



ACT
Government

**Canberra Health
Services**

FOI19-7



Dear 

Freedom of Information - Notice of Third Party Consultation

I refer to your amended application under section 30 of the *Freedom of Information Act 2016* (the Act), received by Canberra Health Services on 14 May 2019, in which you seek access to the following:

"The organisation's integrated risk register."

Authority

I am an Information Officer appointed by the Chief Executive Officer of Canberra Health Services under section 18 of the Act to deal with access applications made under Part 5 of the Act.

Canberra Health Services was required to provide a decision on your access application by 13 June 2019.

Decision on access

Searches were completed for relevant documents on the Canberra Health Services Risk Register. One document has been identified that falls within the scope of your request and as such the Canberra Health Services Enterprise Risk Register has been released to you.

I take this opportunity to provide you with context of the Canberra Health Services Enterprise Risk Register. Risk Management is an essential function of any health service. By clearly identifying risks, that is the effect of uncertainty on our objectives, Canberra Health Services can continually improve the organisation and the service provided to all our patients and consumers. The Canberra Health Services Enterprise Risk Register is utilised to record the details of risks including causes, current controls and treatment action plans required to reduce the risk eventuating.

Charges

Processing charges are not applicable for this request under Section 107 (1) of the Act.

Online publishing – disclosure log

Under section 28 of the Act, ACT Health maintains an online record of access applications called a disclosure log. Your original access application, my decision and documents released to you in response to your access application will be published in the ACT Health 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 Your personal contact details will not be published.

You may view ACT Health's disclosure log at <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 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 on 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

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/>

If you have any queries concerning the Canberra Health Service's processing of your request, or would like further information, please contact the FOI Coordinator on 5124 9831 or e-mail HealthFOI@act.gov.au.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Katherine Wakefield', with a stylized flourish at the end.

Katherine Wakefield
A/g Executive Director
Quality, Safety, Innovation and Improvement

12 June 2019

Risk ID	Description	Current Risk	Target Risk	Accountable Executive	Responsible Manager	Risk Status
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Risk Name						
There is a risk of CHS staff exposure to Occupational Violence and Aggression (OVA) from patients, consumers and visitors						
608	(None Entered)	High	Medium	CEO, Canberra Health Services	Executive Director, People and Culture	Open

Causes
<p>Cause</p> <p>Patients/consumers with underlying chronic illness/conditions e.g. cognitive impairment, dementia and/or experiencing acute symptoms from illness e.g. pain, grief</p> <p>Staff inadequately skilled to identify people with increased likelihood of exhibiting challenging behaviour (violence and aggression) likely to result in harm to people including staff</p> <p>Staff inadequately skilled to proactively manage OVA</p> <p>Variation in defining 'tolerable' behaviour from patients/consumers/visitors among CHS</p> <p>Lack of clarity among patients/consumers and visitors as to what acceptable behaviour is when entering CHS facilities and/or accessing CHS services</p> <p>Inadequate communication with patients accessing some CHS services to set expectations on service delivery and receipt and factors that impact on possible changes</p>

Consequences
<p>Consequence</p> <p>Harm to staff - physical and/or psychological</p> <p>Potential impact on 'business as usual' service delivery in some areas due to staff absence (personal leave) from the workplace</p>

Controls
<p>Control</p> <p>CHS policy and procedure</p> <p>Staff Accident and Incident Reporting</p> <p>Factsheets on reporting OV and manager responses for OV related staff injury/illness</p> <p>Personal Safety and Conflict Awareness eLearning</p> <p>Part (Predict, Assess and Respond to Challenging/Aggressive Behaviour) training (face to face)</p> <p>VPM (Violence Prevention Management) training (face to face)</p> <p>Environmental Assessment Tool - Hazard and Risk Factors (for violence and aggression) Prompt list for staff</p> <p>Home visit risk assessment tool</p> <p>Violence risk screening and assessment tools in DMHU and AMHRU</p> <p>Agitation scale used in RACS</p> <p>Duress systems – fixed duress and handsets</p> <p>Emergency Management Plans across CHS, that includes Code Black response</p> <p>OV Strategy Working Group, chaired by CEO</p> <p>WHS involvement in all new projects, including new facilities</p> <p>CCTV, monitored by Security Services</p>

Actions			
Action By Date	Allocated To	Completed On	Action Description
25 Jan 2019	Occupational Violence Prevention Project Officer	24 Jan 2019	Provide Education and awareness re: incident reporting and post incident follow up
Fact Sheets developed and consulted in December 2018 and January 2019. Issued on 24th January 2019.			

