDER MEETINGS/COMMUNITY ENGAGEMENTS**Industrial Relations**

The Visiting Medical Officers Association (VMOA) has raised concerns in regard to locum Visiting Medical Officer contracts, particularly in Mental Health, Justice Health, Alcohol and Drug Services (MHJHADS), being offered at a daily rate rather than hourly.

These contracts are currently being reviewed to ensure that they comply with the arbitrated contract.

OFFICIAL

Signatory Name:	Colm Mooney Acting Deputy Chief Executive Officer	Phone:	5124 8737
Action Officer:	Kath Macpherson Senior Director Policy, Planning and Government Relations	Phone:	5124 9590

Canberra Health Services

To: Minister for Mental Health Tracking No.: MCHS22/187

Date: 24 March 2022

CC: Dave Peffer, Chief Executive Officer

From: Colm Mooney, Acting Deputy Chief Executive Officer

Subject: Minister's Weekly Brief – 21-25 March 2022

Critical Date: 25/03/2022

Critical Reason: To ensure you are briefed on current issues and events

- DCEO .../.../...

Recommendation

1. Note the information contained in the Minister's Weekly Brief – 21-25 March 2022.

Noted / Please Discuss

Emma Davidson MLA/...../.....

Minister's Office Feedback

KEY TOPICS/EMERGING ISSUES**Update on COVID-19 Vaccination Rollout in Mental Health Inpatient Facilities**

As of 21 March 2022, 73 vaccinations have been provided to consumers at the Adult Mental Health Unit (AMHU). This includes first and second doses of Pfizer.

As of 21 March 2022, a total of 57 doses of Pfizer have been provided to consumers at the Adult Mental Health Rehabilitation Unit.

COVID-19 Vaccination Rollout Plan at Dhulwa and Gawanggal Mental Health Units

The Vaccination Outreach Clinic has attended both Dhulwa and Gawanggal, as of 21 March 2022 they have provided 65 vaccinations to consumers.

COVID-19 Vaccinations at the Alexander Maconochie Centre (AMC)

As of 21 March 2022, 84 per cent of detainees currently in custody have received their first COVID-19 vaccination and 82 per cent their second dose. It is important to note that this number fluctuates as detainees enter and are released from custody. A small portion of first dose vaccination rates included in this report are attributed to vaccinations given to detainees whilst in the community.

As of 18 March 2022, 65 per cent of the detainees currently in custody have received their COVID-19 booster vaccination.

COVID-19 Exposure locations at AMC and Mental Health Units

AMC: one detainee, positive

Bimberi: five young people, positive

Mental Health Units:

Dhulwa: Nil

AMHU: Nil

UPDATES ON KEY PROJECTS/PIECES OF WORK**Mental Health, Justice Health and Alcohol and Drug Services, Acting Executive Director arrangements**

28 March 2022 – 18 April 2022 – Ms Jennifer Harland

19 April 2022 – 27 March 2023 – Ms Katie McKenzie

Dental Waitlists – Rehabilitation, Aged and Community Services (RACS)

The target mean wait time for non-urgent dental treatment at the Hume Health Centre is 12 months. At 15 March 2022, there were 58 patients on the waiting list for dental services at the Hume Health Centre, with the longest waiting 25 months (added to the list in February 2020).

General Wellbeing of Detainees

At the AMC, the number of ‘at risk’ referrals to mental health have not substantially increased; however, the overall number of general referrals to Justice Health Services (mental and physical health) have increased. It appears that ACT Corrective Service (ACTCS) are putting in general welfare referrals to Justice Health Services at a higher rate.

Another observation is ACTCS officers are putting in additional At-risk referrals for detainees already on S ratings (Risk of Suicide or Self-harm). Meaning, a detainee has already been determined at risk. This tends to happen in management and Crisis Support Unit (CSU).

KEY STAKEHOLDER MEETINGS/COMMUNITY ENGAGEMENTS**Industrial Relations**

A new Joint Consultative Committee has been established to undertake reviews under the Medical Practitioners Enterprise Agreement. This Committee is chaired by ACT Health, and includes membership from the AMA, ASMOF, CHS and Calvary.

