



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 ACT Health Directorate (ACTHD) on **Thursday 9 March 2021**.

This application requested access to:

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

I am an Information Officer appointed by the Director-General of ACT Health Directorate (ACTHD) under section 18 of the FOI Act to deal with access applications made under Part 5 of the Act. ACTHD was required to provide a decision on your access application by **Thursday 8 April 2021**.

I have identified 56 documents totalling 140 pages holding the information within scope of your access application. These are outlined in the schedule of documents included at Attachment A to this decision letter.

Decisions

I have decided to grant full access to all 56 relevant documents. The documents released to you are provided at Attachment B to this letter.

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

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

Charges

Processing charges are not applicable to this request.

Disclosure Log

Under section 28 of the FOI Act, ACTHD 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 Your personal contact details will not be published.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 contact the FOI Coordinator on (02) 5124 9829 or email HealthFOI@act.gov.au.

Yours sincerely



Naveen Wijemanne
Executive Branch Manager, Office of the Director-General
ACT Health Directorate

8 April 2021

FREEDOM OF INFORMATION SCHEDULE OF DOCUMENTS

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

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

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

APPLICANT NAME	WHAT ARE THE PARAMETERS OF THE REQUEST	FILE NUMBER
[REDACTED]	<i>Final briefs prepared for Minister(s) and other witnesses, whether or not they appeared or were used, for the ACT Legislative Assembly Standing Committee Inquiries into Annual and Financial Reports 2019–2020 and Estimates 2020–2021.</i>	FOI21/09

Ref Number	Page Number	Description	Date	Status Decision	Factor	Open Access release status
1.	1 – 4	Index Minister for Health ACT Health Directorate 2019-20 Annual Report Briefs	26 February 2021	Full Release		YES
Hot Issues – COVID-19						
2.	5 – 6	COVID-19 – Key facts and figures	26 February 2021	Full Release		YES
3.	7 – 10	COVID-19 – Public Health Emergency (and directions)	26 February 2021	Full Release		YES
4.	11 – 16	COVID-19 – Health system preparedness	26 February 2021	Full Release		YES
5.	17 – 19	COVID-19 – Current Restrictions	26 February 2021	Full Release		YES
6.	20 – 22	COVID-19 – National Review of Contact Tracing and Hotel Quarantine	26 February 2021	Full Release		YES
7.	23 – 24	COVID-19 – Government Facilitated Flights	26 February 2021	Full Release		YES

8.	25 – 26	COVID-19 – Expenditure 2020-21	26 February 2021	Full Release		YES
9.	27	COVID-19 – Vaccination Plan	26 February 2021	Full Release		YES
Hot Issues						
10.	28 – 31	Alcohol and Other Drugs	26 February 2021	Full Release		YES
11.	32 – 33	Health Fact Sheet	26 February 2021	Full Release		YES
12.	34 – 39	Emergency Department Performance	26 February 2021	Full Release		YES
13.	40 – 42	Elective Surgery Wait Times	26 February 2021	Full Release		YES
14.	43 – 45	Latest Quarterly Reporting	26 February 2021	Full Release		YES
15.	46 – 48	Air Quality	26 February 2021	Full Release		YES
16.	49 – 50	Digital Health Record	26 February 2021	Full Release		YES
17.	51 – 54	Culture Review and Canberra Health Services Workplace Culture Initiatives	26 February 2021	Full Release		YES
Strategic Objectives						
18.	55 – 56	Strategic Objective 1: Reducing the Waiting List for Elective Surgery	26 February 2021	Full Release		YES
19.	57 – 58	Strategic Objective 2: Performing Elective Surgery	26 February 2021	Full Release		YES
20.	59	Strategic Objective 3: Improving Timeliness of Emergency Department Treatment	26 February 2021	Full Release		YES
21.	60 – 62	Strategic Objective 4: Improving the Mental Wellbeing of Canberrans	26 February 2021	Full Release		YES
22.	63 – 66	Strategic Objective 5: Improving the Health Status of Canberrans	26 February 2021	Full Release		YES
23.	67	Strategic Objective 6: Reducing the Risk of Fractured Femurs in ACT Residents Aged over 75 years	26 February 2021	Full Release		YES
24.	68 – 69	Changes to Strategic Objectives 4 and 5 (Strategic Indicators 1.1 and 1.2)	26 February 2021	Full Release		YES
ACT Health Directorate Output Classes						
25.	70 – 72	Output 1.1: Improved Hospital Services	26 February 2021	Full Release		YES
26.	73	Output 1.2: Healthy Communities Output 1.2a - Samples analysed	26 February 2021	Full Release		YES

27.	74 – 75	Output 1.2b - Food business inspections	26 February 2021	Full Release		YES
28.	76	Output 1.2c - 1 year immunisation coverage	26 February 2021	Full Release		YES
29.	77 – 78	Output 1.2d - Aboriginal and Torres Strait Islander immunisation	26 February 2021	Full Release		YES
30.	79	Output 1.4: Continuous Improvement of the ACT Public Health System	26 February 2021	Full Release		YES
Local Hospital Network Output Classes						
31.	80 – 81	Output 1.1: ACT Local Hospital Network Output 1.a – Admitted Services	26 February 2021	Full Release		YES
32.	82 – 83	Output 1.b – Non Admitted Services	26 February 2021	Full Release		YES
33.	84 – 85	Output 1.c – Emergency Services	26 February 2021	Full Release		YES
34.	86 – 87	Output 1.d – Acute Admitted Mental Health Services	26 February 2021	Full Release		YES
35.	88 – 89	Output 1.e – Subacute Services	26 February 2021	Full Release		YES
36.	90 – 91	Output 1.f – Total in Scope	26 February 2021	Full Release		YES
Annexed Reports						
37.	92 – 93	ACT Care Coordinator Annual Report 2019-20	26 February 2021	Full Release		YES
38.	94 – 97	Calvary Health Care ACT Ltd Annual Report 2019-20 (including performance statement)	26 February 2021	Full Release		YES
39.	98	Human Research Ethic Committee Annual Report 2019-20	26 February 2021	Full Release		YES
40.	99 – 100	Radiation Council Annual Report 2019-20	26 February 2021	Full Release		YES
41.	101 – 102	Index Minister for Mental Health ACT Health Directorate 2019-20 Annual Report Briefs	26 February 2021	Full Release		YES
Hot Issues – COVID-19						
42.	103 – 104	COVID-19 – Key facts and figures	26 February 2021	Full Release		YES
43.	105 – 107	COVID-19 – Current Restrictions	26 February 2021	Full Release		YES
44.	108 – 109	COVID-19 and Mental Health	26 February 2021	Full Release		YES
45.	110 – 112	Implementation of the COVID-19 Mental Health support package	26 February 2021	Full Release		YES
Hot Issues						
46.	113 – 115	Culture Review (Mental Health)	26 February 2021	Full Release		YES
47.	116 – 120	Mental Health Access & Utilisation	26 February 2021	Full Release		YES

48.	121 – 122	Chief Psychiatrist changes	26 February 2021	Full Release		YES
49.	123 – 124	The Report on the Inquiry into Youth Mental Health in the ACT	26 February 2021	Full Release		YES
50.	125 – 127	Productivity Commission Report into Mental Health	26 February 2021	Full Release		YES
Strategic Objectives						
51.	128 – 130	Strategic Objective 4: Improving the Mental Wellbeing of Canberrans	26 February 2021	Full Release		YES
52.	131 – 132	Changes to Strategic Objectives 4 and 5 (Strategic Indicators 1.1 and 1.2)	26 February 2021	Full Release		YES
ACT Health Directorate Output Classes						
53.	133 – 134	Output 1.3: Mentally Healthy Communities	26 February 2021	Full Release		YES
Local Hospital Network Output Classes						
54.	135 – 136	Output 1.d – Acute Admitted Mental Health Services	26 February 2021	Full Release		YES
Annexed Reports						
55.	137 – 138	Chief Psychiatrist Annual Report 2019–20	26 February 2021	Full Release		YES
56.	139 – 140	Office for Mental Health and Wellbeing Annual Report 2019–20	26 February 2021	Full Release		YES
Total Number of Documents						
56						

**Minister for Health
ACT Health Directorate
2019-20 Annual Report Briefs**

Hot Issues – COVID-19

1.	COVID-19 – Key facts and figures	OCHO
2.	COVID-19 – Public Health Emergency (and directions)	OCHO
3.	COVID-19 – Health system preparedness - To include COVID Surge Centre & Aged Care Planning	CHS with input from OCHO and LHN
4.	COVID-19 – Current Restrictions - Combination of previous QTBs Border closure and effects on the ACT and Easing of Restrictions/Check In CBR App	OCHO
5.	COVID-19 – National Review of Contact Tracing and Hotel Quarantine	OCHO
6.	COVID-19 – Government Facilitated Flights	OCHO
7.	COVID-19 – Expenditure 2020-21	C&G
8.	COVID-19 – Vaccination Plan	OCHO

Hot Issues

9.	Alcohol and Other Drugs	PPH
10.	Health Fact Sheet	CIO
11.	Emergency Department Performance	LHN with input from CHS
12.	Elective Surgery Wait Times	LHN with input from CHS
13.	Latest Quarterly Reporting	CIO with input from LHN
14.	Air Quality To include Smoke and Summer Preparedness	OCHO
15.	Digital Health Record	CIO
16.	Culture Review and Canberra Health Services Workplace Culture Initiatives	ACTHD - Culture Review input from CHS

Strategic Objectives

No.	Title	
17.	Strategic Objective 1: Reducing the Waiting List for Elective Surgery (Annual Report 2019-20 - page 63) (2020-21 Budget Statements – Strategic Indicator 2.2 – page 8)	LHN with input from CHS
18.	Strategic Objective 2: Performing Elective Surgery (Annual Report 2019-20 - page 64) (2020-21 Budget Statements – Strategic Indicator 2.1 – page 7)	LHN with input from CHS
19.	Strategic Objective 3: Improving Timeliness of Emergency Department Treatment (Annual Report 2019-20 - page 64) (2020-21 Budget Statements – Strategic Indicator 2.3 – page 8)	LHN with input from CHS
20.	Strategic Objective 4: Improving the Mental Wellbeing of Canberrans (Annual Report 2019-20 - page 65) (2020-21 Budget Statements - Strategic Indicator 1.1 – page 5)	OMH&W with input from PPP
21.	Strategic Objective 5: Improving the Health Status of Canberrans (Annual Report 2019-20 - page 66) (2020-21 Budget Statements - Strategic Indicator 1.2 – page 6)	PPH and Chief Medical Officer
22.	Strategic Objective 6: Reducing the Risk of Fractured Femurs in ACT Residents Aged over 75 years (Annual Report 2019-20 - page 66) (2020-21 Budget Statements - Strategic Indicator 1.3 - page 6)	PPH with input from DSD and CHS
23.	Changes to Strategic Objectives 4 and 5 (Strategic Indicators 1.1 and 1.2)	CFO

ACT Health Directorate Output Classes

No.	Title	
24.	Output 1.1: Improved Hospital Services (Annual Report 2019-20 - page 309) (2020-21 Budget Statements – Page 10)	DSD with input from LHN
	Output 1.2: Healthy Communities	
25.	Output 1.2a - Samples analysed (Annual Report 2019-20 - page 311) (2020-21 Budget Statements – page 14)	CHO
	Output 1.2b - Food business inspections (Annual Report 2019-20 - page 311) (2020-21 Budget Statements – page 14)	CHO
	Output 1.2c - 1 year immunisation coverage (Annual Report 2019-20 - page 311) (2020-21 Budget Statements – page 14)	CHO

	Output 1.2d - Aboriginal and Torres Strait Islander immunisation rates (Annual Report 2019-20 - page 311) (2020-21 Budget Statements – page 14)	CHO
26.	Output 1.4: Continuous Improvement of the ACT Public Health System (Annual Report 2019-20 page 315) (2020-21 Budget Statements – page 15)	C&G

Local Hospital Network Output Classes

No.	Title	
	Output 1.1: ACT Local Hospital Network	
27.	Output 1.a – Admitted Services (Annual Report 2019-20 page 397) (2020-21 Budget Statements – page 59)	LHN with input from DSD
28.	Output 1.b – Non Admitted Services (Annual Report 2019-20 page 397) (2020-21 Budget Statements – page 59)	LHN with input from DSD
29.	Output 1.c – Emergency Services (Annual Report 2019-20 page 397) (2020-21 Budget Statements – page 59)	LHN with input from DSD
30.	Output 1.d – Acute Admitted Mental Health Services (Annual Report 2019-20 page 397) (2020-21 Budget Statements – page 59)	LHN with input from DSD and MHPU
31.	Output 1.e – Subacute Services (Annual Report 2019-20 page 397) (2020-21 Budget Statements – page 59)	LHN with input from DSD
32.	Output 1.f – Total in Scope (Annual Report 2019-20 page 397) (2020-21 Budget Statements – page 59)	LHN with input from DSD

Annexed Reports

No.	Title	
33.	ACT Care Coordinator Annual Report 2019-20 (page 321)	OPLE
34.	Calvary Health Care ACT Ltd Annual Report 2019-20 (including performance statement) (page 323)	LHN
35.	Human Research Ethic Committee Annual Report 2019-20 (page 335)	Research

36.	Radiation Council Annual Report 2019-20 (page 347)	OCHO- HPS
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GBC21/46

Portfolio: Health**ISSUE: COVID-19: KEY FACTS AND FIGURES****Talking points:**

- As of 25 February 2021:
 - There are no active cases in the ACT.
 - There have been 170,310 negative tests in the ACT to date.
 - A total of 115 cases have recovered from COVID-19 and have been released from self-isolation.
 - Three deaths have been recorded.
- Currently, there is no evidence of community transmission in the ACT.
- Of the ACT's cases:
 - 89 were overseas acquired cases with a total of 29 related to cruise ships;
 - 25 were close contacts of known cases;
 - 3 were locally acquired with no contact identified following interstate travel; and
 - 1 was locally acquired with an unknown epi-link.
- ACT Health is continuing to take appropriate public health action to contact trace all new cases in line with national guidelines.

National

- As at 9:00am on 25 February 2021, there have been 28,939 reported confirmed cases of COVID-19 in Australia. There have been 2 new cases in the last 24 hours.
- Of the 28,939 confirmed cases in Australia, 909 have died from COVID-19. 14,190,604 tests have been conducted across Australia.

Cleared as complete and accurate:	25/02/2021	
Cleared by:	Vanessa Dal Molin	Ext: 49442
Contact Officer name:	Vanessa Dal Molin	Ext: 49442
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Vanessa Dal Molin	
TRIM Ref:	GBC21/46	

Location	Confirmed cases*
New South Wales	5,155
Northern Territory	104
Queensland	1,323
South Australia	613
Tasmania	234
Victoria	20,479
Western Australia	913

* Note that under National Notifiable Diseases Surveillance System reporting requirements, cases are reported based on their Australian jurisdiction of residence rather than where they were detected. For example, a case reported previously in the NT in a NSW resident is counted in the national figures as a NSW case.

International

- As at 24 February 2021, across the world there have been 111,762,965 confirmed cases of COVID-19 and more than 2,479,678 deaths.

Testing

- The ACT is consistently producing strong testing figures with 170,310 negative tests completed as of 25 February 2021.
- Testing is a vital step in responding and managing to COVID-19, as it enables early detection and response to cases to mitigate widespread transmission in the community.
- Free and easily accessible testing is available at multiple locations across the ACT including Weston Creek walk-in centre, Exhibition Park in Canberra and Winnunga Nimmityjah Aboriginal Health and Community Services.

Wasterwater testing

- A weekly wastewater sample is collected from the Lower Molonglo Water Quality Control Plant, which receives wastewater from over 99 per cent of the ACT population.
- Fragments of the virus were detected in a sewage sample collected on 27 January 2021 from the Belconnen wastewater testing location. A sample of Belconnen wastewater collected on 1 February 2021 returned a negative result with no traces of COVID-19 virus detected.

Cleared as complete and accurate: 25/02/2021
 Cleared by: Vanessa Dal Molin Ext: 49442
 Contact Officer name: Vanessa Dal Molin Ext: 49442
 Lead Directorate: Health
 Cleared for release: Yes
 Information Officer name: Vanessa Dal Molin
 TRIM Ref: GBC21/46

GBC21/46

Portfolio: Health**Public Health Emergency (and Directions)****Talking points:**

- The Chief Health Officer advised me on 15 February 2021 that the ACT's public health emergency declaration due to COVID-19 should be extended for a further 90 days, to 18 May 2021. The public health emergency was scheduled to conclude on 17 February 2021.
- The emergency declaration allows the Chief Health Officer to take the necessary actions to contain the spread of the disease, including issuing Public Health Emergency Directions.
- The extension was necessary to maintain public health control measures to safeguard against a resurgence of COVID-19 cases – including the requirement for international travellers to undertake mandatory quarantine and for positive COVID-19 cases to self-isolate.
- The decision to maintain the public health emergency is reviewed regularly as the situation evolves, however this position is consistent with that of the Australian Government and other Australian jurisdictions.

Public Health Emergency Directions**Public Health (COVID-19 Affected Areas) Emergency Direction 2021 (No. 4)**

- Due to the improved situation and planned lifting of the lockdown in Victoria, the ACT removed the State of Victoria as a COVID affected area with effect from 11.59pm on 17 February 2021.
- The Direction currently restricts travel to the ACT for people who have been in a public exposure site in Victoria. There is an online declaration process for ACT residents and an exemption process for non-ACT residents.
 - ACT residents who have visited a Tier 1 exposure site must immediately enter quarantine, get tested for COVID-19 and stay in quarantine until 14 days after their last exposure to the case.. They must also complete an online declaration form within 24 hours prior to travel.
 - If a non-ACT resident is considering travel to the ACT and has been in a Tier 1 exposure site, , they should not travel to the ACT at this time. If they need to travel for an extraordinary circumstance, they

Cleared as complete and accurate: 17/02/2021
Cleared for public release by: Executive Branch Manager Ext:
Contact Officer name: Vanessa Dal Molin Ext: 49442
Lead Directorate: Health
TRIM Ref: GBC21/46

must seek an exemption from ACT Health which must be granted prior to travel.