Risk ID	Description	Current Risk	Target Risk	Accountable Executive	Responsible Manager	Risk Status
<p>Action By Date Allocated To Completed On Action Description Action Response</p>						
19 Jul 2019	Occupational Violence Prevention Project Officer	(None Entered)		Engage External Consultant for Occupational Violence Strategy and implementation plan		
<p>06/02/2019 - Request for Quote to be sent out 11th February 2019 08/04/2019 - Request for Quote (RFQ) was reissued in March and currently undergoing negotiations with the preferred supplier. Action by date changed to reflect reissued RFQ milestones</p>						
31 May 2019	Occupational Violence Prevention Project Officer	(None Entered)		Develop Communications plan		
<p>05/02/2019 - Comms working group met and reviewed first draft concept designs for OV strategy 08/04/2019 - Comms work has been put on hold to determine comms strategy from ACT Govt, ACT Health and CHS.</p>						
3 May 2019	Occupational Violence Prevention Project Officer	(None Entered)		Review Local Risk Assessments (Occupational Violence Risk Assessment Tool)		
<p>Nov/Dec 2018 - test of tool in the Emergency Department 8th Jan 2019 - test of version 2 of the tool in the Adult Mental Health Rehabilitation Unit 06/02/2019 - revision of tool based on test and consultation with stakeholders 08/04/2019 - Tool out for consultation with members of the OV Environment Working Group</p>						
30 Sep 2019	Occupational Violence Prevention Project Officer	(None Entered)		Review current violence risk screen and violence risk assessment tools		
<p>(None Entered)</p>						
30 Sep 2019	Occupational Violence Prevention Project Officer	(None Entered)		Develop and implement violence risk screen and risk assessment tools for areas that currently do not have them		
<p>(None Entered)</p>						
30 Sep 2019	Occupational Violence Prevention Project Officer	(None Entered)		Review and implement a training program for all CHS staff in the prevention and management of OV		
<p>(None Entered)</p>						
30 Sep 2019	Occupational Violence Prevention Project Officer	(None Entered)		Develop and implement standards of acceptable behaviour for patients/consumers and visitors entering CHS facilities and/or accessing CHS services and/or communicating with CHS staff		
<p>(None Entered)</p>						
30 Sep 2019	Occupational Violence Prevention Project Officer	(None Entered)		Review CHS working environments for stressors that increase risk of OV and implement rectification works, when possible e.g. additional way finding, access control, additional CCTV, positive distractions in waiting rooms, noise reduction, lighting improvements, etc		
<p>(None Entered)</p>						

<p>Risk Name There is a risk of ineffective response to and recovery from complex Level 2 & 3 Emergency Incidents/Business Disruption Events impacting Clinical Services at Canberra Health Service sites</p>						
609	(None Entered)	High	Medium	CEO, Canberra Health Services	Deputy Director-General, Canberra Hospital and Health Services	Open

Causes
<p>Cause</p> <p>Key plans, policies, procedures and governance outdated following the creation of CHS and ACT Health as two separate organisations</p> <p>Roles and responsibilities for the Incident Management Team to manage Level 2 and 3 Emergency Incidents are unclear</p> <p>Staff in positions required to respond to a Chemical, Radiological, Biological or Nuclear (CRBN) incident, have variable knowledge and skill to do so, including clear direction and training in the use of appropriate PPE.</p> <p>Communication processes between the Incident Management Team and divisions is unclear</p> <p>Inadequate opportunity for Major Incident and Business Disruption Event training exercises</p>

Risk ID	Description	Current Risk	Target Risk	Accountable Executive	Responsible Manager	Risk Status
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Consequences

Consequence

- Potential for harm to patients, staff and visitors
- Potential for loss of assets with financial impact for replacement or rectification
- Potential for negative impact on CHS reputation through media coverage

Controls

Control

- Regular ECO training
- Procedure - Hospital Emergency Operations Centre (HEOC) Set-up and functions
- Site based Emergency Response Procedures
- Protective Security Policy
- Security Standard Operating Procedures
- CHS Incident Management Team Training program
- Business Continuity Management Framework and Business Continuity Plans
- CHS Emergency Management Committee
- Canberra Health Services Emergency Management Plan