Signatory Name:	Colm Mooney Acting Deputy Chief Executive Officer	Phone:	5124 4680
Action Officer:	Kath Macpherson Senior Director Policy, Planning and Government Relations	Phone:	5124 9590

Canberra Health Services Directorate

UNCLASSIFIED

To: Minister for Mental HealthTracking No.: MCHS22/202
(CHSFOI21-22.23)**Date:** 07/04/2022**From:** Dave Pepper, Chief Executive Officer**Subject:** Freedom of Information application from [REDACTED] (MLA) regarding Annual Report Briefs**Critical Date:** 08/04/2022**Critical Reason:** FOI will be delivered to applicant on this day.

- CEO .../.../...
- DCEO/COO .../.../...

Recommendation

That you:

1. Note Canberra Health Services' response at Attachment A

Noted / Please Discuss

Emma Davidson MLA/...../.....

Minister's Office Feedback

UNCLASSIFIED

Background

1. On Thursday 10 March 2022, [REDACTED] (MLA) submitted an access application under the *Freedom of Information Act 2016* (the Act) to the Canberra Health Services' (CHS) requesting:

'any final briefs prepared for any ACT Minister(s) or ACT Government witnesses during the 2020 – 2021 Annual Reports Hearings.'

Issues

2. After conducting a search for all relevant documents, CHS has identified 42 documents containing the information that meets the scope of the request.
3. The decision letter and accompanying documents released to [REDACTED] are at Attachment A.

Financial Implications

4. Processing fees are not applicable to this request.

ConsultationInternal

5. Divisions of Mental Health, Justice Health and Alcohol and Drug Services and Infrastructure and Health Support services confirmed release of documents prepared by them.

Cross Directorate

6. ACT Health Directorate, Chief Minister, Treasury and Economic Development Directorate, Community Services Directorate, Education Directorate, Environment Planning and Sustainable Development Directorate, Justice and Community Safety Directorate, Transport Canberra and City Services Directorate and Major Projects Canberra. Each of these directorates received this FOI request and are responding independently.

External

7. Not applicable.

Work Health and Safety

8. Not applicable.

Benefits/Sensitivities

9. Not applicable.

Communications, media and engagement implications

10. The CHS media team will support your office should any media issues arise.

UNCLASSIFIED

UNCLASSIFIED

11. The decision letter and accompanying documents in response to [REDACTED] FOI access applications will be uploaded to the ACTHD Disclosure Log in accordance with the Act.

Signatory Name: Colm Mooney Phone: 5124 8737
Acting Deputy Chief Executive Officer

Action Officer: Katherine Macpherson Phone: 5124 9590
Senior Director, Policy Planning and
Government Relations

Attachments

Attachment	Title
Attachment A	CHS Response

UNCLASSIFIED

Canberra Health Services Directorate

UNCLASSIFIED

To: Minister for Mental Health
Minister for Justice HealthTracking No.: MCHS22/203
(CHSFOI21-22.24)**Date:** 04/04/2022**From:** Dave Pepper, Chief Executive Officer**Subject:** Freedom of Information application from [REDACTED] (MLA) regarding the subject line of all final ministerial briefs.**Critical Date:** 08/04/2022**Critical Reason:** FOI will be delivered to applicant on this day.

- CEO .../.../...
- DCEO/COO .../.../...

Recommendations

That you:

1. Note Canberra Health Services' response at Attachment A;

Noted / Please Discuss

Emma Davidson MLA/...../.....

Minister's Office Feedback

UNCLASSIFIED

Background

1. On Thursday 10 March 2022, [REDACTED] (MLA) submitted an access application under the *Freedom of Information Act 2016* (the Act) to Canberra Health Services' (CHS) requesting:

'the subject line of all final ministerial briefs from 10th of February 2022 to 9th of March 2022 generated for or directed to any ACT Government Minister.

This request includes, wherever possible, the date of the brief, the internal reference, position of authority it was written by, and which Minister it was addressed to.

This request includes briefs prepared for Question Time, but not for Estimates or Annual Reports.'

Issues

2. A search was conducted of all relevant records systems. CHS has produced two documents containing the data extracted that meets the scope of the request.
3. The decision letter and accompanying documents released to [REDACTED] are at Attachment A.

Financial Implications

4. Processing fees are not applicable to this request.

ConsultationInternal

5. Not applicable.

Cross Directorate

6. ACT Health Directorate, Chief Minister, Treasury and Economic Development Directorate, Community Services Directorate, Education Directorate, Environment Planning and Sustainable Development Directorate, Justice and Community Safety Directorate, Transport Canberra and City Services Directorate and Major Projects Canberra. Each of these directorates received this FOI request and are responding independently.