Public Health (Restricted Activities – Gatherings, Business or Undertakings)
Emergency Direction 2021 (No. 1)

- Eased gathering and business restrictions came into effect from 9am on 20 February 2021.
- The Direction provides that:
 - Businesses and venues may have 25 people across the venue. If they wish to have more than 25 people, they can use the 1 person per 2 square metres of usable space rule for indoor and outdoor spaces.
 - Patrons can consume food and alcohol while standing up.
 - Gatherings and events over 1,000 people require an exemption from ACT Health.
 - All restricted businesses must be registered for and using the Check in CBR app to collect patron details for contact tracing. Businesses will have until 6 March 2021 to register for the app.
 - All patrons aged 16 years or older are required to check-in and businesses must use their best endeavours to ensure patrons do so. This requirement will also become effective from 6 March 2021.
 - Cinemas and movie theatres can sell up to 75 per cent capacity of each theatre.
- provided they have a COVID-19 Safety Plan endorsed by ACT Health.
 - Large indoor performance venues, such as theatres and arenas, can have up to 75 percent capacity provided that the performance is ticketed and attendees remain seated. There is no cap on patron numbers.
 - Enclosed outdoor venues with permanent tiered seating and grandstands can have 100 per cent capacity, with no cap on patron numbers, provided that the performance is ticketed and attendees remain seated. There is no cap on patron numbers.
 - GIO Stadium and Manuka Oval can have 100 per cent seated capacity provided the events are ticketed.

Cleared as complete and accurate: 17/02/2021
Cleared for public release by: Executive Branch Manager Ext:
Contact Officer name: Vanessa Dal Molin Ext: 49442
Lead Directorate: Health
TRIM Ref: GBC21/46

- Larger crowd capacities are possible at organised events where an exemption has been granted. Events up to 10,000 can be considered for exemptions. Events must comply with the COVID Safe Event Protocol.
- Non-essential businesses and undertakings must develop and adhere to a COVID-19 Safety Plan and display a sign at the entrance specifying the occupancy limit.
- Persons organising planned events of more than 1,000 persons must develop and adhere to a COVID-19 Safety Plan and adhere to the requirements in the COVID Safe Event Protocol.
- Individuals can return to work where it suits employers and employees, with a COVID Safe Plan in place.

Public Health (Residential Aged Care Facilities) Emergency Direction 2021 (No. 2)

- Restrictions prevent visitors entering RACFs if they have been overseas within the last 14 days, been in contact with a confirmed case of COVID-19, or have a temperature >37.5C.
- An influenza vaccination is required for people entering a RACF unless the person's presence is for the purposes of emergency management or law enforcement, or if vaccination is not available to the person due to a documented medical contraindication, the person being a child under 6 months of age, or if there is no available supply of influenza vaccines (which is expected between the end of February 2021 when the 2020 influenza vaccine expires and supply of the 2021 influenza vaccine becomes available which is expected around April/May 2021).
- Restrictions on 'care and support' visits to RACFs by family and friends of residents have been eased under this latest version of the Direction, which previously allowed no more than two visitors to any particular resident at a time.
- A similar easing of restrictions has been made to 'welfare and wellbeing' visits, which are visits by persons offering services to residents (including entertainment services such as musicians) to a resident, or multiple residents. Under this latest version of the Direction there are no limitations on duration or the number of visitors permitted for a 'welfare and wellbeing' visit.

Cleared as complete and accurate: 17/02/2021
Cleared for public release by: Executive Branch Manager Ext:
Contact Officer name: Vanessa Dal Molin Ext: 49442
Lead Directorate: Health
TRIM Ref: GBC21/46

Public Health (Returned Travellers) Emergency Direction 2020 (No. 9)

- Restrictions on persons entering the ACT following a flight from outside Australia commence from the point at which the person arrives in the ACT. Returned travellers must travel directly from that place to a designated premises to reside in until clearance from quarantine is given by an authorised medical officer.
- International flight crew must quarantine at a designated premises for 14 days or until their next flight departing the ACT.

Public Health (Self-Isolation) Emergency Direction 2020 (No. 4)

- A person diagnosed with COVID-19 and close contacts on confirmed cases must self-isolate until clearance is given by an authorised medical officer, or travel directly to a hospital for medical treatment.

Public Health (Mandatory Face Masks – Canberra Airport and Domestic Flights) Emergency Direction 2021

- Requirement that all passengers, airport staff and air crew wear mask at Canberra Airport and on domestic commercial flights in and out of Canberra Airport except children under 12 years of age and those with an exemption from wearing a mask.
- Airport workers and air crew that do not interact with the general public are not required to wear a mask.

Cleared as complete and accurate: 17/02/2021
Cleared for public release by: Executive Branch Manager Ext:
Contact Officer name: Vanessa Dal Molin Ext: 49442
Lead Directorate: Health
TRIM Ref: GBC21/46

GBCHS21/23

Portfolio: Health

COVID-19: HEALTH SYSTEM PREPAREDNESS

Talking points:

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

This funding delivered:

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

Public Health

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

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

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

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

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

Supply chain update

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

Telehealth

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

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

Aged Care Planning

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

Workforce

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

Sector Engagement

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

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

Education for preparedness

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

Private Hospitals

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

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Lead Directorate: Canberra Health Services
TRIM Ref: GBCHS21/23

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

Ngunnawal Bush Healing Farm

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

Surge Centre

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

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

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GBC21/46

Portfolio: Health

COVID – Current Restrictions

Talking points:

- The ACT remains in a good position thanks to the continued good work of the Canberra community and their continued adherence to COVID-19 restrictions.
- Further easing of restrictions were announced on 19 February 2021 following consideration of the public health checkpoint on 12 February 2021. The new measures took effect from 9am on 20 February 2021.
- The Direction provides that:
 - Businesses and venues may have 25 people across the venue. If they wish to have more than 25 people, they can use the 1 person per 2 square metres of usable space rule for indoor and outdoor spaces.
 - Patrons can consume food and alcohol while standing up.
 - Gatherings and events over 1,000 people require an exemption from ACT Health.
 - Cinemas and movie theatres can sell up to 75 per cent capacity of each theatre.
 - Large indoor performance venues, such as theatres and arenas, can have up to 75 percent capacity provided that the performance is ticketed and attendees remain seated. There is no cap on patron numbers.
 - Enclosed outdoor venues with permanent tiered seating and grandstands can have 100 per cent capacity, with no cap on patron numbers, provided that the performance is ticketed and attendees remain seated. There is no cap on patron numbers.
 - GIO Stadium and Manuka Oval can have 100 per cent seated capacity provided the events are ticketed.
 - Larger crowd capacities are possible at organised events where an exemption has been granted. Events up to 10,000 can be considered for exemptions. Events must comply with the COVID Safe Event Protocol.

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ANNUAL REPORT HEARING BRIEF

- Non-essential businesses and undertakings must develop and adhere to a COVID-19 Safety Plan and display a sign at the entrance specifying the occupancy limit.
 - Persons organising planned events of more than 1,000 persons must develop and adhere to a COVID-19 Safety Plan and adhere to the requirements in the COVID Safe Event Protocol.
 - Individuals can return to work where it suits employers and employees, with a COVID Safe Plan in place.
- In addition, from 6 March 2021, all restricted businesses must be registered for and using the Check in CBR app to collect patron details for contact tracing.
 - The Check In CBR app is free, secure and convenient and it enables ACT Health to quickly access patron information to quickly alert people who may have been in contact with a person with COVID-19 if required.
 - As at 4 February 2021, there are 6,050 venues registered with Check in CBR. There have been 314,724 downloads since its launch: (Apple 197,000; Google 117,724).
 - From 6 March 2021, all patrons aged 16 years or older will be required to check-in and businesses must use their best endeavours to ensure patrons do so.
 - Due to the improved situation and planned lifting of the lockdown in Victoria, the ACT removed the State of Victoria as a COVID affected area with effect from 11.59pm on 17 February 2021. The Direction currently restricts travel to the ACT for people who have been in a public exposure site in Victoria. There is an online declaration process for ACT residents and an exemption process for non-ACT residents.
 - ACT residents who have visited a Tier 1 exposure site must immediately enter quarantine, get tested for COVID-19 and stay in quarantine until 14 days after their last exposure to the case.. They must also complete an online declaration form within 24 hours prior to travel.
 - If a non-ACT resident is considering travel to the ACT and has been in a Tier 1 exposure site, , they should not travel to the ACT at this time. If they need to travel for an extraordinary circumstance, they must seek an exemption from ACT Health which must be granted prior to travel.

Background Information

- The ACT Government issues travel advice to residents in relation to COVID-19 affected areas and where an area is declared a COVID-19 affected area, a public health direction may be enforced.
- We know that easing restrictions leads to a higher risk of a resurgence of COVID-19 cases and we are monitoring and assessing the impact of each step as these measures are gradually eased.

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ANNUAL REPORT HEARING BRIEF

- Under recently eased restrictions, all restricted businesses and venues must use the Check In CBR app and use their best endeavours to require patrons aged 16 years or older to check-in. This has been implemented following receipt of legal advice from the ACT Government Solicitor's Office.
- Nightclubs were permitted to reopen on 11 December 2020, with the same conditions as licenced venues. Venues must limit the number of people on indoor dedicated dance areas to a maximum of 25, using one person per two square metres (with Check-In CBR app) and one person per four square metres (without Check-In CBR app).

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GBC21/46

Portfolio/s: Health**National Review of Contact Tracing and Hotel Quarantine****Talking points:**

- At the request of National Cabinet, the Commonwealth Government undertook two national reviews in 2020 relating to the COVID-19 response which the ACT engaged with and has responded to.
- Hotel quarantine is the first line of defence in preventing the importation of COVID-19 with the second line of defence being testing and contact tracing in the community.
- Both are crucial elements of our COVID-19 response and we are continually strengthening our systems and processes to minimise risk to the community.

National Review of Hotel Quarantine

- The National Review of Hotel Quarantine examined hotel quarantine management, structures, and operations for all jurisdictions except Victoria.
- The ACT was assessed as suitable against all recommendations, with some areas further strengthened in line with the best practice identified by the review.
- Areas strengthened included providing further supports for families and parents, making information about quarantine clear and easily accessible, and ensuring our systems are adequate to manage persons in quarantine.
- We recognise that quarantine, particularly hotel quarantine, can be a challenging experience for travellers and we are focused on continually improving the experience to reduce stresses and anxieties which also reduces the likelihood of a breach.
- Mental health and wellbeing is a particular focus of our approach. We have a dedicated team which offers a range of support to persons in quarantine.
- We are working closely with hotel quarantine providers to ensure infection prevention and control measures are in place and that staff are adequately trained in how to use personal protective equipment (PPE).
- In line with AHPPC recommendations, we have increased the frequency of testing for hotel quarantine workers to include a daily saliva test for those

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frontline workers managing returned international travellers in hotel quarantine.

- The Safeguarding Canberrans (SCAN) Surveillance Program is part of a national approach to screening workers involved in the repatriation of Australians from overseas following a successful trial in November 2020. The Program includes daily saliva testing and weekly deep nasal/throat tests, in addition to syndromic surveillance and detailed public health advice for participants.
- The SCAN Program has been implemented in addition to a range of established risk management strategies for hotel quarantine and serves as an early warning signal to cases – even before people have symptoms.
- Registration in the SCAN Program is required under workplace health and safety obligations. The SCAN Program is facilitated by ACT Health and administered by employers involved in ACT hotel quarantine to provide a COVID-safe environment for all.

National Contact Tracing and Outbreak Management Review

- The National Contact Tracing and Outbreak Management Review reviewed systems and operations in all jurisdictions with the aim of strengthening capacity and capability to effectively test, trace and isolate COVID-19 and ensure health systems are prepared to quickly control outbreaks.
- The ACT was assessed as having strong contact tracing and outbreak management systems in place.
- The review identified areas for continuous improvement and preventative public health measures for all jurisdictions in the areas of workforce and training; stress testing; end-to-end contact tracing; data exchange; outbreak management; technology systems; and community engagement.
- The ACT agreed to, and is implementing, all 22 recommendations of the review.
- The ACT's Check in CBR app, launched in September 2020, was noted through this review as an effective mechanism to assist our contact tracing team to have easy and fast access to contact tracing data in the event it is required.
- As of 25 February 2021, there are 7,521 venues registered with Check in CBR and the app has been downloaded over 376,000 times.

Key Information

- The reviews assessed the ACT as having good hotel quarantine and contact tracing systems and procedures in place.
- The ACT has responded to all recommendations in both reviews to ensure our systems meet best practice national standards.
- We continue to refine our systems and processes in response to learnings from other jurisdictions and any newly identified risks.

GBC21/46

Portfolio: Health**GOVERNMENT FACILITATED FLIGHTS****Talking points:**

- The ACT is supporting efforts to return vulnerable Australians wishing to return home from overseas.
- The ACT can accept an international flight of 150 to 180 passengers every 16 to 18 days where there are less than 300 returned international travellers in quarantine (including diplomats and government officials).
- We received a Government Facilitated Flight (GFF) on 8 February 2021 from Chennai, India with a total of 166 Australians and permanent residents.
- There are currently 173 persons in quarantine associated with this flight. Seven individuals received an exemption to enter quarantine to support returning family members.
- All passengers tested negative on entry into quarantine and are safely quarantining in hotel accommodation supported by ACT Health.
- The Australian Government now requires returning Australians and other travellers to Australia to return a negative COVID-19 test prior to departure.
- We are taking every precaution to minimise the risk to the community of these flights, including daily saliva and weekly PCR testing for hotel quarantine staff Safeguarding Canberrans (SCAN) Surveillance Program and entry and exit testing of those in quarantine.
- Security is being managed by ACT Policing with support provided by the Australian Defence Force.
- Once guests have safely completed their mandatory quarantine, the hotel will be thoroughly cleaned to make way for the arrival of another flight in early March 2021, expected to arrive on 1 March 2021.

Key information

- The Commonwealth Government has outlined that as of 17 January 2021 there are 38,624 Australians overseas who wish to return home.

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Lead Directorate: Health
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Information Officer name: Vanessa Dal Molin
TRIM Ref: GBC21/46

ANNUAL REPORT HEARING BRIEF

- The ACT's hotel quarantine capacity is restricted given there is only one hotel willing to operate as a designated quarantine hotel at this time.
- The ACT has previously received three GFFs in May, June and November 2020, repatriating a total of 790 Australian citizens and permanent residents seeking to return home.
- The ACT's quarantine systems and processes have been strengthened in accordance with national best practice guidelines and in line with Commonwealth Government reviews and findings.

Background

- On 17 November 2020, AHPPC released a statement recommending more regular testing of hotel quarantine workers, in addition to a range of established risk management strategies.
- The SCAN Program has been implemented in addition to a range of established risk management strategies for hotel quarantine and serves as an early warning signal to cases – even before people have symptoms.
- The SCAN Program is part of a national approach to screening workers involved in the repatriation of Australians from overseas following a successful trial in November 2020. The Program includes daily saliva testing and weekly deep nasal/throat tests, in addition to syndromic surveillance and detailed public health advice for participants.
- Registration in the SCAN Program is required under workplace health and safety obligations. The SCAN Program is facilitated by ACT Health and administered by employers involved in ACT hotel quarantine to provide a COVID-safe environment for all.
- All guests quarantining in the ACT are tested for COVID-19 twice during their stay (day 1 and day 10 – 12). They receive a phone call, including symptom check, from an ACT Health staff member every day of their quarantine, and wellbeing check. Any guest who becomes symptomatic is tested for COVID-19, via an inreach testing service.
- The ACT was recognised in the National Review as having a holistic approach to quarantine which prioritises the physical and mental wellbeing of persons in quarantine.
- We have a robust hotel quarantine program based on best practice national standards and learning from the experiences of other jurisdictions, with a strong focus on supporting mental health and wellbeing of persons in quarantine. This improves the quarantine experience and reduces the likelihood of a quarantine breach and risk to our community.
- We work closely with hotel quarantine accommodation providers to ensure infection prevention and control measures are in place and that staff are adequately trained in how to use personal protective equipment. All staff working for ACT Health, who have contact with quarantining guests have undertaken PPE training and are required to do face to face refresher competency training every 2 months.

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GBC21/46

Portfolio: Health

COVID-19 – Expenditure 2020-21
Talking points:

- In 2019-20, as part of the 2nd Appropriation Act, \$126 million was approved for health portfolio expenditure on the COVID-19 response. This would be 50% percent funded by the Commonwealth, meaning the ACT Appropriation was \$63 million.
- Due to reductions in COVID-19 cases after the initial funding was approved, not all the 2019-20 funding was required and was returned to the Budget, as below:

2019-20	ACT Funding \$000's	Funding Drawn \$000's	Undrawn Funding \$000's
Local Hospital Network	61,050	31,499	29,551
ACT Health Directorate	1,950	1,950	0
Total	63,000	33,449	29,551

- Commonwealth funding received through the National Partnership on COVID-19 Response (NPCR) was \$41.669 million, which included \$14.580 million of private hospital financial viability payments (FVP).
- In October 2020, the ACT submitted the acquittal for 2019-20 claims under the NPCR, which totalled \$34.853 million. The shortfall relates mainly to excess FVP funding of \$5.972 million, which (as a result) has been treated as revenue received in advance in the 2019-20 LHN accounts.
- The 2019-20 acquittal is still subject to finalisation by the National Health Funding Body, including the ACT's claim for 50% funding of the Garran Oval Surger Centre (\$13.389 million).