Actions

Action By Date	Allocated To	Completed On	Action Description
30 Nov 2018	Clinical Operations, Hospital Emergency Management Coordinator	1 Feb 2019	Establishment of command / control hierarchy and communications pathway between IMT and clinical heads
Action Response Entered:01 Feb 2019 09:37 User:Clinical Operations, Hospital Emergency Management Coordinator A communications/hierarchy flow chart was developed to show the communication process between key Incident Management Team Roles and Divisional roles. This flowchart was endorsed by the Canberra Health Services Emergency Management Committee on 6th December 2018. Action Response Entered:07 Mar 2019 11:30 User:Clinical Operations, Hospital Emergency Management Coordinator The flowchart has been incorporated in IMT training sessions and also forms part of the reviewed Hospital Emergency Operations Procedure			
30 Nov 2018	Clinical Operations, Hospital Emergency Management Coordinator	1 Feb 2019	Revision of the Hospital Emergency Operations Centre procedure to reflect the above hierarchy of control/communications and to expand on the Action Cards of IMT members
Action Response Entered:01 Feb 2019 09:40 User:Clinical Operations, Hospital Emergency Management Coordinator A complete review of the Hospital Emergency Operations Centre Procedure was undertaken by the Hospital Emergency Management Coordinator and was sent out to the Canberra Health Services Emergency Management Committee for comment. Feedback was collated and the final document was endorsed by this committee in December 2018. The new document has been forwarded to the policy committee for uploading to the intranet. This procedure shall form part of the CHS Incident Management Team training which is currently being rolled out across the service.			
30 Nov 2018	Clinical Operations, Hospital Emergency Management Coordinator	1 Feb 2019	Re-establishment of the CHS EM Committee
Action Response Entered:01 Feb 2019 09:42 User:Clinical Operations, Hospital Emergency Management Coordinator This Committee was re-established on 6th December 2018 with quarterly meetings scheduled for 2019.			
30 Dec 2018	Clinical Operations, Hospital Emergency Management Coordinator	1 Feb 2019	IMT training schedules