External

7. Not applicable.

Work Health and Safety

8. Not applicable.

Benefits/Sensitivities

9. Not applicable.

UNCLASSIFIED

Communications, media and engagement implications

- 10. The CHS media team will support your office should any media issues arise.
- 11. The decision letter and accompanying documents in response to [REDACTED] FOI access applications will be uploaded to the ACTHD Disclosure Log in accordance with the Act.

Signatory Name: Colm Mooney Phone: 5124 8737
 Acting Deputy Chief Executive Officer

Action Officer: Katherine Macpherson Phone: 5124 9590
 Senior Director, Policy, Planning and
 Government Relations

Attachments

Attachment	Title
Attachment A	CHS Response

Canberra Health Services**To:** Minister for Mental Health

Tracking No.: MCHS22/209

Date: 31 March 2022**CC:** Dave Peffer, Chief Executive Officer**From:** Colm Mooney, Acting Deputy Chief Executive Officer**Subject:** Minister's Weekly Brief – 28 March to 1 April 2022**Critical Date:** 01/04/2022**Critical Reason:** To ensure you are briefed on current issues and events

- DCEO .../.../...

Recommendation

1. Note the information contained in the Minister's Weekly Brief – 28 March – 1 April 2022.

Noted / Please Discuss

Emma Davidson MLA/...../.....

Minister's Office Feedback

KEY TOPICS/EMERGING ISSUES

Update on COVID-19 Vaccination Rollout in Mental Health Inpatient Facilities

As of 25 March 2022, 74 vaccinations have been provided to consumers at the Adult Mental Health Unit (AMHU). This includes first and second doses of Pfizer.

As of 25 March 2022, a total of 57 doses of Pfizer have been provided to consumers at the Adult Mental Health Rehabilitation Unit.

COVID-19 Vaccination Rollout Plan at Dhulwa and Gawanggal Mental Health Units

The Vaccination Outreach Clinic has attended both Dhulwa and Gawanggal, as of 25 March 2022 they have provided 65 vaccinations to consumers.

COVID-19 Vaccinations at the Alexander Maconochie Centre (AMC)

As of 25 March 2022, 83 per cent of detainees currently in custody have received their first COVID-19 vaccination and 82 per cent their second dose. It is important to note that this number fluctuates as detainees enter and are released from custody. A small portion of first dose vaccination rates included in this report are attributed to vaccinations given to detainees whilst in the community.

As of 25 March 2022, 64 per cent of the detainees currently in custody have received their COVID-19 booster vaccination.

COVID-19 Exposure locations at AMC and Mental Health Units

AMC: Nil

Bimberi: Nil

Mental Health Units:

Dhulwa: Nil

AMHU: Nil

UPDATES ON KEY PROJECTS/PIECES OF WORK

Worksafe ACT Investigation

On 8 March 2022, Worksafe ACT issued a requirement to give information and provide documents under Section 155 (2)(a) and (b) of the Work Health and Safety Act 2011.

The scope included *all video files depicting workplace violence incidents that have been bookmarked on the CCTV memory relating to the Dhulwa Mental Health Unit between the dates of Friday 28 January and Thursday 3 March 2022 inclusive.*

19 bookmarks met the description, and the footage was provided to Worksafe ACT on 11 March 2022.

CHS is yet to receive any further correspondence from Worksafe ACT

ACT Human Right Commission (HRC) – Commission Initiated Complaint (CIC) into Dhulwa Mental Health Unit (Dhulwa)

The report and findings from the HRC regarding the CIC into Dhulwa are still being finalised.

MHJAHDS has been advised by the HRC that once finalised, the report and findings will be provided to CHS and MHJHADS, and not published publicly.

Once the report and findings have been provided, CHS will provide an update to the Minister's Office outlining key themes as well as any recommendations made.

Signatory Name: Colm Mooney Phone: 5124 4680
Acting Deputy Chief Executive Officer

Action Officer: Kath Macpherson Phone: 5124 9590
Senior Director
Policy, Planning and Government
Relations

Canberra Health Services

To: Minister for Mental Health Tracking No.: MCHS22/228

Date: 7 April 2022

CC: Dave Peffer, Chief Executive Officer

From: Colm Mooney, Acting Deputy Chief Executive Officer

Subject: Minister's Weekly Brief – 4-8 April 2022

Critical Date: 08/04/2022

Critical Reason: To ensure you are briefed on current issues and events

- DCEO .../.../...