- In June 2020, Cabinet agreed to 2020-21 expenditure of \$59.900 million (\$29.950 million ACT Appropriation), made up of following. These funds are expected to be fully spent.

2020-21	ACT Approp. \$'000	Comm. Funding \$'000	Total \$'000
Hospital Services *	15,500	15,500	31,000
ACT Health Emergency Response **	2,000	2,000	4,000
Recovery *	11,041	11,041	22,082
Information Technology Costs **	1,409	1,409	2,818
Total Expenses	29,950	29,950	59,900

* ACT Local Hospital Network

** ACT Health Directorate

- Due to ongoing pressure in the Health Emergency Control Centre (including the CHECC), public health compliance activities and the decision to accept 6 planes of returning Australian citizens in the ACT, additional funding was agreed in the 2020-21 ACT Budget, as follows (for health only):

2020-21	ACT Funding \$000's	Comm. Funding \$000's	Other Revenue \$000's	Total Expenditure \$000's
Health Emergency Control Centre *	3,155	3,155	0	6,310
Hotel Quarantine *	570	0	1,138	1,708
HPS Compliance*	394	0	0	394
PPE *	714	714	0	1,427
Clinical HECC **	250	250	0	500
	5,083	4,118	1,138	10,339

* ACT Health Directorate

** ACT Local Hospital Network

- In addition, funding for a Vaccination program has been approved as follows:

	2020-21	2021-22	2022-23	2023-24
Canberra Health Services (service delivery)	6,731	8,628	0	0
Health Directorate	1,531	1,781	219	224
Capital (Health Directorate)	4,485	0	0	0
	12,747	10,409	219	224

- Commonwealth funding towards the vaccination program is still being negotiated.

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GBC21/46

Portfolio: Health

COVID-19 Vaccination Plan

Talking points:

- On 7 January 2021 the Prime Minister announced that the rollout of the COVID-19 vaccination program would commence in February 2021.
- The rollout of safe and effective COVID-19 vaccines will be guided by the Australian COVID-19 Vaccination Policy which sets out the roles and responsibilities of the Australian Government and State and Territory Governments.
- The Australian Government is working with the States and Territories on finalising implementation plans, and consulting with medical and technical experts and peak bodies.
- The ACT Government is working closely with the Australian Government on finalising the detail for rolling out the vaccination program in the ACT.
- Our priority is to deliver a safe, efficient and targeted vaccination program for Canberrans.
- Priority groups for ACT Government vaccinations are workers involved in hotel quarantine for returning travellers and those health care workers who are at the highest risk of coming into contact with COVID-19.
- The Garran Surge centre will be used to administer COVID-19 vaccinations from 22 February 2021 as part of the ACT's first phase of the COVID-19 vaccination program.
- We are working with the Commonwealth to ensure Canberrans are well informed about the vaccination program, including those people in priority population groups.

GBC21/46

Portfolio/s: Health

Alcohol and Other Drug (AOD) policy

(2019-20 Annual Report – pages 43,44,45,54,69,70,71,91,105,108,155,165,226 & 300)

Talking points:

Aboriginal and Torres Strait Islander Alcohol and Drug Residential Rehabilitation – (ACTHD Annual Report page number 165)

- The ACT Government is committed to a culturally specific Alcohol and Drug residential rehabilitation facility for Aboriginal and Torres Strait Islander people.
- Winnunga Nimmityjah Aboriginal Health and Community Services (Winnunga) is leading the development of the model of care for the facility. The model of care will be finalised in 2021.

Pill Testing – (ACTHD Annual Report page numbers 45,108)

- The ACT Government is committed to exploring a pilot fixed site pill testing service in Civic and is currently engaging with a range of stakeholders, including Pill Testing Australia to determine how such a pilot could proceed.

Medically Supervised Injecting Facility – (ACTHD Annual Report page numbers 155, 300)

- The ACT Government has received and is currently considering the final report regarding a Medically Supervised Injecting Facility Feasibility Study.

Cannabis – Amendments to the *Drugs of Dependence Act 1989* – (ACTHD Annual Report page number 105)

- Since the introduction of cannabis legislative changes from 31 January 2020, there has been no increase in cannabis-related presentations to ACT Emergency Departments.

Background Information

Aboriginal and Torres Strait Islander AOD residential rehabilitation – (ACTHD Annual Report page number 165)

- In the 2019-20 Budget, \$300,000 was allocated for scoping an Aboriginal and Torres Strait Islander AOD residential rehabilitation service. ACT Health Directorate (ACTHD) committed this funding to Winnunga Nimmityjah Aboriginal Health and Community Services (Winnunga) to develop a model of care for a dedicated Aboriginal and Torres Strait Islander AOD Residential Rehabilitation Facility.

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ANNUAL REPORT HEARING BRIEF

- Winnunga provided a draft model of care in December 2019 and an initial consultation report in August 2020. The model of care was due to be finalised by 1 July 2020, however this has been delayed due to the COVID-19 pandemic, with Winnunga focusing on community health service delivery. The model of care will be finalised in 2021.
- Subject to funding, the service provider procurement process, site selection and construction will follow.

Expand and modernise AOD residential rehabilitation facilities – (ACTHD Annual Report page number 71)

- Through the Community Health and Hospitals Program (CHHP), \$4.3 million has been provided for the expansion and modernisation of AOD residential rehabilitation facilities. This includes upgrades to infrastructure for Karrilika Programs.

Pill Testing – (ACTHD Annual Report page numbers 45,108)

- Following the success of Australia's first pilot pill testing services at the Groovin the Moo festival in 2018 and 2019, the ACT Government published the Festivals Pill Testing Policy in 2020.
- Groovin the Moo was cancelled in 2020 and is not running in 2021.
- A pilot fixed site pill testing service in Canberra would be the first of its kind in Australia.
- ACTHD is engaging with a range of relevant expert stakeholders, including Pill Testing Australia, the ACT Government Analytical Laboratory and ACT Policing regarding the details of the pilot service.

Medically Supervised Injecting Facility – (ACTHD Annual Report page numbers 155, 300)

- In 2020, ACTHD contracted researchers at the Burnet Institute to undertake a feasibility study regarding a Medically Supervised Injecting Facility (MSIF).
- MSIFs are often referred to as Drug Consumption Rooms (DCRs).
- In February 2021, Burnet Institute finalised their report and provided it to the ACTHD for consideration.
- Before a decision can be made by Government regarding whether a DCR should be considered, a range of further work needs to be done by ACTHD. This would include:
 - seeking legal advice
 - engaging stakeholders in the broader community
 - identifying what an appropriate model might be for a DCR in the ACT
 - estimating the costs associated with a DCR.

Drug and Alcohol Court (known as the Drug and Alcohol Sentencing List) – (ACTHD Annual Report page numbers 44, 69, 91)

- The Drug and Alcohol Sentencing List (DASL) commenced in December 2019 and sentenced the first participant to a Drug and Alcohol Treatment Order (DATO) in January 2020.

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- There are currently 17 individuals on DATOs, with the first Drug and Alcohol Court participant recently graduating following treatment.
- The growth in the number of Drug and Alcohol Court participants has been impacted, with the Court not taking new referrals for approximately three months in 2020, due to the COVID pandemic.
- The ACT Government provides AOD treatment options to these participants, both through Government case management and counselling services managed through Canberra Health Services (CHS) and both residential and non-residential treatment options at five Canberra specialist AOD service providers.
- The services currently funded for DASL client treatment are:
 - Karralika Programs, Directions Health Services and Canberra Recovery Service (the Salvation Army) for residential treatment
 - Directions Health Services, Canberra Recovery Service and CatholicCare for counselling services and day programs
 - Toora Women Inc for dedicated women's-only day programs, including one place with supported accommodation.
- The current DASL funding and contracts for non-government organisation (NGOs) services expire on 30 June 2021.
- The purchased services are based on numbers recommended by consultant modelling in 2019.

Evaluation of the Drug Strategy Action Plan and development of the next plan – (ACTHD Annual Report page numbers 43, 70)

- The current ACT Drug Strategy Action Plan (DSAP) - a jurisdictional response to the National Drug Strategy 2017-26 - is due to expire at the end of 2021.
- ACTHD will carry out an evaluation of the DSAP 2018-2021 during 2021 so that findings of the evaluation can feed into the development of the new DSAP for 2022 and beyond.
- A Drug Strategy Action Plan Monitoring and Evaluation Working Group (Working Group) was established in December 2020 to drive this work, including representation from ACTHD, the Alcohol, Tobacco and Other Drug Association ACT (ATODA) and Australian National University.
- The Working Group will meet again in the near future and will continue to meet regularly to progress evaluation of the current DSAP.

AOD Sector COVID stimulus funding – (ACTHD Annual Report page number 54)

- The ACT Government provided more than \$500,000 in COVID-19 contingency funding to alcohol and other drug services. This included \$200,000 flexible funding to support alcohol and other drug services to respond to demand pressures or to innovate in the way their essential services are delivered.
- The flexible funding was provided to ATODA who conducted a co-design process with the specialist AOD executives group to allocate the funding to ACT AOD NGOs. The process focused on:

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- ATOD worker/practitioner wellbeing initiatives
 - capacity building for ATOD organisations
 - supporting workers and service users through provision of technology to enable service delivery/participation in AOD treatment and support services
 - ensuring the needs assessment and co-design process for resource allocation is informed by evidence; a priority-setting framework; and commitments to cultural safety of ATOD treatment and support services.
- The funding was allocated to one shared, sector-wide capacity building activity, entitled 'COVID-19 and AOD harm reduction: learnings from emerging research', and across seven AOD service organisations.

Cannabis – Amendments to the *Drugs of Dependence Act 1989* – (ACTHD Annual Report page number 105)

- Changes to ACT laws effective from 31 January 2020, it is no longer an offence for an adult to possess a small amount of cannabis or possess no more than two plants.
- Between 1 February to 31 December 2020 there were 32 cannabinoid-related presentations to Canberra Emergency Departments (Calvary Hospital and Canberra Hospital). For comparison, between 1 February to 31 December 2019 there were 31 cannabinoid-related presentations to Canberra Emergency Departments.
- The COVID-19 pandemic may have impacted both ACT cannabis consumption patterns and cannabis-related hospital attendances, which complicates assessment of the impact of the changes to ACT cannabis legislation.
- Australian Criminal Intelligence Commission wastewater testing indicated no increase in cannabis consumption levels in the ACT in February 2020, the month following the new cannabis legislation coming into effect, compared to the previous testing periods in October and December 2019. Cannabis levels in the ACT were lower in October 2020 than when cannabis wastewater testing began in August 2018.
- Criminal penalties remain in place for the offence of supplying another person (including children) and for using cannabis in public places or around children.

AOD Domestic and Family Violence – (ACTHD Annual Report page number 70)

- In 2020, ACTHD provided additional funding of \$275,000 (including GST) to ATODA for the Safer Families initiative. This funding was for ATODA to work with the Office of the Coordinator-General for Family Safety and ACTHD to extend the ACT Government domestic and family violence capacity building approach to the alcohol, tobacco and other drug sector.
- This work includes development of a tool to assist specialist AOD services to self-evaluate their consistency with the ACT Government Domestic and Family Violence Risk Assessment and Management Framework. This project is due for completion in 2021.

Canberra Health Services – Alcohol and Drug Services – (CHS Annual Report page number 226)

- The Canberra Health Services Annual Report includes an output on Alcohol and Drug Services (Output 1.2). Questions on this output should be referred to CHS.

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Portfolio: Health
HEALTH FACT SHEET

	YTD 2019-20 (Q1 only)	YTD 2020-21 (Q1 only)	Change (%)	Q2 2019-20	Q3 2019-20	Q4 2019-20	Q1 2020-21
Walk-in Centres							
<i>Number of presentations to Walk-in Centres</i>	17,481	12,401	-29.1%	17,707	21,798	9,516	12,401
COVID-19 Testing Centres							
<i>Number of presentations to COVID-19 Testing Centres</i>	n/a	52,327	n/a	n/a	1,620	21,424	52,327
Emergency department							
<i>Number of presentations by hospital</i>							
Canberra Hospital	23,954	21,818	-8.9%	23,362	21,871	18,201	21,818
Calvary Public Hospital Bruce	14,230	13,821	-2.9%	14,199	13,932	11,271	13,821
Total	38,184	35,639	-6.7%	37,561	35,803	29,472	35,639
<i>Number of presentations by triage category</i>							
1—Resuscitation	267	224	-16.1%	257	270	226	224
2—Emergency	4,509	4,194	-7.0%	4,649	4,202	3,809	4,194
3—Urgent	17,481	15,732	-10.0%	16,977	15,753	12,844	15,732
4—Semi-urgent	13,670	13,151	-3.8%	13,333	13,243	10,746	13,151
5—Non-urgent	2,257	2,338	3.6%	2,345	2,335	1,847	2,338
Total	38,184	35,639	-6.7%	37,561	35,803	29,472	35,639
<i>Percentage of patients seen on time by triage category¹</i>							
1—Resuscitation	99.6%	100.0%	0.4	100%	100%	100.0%	100.0%
2—Emergency	72.8%	78.7%	5.9	73.6%	76.4%	78.8%	78.7%
3—Urgent	25.8%	43.0%	17.2	26.7%	30.6%	57.3%	43.0%
4—Semi-urgent	40.6%	58.4%	17.8	40.6%	48.0%	77.1%	58.4%
5—Non-urgent	78.9%	88.6%	9.7	78.6%	82.2%	97.8%	88.6%
Total	40.4%	56.2%	15.8	41.3%	42.3%	70.1%	56.2%
<i>Proportion of presentations with a length of stay of 4 hours or less²</i>							
Canberra Hospital	51.8%	55.3%	3.5	51.1%	53.3%	62.2%	55.3%
Calvary Public Hospital Bruce	61.0%	66.8%	5.8	61.5%	63.4%	68.1%	66.8%
Total	55.2%	59.8%	4.6	55.0%	57.2%	64.5%	59.8%

1. The benchmarks for seen on time are as follows:

- Triage category 1—100%
- Triage category 2—80%
- Triage category 3—75%
- Triage categories 4, 5 and overall—70%

2. The performance benchmark for emergency department presentations with a length of stay of 4 hours or less is 90%.

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	YTD 2019-20 (Q1 only)	YTD 2020-21 (Q1 only)	Change (%)	Q2 2019-20	Q3 2019-20	Q4 2019-20	Q1 2020-21
Elective surgery waiting lists							
<i>Number of patients waiting longer than clinically recommended at end of period</i>	594	1,013	70.5%	783	889	1,317	1,013
<i>Percentage of elective surgery procedures performed within clinically recommended timeframes</i>							
Urgency 1 (see within 30 days)	96.6%	98.3%	1.7	97.9%	97.0%	98.3%	98.3%
Urgency 2 (see within 90 days)	70.8%	60.3%	-10.5	70.6%	61.9%	48.6%	60.3%
Urgency 3 (see within 365 days)	75.8%	70.7%	-5.1	75.6%	76.0%	77.0%	70.7%
<i>Total number of elective surgery procedures</i>	3,840	3,982	3.7%	3,477	3,087	2,448	3,982
<i>Additions to the elective surgery waiting list</i>	4,452	4,300	-3.4%	4,035	3,732	3,097	4,300
Separations from public hospitals							
<i>Number of inpatient separations</i>							
Same day	15,313	15,966	4.3%	15,282	14,654	13,642	15,966
Overnight	15,115	14,838	-1.8%	14,548	13,654	12,703	14,838
Total	30,428	30,804	1.2%	29,830	28,308	26,345	30,804

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Portfolio/s: Health**Emergency Department Performance****Talking points:**

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

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

Emergency Department improvement programs

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

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

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

Demand reducing programs and strategies to deliver care closer to home

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

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

Key Information

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

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

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

- The table below shows data for the number of mental health presentations¹ at ACT Emergency Departments by financial quarter from 2019-20.

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

1. Mental Health and suicidal ideation

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

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Background Information

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

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

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

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Key Information

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

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

Background Information

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

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

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

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ANNUAL REPORT HEARING BRIEF

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

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Portfolio/s: Health**QUARTERLY PERFORMANCE REPORTING AND PUBLICATION OF DATA FOR CONSUMERS**Quarterly Performance Report – July to September 2020Patient experience

- The quarterly performance report continues to show that the vast majority of people treated in our public hospitals experience a high quality of care.
- 96.3 per cent of patients provided positive feedback on their experience within Canberra Health Services and 97.5 per cent reported a positive experience at Calvary Public Hospital Bruce. This is an increase for both services on their already high results from the previous quarter.

Emergency presentations

- Since restrictions relating to the COVID-19 pandemic have been lifted, we've seen activity in our emergency departments returning to pre-COVID levels.
- There were 35,639 emergency department presentations in Quarter 1, 2020-21, with 8,525 patient arrivals via ambulance, an increase of 20.9 and 15.9 per cent respectively, compared to Quarter 4, 2019-20.
- 100 per cent of Category 1 patients were seen on time in 2019-20 and Quarter 1, 2020-21. The timeliness performance for Category 2 patients improved each quarter in 2019-20, and maintained at just one percentage point below target in Quarter 1, 2020-21 (79 per cent against the target of 80 per cent).
- 59.8 per cent of patients were treated and left the emergency department within four hours.
 - Although this is a decrease of 4.7 per cent from the previous quarter in April to June 2020 during the height of COVID-19 restrictions, it is an improvement of 2.6 per cent from the January to March 2020 quarter when activity was relatively normal.

- Median waiting times in the most urgent triage categories remained the same as the previous quarter, with all Category 1 patients treated immediately and Category 2 patients waiting only 6 minutes for treatment. Both median waiting times are in line with the recommended national treatment times.
- In the less urgent triage categories (i.e. Categories 3-5), the median waiting time to treatment increased by more than 50 per cent in each triage category compared with the previous quarter. The median waiting time ranged between 38-49 minutes for these three categories.
 - While there were increases for each triage category, when compared with two quarters ago (i.e. January to March 2020), the median waiting times for each category improved substantially.