Risk ID	Description	Current Risk	Target Risk	Accountable Executive	Responsible Manager	Risk Status
	<p>Action By Date</p> <p>Allocated To</p> <p>Completed On</p> <p>Action Description</p>					
	<p>Action Response Entered:01 Feb 2019 09:45 User:Clinical Operations, Hospital Emergency Management Coordinator IMT training schedules have been created for those staff who have been identified as taking part in managing emergencies at TCH. This includes senior executive, exec-on-call and after hours hospital managers. An in house training packing has been developed based on AIIMS principles and is being delivered to over 100 identified staff in Jan and Feb 2019 over 6 sessions. Those staff who are unable to attend a session will be captured in one on one sessions at the completion of the group sessions. _____</p> <p>Action Response Entered:07 Mar 2019 11:32 User:Clinical Operations, Hospital Emergency Management Coordinator An additional 6 sessions have been scheduled to capture those who could not attend the initial 6 sessions. Those who still cannot attend are being offered one on one training _____</p>					
30 Dec 2019	Clinical Operations, Hospital Emergency Management Coordinator	(None Entered)				Review and further development of Code Brown procedure
	<p>Action Response Entered:01 Feb 2019 09:48 User:Clinical Operations, Hospital Emergency Management Coordinator An interim Code Brown procedure combining a previous version and the Emergency Departments Mass Casualty procedure has been uploaded to the intranet as an INTERIM document. The Hospital Emergency Management coordinator plans to establish a Code Brown working group over 2019 and develop individual divisional/departments sub-plans and create a new document. April 2019, DM met with clinicians from ED, Theatres, ICU and trauma clinicians to develop a first 6-12 hr Mass Casualty Plan, draft sub-plans from this group due back by end June for review and exercising Aug/Sept 2019. After these first 3 sub-plans are sound, DM to work on ensuring all other areas have sub-plans to form a CHS wide Mass Casualty Procedure. _____</p>					
30 Jun 2019	Clinical Operations, Hospital Emergency Management Coordinator	(None Entered)				TCH Chemical Biological Radiological and Nuclear preparedness and response developed in conjunction with ACTAS and ACT Fire and Rescue. This includes staff training to set up the CBRN tent and the correct use of PPE.
	<p>Action Response Entered:07 Mar 2019 11:38 User:Clinical Operations, Hospital Emergency Management Coordinator After discussions with ACT Fire and Rescue, Senior Emergency Department Personnel and the Manager of the ACT Health Emergency Management Unit, an interim document was created for a CBRN response during the ED access works from Jan-May 2019. CHS has a CBRN tent that is not maintained and there are no personnel on site who have been trained to erect it. Old PPE is out of date and ACT Fire and Rescue have been unable to advise what PPE is required. The new interim CBRN procedure gives guidance to ED staff receiving 'self presenters' at TCH in decontamination techniques for up to 3 self presenters. More than this shall be decontaminated by the lead agency for CBRN incidents, ACT Fire and Rescue. After the ED access works are completed, a review of the current procedure will take place. _____</p>					
30 Jun 2019	Clinical Operations, Hospital Emergency Management Coordinator	(None Entered)				Closer working relationship with Business Continuity staff to ensure learnings from any Business Disruption event are captured in the relevant Business Continuity Plans (BCPs) and that BCP's are included in departmental Emergency Response procedures.
	<p>Action Response Entered:07 Mar 2019 11:43 User:Clinical Operations, Hospital Emergency Management Coordinator As part of the restructure of CHS, Linda Bower, Senior manager Business Continuity management has been co-located with Donna McKerlie, Hospital Emergency Management Coordinator. Linda and Donna now work together closely to ensure planning for planned and unplanned resource outages are addressed. This includes a closer relationship with the Infrastructure Project Teams to ensure that clinical areas have adequate BCP planning in place. The IMT training that is currently being rolled out includes how Emergency Management and Business Continuity are interlinked and include activation of both code Yellow and BCP's concurrently. Emergency exercises planned for later this year shall include a resource outage to also test the relevant areas BCP. _____</p>					
30 Dec 2019	Clinical Operations, Hospital Emergency Management Coordinator	(None Entered)				BCP exercises to be undertaken on yearly basis for all high level business continuity plans.
	<p>Action Response Entered:07 Mar 2019 11:45 User:Clinical Operations, Hospital Emergency Management Coordinator Emergency management exercises shall include a BCM component so that local BCP's can be exercised along side Emergency management exercises. Linda Bower, Senior manager Business Continuity Management has now been co-located with Donna McKerlie, Hospital Emergency management coordinator to enable them to plan exercises accordingly _____</p>					
30 Mar 2019	Clinical Operations, Hospital Emergency Management Coordinator	7 Mar 2019				TCH campus infrastructure BCP developed and Resource Outage Contingency Plan further developed to ensure executive are aware of the clinical impacts of losing utilities or critical infrastructure.
	<p>Action Response Entered:07 Mar 2019 11:46 User:Clinical Operations, Hospital Emergency Management Coordinator TCH Resource Outage Contingency Plan has been drafted to be endorsed at the next CHS Emergency management Committee meeting. This plan shall be updated by Chris Tarbuck/Donna McKerlie as infrastructure projects allow improvement in resource outage contingencies. _____</p>					
30 Dec 2019	Clinical Operations, Hospital Emergency Management Coordinator	(None Entered)				Review of Community Emergency Response Procedures and duress system mapping

Risk ID	Description	Current Risk	Target Risk	Accountable Executive	Responsible Manager	Risk Status
Action By Date Allocated To Completed On Action Description Action Response						
Action Response Entered:07 Mar 2019 11:51 User:Clinical Operations, Hospital Emergency Management Coordinator Community Emergency Response Procedures and Emergency Posters currently under review in conjunction with Michael Warylow, Fire and Safety manager. Duress system mapping has been referred to John Ludvigson to address at the Security committee.						
30 Jun 2019	Clinical Operations, Hospital Emergency Management Coordinator	(None Entered)		Clinical Communications Solution System rollout across CHS		
Action Response Entered:07 Mar 2019 11:52 User:Clinical Operations, Hospital Emergency Management Coordinator The Clinical Communications team have consulted with Emergency Management personnel to review all 'response' and 'notification' lists for all codes by switchboard.						
30 Dec 2019 (None Entered)	(None Entered)	(None Entered)		Update to Business Continuity Management Framework		