Recommendation

1. Note the information contained in the Minister's Weekly Brief – 4-8 April 2022.

Noted / Please Discuss

Emma Davidson MLA/...../.....

Minister's Office Feedback

KEY TOPICS/EMERGING ISSUES**Update on COVID-19 Vaccination Rollout in Mental Health Inpatient Facilities**

As of 4 April 2022, 74 vaccinations have been provided to consumers at the Adult Mental Health Unit (AMHU). This includes first and second doses of Pfizer.

As of 4 April 2022, a total of 57 doses of Pfizer have been provided to consumers at the Adult Mental Health Rehabilitation Unit.

COVID-19 Vaccination Rollout Plan at Dhulwa and Gawanggal Mental Health Units

The Vaccination Outreach Clinic has attended both Dhulwa and Gawanggal, as of 4 April 2022 they have provided 65 vaccinations to consumers.

COVID-19 Vaccinations at the Alexander Maconochie Centre (AMC)

As of 4 April 2022, 82 per cent of detainees currently in custody have received their first COVID-19 vaccination and 79 per cent their second dose. It is important to note that this number fluctuates as detainees enter and are released from custody. A small portion of first dose vaccination rates included in this report are attributed to vaccinations given to detainees whilst in the community.

As of 4 April 2022, 63 per cent of the detainees currently in custody have received their COVID-19 booster vaccination.

COVID-19 Exposure locations at AMC and Mental Health Units

AMC: Two positive, new inductions

Bimberi: Nil

Mental Health Units:

Dhulwa: Nil

AMHU: One positive

Update on Accreditation

The preliminary survey commenced on 21 March 2022 with internal assessors from Canberra Health Services (CHS) and the ACT Health Directorate (ACTHD).

The team visited a range of inpatient, outpatient and community-based settings with a focus on the Communicating for Safety, Medication Safety and Partnering with Consumers National Standards.

Great examples of where the National Standards were being met or exceeded were identified, these included:

- Quality boards and action plans in place following the Comprehensive Bedside Audit (CBA).

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- Examples heard of quality improvement activities that resulted from consumer feedback or a near miss incident.
- Engagement of staff with quality and safety of patient care.

There were some areas identified that the team will be working to address in the coming weeks, these include:

- Some team members becoming complacent with COVID-19 PPE requirements.
- Variances in compliance with Schedule 8 Drug Register documentation.
- Variances in methods used to positively identify patients.
- Clinical Handover and identifying transition of care.

The preliminary survey has been a great opportunity for everyone to practice answering questions and receive 'on the spot' feedback from the internal assessors, ahead of the organisation wide survey in June 2022.

The internal assessment team will continue to visit various wards, clinics and community centres over the coming weeks with external assessors coming on site in late April/early May 2022 to review the remaining National Standards.

Signatory Name:	Colm Mooney Acting Deputy Chief Executive Officer	Phone:	5124 4680
Action Officer:	Kath Macpherson Senior Director Policy, Planning and Government Relations	Phone:	5124 9590

ADVISORY NOTE

Minister for Mental Health

TRIM Ref: MCHS22/238	Occupational Violence at Dhulwa
Critical Date	5 April 2022
Chief Executive Officer	Dave Peffer /...../.....

Minister's question/s:

Provide an update on Occupational Violence at Dhulwa Mental Health Unit (Dhulwa)

Canberra Health Services' response:

Following receipt of indirect feedback relating to Dhulwa Mental Health Unit from the Australian Nursing and Midwifery Federation (ANMF), concerns raised have been grouped into key themes.

The Director of Nursing (DON) for Mental Health, Justice Health and Alcohol and Drug Services (MHJHADS) is in regular contact with the ANMF and providing updates of the status of activities occurring at Dhulwa.

Last incident of a physical assault/interaction at Dhulwa occurred on 13 March 2022.

Safety Concerns

Canberra Health Services (CHS) has an organisational priority to ensuring staff feel safe at work, and MHJHADS take the safety concerns of staff very seriously.

MHJHADS designated an Assistant Director of Nursing, Clinical Projects who is driving implementation of the division's Occupational Violence (OV) Strategy.

Given the recent challenges at Dhulwa, the project officer is focused on ensuring staff within the unit have priority access to OV training and feel supported in the practical implementation of the training principles.

As of 5 April 2022, over 50 per cent of Dhulwa staff have received OV training. It is anticipated that all Dhulwa staff will have completed the practical training by end of April 2022.