Elective surgeries

- In the first quarter of 2020-21, the ACT delivered 3,982 elective surgeries, an increase of 62.7 per cent from the previous quarter, and is on track to deliver a record number of elective surgeries this financial year.
- The number of overdue patients waiting for their elective surgery reduced by 23.1 per cent to 1,013 patients in Quarter 1, 2020-21.
- While there was an increase in the number of people added to the elective surgery waiting list compared with the previous quarter, overall the number of people on the waiting list has also decreased.
- The significant increase in elective surgeries in Quarter 1, 2020-21 has been part of the ACT Government's recent investment of \$30 million for COVID-19 prevention, preparedness and recovery of services impacted by the COVID-19 shutdown.

Walk-in Centres and COVID-19 Testing Centres

- Our Nurse-led Walk-in Centres continue to be very popular with Canberrans, with the opening of a fifth Walk-in Centre in the Inner North in August 2020 and the important role that the Weston Creek Walk-in Centre has played in responding to COVID-19.
- The Walk-in Centres experienced an increase in presentations of 30.3 per cent compared with the April to June 2020 quarter. This excludes presentations to the Weston Creek Walk-in Centre, which was a dedicated COVID-19 respiratory clinic and testing centre.

- During the July-September quarter, the six COVID-19 respiratory clinics and testing centres saw a total of 52,327 presentations, an increase of 144.2 per cent from the previous quarter. This ensured that everyone who needed to be tested had timely and convenient access.

Publication of Data for Consumers

- The ACT Government continues to improve the information available on our public health system and the health of Canberrans.
- In addition to existing sources of timely health information like the Quarterly Performance Report, HealthStatsACT and the ACT Government's Open Data Portal, the ACT Government also publishes the COVID-19 dashboard on covid19.act.gov.au to provide Canberrans with up-to-date case information and visualisations.

Portfolio/s: Health**Air Quality****Talking points:**

- The ACT Health Directorate monitors and reports on air quality on behalf of the Environment Planning and Sustainable Development Directorate using up-to-date, accurate data on levels of pollutants in the air.
- Routinely, the ACT experiences excellent air quality, in part due the elevated location of Canberra and a lack of pollution causing industries. Historically the ACT only experiences periods of poor air quality due to excessive wood smoke collecting in valleys in winter, atmospheric dust storm and largescale bushfires.
- The ACT experienced two notable periods of poor air quality over 2019/2020. The first being dust storms experienced between October and November 2019 with the pollutant PM10 (particulate matter) driving increases in the Air Quality Index (AQI) in Canberra.
- The second was during the 2019/2020 bushfire season when the ACT experienced an unprecedented and prolonged smoke event as a consequence of smoke from bushfires burning across South Eastern Australia, with the pollutant PM2.5 (or fine particulate matter) driving increases in the Air Quality Index (AQI) in Canberra.
- Smoke from bushfires contributed to 47 days where at least one ACT monitoring station recorded an Air Quality Index (AQI) above the national standard between November 2019 and January 2020.
- The ACT Health Directorate undertook a significant operational response to poor air quality between October 2019 and January 2020 to protect the ACT community from the health impacts of dust and smoke.
- A significant body of work has been undertaken at the ACT Government in the wake of the 2019/2020 bushfire season to review the response.
- On 18th December, 2020 the Chief Minister and the Minister for Health agreed to CMTEDD leading development of a discussion paper for Cabinet regarding development of an Air quality Strategy including its intended scope, timing, responsibly and resourcing for development of the strategy. This will be done in conjunction with stakeholders including ACT Health.

Key Information

- The ACT Health Directorate issued 14 Public Health Alerts for poor air quality due to smoke and 5 alerts for raised dust between October 2019 and January 2020.
- The Commonwealth Government provided approximately 400,000 P2/N95 masks to the ACT in two instalments from the National Medical Stockpile between 5 and 7 January 2020.

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- 82 ACT community pharmacies were provided with masks and a distribution fact sheet titled 'P2 / N95 masks - distribution of Commonwealth stock by community pharmacies' to ensure consistency of issuing across the territory.
- The ACT Health Directorate has started work on a trial to assess options for expanding the air quality monitoring network. This trial is being conducted using current resources and aims to provide information on the most effective strategy to provide widespread air quality information.
- Forecasting is not currently available for the ACT. Work is currently underway to define what is required to enable an ACT forecasting service such as funding, data modelling and resources.

Background Information

Air quality figures

- Between 28 November 2019 and 28 January 2020 Canberra was impacted by smoke. There were 47 days where at least one station recorded an Air Quality Index (AQI) above the national standard
- (100-Poor). On the days that exceeded the standard, 35 days also exceeded the Hazardous (200) threshold.
- highest level of PM2.5 recorded by ACT Health was on 5 January 2020, which reached an hourly reading of 2,496µg/m³ (microgram per cubic metre) at the Florey monitoring station

Air quality monitoring

- The ACTHD monitors air quality via three monitoring stations located at Civic, Florey and Monash.
- Five pollutants are measured in the ACT. They are particulate matter (PM2.5 and PM10), carbon monoxide, nitrogen dioxide and ozone.
- An Air Quality Index (AQI) is a scale used to monitor air quality for a range of pollutants across the ACT, not just smoke, and is calculated according to national standards.
- PM2.5 information for 1 hour and 24-hour rolling averages are published on the public ACTHD website.

Pollen

- Pollen is monitored by the Australian National University with input from ACT Health.
- Royal Commission into National Natural Disaster Arrangements Report

The Royal Commission was established on 20 February 2020 in response to the 2019/2020 bushfires.

- ACT government contributed information to the report.
- The report was published on October 2020.
- Two recommendations in the report address air quality monitoring practises on a National level, they are recommendations 14.1 and 14.2.

- Recommendation 14.1 – Nationally consistent air quality information, health advice and intervention, developing up to date nationally consistent information and public health advice, greater community education and guidance and targeted health advice to vulnerable groups.

ACT Government Response: The ACT Government is progressing changes to its online public information about air quality to reflect the recently adopted national categories and public health messaging for 1-hour PM2.5 exposure. These changes are in the final stages of development and will be publicly accessible by mid-February 2021

- Recommendation 14.2 national air quality forecasting Capability. State and territory governments should develop national air quality forecasting capabilities which include broad coverage of population centres and apply to smoke and other airborne pollutants such as dust and pollen to predict plume behaviour.

ACT Government Response: The ACT Government supports measures to strengthen air quality forecasting capabilities but notes the resource implications and costs to achieve this need to be assessed against the application and benefits obtained

Australian Bushfires 2019-20 Report

- Was written by the Australian Institute of health and Welfare with partial funding contribution from the Department of Agriculture Water and the Environment.
- The report was released on 25th November 2020.

ACT State of the Environment report 2019

- The state of the environment report is provided by the Commissioner for Sustainability and the Environment and was received by the government on 19 December 2019 and tabled in parliament on 13th February 2020
- It is a 4 yearly report and covers the period from 1 July 2015 to 30 June 2019. As such it does not include the 2019/2020 bushfire season.
- Recommendation 20: build on the incentives to encourage the replacement of wood heaters, specifically targeting the Tuggeranong Valley.
- Four recommendations addressed air quality in the ACT. Recommendations 21, 22, 23 and 24.
- Recommendation 21: increase the number of National Environment Protection (Ambient Air quality) Measure compliance monitoring stations.
- Recommendation 22: urgently undertake an assessment of air pollutant emissions from diffuse sources to update the National Pollutant Inventory data (1999).
- Recommendation 23: in collaboration with health professionals, improve knowledge of the impacts of air pollution on human health and the associated costs to the health system and economy.
- ACT Government reviewed the recommendations and agreed in principle to recommendation 20 and 21. The Government agreed with recommendation 23. The Government did not agree with recommendation 22.

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Digital Health Record Program

Talking points:

- ACT Health signed a 10-year \$114 million contract in July 2020 with Epic, a world-leading provider of digital medical record systems to deliver the ACT's Digital Health Record, which will be operational in 2022-23.
- The ACT Digital Health Record is a key priority in achieving the vision outlined in the *2019-29 ACT Digital Health Strategy*. It will enable clinicians to have a single view of a patient, to have access to all relevant treatment protocols and forms, in context for each case.
- Clinical and administrative staff as well as consumers will be closely involved in the implementation of the Digital Health Record.
- The ACT Digital Health Record will be implemented in all ACT public health services, including across our public hospitals, Walk-in Centres, Community Health Centres, and justice health.
- The ACT's Digital Health Record will be purpose built to securely manage information in one place, delivering benefits to patient safety and quality of care. The Digital Health Record will ensure that the health care team has access to information on the patient regardless of physical location or clinical speciality.
- More than 300 subject matter experts have been identified who will provide key clinical guidance to the program team to ensure that the program remains clinically led.

Key Information

- There are 138 staff in the Digital Health Record Program team. The bulk of the team commenced on 27 January 2021.
- The Digital Health Record Program Board commenced in September 2019. Lower level governance committees are being established in consultation with the public health services.
- Procurement is currently underway for three systems that are required to support the effective implementation of the Digital Health Record as outlined below:
 - A blood bank solution as Epic does not provide blood bank functionality within its pathology module due to the tight regulatory framework around the provision of blood and blood products.

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- Pathology analyser integration middleware to streamline the integration of pathology analysers into the Digital Health Record.
- Device integration middleware to facilitate the integration of medical devices to the Digital Health Record. This will increase efficiency and reduce errors that can occur when transcribing information from devices onto paper or other systems.

Background Information

- The 2018-19 budget committed \$151 million, comprised of \$106 million capital and \$45 million recurrent funding to the Digital Health Record over eight years.
- Configuration of the Digital Health Record will begin in early 2021 and will be operational in 2022-23.
- The contract with Epic is for 10 years, totalling to \$114,802,796 (GST exclusive).
- The Tender Evaluation Team comprised of clinicians, consumer representatives and ICT experts. This team, along with more than 100 subject matter experts from the ACT public health services, non-government organisations and consumer representatives provided feedback and advice during the tender evaluation process.
- The Digital Health Record will also enable the decommissioning of many existing clinical systems. Many of these are at end-of-life and significant human and financial resources are required to maintain them, with risks associated with the stability of the systems and the security of the systems given they are no longer contemporary.
- The Digital Health Record complements the national My Health Record. The Digital Health Record is a more detailed record than the My Health Record, which only holds a summary of key health information.
- The Digital Health Record will contain the detail of a person's care, including which bed they are in, which theatre they are booked into, detailed observations and the time their treatments and medications are required and administered.
- The My Health Record contains a snapshot summary of this care which is particularly useful when a person is treated at a health service outside of the ACT public health system such as physios, GPs, private hospitals, or hospitals in other jurisdictions.
- Maddocks, an external legal firm have been procured by the ACT Government Solicitor's Office to undertake a Privacy Impact Assessment for the Digital Health Record. This will support the team in addressing any risks associated with the management of the personal health information and sensitive information that will be stored in the Digital Health Record.
- A Deed was executed with NTT Australia Pty Ltd in December 2020 for the hosting of the Digital Health Record and its related systems.
- The contract with NTT Australia Pty Ltd is for an initial term of 5 years and will operate under a work order arrangement.

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GBC21/46

Portfolio: Health

Culture Review and Canberra Health Services Workplace Culture Initiatives

Talking points:

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

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TRIM Ref:	GBC21/46	

- Executive Summary: *ACT Public Health System. Investing in our People: A System-Wide, Evidence-Based Approach to Workplace Change* (Investing in our People Report);
 - ACT Public Health System: Evidence-Based Workplace Culture Framework;
 - ACT Public Health System: Evidence-Based Workplace Skills Development Model;
 - Eight Rapid Evidence Assessments; and
 - A video that outlines the work undertaken to date in cultural reform.
- The Culture Review Oversight Group acknowledged that cultural changes takes time and requires sustained effort over several years, and the ACT public health system is in an early phase of positive change.

Canberra Health Services Workplace Culture Initiatives

- Whilst monitoring the continued impacts of COVID-19, focus has now returned to:
 - Implementing recommendations from the Review; and
 - Developing the Fostering Organisational Culture Improvement Strategy (previously known as Positive Workplace Strategy) for the organisation.
- Initiatives that are in place or currently underway:
 - CHS Awards and Recognition Program has been developed to recognise and acknowledge staff who embody our Vision and Values. The inaugural CEO Awards Ceremony was held on 19 November 2020.
 - The Workplace Resolution and Support Service (previously known as the Employee Advocate) has been fully integrated into the business – on a shared basis with the ACT Health Directorate.
 - Introduced the Consultative Framework. There are four committees in place covering all of the workforce, along with forums being conducted with all relevant Unions, and regular one-on-one meetings between the Chief Executive Officer, Executive Group Manager People and Culture and principal unions.

- Established the Aboriginal and Torres Strait Islander Steering Group and staff network to lead relevant key initiatives.
- Established the CHS Aboriginal and Torres Strait Islander Consumer Reference Group. The aim of the Reference Group is to develop stronger partnerships with Aboriginal and Torres Strait Islander communities. The Reference Group was launched on 24 July 2020.
- Launched the Occupational Violence Strategy on 1 April 2020. The relevant supporting policy and procedure have been developed and are available for staff.
- The MyHealth Staff Health and Wellbeing Strategy 2020-23 has been finalised and the MyHealth program continues to be implemented across the Directorate.
- Implementing the ‘Speaking up for Safety’ train-the-trainer program through the Cognitive Institute. The EOI process has been completed and staff representatives have been appointed.
- CHS has undertaken assessment against the Organisational Culture Improvement Model (based on the ANU Workplace Culture Framework) to assess past and current culture maturity levels. The outcomes of assessments have informed the development of the Fostering Organisational Culture Improvement Strategy initiatives to be implemented, including:
 - Rollout of the Cognitive Institute Speaking up for Safety program commenced in January 2021; and
 - Development of a Management and Leadership Strategy aligned to the Workplace Culture Framework (ANU).
- For workforce planning, priority areas have been identified and plans underway – including relevant recruitment strategies.
- Became a champion health service member of Choosing Wisely Australia and established a Choosing Wisely Low Value Care Steering Committee and Project Officer. Several initiatives are being trialled, designed to engage clinicians in the Choosing Wisely principles and improve the quality and safety of care.
- Conducting quarterly pulse surveys to measure CHS staff engagement, with the first survey being conducted in November 2020. Results from the

survey were released to staff in January 2021, demonstrating a one per cent improvement in engagement.

- Review of Preliminary Assessment/Misconduct processes (complaints and grievances) to identify improvement opportunities.
- A process is underway to establish a robust network for staff with a disability and will be launched on 3 December 2020, which is the International Day of Persons with Disabilities.
- Developed the Supporting CHS Staff During the COVID-19 Pandemic Framework, providing a comprehensive framework for understanding and responding to the sources of anxiety among staff in particular frontline health care professionals.
- Developed and implemented the CHS Staff Health and Wellbeing COVID-19 Strategy which focused on assisting to meet the basic needs as well as the mental health and psychosocial needs of staff in response to the COVID-19 pandemic.

GBC21/46

Portfolio/s: Health

Strategic Objective 1: Reducing the Waiting List for Elective Surgery

(Annual Report 2019-20 - page 63)

(2020-21 Budget Statements – Strategic Indicator 2.2 – page 8)

Talking points:

- In 2018-19, the ACT government delivered a record 14,015 elective surgeries. A target of 14,250 elective surgeries was set for 2019-20 prior to the onset of the COVID-19 pandemic. The actual outcome for 2019-20 was 12,870.
- At the end of the 2019-20 financial year, a total of 1,317 patients were waiting longer than clinically recommended timeframes for elective surgery, against the target of 430. This result is primarily driven by waiting times for Category 2 and Category 3 patients, as 97 per cent of Category 1 patients received their surgery within the clinically recommended 30-day timeframe in 2019-20.
- The number of patients waiting longer than clinically recommended has been impacted by several contributing factors, such as demand for more urgent Category 1 elective surgeries emergency surgery demand.
- Additionally, from 25 March 2020 to 9 June 2020 the delivery of elective surgery was significantly hindered by the suspension of all non-essential elective surgeries due to the COVID-19 pandemic response, with normal elective surgery resuming after 9 June 2020. This contributed significantly to the increase in the number of patients waiting longer than clinically recommended, particularly for Category 2 and 3 elective surgery.
- The ACT Government has injected an additional \$30 million into the public health system for prevention, preparedness and recovery of the health system.
- A key focus of the recovery element of this program includes addressing the surgery backlog due to the COVID-19 pandemic response. Part of this investment will support the delivery of more than 16,000 elective surgeries for public patients in the ACT in 2020–21.
- In 2019-20, Calvary Public Hospital Bruce delivered the ACT Government’s investment in the commissioning of two additional surgical theatres. These theatres will support the commitment to further expansion in the elective surgery program.