Risk Name There is a risk of patients with identified serious mental health illness having long waits within the Emergency Department at Canberra Hospital and other general hospital wards prior to transfer to an appropriate mental health care location

610	Canberra Hospital Emergency Department is the only approved Mental Health Facility Emergency Department in the ACT. An approved MH facility is one that is approved by the Minister and is formalised via a Notifiable Instrument. This means that any person placed on an Emergency Action under the Mental Health Act 2015 (the Act) by police, ambulance or community mental health workers must be seen initially at the Emergency Department of the Canberra Hospital. There are multiple inpatient areas at Calvary Hospital that are also so-approved, but the Emergency Department at Calvary Hospital is not so-approved. The Act encourages the use of least restrictive environment for patients requiring mental health assessment. This includes suicidal patients who are "voluntary" at the time of assessment.	High	High	CEO, Canberra Health Services	Deputy Director-General, Canberra Hospital and Health Services	Open
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Causes

Cause
Increasing numbers of people presenting to the Emergency Department with serious and/or complex mental health illness requiring lengthier timeframes to assess
Insufficient numbers of psychiatric inpatient beds to meet demand
Inability to recruit a sufficient number of mental health trained nursing and medical staff to provide timely mental health assessment of the increasing number of people presenting to the Emergency Department with mental health illness
Insufficient number of 'beds' with appropriate environmental design within the Emergency Department to de-escalate people presenting with serious acute mental health symptoms

Consequences

Consequence
Potential for consumers to abscond
Potential for consumers self harming or harming other people
Potential for legislative breaches (Mental Health Act 2015 and Human Rights Act)
Consumers not receiving the right care in the right place at the right time
Increases in inpatient LOS at all points along the patient journey

Risk ID	Description	Current Risk	Target Risk	Accountable Executive	Responsible Manager	Risk Status
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Controls

- Control
- Cohorting of patients where possible when 1:1 specials and/or wardsmen resourcing is required for greater visibility of patients with mental health illness and to optimise the use of these additional resources
 - Mental health clinicians providing double cover between 1000-2330 hours
 - Increased/extended hours of cover by Child and Adolescents Mental Health Service mental health workers for young persons presenting with mental health issues.
 - Psychiatric registrar night cover 24 hour 7 days a week within the Emergency Department
 - 2 purpose build seclusion rooms within the Emergency Department for patients presenting with challenging behaviours and on Mental Health Orders
 - 5 designated beds for people with mental health illness to have 'short stays' within the Emergency Department
 - Mental Health phone consults to allow ED diversion of mental health presentations away from using ED Mental Health face to face clinician time

Actions

Action By Date Action Response	Allocated To	Completed On	Action Description
31 Dec 2019 (None Entered)	(None Entered)	(None Entered)	Develop and implement an escalation plan to remove admitted mental health patient from the ED to other more suitable inpatient locations including Calvary (This is part of a territory wide plan)
31 Oct 2019 (None Entered)	(None Entered)	(None Entered)	Review current ED footprint to provide a more appropriate assessment & secure area for mental health patients awaiting mental health assessment that is more in line with the Emergency Department and mental health model of care
31 Dec 2019 (None Entered)	(None Entered)	(None Entered)	Develop an MOU with Calvary that enables Canberra Hospital to fund beds and transfer MH patient there on an as needs basis as part of an escalation plan/strategy
31 Oct 2019 (None Entered)	(None Entered)	(None Entered)	Review the MH patient flow model of care to include Dulwha
30 Sep 2019 (None Entered)	(None Entered)	(None Entered)	Review the current MH bed requirements based on demand and develop a short term territory wide strategy to transfer patients from the ED to appropriate mental health care locations appropriate to patient need
31 Dec 2019 (None Entered)	(None Entered)	(None Entered)	Review the current MH bed requirements and project future needs based on increasing demand and develop a long term strategy to transfer patients from the ED to mental health care locations appropriate to patient need
31 Dec 2019 (None Entered)	(None Entered)	(None Entered)	Develop a Workforce strategy to meet patient increasing demand
31 Mar 2020 (None Entered)	(None Entered)	(None Entered)	Design and open/deliver 10 new community based MH beds as a step down supported accommodation option to improve flow through existing MH facilities

Total number of discrete items for all groups: 3

Report Criteria (If Applicable)

Level of Risk
CHS Enterprise Risk