At staff meetings in all mental health inpatient units, the DON outlined the OV strategies in place, Attachment A, what opportunities and supports are available, and how these can be utilised.

Approved funding for strategies that will help reduce OV include:

- Reinvigorating of Safewards methodology;
- Structured day with increased occupational activities program for consumers;
- Environmental improvements (Audio Visual (AV) upgrade in De-escalation, sensory equipment, massage chair);
- Focus on challenging restrictive practices, which are flash points for risk of aggression;
- Supporting staff to understand roles and responsibilities; and
- Trialing reviewed inpatient leave application processes; another flash point for risk of aggression.

All nursing staff at Dhulwa have been given the opportunity to work across different mental health inpatient units across the CHS. Redeployment can be temporary or long-term. To date, no nursing staff have taken up this option. There are several benefits of Dhulwa nursing staff working across different units, these include:

- a break away from a forensic environment;
- teamwork and engagement with colleagues in different work environments and with different skillsets;
- opportunity to further develop skills and experience in delivering mental health services to a broad range of consumers;
- exposure to demonstrated OV training principles and de-escalation techniques in practice in different units; and
- return to their usual work environment and discuss ideas or key learnings.

Worksafe investigation

Worksafe plan to visit Dhulwa this week.

WHS investigation

An investigation into the incident in October 2021 leading to a termination of contract, is now complete and has been shared with the ANMF.

Staff Engagement

Consultation is a key component in the development of proposed changes to policies and procedures and feedback is not only welcomed but encouraged.

Regular communication from the leadership team, including the Assistant Director of Nursing (ADON) and DON are intended to be informative but also collaborative. Managers are eager to partner with staff to ensure the provision of safe and high-quality care, both from the staff and consumer perspectives.

Some of the areas that staff are encouraged to engage in are:

- Staff are invited to attend Restraint, Seclusion and Restrictive Practices meetings to better understand the governance related to restrictive practices;
- Security and Restrictive Practices meetings review incidents of concern to ascertain areas for improvement including multi-disciplinary responses to incidents;
- Staff are invited to contribute to the development and review of individual consumer Behavioral Support Plans;
- Monthly complex care reviews/education sessions are held for all staff to share learnings particularly related to complex presentations with behavioural concerns;
- Staff are encouraged and supported to engage with consumers to develop therapeutic rapport;
- Staff are supported to understand their own responsibilities in keeping themselves, colleagues, and consumers safe;
- Twice weekly incident de-briefings provide staff with opportunities to escalate any concerns, as well as discuss key learnings from recent consumer interactions;
- Regular and ongoing OV scenario training to support retention of incident response skills in the sub-acute setting; and
- Engagement with People and Culture to understand roles and responsibilities and provide staff with support to feel competent and confident in completing their daily tasks.

Rosters

Rosters are impacted by sick leave and lack of availability of backfill; this is an issue across CHS.

The Dhulwa roster of eight Registered Nurses rostered to each shift (for 17 beds) has not always been achievable with high sick leave and staff fatigue from overtime shifts of late. Where all options to replace shifts has been exhausted, additional Assistants in Nursing (AIN) have been booked. AINs are a valuable resource in the sub-acute/rehabilitation and are adequately skilled to support trained staff with engagement and observation activities.

Access to overtime is being assessed on a case-by-case basis to reduce fatigue.

Service Delivery

The Mental Health Act 2015 mandates the provision of least restrictive care.

Dhulwa is a sub-acute unit, a secure hospital facility and not a correctional facility.

While there can be complex and challenging consumers, the model of care within Dhulwa is designed to be recovery focused and therapeutic, not punitive, or disciplinary.

There are core expectations in all CHS mental health inpatient units to adhere to the CHS values of being reliable, respectful, progressive and kind.

Vision for the Future

The vision for the Dhulwa team is to have a workforce that feels valued, empowered, confident and resilient. This will be achieved through continued support and by the strategies outlined in this document.

The model of care ensures the provision of safe, high-quality, and therapeutic care and a contemporary, flexible, and adaptable workforce.

Enablers

- Investment in staff wellbeing and education program;
- MHJHADS is investing in additional therapeutic measures such as sporting equipment and activities to strengthen consumer recovery and encourage engagement between staff and consumers;
- Move from Dynamic Appraisal of Situational Aggression (DASA) risk assessment to the Broset risk of aggression assessment tool to reduce punitive language and inflammatory application of the tool;
- Review the rostering practices to ensure fair and equitable workloads with appropriate skill mix; and

- Partner with staff to ensure they feel valued, respected, supported, and safe in the workplace.