Key Information

Strategic indicator	2019–20 target	2019–20 actual
The number of patients waiting longer than clinically recommended timeframes for elective surgery	430	1,317

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Background Information

- The ACT Government has committed to delivering 60,000 elective surgeries over the next four years from 2021-22.
- In 2018-19, the number of people waiting longer than clinically recommended was 635, compared to a target of 430.
- The government continues to use all avenues to support the delivery of elective surgery, especially while we focus on addressing the current backlog of surgeries.
- Publicly funded elective surgery for ACT patients, and in many cases the surrounding region, is split across several providers, including private operators. Up to 30 per cent of our elective patient lists consist of NSW patients, as measured by their postcode location.
- A breakdown of elective surgery activity and performance for 2018-19 and 2019-20 is provided below:

Indicator	2018-19 Results ¹	2019-20 Targets	2019-20 Results ²
Number of elective surgery procedures performed	14,015	14,250	12,870
Number of patients waiting longer than clinically recommended timeframes	635	430	1,317
Category 1 elective surgery patients admitted for surgery within clinically recommended timeframes	96%	100%	97%
Category 2 elective surgery patients admitted for surgery within clinically recommended timeframes	75%	80%	65%
Category 3 elective surgery patients admitted for surgery within clinically recommended timeframes	78%	93%	78%

1. Results are from the 2018-19 Annual Report.
2. Results are from the 2019-20 Annual Report.

- There may be minor differences in the results reported in the 2018-19 and 2019-20 Annual Reports and those that can be found in other available publications. This is due to data maturity, with each report containing the most up to date figure available at the required time of submission or preparation.

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Portfolio/s: Health

Strategic Objective 2: Performing Elective Surgery

(Annual Report 2019-20 - Page 64)

(2020-21 Budget Statements – Strategic Indicator 2.1 – page 7)

Talking points:

- In 2018-19, the ACT government delivered a record 14,015 elective surgeries and had a target to deliver a further record of 14,250 elective surgeries in 2019-20 prior to the onset of the COVID-19 pandemic.
- From 25 March 2020 to 9 June 2020, the delivery of elective surgery was significantly hindered by the suspension of all non-essential elective surgeries due to the COVID-19 pandemic response.
- The system began returning to normal elective surgery activity after 9 June 2020. As a result, the total number of elective surgeries performed for public patients in the ACT in 2019-20 was 12,870, a shortfall of 1,380 surgeries compared to the annual target.
- The ACT Government has injected an additional \$30 million into the public health system for prevention, preparedness and recovery of the health system.
- A key focus of the recovery element of this program includes addressing the surgery backlog due to the COVID-19 pandemic response. Part of this investment will support the delivery of more than 16,000 elective surgeries for public patients in the ACT in 2020-21.
- In 2019-20, Calvary Public Hospital Bruce delivered the ACT Government’s investment in the commissioning of two additional surgical theatres. These theatres will support the commitment to further expansion in the elective surgery program in 2020-21 onwards.
- The number of elective surgeries performed over the first two quarters of 2020-21 was higher when compared with the first two quarters of 2019-20.

Key Information

Strategic indicator	2019–20 target	2019–20 actual
Number of elective surgeries performed	14,250	12,870

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Contact Officer name: Jacinta George

Lead Directorate: Health

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Background Information

- A breakdown of elective surgery activity and performance over 2018-19 and 2019-20 is provided below:

Indicator	2018-19 Results ¹	2019-20 Targets	2019-20 Results ²
Number of elective surgery procedures performed	14,015	14,250	12,870
Number of patients waiting longer than clinically recommended timeframes	635	430	1,317
Category 1 elective surgery patients admitted for surgery within clinically recommended timeframes	96%	100%	97%
Category 2 elective surgery patients admitted for surgery within clinically recommended timeframes	75%	80%	65%
Category 3 elective surgery patients admitted for surgery within clinically recommended timeframes	78%	93%	78%

1. Results are from the 2018-19 Annual Report.
2. Results are from the 2019-20 Annual Report.

- There may be minor differences in the results reported in the 2018-19 and 2019-20 Annual Reports and those that can be found in other available publications. This is due to data maturity, with each report containing the most up to date figure available at the required time of submission or preparation.

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Portfolio/s: Health

Strategic Objective 3: Improving Timeliness of Emergency Department Treatment

(Annual Report 2019-20 - page 64)

(2020-21 Budget Statements – Strategic Indicator 2.3 – page 8)

Talking points:

- In 2019-20 the percentage of emergency department presentations whose length of stay in the emergency department was four hours or less was 58 per cent against a target of 90 per cent. This is lower than the previous 2018-19 result of 60 per cent.
- The result against the target for 2019–20 is due mainly to the wait times experienced for triage Category 3 and 4 patients, which accounted for 81 per cent of emergency department presentations.
- Despite reduced presentations overall to emergency departments in 2019-20, there was an increase in the number of triage Category 1 and triage Category 2 patients when compared with the previous year.
- Increases in the number of higher acuity patients presenting at our emergency departments puts a greater strain on the resources required to also treat and discharge the less urgent triage category patients.
- As I stated earlier this month, emergency department performance is not where it needs to be. I continue to be concerned that we haven't started seeing improvement as quickly as we would have liked this year and I am committed to improving emergency department performance.

Key Information

Strategic indicator	2019–20 target	2019–20 actual
Percentage of emergency department presentations whose length of stay in the emergency department is four hours or less	90%	58%

Background Information

- The 'four-hour rule' indicator measures the proportion of emergency department presentations who either leave the emergency department for admission to hospital, are referred for treatment or are discharged, whose total time in the emergency department is four hours or less.
- The four-hour rule was a national target in the National Partnership Agreement on Improving Public Hospital Services, which ended at the end of 2015–16.

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GBC21/46

Portfolio/s: Health**Strategic Objective 4: Improving the Mental Wellbeing of Canberrans**

(Annual Report 2019-20 – page 65)

(2020-21 Budget Statements – Strategic Indicator 1.1 – page 5)

Talking points:

- Mental wellbeing is an integral and essential component of health and fundamental to our ability to think, feel and integrate with others and the broader community. The circumstances in which people live their lives, play as important a role as clinical services in people's mental health.
- The indicator for Strategic Objective 4, Improving the mental wellbeing of Canberra is the percentage of ACT adults who self-report their mental health status as good, very good or excellent. In 2019, 83% rated their mental health status as good, very good or excellent.
- This measure of mental health provides a strong indication of wellbeing across our community. During 2019-20 the mental health of Canberrans has been impacted by the bushfires, hail storm and pandemic.
- In response, the ACT Government took a broad approach to addressing the impact on mental health with both preventive and intervention activities.
- It is recognised that people with mental illness face challenges with their physical health and the ACT Government has committed to supporting preventive health through the ACT Preventive Health Action Plan.
- The ACT Government also funded a \$4.5 million Mental Health Support package which resulted in:
 - increased acute mental health crisis support in the community;
 - additional non-clinical support for people who have made a suicide attempt;
 - support for workplaces and services for people who have lost employment; and
 - innovation projects that are responding to the changing circumstances.
- Further initiatives to address increased mental health needs are in progress.

Key Information

- Self-rated mental health reflects a person's perception of their own mental health at a given point in time and provides an insight to overall mental health as opposed to the presence of mental illness.
- Self-rated mental health has been measured in the ACT General Health Survey since 2018. The result from the 2019 survey (adults who self-report their mental health

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status as good, very good or excellent) was consistent with the result in 2018 of 83.2%ⁱ.

- This objective reports the percentage of ACT adults aged 18 years and over who self-rated their mental health during the past four weeks as excellent, very good or good.
- The 2019 survey was held late in 2019 and it is expected there would be an impact from the bushfires. In 2020, the impact of the pandemic has also effected the mental wellbeing of the community and it is likely that this impact will be experienced beyond the pandemic.
- The ACT General Health Survey conducted late in 2020 will provide us with a stronger indication of the impact of the pandemic. The results of this survey will be released in 2021.
- From the 2021/22 budget cycle, the definition of the indicator has changed to report the percentage of ACT adults aged 18 years and over who self-rated their mental health during the past four weeks as very good or excellent. Good has been removed from the definition because it is a neutral response category and we are looking at positive self-rated mental health. As such, the target has also changed from >90% to >60%.
- The self-rated mental health measure is a new measure which was introduced in 2018 and so we do not have a time series history available.
- The Epidemiology Section is currently in the middle of a data migration and investigating the possibility of reweighting the data to latest ABS population estimates. As a result, the following figures presented in Tables 1 could change.
- Individual self-rated mental health categories will fluctuate year-on-year. We do not publicly report with this degree of specificity due to the effects of sample size limitations.
- Please see Table 1 below for breakdowns of categories by year for self-rated mental health.
- While there are national measures of psychological distress, there is no nationally-led comparison for self-rated mental health across all jurisdictions and so comparisons with the ACT are not possible at this point in time.

Table 1: Self-rated mental health – ACT General Health Survey – Adults aged 18 years and over

Mean estimates	2018	2019
Excellent	27.4%	24.2%
Very Good	28.6%	29.2%
Good	27.2%	29.6%
Fair	11.7%	13.3%
Poor	5.1%	3.7%

ⁱ <https://health.act.gov.au/about-our-health-system/data-and-publications/healthstats/statistics-and-indicators/self-rated-0>

Strategic Objective 5: Improving the Health Status of Canberrans**Talking points:**

- Self-rated health reflects a person's perception of their own health at a given point in time. It provides a broad picture of a population's overall health.
- Health status at a population level is impacted by a range of factors, including access to appropriate preventive health, health protection, primary care and hospital services.
- Research has shown that self-rated health is a predictor of mortality and mobility^{1 2}
- In 2019, 78.0% of respondents to the ACT General Health Survey rated their health as good, very good or excellent.

Key Information

- This indicator reports the percentage of ACT adults aged 18 years and over who self-rated their health during the past four weeks as good, very good or excellent.

Background Information

- This is a new measure. The target of >90% is aspirational.
- The indicator shows self-reported data collected through the 2019 ACT General Health Survey.
- In 2019, 2,002 ACT residents aged 18 years and over participated in the ACT General Health Survey.
- From the 2021/22 budget cycle, the definition of the indicator has changed to report the percentage of ACT adults aged 18 years and over who self-rated their health during the past four weeks as very good or excellent. Good has been removed from the definition because it is a neutral response category and we are looking at positive self-rated health. As such, the target has also changed from >90% to >60%.
- The Epidemiology Section is currently in the middle of a data migration and investigating the possibility of reweighting the data to latest ABS population estimates. As a result, the following figures presented in Tables 1 and 2 could change.

¹ Gerdtham, U; Johannesson, M; Lundberg, L and Isacson, D 1999, A note on validating Wagstaff and Dooslairs health measure in the analysis of inequality in health. *Journal of Health Economics*, vol. 18, pp. 117-224

² McCallum, J; Shadbolt, B and Wang, D 1994, Self-rated health and survival: a 7-year follow-up study of Australian elderly, *American Journal of Public Health*, vol. 84, no. 7, pp. 1100-1105

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TRIM Ref: GBC21/46

ANNUAL REPORT HEARING BRIEF

- Individual self-rated health categories will fluctuate year-on-year. We do not publicly report with this degree of specificity due to the effects of sample size limitations.
- Please see Table 1 and Table 2 below for breakdowns of categories by year for self-rated health.
- Direct comparisons between state/territory-led population surveys are difficult due to differences in jurisdictional sampling methods and exact questions being asked. However, for an approximate comparison, the ABS National Health Survey uses a self-assessed health measure. See Table 3 below.
- During 2017-18, over half (56.4%) of Australians aged 15 years and over considered themselves to be in excellent or very good health, while 14.7% reported being in fair or poor health. This has remained constant over the last 10 years. Adjusting for age differences between jurisdictions, around three in five (59.6%) people aged 15 years and over in the ACT considered themselves to be in excellent or very good health, comparing favourably to other jurisdictions.

Table 1: Self-rated health – ACT General Health Survey – Adults aged 18 years and over

Method of estimates	Year						
	2011	2012	2013	2014	2015	2016	2018
Mean estimates							
Excellent	19.7	25.3	21.8	19.9	26.0	24.1	18.0
Very Good	31.8	31.1	32.0	32.1	36.2	28.8	29.4
Good	31.1	25.9	28.2	28.5	25.2	26.9	30.7
Fair	11.9	11.2	11.3	12.4	8.2	12.6	14.5
Poor	4.6	3.9	4.2	4.8	3.4	5.9	6.2
Very Poor	0.9	2.7	2.5	2.3	1.1	1.7	1.2

Notes

1. The Epidemiology Section is moving to a smoothed measure which pools weighted sample sizes over multiple years to mitigate fluctuation (highlighted below in **Table 2**). This will require revisiting the time series to adjust for this newer method.
2. However, using the current pooling method, results are shown below in **Table 2**.

Table 2: Self-rated health – ACT General Health Survey – Adults aged 18 years and over

Method of estimates	Year						
	2011	2012	2013	2014	2015	2016	2018
Mean estimates							
Excellent/Very good	51.5	56.4	53.8	52.0	62.2	52.9	47.4
Other	48.5	43.6	46.2	48.0	37.8	47.1	52.6
Mean estimates							
Excellent/Very good/Good	82.6	82.3	82.1	80.5	87.4	79.8	78.1
Other	17.4	17.7	18.0	19.5	12.6	20.2	21.9
Rolling estimates (current year and past two years)	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2016-18
Excellent/Very good	52.6	53.4	53.9	53.9	56.0	55.7	53.5
Other	47.4	46.6	46.1	46.1	44.0	44.3	46.5
Rolling estimates (current year and past two years)							
Excellent/Very good/Good	82.5	82.1	82.3	81.6	83.3	82.6	81.4
Other	17.5	17.9	17.7	18.4	16.7	17.4	18.6

Notes

1. The ACT General Health Survey was not undertaken in 2017.

Table 3: Self-rated health – ABS National Health Survey 2017/18 – 15 years and over

	NSW	Vic.	Qld	SA	WA	Tas.	NT	ACT	Aust
Self-assessed health status									
Excellent	22.2	21.5	20.3	20.3	21.5	18.9	21.8	20.1	21.3
Very good	34.7	36.4	34.4	37.0	39.9	34.0	35.2	39.6	35.8
Excellent / Very good	57.0	57.8	54.6	57.5	61.2	52.5	56.6	59.6	57.2
Good	29.3	28.0	29.2	27.1	27.2	30.8	30.1	30.1	28.7
Fair	10.5	10.6	12.0	11.2	9.0	11.6	8.9	7.3	10.7
Poor	3.2	3.4	3.9	4.6	2.6	4.6	4.1	3.2	3.5
Fair / Poor	13.8	13.9	15.9	15.6	11.7	16.3	13.1	10.4	14.2
Total persons aged 15 years and over	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Strategic Objective 6: Reducing the Risk of Fractured Femurs in ACT Residents Aged over 75 years

(Annual Report 2019-20 – page 66)

(2020-21 Budget Statements – Strategic Indicator 1.3 – page 6)

Talking points:

- Hip fractures are a serious injury and typically a consequence of falls and osteoporosis in older adults. Despite an overall downward trend, it remains a significant health burden that is expected to increase as our population ages. Fractures and their associated disabilities often result in premature death and are a significant cause of rising health costs, hence the need for policies to address their causes and outcomes.
- Preventing falls, promoting healthy lifestyle with emphasis on bone health, exercise, diagnosing osteoporosis and timely initiation of bone-resorptive treatment may reduce the prevalence of fractures in the elderly.

Key Information

- This indicator provides an indication of the success of public and community health initiatives to prevent hip fractures. In 2017–18, the ACT rate of admissions in persons aged 75 years and over with a fractured neck of femur was 6.0 per 1,000 persons in the ACT population. This is not significantly different to the long term target and follows a generally decreasing trend over a 10 year period.

Background Information

REDUCTION IN THE RATE OF BROKEN HIPS (FRACTURED NECK OF FEMUR)

Strategic Indicator	2017–18 ACT rate	Long term target
Rate per 1,000 people	6.0	5.3

Source: ACT Admitted Patient Care data (Public Hospital data only)

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Changes to Strategic Objectives 4 and 5 (Strategic Indicators 1.1 and 1.2)

(Budget Statement C, pages 5 & 6)

Talking points:

- Strategic objective 4 and 5 and related strategic indicators were first introduced in last years Budget Statements (2019-20) and are reported in the 2019-20 ACT Health Directorate Annual Report (*pages 65 & 66*).
- These indicators are designed to measure ACT Health Directorate's performance on improving the mental wellbeing and the overall health status of Canberrans.
- In 2019-20, 83 per cent of respondents to the ACT General Health Survey aged 18 years and over rated their mental health as good, very good or excellent (target >90%).
- In 2019-20, 78 per cent of respondents to the ACT General Health Survey aged 18 years and over rated their health as good, very good or excellent (target >90%).

Changes to Strategic Indicators

- The 2020-21 Budget Statements includes changes to these indicators that remove the 'good' category in the definition and change the target from >90% to >60%.
- The reason the 'good' category was removed from the definition is because it is considered a neutral response category and we want to look at positive self-rated health and mental health. By including the 'good' category in the definition, we are potentially inflating the true estimates of positive mental wellbeing and positive health status of Canberrans.
- The change in the targets from >90% to >60% reflect the removal of the 'good' category from the definition.
- As these are new strategic objectives, the targets are aspirational.
- The target for health status is informed by the City of Sydney Community Wellbeing Indicators. This framework includes a target of >60% reporting health as excellent or very good, and trending upward.
- To date, a comparable target for self-rated mental health has not been identified, and so the target for self-rated health has been used for this strategic objective as well.
- The targets may change following further scrutiny of the data.

Background Information

- The indicator shows self-reported data collected through the ACT General Health Survey.
- The self-rated mental health measure is a new measure which was introduced in 2018. Self-rated health has been asked since 2007.
- The ACT General Health Survey was not conducted in 2017.
- In 2019, 2,002 ACT residents aged 18 years and over participated in the ACT General Health Survey.
- In 2020, 1,200 ACT residents aged 16 years and over and 1,000 ACT children aged 5-15 years participated in the ACT General Health Survey. Data will be published on the HealthStats ACT website in 2021.

GBC21/46

Portfolio/s: Health**OUTPUT 1.1 Improved Hospital Services**

(Annual Report 2019-20 - page 309)

(2020-21 Budget Statements – Page 10)

Talking points:*Percentage of all Emergency Department presentations treated within clinically appropriate timeframes*

- 100 per cent of Triage Category 1 patients were seen on time in 2019-20.
- The timeliness performance for Triage Category 2 patients improved each quarter in 2019-20, reaching just one percentage point below target in quarter 4, 2019-20. (79 per cent against the target of 80 per cent).
- However, the percentage of all Emergency Department presentations treated within clinically appropriate timeframes was 50 per cent, against a target of 70 per cent.
- Despite reduced presentations overall to emergency departments over 2019-20, there was an increase in the number of Triage Category 1 and Triage Category 2 patients when compared with the previous year.
- Increases in the number of higher acuity patients presenting at our emergency departments puts a greater strain on the resources required to also treat and discharge the less urgent triage category patients.
- Emergency Department performance does not occur in isolation and can be impacted by patient flow issues across the hospital more broadly, including bed block on inpatients wards delaying admissions from the Emergency Department.
- As I stated earlier this month, emergency department performance is not where it needs to be. I continue to be concerned that we haven't started seeing improvement as quickly as we would have liked this year and I am committed to improving emergency department performance.

Percentage of elective surgery patients admitted for surgery within clinically recommended timeframes

- In 2018-19, the ACT government delivered a record 14,015 elective surgeries. A target of 14,250 elective surgeries was set for 2019-20 prior to the onset of the COVID-19 pandemic. The actual outcome for 2019-20 was 12,870.
- In 2019-20, almost all Category 1 patients (97 per cent) received their surgery within the clinically recommended timeframes, however only 65 per cent of Category 2 and 78 per cent of Category 3 patients did.

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- From 25 March 2020 to 9 June 2020, the delivery of elective surgery was significantly hindered by the suspension of all non-essential elective surgeries due to the COVID-19 pandemic response.
- The suspension of non-essential elective surgeries primarily and significantly impacted Category 2 and 3 patients and the timely delivery of their procedures in 2019-20. In addition, Category 2 and 3 patients can also have their surgery delayed due to surges in demand of emergency surgery patients as well as the more urgent needs of Category 1 elective surgery patients.
- The ACT Government has injected an additional \$30 million into the public health system for prevention, preparedness and recovery of the health system.
- A key focus of the recovery element of this program includes addressing the surgery backlog due to the COVID-19 pandemic response. Part of this investment will support the ACT Government commitment to deliver more than 16,000 elective surgeries for public patients in the ACT in 2020-21.
- In 2019-20, Calvary Public Hospital Bruce delivered the ACT Government's investment in the commissioning of two additional surgical theatres. These theatres will support the commitment to further expansion in the elective surgery program in 2020-21 onwards. As a result Calvary Public Hospital Bruce will perform a record number of elective surgeries in 2020-21.
- The ACT Government has also committed to delivering 60,000 elective surgeries over the next four years from 2021-22.
- Once the backlog of patients who are overdue can be reduced, we would expect to see timeliness performance improve, and this will be supported by our further commitment to provide a large number of surgeries over the next four years.

Proportion of people requiring an unplanned return to the operating theatre and proportion of people re-admitted to hospital within 28 days due to complications of their conditions

- Performance is consistently better than target.

Key Information

Accountability Indicators 1.1 Improved Hospital Services	2019–20 target	2019–20 actual
a) Percentage of all Emergency Department presentations treated within clinically appropriate timeframes	70%	50%
b) Percentage of Category 1 elective surgery patients admitted for surgery within clinically recommended timeframes	100%	97%
c) Percentage of Category 2 elective surgery patients admitted for surgery within clinically recommended timeframe	80%	65%

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d) Percentage of Category 3 elective surgery patients admitted for surgery within clinically recommended timeframes	93%	78%
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(f) Proportion of people who undergo a surgical operation requiring an unplanned return to the operating theatre within a single episode of care due to complications of their primary condition

Canberra Hospital	< 1.0%	0.6%
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Calvary Hospital	< 0.5%	0.3%
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Proportion of people separated from ACT public hospitals who are re-admitted to hospital within 28 days of their separation due to complications of their condition (where re-admission was unforeseen at the time of separation)

Canberra Hospital	< 2.0%	1.5%
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Calvary Hospital	< 1.0%	0.8%
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GBC21/46

Portfolio/s: Health**Output 1.2.a – Samples analysed**

(Annual Report 2019-20 – page 311)

(2020-21 Budget Statements Output 1.2 – Page 14)

Talking points:

- ACT Government Analytical Laboratory (ACTGAL) tests samples of public health relevance across four scientific areas, Environmental Chemistry, Microbiology, Toxicology and Forensic Chemistry.
- Samples analysed include but are not limited to, air quality, asbestos, food, water, Road traffic samples, post mortem samples, Illicit drug seizures and cladistine laboratories items.
- Samples analysed is not a true indicator of the work occurring at ACTGAL as some samples require more complex analysis and multiple tests. For example for 2019/2020, 11, 925 samples were analysed which is below the target of 12,500. However 36,937 tests were performed.
- The samples analysed target was raised from 11, 500 to 12, 500 for the 19/20 financial year.
- COVID-19 impacted samples received in early 2020. This was due to business and regulatory bodies being closed or scaled back during a 'shut down' period reducing the need for sampling. The exception was an increase in samples for environmental chemistry (air quality) in early 2020 and a large increase (aprox 300%) in forensic chemistry samples in May 2020 due to an increase in cannabis samples.

Key Information

- In the 2019/2020 financial year 11, 925 samples were analysed. This is under the target of 12, 500 by 5%

Background Information

- ACTGAL does not have control over the number of samples that are presented to the laboratory for analysis. In a majority of cases these are supplied by external agencies.

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Portfolio/s: Health**Output 1.2.b – Inspections Food Businesses**

(Annual Report 2019-20 – page 311)

(2020-21 Budget Statements Output 1.2 – Page 14)

Talking points:

- From 1 July 2019 to 30 June 2020, Health Protection Service (HPS) public health officers conducted 4190 inspections of food businesses which included 1795 proactive food inspections related to COVID-19 activities.
- COVID-19 proactive inspections also include food safety elements designed to improve food safety by promoting food safety culture in food businesses.
- The remaining 2395 food safety inspections were not related to COVID-19. It is noted that a majority of these inspections occurred within the first three quarters of the reporting period as the priority focus for the team moved to COVID-19 response in March 2020.
- The significant variance in relation to reporting period target of 2500 inspections can be attributed to the nature of the inspections conducted and allocation additional of resources as part of the COVID-19 response.
- The HPS COVID 19 proactive compliance inspection program objectives:
 - Ensure that the businesses comply with the current public health directions.
 - Ensure that businesses have measures in place to minimise the risk of COVID 19.
 - Ensure that businesses maintain effective hygiene and follow social distancing rules.
 - Ensure businesses take all practicable steps to prevent contamination of their food service or processing environment.

Key Information

- From 1 July 2019 to 30 June 2020, HPS conducted 4190 inspections of food businesses which included 1795 proactive food inspections related to COVID-19 activities.
- The significant variance in relation to reporting period target of 2500 inspections can be attributed to the nature of the inspections conducted and allocation additional of resources as part of the COVID-19 response.

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TRIM Ref:	GBC21/46	

Background Information

Food Safety

- The HPS inspects food businesses to:
 - identify potential food safety issues; and
 - ensure compliance with the requirements of the Food Act 2001 and the Australia New Zealand Food Standards Code.
- The number of inspections does not reflect the number of businesses inspected. Businesses may be inspected more than once, particularly where enforcement action occurs.
- To assist existing and new food businesses, and increase compliance, HPS developed published a food labelling guide in response to a high number of enquiries and questions on labelling during the establishment of new businesses. The guide provides a single reference source on food labelling to help businesses get it right before putting their product on the market.
- Public Health Officers serve Improvement Notices where issues are identified that require correction but do not pose a serious risk to public health. If the risk to public health is serious, a Prohibition Order is served, resulting in the closure of the business until the issues of non-compliance have been rectified.

COVID Compliance

- The HPS is the lead agency responsible for checking food business compliance against the Public Health Directions. This activity is supported by ACT Policing and Access Canberra. These agencies also have responsibility for the coordination of compliance activities, the sharing of intelligence and providing a consistent approach to enforcement activities. In addition to the proactive visits, the team has also undertaken considerable work in responding to enquires and complaints, assisting interpretation on Directions, developing education materials for businesses, and supporting communications directly to businesses on Direction changes.
- A risk-based approach is taken to inform compliance activities. There are a number of qualitative risk factors that are used to determine the degree of risk each type of business may present.
- HPS communicates with businesses at each change of restrictions through email and/or post, undertakes proactive inspections and engagements (onsite or via phone survey), responds to community concerns and business enquiries, and undertakes enforcement activities as required.

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Portfolio/s: Health

Output 1.2.c - Immunisation coverage for the primary immunisation schedule measured at 1 year of age

(Annual Report 2019-20 – page 311)

(2020-21 Budget Statements Output 1.2 – Page 14)

Talking points:

- The annualised immunisation coverage for one year old children in ACT for the March, June, September and December 2020 assessment quarters was 96 per cent.
- The ACT has exceeded the aspirational target of 95 per cent.

Key Information

- The ACT continues to achieve high childhood immunisation coverage for children at 1 year of age, being above both the national average and the aspirational target of 95 per cent in 2020.
- To achieve this outcome, Health Protection Service (HPS) provides information and promotional material, sends postcard reminders and overdue letters to families, assists with transcribing overseas immunisation records, and develops catch up plans for children with delayed vaccination.

Background Information

- National immunisation coverage is the percentage of children in Australia who have received all the vaccines recommended for their age in accordance with the Childhood Immunisation Schedule.
- The Australian Immunisation Register (AIR) issues quarterly reports on immunisation coverage rates for children at 12 to 15 months (cohort one), 24 to 27 months (cohort two) and 60 to 63 months (cohort three).

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GBC21/46

Portfolio/s: Health**Output 1.2.d (i-iv) - Immunisation rates for vaccines in the national schedule for the ACT Aboriginal and Torres Strait Islander population**

(Annual Report 2019-20 – page 311)

(2020-21 Budget Statements Output 1.2 – Page 14)

Talking points:

- The Aboriginal and Torres Strait Islander population is at higher risk of vaccine preventable diseases and associated complications. The immunisation coverage rate provides an indication of the success of programs and services to minimise the incidence of vaccine preventable diseases.
- The annualised immunisation coverage for one year old children in ACT for the March, June, September and December 2020 assessment quarters was 93.6 per cent for children aged 12–15 months, 94.2 per cent for children aged 24–27 months and 100 per cent for children aged 60–63 months.
- The very low numbers of children identified as Aboriginal and/or Torres Strait Islander in the ACT means that immunisation coverage rates should be read with caution. This small population means immunisation coverage data for Aboriginal and Torres Strait Islander children in the ACT consistently fluctuates between reporting periods. One child missing one vaccine can make a difference of up to six percent in terms of overall quarterly coverage for the cohort.
- The Health Protection Service (HPS) actively pursues strategies to increase immunisation rates for Aboriginal and Torres Strait Islander children. This includes reminder postcards sent to Aboriginal and Torres Strait Islander families prior to a child's vaccinations being due, letters to parents whose children are overdue for immunisation and culturally appropriate promotional campaigns.

Key Information

- The ACT continues to achieve childhood immunisation coverage above 93 percent for Aboriginal and Torres Strait Islander children at 1, 2 and 5 years of age. The annualised data provided by the Australian Immunisation Register shows that 100 percent of Aboriginal and Torres Strait Islander children are fully immunised at five years of age.
- Strategies to increase immunisation coverage rates for Aboriginal and Torres Strait Islander children continue.

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Background Information

- National immunisation coverage is the percentage of children in Australia who have received all the vaccines recommended for their age in accordance with the Childhood Immunisation Schedule.
- The Australian Immunisation Register (AIR) issues quarterly reports on immunisation coverage rates for children at 12 to 15 months (cohort one), 24 to 27 months (cohort two) and 60 to 63 months (cohort three).

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Output 1.4 – Continuous Improvement of the ACT Public Health System

(Annual Report 2019-20 page – 315)

(2020-21 Budget Statements – Page 15)

Talking points:

Output Class 1.4 includes 2 Accountability indicators: 1.4.a *Biannual Report of progress in implementing the recommendations arising from the Independent Review into the Workplace Culture of ACT Public Health Services* and 1.4.b *The ACT Public Health Services Quarterly Performance Report*.

Key Information

- The annual target for 1.4.a, *Biannual Report of progress in implementing the recommendations arising from the Independent Review into the Workplace Culture of ACT Public Health Services* is 2. The year-to-date target as at 31 December 2020 of 1 was met.
- This report can be found on the ACT Health website by searching for ACT Health Biannual Update Cultural Review.
- The annual target for 1.4.b, *ACT Public Health Services Quarterly Performance Report* is 4. The year-to-date target as at 31 December 2020 of 2 was met. The reports published this financial year include the Quarter 4, 2019-20 Quality Performance Report and the Quarter 1, 2020-21 Quarterly Performance Report.
- These can be found on the ACT Health website by searching for ACT Health Quarterly Performance Report.

GBC21/46

Portfolio/s: Health

Output 1.1a Admitted Services 2019/20
ANNUAL REPORT PAGE NUMBER: 397

Output 1.1 ACT Local Hospital Network	Target 2019-20 NWAU {19}	Estimated Outcome 2019-20 NWAU {19}	Variance
Accountability Indicator 1.1.a – Admitted Services	101,917	96,639	-5%

Talking points:

- From 25 March to 15 May 2020, delivery of non-essential elective surgeries was suspended as part of the COVID-19 response, with normal elective surgery resuming on 9 June 2020. In the early stages of the pandemic there were also fewer emergency department presentations translating into fewer inpatient admissions. Both factors have contributed to the National Weighted Activity Unit result for admitted services being lower than target.

Key Information

- The National Weighted Activity Unit (NWAU) target for this accountability indicator applies to acute admitted patients. These patients undergo a formal hospital admission and discharge process. It excludes acute mental health and sub-acute services.
- Changes in NWAU results are affected both by changes in levels of activity (in this case, number of acute admissions) as well as changes in the degree of acuity (admissions of higher acuity are generally associated with a higher value NWAU).
- Services included in Output Class 1 are those that meet the Independent Hospital Pricing Authority's (IHPAs) criteria for inclusion on the General List of In-Scope Public Hospital Services.
- This accountability indicator relates to the ACT Local Hospital Network and therefore measures combined activity across all public hospital providers (i.e. Canberra Hospital and Calvary Public Hospital Bruce).

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Background Information

- The Statement of Performance refers to the results column as 'Actual Result'. These results are current as at the time of the Annual Report preparation, and final results are subject to change through the national submission reconciliation process.
- The Commonwealth contributes to funding public hospitals using Activity Based Funding where practicable using the National Efficient Price (NEP) determined by IHPA.
- An NWAU is a measure of health service activity expressed as a common unit, against which the NEP is paid. It provides a way of comparing and valuing each public hospital service (whether it is an admission, emergency department presentation or outpatient episode), by weighing it for its clinical complexity.
- The average hospital service is worth one NWAU – the most intensive and expensive activities are worth multiple NWAUs: the simplest and least expensive are worth fractions of an NWAU.
- NWAUs are updated annually. NWAU{19} is the 2019-20 currency as determined by IHPA in the 2019-20 NEP Determination.

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Output 1.b Non Admitted Services

(Annual Report 2019-20 – page 397)

(2020-21 Budget Statements – page 59)

Output 1.1 ACT Local Hospital Network	Target 2019-20 NWAU {19}	Estimated Outcome 2019-20 NWAU {19}	Variance
Accountability Indicator 1.1b – Non Admitted Services	20,758	29,116	40%

Talking points:

- The variance from target is primarily driven by better data capture and improvements made in clinical coding processes.

Key Information

- The National Weighted Activity Unit (NWAU) target for this accountability indicator applies to non-admitted patients. These are patients treated in outpatient clinics or in a community setting (excluding community mental health services).
- The 2019-20 target was based on preliminary results for 2018-19. The 2018-19 final result was higher than the preliminary result due to improvements made in the clinical coding process. This resulted in a revision to the estimated outcome for 2019-20 after the target had been set through the 2019-20 Budget. The updated estimated outcome was provided to the National Health Funding Body to ensure provisional Commonwealth payments reflected the higher activity level.
- Services included in Output Class 1 are those that meet the Independent Hospital Pricing Authority's (IHPAs) criteria for inclusion on the General List of In-Scope Public Hospital Services.
- This accountability indicator relates to the ACT Local Hospital Network and therefore measures combined activity for Canberra Hospital and Calvary Public Hospital Bruce (including Clare Holland House).

Background Information

- The Statement of Performance refers to the results column as 'Actual Result'. These results are current as at the time of the Annual Report preparation, and final results are subject to change through the national submission reconciliation processes.

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- The Commonwealth contributes to funding public hospitals using Activity Based Funding where practicable using the National Efficient Price (NEP) determined by IHPA. The national efficient price is based on the projected average cost of an NWAU.
- An NWAU is a measure of health service activity expressed as a common unit, against which the NEP is paid. It provides a way of comparing and valuing each public hospital service (whether it is an admission, emergency department presentation or outpatient episode), by weighting it for its clinical complexity.
- The average hospital service is worth one NWAU – the most intensive and expensive activities are worth multiple NWAUs, the simplest and least expensive are worth fractions of an NWAU.
- NWAUs are updated annually. NWAU{19} is the 2019-20 currency as determined by IHPA in the NEP Determination 2019-20.

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Portfolio/s: Health

Output 1.c Emergency Services

(Annual Report 2019-20 page 397)

(2020-21 Budget Statements – page 59)

Output 1.1 ACT Local Hospital Network	Target 2019-20 NWAU {19}	Estimated Outcome 2019-20 NWAU {19}	Variance
Accountability Indicator 1.1c – Emergency Services	19,590	18,415	-6%

Talking points:

- The result is lower than the target due to a reduction in Emergency Department presentations during the early stages of the COVID-19 pandemic.