Noted / Please Discuss

.....

**Emma Davidson MLA
Minister for Mental Health**

.../.../...

Signatory Name: Jennifer Harland
 Action Officer: Sonny Ward

Phone: 5124 1577
 Phone: 5124 8378

Canberra Health Services

To: Minister for Mental Health

Tracking No.: MCHS22/242

Date: 06/04/2021

From: Dave Peffer, Chief Executive Officer

Subject: Launch of new website for Canberra Health Services

Critical Date: 20/04/2022

Critical Reason: Launch of new website on 20/04/2022

- DCEO .../.../...

Recommendations

That you:

1. Note the intention to launch the website on 20 April 2022;

Noted / Please Discuss

2. Note the Website usability report at Attachment A; and

Noted / Please Discuss

3. Note the Website launch communications plan at Attachment B.

Noted / Please Discuss

Emma Davidson MLA/...../.....

Minister's Office Feedback

Background

1. Earlier this month we presented our new Canberra Health Services (CHS) website to you.
2. The website has been developed in response to significant research and feedback from consumers.

Issues

3. User-testing of the website is now complete.
4. The user-test process identified a few areas where we can further enhance the user experience. These are all fairly minor and the team is already implementing changes. These are expected to be in place by the time the website launches for a seamless user experience.
5. Overall, the test results were excellent, in particular:
 - a. consumers judged the information on the site both easy to understand and easy to use - key factors in good health literacy.
 - b. consumers judged the website useful, credible and trustworthy.
 - c. the website's System Usability Score of 80 is well above the web average of 68.
 - d. our desktop and mobile sites scored Net Promoter Scores of 47 and 70, respectively (health and government sites usually score closer to 0).
6. A detailed usability report, including direct quotes from consumers is at [Attachment A](#).
7. Based on the results of the user test process, the team will proceed with a CHS website launch date of 20 April 2022.
8. This will be supported by a detailed communication plan ([Attachment B](#)) which will be supported by key partners, including ACT Health Directorate (ACTHD).
9. We are working closely with the ACTHD on a seamless transition. In particular, we have a dedicated 'go live' plan shared with ACT Health, including:
 - a. a content audit to identify which pages will remain on the ACT Health website; and
 - b. redirects to ensure there are no broken links on the ACT Health website.

Financial Implications

10. The budget for this work is included in the CHS Strategic Communication and Engagement Branch budget for 2021-22.

ConsultationInternal

11. CHS Executive endorsed the project.
12. Aboriginal and Torres Strait Islander Consumer Reference Group provided input into design of new website and were consulted on content.
13. Cancer Consumer Reference Group provided input into design of new website and were consulted on content.

Cross Directorate

14. CMTEDD Communications - we have sought advice from and are working closely with CMTEDD on user experience design and Single Public Face.
15. CMTEDD Online Services - website functionality development.
16. ACTHD - we continue to work closely with the team at ACT Health Directorate to ensure a seamless experience for consumers and to clearly define the purpose of each site.

External

17. Health Care Consumers Association - ongoing advice, consultation and testing including with their Accessibility and Design Consumer Reference Group.
18. Consultation on needs with:
 - a. ACT Mental Health Consumer Network
 - b. Migrant and Refugee Settlement Services
 - c. ACT Disability Reference Group
 - d. Carers ACT
 - e. Canberra Multicultural Community Forum
 - f. Women with Disabilities ACT
 - g. Women's Centre for Health Matters

Work Health and Safety

19. Not applicable.

Benefits/Sensitivities

20. Developing a better CHS website is an important step in partnering with consumers, particularly through health literacy.
21. Clearer content will help us manage consumer expectation in terms of the services we have available, how to access them and what to expect during their time with us.

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22. We will update website governance to ensure:
- a. content is reflective of consumer expectations,
 - b. content is aligned with CHS's strategic priorities, and
 - c. available resources are used efficiently in managing the website into the future.

Communications, media and engagement implications

23. We will continue to engage with consumer groups in the lead-up to and after the launch, and to encourage regular feedback and collaboration post-launch.
24. The communications strategy is at Attachment B.

Signatory Name: Colm Mooney Phone: 5124 9796

Action Officer: David Jean Phone: 5124 6115

Attachments

Attachment	Title
Attachment A	CHS Website Usability Report
Attachment B	Website launch communications strategy