Key Information

- The National Weighted Activity Unit (NWAU) target for this accountability indicator applies to Emergency Department patients.
- Services included in Output Class 1 are those that meet the Independent Hospital Pricing Authority's (IHPAs) criteria for inclusion on the General List of In-Scope Public Hospital Services.
- This accountability indicator relates to the ACT Local Hospital Network and therefore measures combined activity for Canberra Hospital and Calvary Public Hospital Bruce.

Background Information

- The Statement of Performance refers to the results column as 'Actual Result'. These results are current as at the time of the Annual Report preparation, and final results are subject to change through the national submission reconciliation processes.
- The Commonwealth contributes to funding public hospitals using Activity Based Funding where practicable using the National Efficient Price (NEP) determined by IHPA. The national efficient price is based on the projected average cost of an NWAU.
- An NWAU is a measure of health service activity expressed as a common unit, against which the NEP is paid. It provides a way of comparing and valuing each public hospital service (whether it is an admission, emergency department presentation or outpatient episode), by weighting it for its clinical complexity.

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- The average hospital service is worth one NWAU – the most intensive and expensive activities are worth multiple NWAUs, the simplest and least expensive are worth fractions of an NWAU.
- NWAUs are updated annually. NWAU{19} is the 2019-20 currency as determined by IHPA in the NEP Determination 2019-20.

GBC21/46

Portfolio/s: Health

Output 1.d – Acute Admitted Mental Health Services

(Annual Report 2019-20 page 397)

(2020-21 Budget Statements – page 59)

Output 1.1 ACT Local Hospital Network	Target 2019-20 NWAU {19}	Estimated Outcome 2019-20 NWAU {19}	Variance
Accountability Indicator 1.1d – Acute Admitted Mental Health Services	9,824	10,492	7%

Talking points:

The result is higher than target and this is primarily attributed to a combination of higher than anticipated demand and increased complexity of admissions.

Key Information

- The National Weighted Activity Unit (NWAU) target for this accountability indicator applies to acute admitted mental health service patients. These patients undergo a formal hospital admission and discharge process.
- Services included in Output Class 1 are those that meet the Independent Hospital Pricing Authority's (IHPA's) criteria for inclusion on the General List of In-Scope Public Hospital Services.
- This accountability indicator relates to the ACT Local Hospital Network and therefore measures combined for Canberra Hospital and Calvary Public Hospital Bruce.
- Mental health admissions have been increasing nationally. The Australian Institute of Health and Welfare (AIHW) reported that the national rate of overall admitted mental health-related separations with specialised psychiatric care per 10,000 population increased by 4.5 per cent in the five years from 2014-15 to 2018-19.
- In February 2020, there were higher than average mental health acute inpatient admissions. In April 2020, the NWAU weighting for admissions was significantly higher than average, reflecting higher complexity of admissions.

Background Information

- The Statement of Performance refers to the results column as 'Actual Result'. These results are current as at the time of the Annual Report preparation, and final results are subject to change through the national annual submission processes.

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- The Commonwealth contributes to funding public hospitals using Activity Based Funding where practicable using the National Efficient Price (NEP) determined by IHPA. The national efficient price is based on the projected average cost of an NWAU.
- An NWAU is a measure of health service activity expressed as a common unit, against which the NEP is paid. It provides a way of comparing and valuing each public hospital service (whether it is an admission, emergency department presentation or outpatient episode), by weighting it for its clinical complexity.
- The average hospital service is worth one NWAU – the most intensive and expensive activities are worth multiple NWAUs, the simplest and least expensive are worth fractions of an NWAU.
- NWAUs are updated annually. NWAU{19} is the 2019-20 currency as determined by IHPA in the NEP Determination 2019-20.

GBC21/46

Portfolio/s: Health

Output 1.e Subacute Services

(Annual Report 2019-20 page 397)

(2020-21 Budget Statements – page 59)

Output 1.1 ACT Local Hospital Network	Target 2019-20 NWAU {19}	Estimated Outcome 2019-20 NWAU {19}	Variance
Accountability Indicator 1.1e – Sub Acute Services	12,340	12,901	5%

Talking points:

- Improvements in clinical coding and improved data capture has contributed to the result above target.

Key Information

- The National Weighted Activity Unit (NWAU) target for this accountability indicator applies to sub-acute admitted patients. These patients undergo a formal hospital admission and discharge process.
- Services included in Output Class 1 are those that meet the Independent Hospital Pricing Authority's (IHPAs) criteria for inclusion on the General List of In-Scope Public Hospital Services.
- This accountability indicator relates to the ACT Local Hospital Network and therefore measures combined activity for Canberra Hospital and Calvary Public Hospital Bruce (including Clare Holland House).

Background Information

- The Statement of Performance refers to the results column as 'Actual Result'. These results are current as at the time of the Annual Report preparation, and final results are subject to change through the national submission reconciliation processes.
- The Commonwealth contributes to funding public hospitals using Activity Based Funding where practicable using the National Efficient Price (NEP) determined by IHPA.
- An NWAU is a measure of health service activity expressed as a common unit, against which the NEP is paid. It provides a way of comparing and valuing each public hospital service (whether it is an admission, emergency department presentation or outpatient episode), by weighing it for its clinical complexity.

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- The average hospital service is worth one NWAU – the most intensive and expensive activities are worth multiple NWAUs, the simplest and least expensive are worth fractions of an NWAU.
- NWAUs are updated annually. NWAU{19} is the 2019-20 currency as determined by IHPA in the NEP Determination 2019-20.

Output 1.f Total in Scope

(Annual Report 2019-20 page 397)

(2020-21 Budget Statements – page 59)

Output 1.1 ACT Local Hospital Network	Target 2019-20 NWAU {19}	Estimated Outcome 2019-20 NWAU {19}	Variance
Accountability Indicator 1.1f – Total in scope	164,429	167,564	2%

Talking points:

- No questions anticipated.

Key Information

- This indicator represents the combined National Weighted Activity Unit (NWAU) targets and NWAU results for all admitted, non-admitted and emergency services (Accountability Indicators 1.a to 1.e).
- The 2019-20 target was based on preliminary results for 2018-19. The 2018-19 final result was higher than the preliminary result due to improvements made in the clinical coding process. This resulted in a revision to the estimated outcome for 2019-20 after the target had been set through the 2019-20 Budget. The updated estimated outcome was provided to the National Health Funding Body to ensure provisional Commonwealth payments reflected the higher activity level.
- Changes in NWAU results are affected both by changes in levels of activity as well as changes in the degree of acuity (services for higher acuity cases are generally associated with a higher value NWAU).
- Services included in Output Class 1 are those that meet the Independent Hospital Pricing Authority's (IHPAs) criteria for inclusion on the General List of In-Scope Public Hospital Services.
- This accountability indicator relates to the ACT Local Hospital Network and therefore measures combined activity for Canberra Hospital, Calvary Public Hospital Bruce (including Clare Holland House), University of Canberra Hospital and public hospital patients whose care was sub contracted to private providers.

Background Information

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 Lead Directorate: Health
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- The Statement of Performance refers to the results column as 'Actual Result'. These results are current as at the time of the Annual Report preparation, and final results are subject to change through the annual national submission and reconciliation processes.
- The Commonwealth contributes to funding public hospitals using Activity Based Funding where practicable using the National Efficient Price (NEP) determined by IHPA. The national efficient price is based on the projected average cost of an NWAU.
- An NWAU is a measure of health service activity expressed as a common unit, against which the NEP is paid. It provides a way of comparing and valuing each public hospital service (whether it is an admission, emergency department presentation or outpatient episode), by weighting it for its clinical complexity.
- The average hospital service is worth one NWAU – the most intensive and expensive activities are worth multiple NWAUs, the simplest and least expensive are worth fractions of an NWAU.
- NWAUs are updated annually. NWAU_{19} is the 2019-20 currency as determined by IHPA in the NEP Determination 2019-20.
- NWAU targets are projected outcomes. Variations from target within individual service streams should be viewed alongside the outcome for the total NWAU delivery, which in 2019-20 recorded a 2 per cent variance from target (p397 of ACTHD Annual Report).

ACT Care Coordinator Annual Report 2019-20**Talking points:**

- There was a 60% reduction in the number of Community Care Orders made by the ACT Civil and Administrative Tribunal from 2018-19 to 2019-20 for people with a mental disorder. Community Care Orders are only made when absolutely necessary and only if treatment, care and support can not be provided in a less restrictive manner.
- In 2019-20, four people were on a Community Care Orders. One person had dementia, one person with Intellectual Disability and two people had eating disorders.
- All people with a Community Care Order, also had a Restriction Order which places specific limitations on the person.
- No Forensic Community Care Orders for people with a mental disorder in the justice system were made by the ACT Civil and Administrative Tribunal in 2019-20.

Key Information

- The Office of the Chief Medical Officer continues to work with other ACT Government agencies to coordinate the treatment, care or support for people with a mental disorder and Community Care Order or Forensic Community Care Order.
- Consultation is currently underway to update the Memorandum of Understanding between Directorates. The objective of the Memorandum of Understanding is to ensure effective collaboration between ACT Directorates and Public Health Providers to meet the needs of persons subject to a Community Care Order or Forensic Community Care Order under subsection 67(1) or 109(2) of the *Mental Health Act 2015*.

Background Information

- A Community Care Order is made for people who fulfill the criteria for a mental disorder under the ACT Mental Health Act. People receiving treatment under a Community Care Order may have a diagnosis of dementia, intellectual disability, acquired brain injury, personality disorder or a degenerative neurological disorder.
- The ACT Civil and Administrative Tribunal, may make a Community Care Order or Forensic Community Care Order if a person has a mental disorder and the ACT Civil and Administrative Tribunal has reasonable grounds for believing they are likely to do serious harm to themselves or others. The ACT Civil and Administrative Tribunal must be satisfied that care, treatment and support is likely to reduce the harm the person might do to themselves or others, and care cannot be provided in a way that involves less restriction of their freedom of choice and movement.

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- A Community Care Order can be made by the ACT Civil and Administrative Tribunal for up to six months and a Forensic Community Care Order or Restriction Order for up to three months.
- The Care Coordinator is responsible for coordinating the provision of treatment, care or support for a person with a mental disorder for whom a Community Care Order, Forensic Community Care Order and associated Restriction Order is in force.

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GBC21/46

Portfolio/s: Health**Calvary Health Care ACT Ltd Annual Report 2019-20****ANNUAL REPORT PAGE NUMBER:** 323 - 327**Talking points:**Emergency Department

- In 2019-20, there were almost 54,000 presentations to Calvary Public Hospital Bruce's (Calvary) Emergency Department, representing around a third of total presentations across the ACT.
- In terms of Calvary's Emergency Department timeliness, performance was positive for categories one, two and five, however there is work to be done across triage categories three and four.
- Calvary's Emergency Department expansion, funded in the 2018-19 Budget, became operational from June 2020, providing an additional 22 treatment spaces (made up of 14 see and treat space and 8 short stay beds).
- In the 2019-20 Budget, the ACT Government provided funding for additional resources to staff the expanded Emergency Department following the completion of expansion works.
- Calvary are committed to continuing to improve their Emergency Department performance and, in support of this commitment and to complement the expansion, implemented an Emergency Department Performance Improvement Plan in 2019-20.

Elective Surgery

- Calvary delivered 5,639 elective surgeries for the 2019-20 year. This represents approximately 44 per cent of the total number of elective surgeries performed in 2019-20 for public patients of 12,870.
- From 25 March 2020 to 9 June 2020, the delivery of elective surgery was significantly hindered by the suspension of all non-essential elective surgeries due to the COVID-19 pandemic response.
- In 2019-20, the Government funded the commissioning of two additional theatres at Calvary to increase capacity for additional surgeries. One theatre was brought online in 2019-20, and the second theatre was brought online at the beginning of 2020-21. This has enabled the ACT Government to expand the ACT's elective surgery program overall, with Calvary taking an increasing share of the total Territory caseload.

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Cleared for public release by: Executive Group Manager Ext: 49699
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2019-20 Funding

- In 2019-20, total payments made to Calvary by ACT Health Directorate and the ACT Local Hospital Network included \$234.6 million in operating funds, and \$7 million in capital.
- The operating funds are inclusive of COVID-19 Response funding which is still subject to an actual expenditure audit in accordance with the *National Partnership on COVID-19 Response Agreement* and ACT Health COVID-19 Funding Guidelines. Any funds which cannot be acquitted under these arrangements will be returned to Government.

Mental Health

- Significant work took place during 2019-20 to refurbish the Keaney Building, which provided an opportunity for Calvary to co-locate and refurbish both the Older Persons Mental Health Unit and the Adult Mental Health Unit. Patients were transferred into the new unit in January 2020.
- In 2020-21, the ACT Government has funded an additional 5 mental health “surge” beds at Calvary to support increased demand for inpatient mental health services.

Urology

- In 2019-20, the Government provided funding to expand urology services at Calvary to deliver capacity for additional minor day procedures and co-located outpatient services.
- Following implementation of the Government’s maternity services strategy and increased surgical activity to be delivered at Calvary in 2019-20, Calvary reviewed the urology project to support the increased surgical activity and the urology scope of works.
- The commencement of capital works was delayed, in part, due to the establishment of COVID-19 clinics which resulted in ward movements across Calvary. The capital works are now expected to be completed in June 2021.

Background Information

- The relationship between the ACT Government (the Territory) and Calvary Health Care ACT Ltd (Calvary), for the public hospital services delivered through Calvary Public Hospital Bruce (CPHB), is governed by the legal contract known as the Calvary Network Agreement (CNA), which came into effect in February 2012.
- Calvary is a subsidiary entity of the Little Company of Mary Health Care (LCMHC) and ACT Health Directorate manages the Calvary contract and relationship on behalf of the Territory.
- The Territory is required by the CNA to develop annual Performance Agreements (PA) with Calvary, for the public hospital services delivered through CPHB.

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- The CNA does not cover the services delivered from Clare Holland House (CHH) Hospice. However, funding for these services is provided to Calvary under the annual Performance Agreement.

2019-20 Performance Agreement Key Performance Indicators

Key Performance Indicator – Set 1		
Emergency Department Timeliness Indicators	2019-20 Target	2019-20 Result
Category 1 – resuscitation seen immediately (%)	100%	100%
Category 2 – emergency seen within 10 minutes (%)	80%	77%
Category 3 – urgent seen within 30 minutes (%)	75%	42%
Category 4 – semi-urgent seen within 60 minutes (%)	70%	57%
Category 5 – non urgent seen within 120 minutes (%)	70%	87%
ED patients with a total time of 4-hours or less (%)	90%	63%
Elective Surgery Timeliness Indicators	2019-20 Target	2019-20 Result
Category 1 – urgent, admitted for surgery within 30 days (%)	100%	98%
Category 2 – semi-urgent, admitted for surgery within 90 days (%)	80%	78% ¹
Category 3 – non urgent, admitted for surgery at some time in the future (%)	93%	87% ¹
Quality and Safety Indicators	2019-20 Target	2019-20 Result
Unplanned return to hospital within 28 days (%)	<1.0%	0.83%
Unplanned return to the operating theatre (%)	<0.5%	0.28%
Healthcare associated staphylococcus aureus bacteraemia (per 10,000 bed days)	<2	0.47
Estimated hand hygiene rates	80%	82.3%
Key Performance Indicator – Set 2	2019-20 Target	2019-20 Result
February year-to-date NWAU as per cent of annual target ²	67%	70%
Key Performance Indicator – Set 3	2019-20 Target	2019-20 Result
Accreditation against the National Safety and Quality Health Service Standards	Accredited	Accredited

¹ Average result for period 1 July 2019 to 29 February 2020 in accordance with revised Key Performance Indicators in 'Schedule G – COVID-19 Amendment' to the Calvary 2019-20 Performance Agreement.

² These are estimated actuals and subject to change. The result is for the period 1 July 2019 to 29 February 2020 as a per cent of the 2019–20 full year target and the target is the result for the period 1 July 2018 to 28 February 2019 as a per cent of the 2018–19 full year target. In accordance with the revised Key Performance Indicators in 'Schedule G – COVID-19 Amendment' to the Calvary 2019-20 Performance Agreement, the total NWAU performance was assessed as a comparison to the proportion of the year's target at same period in 2018–19.

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- In addition to the Emergency Department Performance Improvement Plan, Calvary commissioned an external review of the functioning of the Emergency Department in late 2020 to ensure all possible initiatives to maximise patient care and flow have been implemented. Calvary has received, and are responding to, the draft report and will share the resultant actions with the ACT Health Directorate for review during future contract performance meetings.

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HUMAN RESEARCH ETHICS COMMITTEE ANNUAL REPORT 2019-20**Talking points:**

- The ACT Health Human Research Ethics Committee (HREC) continued its work of reviewing human research proposals to ensure they meet the ethical standards set out in the *National Statement on Ethical Conduct in Human Research (2007)*.
- The COVID-19 pandemic was a significant challenge for research and research ethics during 2020. The HREC and its subcommittees worked with jurisdictional and federal governments to quickly develop guidelines and review options for existing research and new COVID-19 research proposals.

Key Information

- During the reporting period the ACT Health Human Research Ethics Committee reviewed 52 new projects including 34 social research projects, 15 clinical research projects and three endorsement for Authorised Prescriber applications.
- The Low Risk Ethics Committee reviewed 134 projects including 37 projects from tertiary students, 77 from health professionals and 20 from academic researchers.
- The Committee worked with all Australian Governments to develop and support processes to quickly and effectively respond to the COVID-19 pandemic. Between March and June 2020, 19 new COVID-19 related studies and 53 COVID-19 related amendments to existing studies were reviewed and approved through the Committee structure.

Background Information

- The ACT Health Human Research Ethics Committee has maintained continuous certification from the National Health and Medical Research Council since 2012 and is the only certified Ethics Committee in the ACT.
- The Committee participates in the National Mutual Acceptance (NMA) scheme for single scientific and ethical review of human research, including acting as a lead Committee and accepting ethical review and approval from other NMA committees.

Radiation Council Annual Report 2019-20**Talking points:**

- The Council issued 200 new radiation licences during 2019-20, bringing the total number of licence holders in the ACT to 1,438. This is a 5.8 per cent decrease (89 licences) on last year. The Council registered 49 new radiation sources during 2019-20, bringing the total number of registered radiation sources in the ACT to 754. This is a 4 per cent increase (29 sources) on last year.
- The Council commenced a review of the Code of Practice for Compliance Testing of Radiation Apparatus, in preparation for introducing periodic testing requirements for radiation sources in the ACT. The Code of Practice and the periodic testing frequencies will be developed with a view to increasing national uniformity in the regulatory requirements for radiation sources.

Key Information

- Nine radiation incidents were reported to the Council during the year and underwent further investigation. In line with the ACT Health Risk Management Guidelines, all nine incidents were deemed insignificant. The areas involved undertook reviews of working systems and, where necessary, amended procedures to reduce the likelihood of similar incidents occurring in the future.
- The Council conducted a survey of dental equipment owners in the ACT about equipment types and training activities, and to gather information which will be used to identify any anomalies in radiation doses being delivered to patients during dental diagnostic imaging.
- The Council reviewed and endorsed updates to information provided through Radiation Safety webpages to replicate decisions made by the Council throughout the year.

Background Information

- The [Radiation Protection Act 2006](#) (the Act) controls the safe use, storage, transportation and disposal of radioactive material and irradiating apparatus. The Radiation Council (the Council) is established under Part 5 of the Act. The Council has the following functions: issuing licences; registering regulated radiation sources; advising the Minister on radiation protection issues; and exercising any other function given to it under the Act or another territory law. The composition of the Council is specified in Section 65 of the Act and there are seven members currently appointed to the Council, with their three year term ending on 30 September 2021.
- The Council meets on average, in six weekly intervals throughout the year. The Council met 9 times during 2019-20.

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TRIM Ref: GBC21/46

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- The Council comprises of seven members who come from a variety of backgrounds. 5 members are or were previously involved in the field of radiation imaging or research. Two members are members of the public who possess both legal or other forms of administrative skill, knowledge and experience.

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**Minister for Mental Health
ACT Health Directorate
2019-20 Annual Report Briefs**

Hot Issues – COVID-19

No.	Title	
1.	COVID-19 – Key facts and figures	OCHO
2.	COVID-19 – Current Restrictions	OCHO
3.	COVID-19 and Mental Health	OMH&W with input from PPP
4.	Implementation of the COVID-19 Mental Health support package	PPP with input from OMH&W

Hot Issues

No.	Title	
5.	Culture Review (Mental Health)	Culture Review team
6.	Mental Health Access & Utilisation	DSD with input from PPP
7.	Chief Psychiatrist changes	ODG
8.	The Report on the Inquiry into Youth Mental Health in the ACT	PPP with input from OMH&W
9.	Productivity Commission Report into Mental Health	PPP with input from OMH&W

Strategic Objectives

No.	Title	
10.	Strategic Objective 4: Improving the Mental Wellbeing of Canberrans (Annual Report 2019-20 - page 65) (2020-21 Budget Statements – Strategic Indicator 1.1- page 5)	OMH&W with input from PPP
11.	Changes to Strategic Objectives 4 and 5 (Strategic Indicators 1.1 and 1.2)	C&G

ACT Health Directorate Output Classes

No.	Title	
12.	Output 1.3: Mentally Healthy Communities (Annual Report 2019-20 - page 313) (2020-21 Budget Statements – Output 1.3 - page 12)	PPP with input from OMH&W

Local Hospital Network Output Classes

No.	Title	
13.	Output 1.d – Acute Admitted Mental Health Services (Annual Report 2019-20 - page 397) (2020-21 Budget Statements – Output Class 1 - Page 59)	LHN with input from DSD and MHPU

Annexed Reports

No.	Title	
14.	Chief Psychiatrist Annual Report 2019–20 (Annual Report 2019-20 - page 328)	OPLÉ
15.	Office for Mental Health and Wellbeing Annual Report 2019–20 (Annual Report 2019-20 - page 339)	OMH&W

GBC21/47

Portfolio: Mental Health**ISSUE: COVID-19: KEY FACTS AND FIGURES****Talking points:**

- As of 25 February 2021:
 - There are no active cases in the ACT.
 - There have been 170,310 negative tests in the ACT to date.
 - A total of 115 cases have recovered from COVID-19 and have been released from self-isolation.
 - Three deaths have been recorded.
- Currently, there is no evidence of community transmission in the ACT.
- Of the ACT's cases:
 - 89 were overseas acquired cases with a total of 29 related to cruise ships;
 - 25 were close contacts of known cases;
 - 3 were locally acquired with no contact identified following interstate travel; and
 - 1 was locally acquired with an unknown epi-link.
- ACT Health is continuing to take appropriate public health action to contact trace all new cases in line with national guidelines.

National

- As at 9:00am on 25 February 2021, there have been 28,939 reported confirmed cases of COVID-19 in Australia. There have been 2 new cases in the last 24 hours.
- Of the 28,939 confirmed cases in Australia, 909 have died from COVID-19. 14,190,604 tests have been conducted across Australia.

Cleared as complete and accurate:	25/02/2021	
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Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Vanessa Dal Molin	
TRIM Ref:	GBC21/47	

Location	Confirmed cases*
New South Wales	5,155
Northern Territory	104
Queensland	1,323
South Australia	613
Tasmania	234
Victoria	20,479
Western Australia	913

* Note that under National Notifiable Diseases Surveillance System reporting requirements, cases are reported based on their Australian jurisdiction of residence rather than where they were detected. For example, a case reported previously in the NT in a NSW resident is counted in the national figures as a NSW case.

International

- As at 24 February 2021, across the world there have been 111,762,965 confirmed cases of COVID-19 and more than 2,479,678 deaths.

Testing

- The ACT is consistently producing strong testing figures with 170,310 negative tests completed as of 25 February 2021.
- Testing is a vital step in responding and managing to COVID-19, as it enables early detection and response to cases to mitigate widespread transmission in the community.
- Free and easily accessible testing is available at multiple locations across the ACT including Weston Creek walk-in centre, Exhibition Park in Canberra and Winnunga Nimmityjah Aboriginal Health and Community Services.

Wasterwater testing

- A weekly wastewater sample is collected from the Lower Molonglo Water Quality Control Plant, which receives wastewater from over 99 per cent of the ACT population.
- Fragments of the virus were detected in a sewage sample collected on 27 January 2021 from the Belconnen wastewater testing location. A sample of Belconnen wastewater collected on 1 February 2021 returned a negative result with no traces of COVID-19 virus detected.

Cleared as complete and accurate: 25/02/2021
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GBC21/47

Portfolio: Mental Health**COVID – Current Restrictions****Talking points:**

- The ACT remains in a good position thanks to the continued good work of the Canberra community and their continued adherence to COVID-19 restrictions.
- Further easing of restrictions were announced on 19 February 2021 following consideration of the public health checkpoint on 12 February 2021. The new measures took effect from 9am on 20 February 2021.
- The Direction provides that:
 - Businesses and venues may have 25 people across the venue. If they wish to have more than 25 people, they can use the 1 person per 2 square metres of usable space rule for indoor and outdoor spaces.
 - Patrons can consume food and alcohol while standing up.
 - Gatherings and events over 1,000 people require an exemption from ACT Health.
 - Cinemas and movie theatres can sell up to 75 per cent capacity of each theatre.
 - Large indoor performance venues, such as theatres and arenas, can have up to 75 percent capacity provided that the performance is ticketed and attendees remain seated. There is no cap on patron numbers.
 - Enclosed outdoor venues with permanent tiered seating and grandstands can have 100 per cent capacity, with no cap on patron numbers, provided that the performance is ticketed and attendees remain seated. There is no cap on patron numbers.
 - GIO Stadium and Manuka Oval can have 100 per cent seated capacity provided the events are ticketed.
 - Larger crowd capacities are possible at organised events where an exemption has been granted. Events up to 10,000 can be considered for exemptions. Events must comply with the COVID Safe Event Protocol.

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Cleared for public release by: Executive Branch Manager Ext:49401
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TRIM Ref: GBC21/47

- Non-essential businesses and undertakings must develop and adhere to a COVID-19 Safety Plan and display a sign at the entrance specifying the occupancy limit.
- Persons organising planned events of more than 1,000 persons must develop and adhere to a COVID-19 Safety Plan and adhere to the requirements in the COVID Safe Event Protocol.
- Individuals can return to work where it suits employers and employees, with a COVID Safe Plan in place.
- In addition, from 6 March 2021, all restricted businesses must be registered for and using the Check in CBR app to collect patron details for contact tracing.
- The Check In CBR app is free, secure and convenient and it enables ACT Health to quickly access patron information to quickly alert people who may have been in contact with a person with COVID-19 if required.
- As at 4 February 2021, there are 6,050 venues registered with Check in CBR. There have been 314,724 downloads since its launch: (Apple 197,000; Google 117,724).
- From 6 March 2021, all patrons aged 16 years or older will be required to check-in and businesses must use their best endeavours to ensure patrons do so.
- Due to the improved situation and planned lifting of the lockdown in Victoria, the ACT removed the State of Victoria as a COVID affected area with effect from 11.59pm on 17 February 2021. The Direction currently restricts travel to the ACT for people who have been in a public exposure site in Victoria. There is an online declaration process for ACT residents and an exemption process for non-ACT residents.
 - ACT residents who have visited a Tier 1 exposure site must immediately enter quarantine, get tested for COVID-19 and stay in quarantine until 14 days after their last exposure to the case.. They must also complete an online declaration form within 24 hours prior to travel.
 - If a non-ACT resident is considering travel to the ACT and has been in a Tier 1 exposure site, they should not travel to the ACT at this time. If they need to travel for an extraordinary circumstance, they must seek an exemption from ACT Health which must be granted prior to travel.

Background Information

- The ACT Government issues travel advice to residents in relation to COVID-19 affected areas and where an area is declared a COVID-19 affected area, a public health direction may be enforced.
- We know that easing restrictions leads to a higher risk of a resurgence of COVID-19 cases and we are monitoring and assessing the impact of each step as these measures are gradually eased.

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Contact Officer name: Vanessa Dal Molin Ext:49401
Lead Directorate: Health
TRIM Ref: GBC21/47

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- Under recently eased restrictions, all restricted businesses and venues must use the Check In CBR app and use their best endeavours to require patrons aged 16 years or older to check-in. This has been implemented following receipt of legal advice from the ACT Government Solicitor's Office.
- Nightclubs were permitted to reopen on 11 December 2020, with the same conditions as licenced venues. Venues must limit the number of people on indoor dedicated dance areas to a maximum of 25, using one person per two square metres (with Check-In CBR app) and one person per four square metres (without Check-In CBR app).

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GBC21/47

Portfolio/s: Mental Health**COVID-19 and Mental Health****Talking points:**

- Fear, worry, and stress are normal responses to threats, and at times when we are faced with uncertainty or the unknown. So it is understandable that people are experiencing increased concerns about their mental health during the pandemic.
- In the ACT there has been an increase in people, particularly younger people, reporting mental health concerns as well as receiving mental health support. The increased need for mental health support is expected to remain beyond the pandemic.
- Mental health initiatives are an important part of the ACT Government's Community Recovery Plan which is a multi-staged plan to support our community throughout the recovery.
- During 2020, a coordinated approach was taken for whole of government communications on mental health and wellbeing. Messages on supporting and maintaining good mental health have been circulated throughout the ACT community including through social media and are on the ACT Health COVID website. Work was undertaken with specific groups to ensure appropriate messages across the community.
- In May 2020, the ACT Government provided additional funding of around \$4.5 million to expand services and enable our mental health sector to adapt to the COVID-19 crisis and into the longer term.
- A strong approach has been developed to support the mental health and wellbeing of people in quarantine and people who have COVID in the ACT.
- During 2019-20, the Minister for Mental Health and the Coordinator-General, Mental Health and Wellbeing regularly met with the Mental Health Ministerial Advisory Council and peak mental health non-government organisations to identify the emerging and ongoing issues impacting consumers, carers and community service providers.
- The ACT Government also contributed to the development and implementation of the National Mental Health Pandemic Response Plan.

Key Information

- Throughout 2020 elevated levels of anxiety and reduced mental health were reported across our community with ongoing increased use of crisis and mental health services compared to previous years.

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- For young people, a main health concern reported in community surveys has been their mental health. Young people have reported increases in mental health difficulties including increased anxiety, stress, worry, disruption in routines and loneliness associated with COVID-19 impactsⁱ.
- In the ACT there has been a small increase in the overall number of adults accessing public mental health services in 2020 compared to 2019. There has been a significant increase in the number of clients and as well as service contacts and clinical hours delivered by public community mental health services to young people aged 12 –17 years of age, when compared to the same time in 2019ⁱⁱ

Background Information

- The circumstances in which people live their lives, play just as important a role as clinical services in people's health outcomes.
- From research of previous disasters and epidemics/pandemics (such as Victorian bushfires, Queensland floods and SARS internationally) it is clear that the circumstances of the COVID pandemic will significantly increase risk factors and decrease protective factors for mental ill health and suicide in both the short and long term.
- As a result of these challenges, it is expected that there will be an increase in poor mental health in the community over an extended period.
- The approach adopted to address the ongoing mental health challenges facing the ACT community have focussed on three streams of activity. The first is to seek to promote wellbeing across the community, secondly to respond to the needs of people experiencing emerging mental health concerns and thirdly to support people with existing mental illness who are experiencing additional vulnerability.
- The Office for Mental Health and Wellbeing and the Chief Psychiatrist and Mental Health Policy Unit are continuing to work closely across the ACT Government and the community sector to ensure coordinated and connected whole of community planning.
- The ACT Government's LifeSpan Suicide Prevention framework has adapted to the impacts of COVID by moving to online modes of implementation for its suicide prevention training programs where possible, and continuing with face to face delivery for some programs including Black Dog Institute's Youth Aware of Mental Health (YAM) Program, a suicide prevention program for 14-16 year-olds in ACT high schools. COVID has had minimal impact on this program, with over 2000 year 9 students from across Government, Catholic and Independent schools completing the program during 2020.

ⁱ Sources: University of Canberra Living Well in the ACT Region Survey, Your Say Community Panel Rounds 5 and 7 Survey, ABS Household Impacts of COVID-19 Survey, August and November 2020

ⁱⁱ Source: ACT Health Directorate taken from MAJICeR data

Portfolio/s: Mental Health

Implementation of the COVID-19 Mental Health support package

Talking points:

- On 6 May 2020, in response to the challenges posed by COVID-19, the ACT Government announced its COVID-19 Mental Health Support Package (MHSP).
- The MHSP contained nearly \$4.5 million in additional funding for mental health services to address increased demand for mental health and wellbeing support in the community.
- The MHSP Grants to Non-Government Organisations and the COVID-19 Mental Health and Wellbeing Innovation Grants Program, have all been processed and payments made to the relevant parties.
- All programs and services committed under the MHSP are now in various stages of implementation.
- Scoping and design work for new programs includes:

1. Aboriginal and Torres Strait Islander Suicide Prevention Program

- The MHSP included \$250,000 to commission an Aboriginal and Torres Strait Islander suicide prevention program.
- A Needs Assessment for an Aboriginal and Torres Strait Islander Suicide Prevention Service was conducted by consultants engaged by Black Dog Institute.
- The final version of this needs assessment was received by ACT Health Directorate (ACTHD) at the end of July 2020. The needs assessment strongly supports the development of an Aboriginal and Torres Strait Islander targeted suicide prevention service.
- The timing of receipt of this needs assessment did not provide sufficient time to prepare and advertise process to source the services, prior to the caretaker period commencing.
- ACTHD utilised the caretaker period to research models in Australia including speaking to a number of jurisdictions planning similar services and recognised subject specialists at Beyond Blue, on Aboriginal and Torres Strait Islander suicide prevention services. It is envisaged that the service model will support community suicide prevention, postvention, aftercare, and potentially other related needs.
- The ACT Health Directorate is currently working with key partners to develop documentation for the procurement of a service that will adequately meet the needs of the ACT Aboriginal and Torres Strait Islander community.
- It is anticipated that a commissioning process will be conducted in the first quarter of 2021.

2. Safe Haven Café Project

- The MHSP included \$341,843 allocated to Canberra Safe Haven Cafés.

Cleared as complete and accurate: 15/02/2021
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- A Safe Haven Café is a non-clinical, safe space where people can go to if they are experiencing personal difficulties, mental health concerns, loneliness or are simply seeking social connection and support.
- It complements hospital emergency department and mental health crisis services.
- Work with Canberra Health Services to identify a suitable location for the Safe Haven Café is ongoing.
- The Safe Haven Café Project finalised its facilitated codesign process for the model in November 2020. Codesign is an important factor in the success of these programs as it brings together people with lived experience (consumers and carers), peer workers, clinical and support staff from government and non-government mental health services and clinical staff from emergency departments.
- Two design teams met weekly between September and November 2020 to design all aspects of the model. They concluded their design process and presented their designs to the Steering Group for consideration on 24 November 2020.
- The Steering Group is currently finalising the Safe Haven Café Model of Care for the ACT, before arrangements are made to commission them.

Key Information

- A key focus of the MHSP was supporting and investing in new programs and expanding critical existing services to support emerging needs across the ACT Community as a result of the pandemic.
- This included running a COVID-19 Mental Health and Wellbeing Innovation Grants Program that invited individuals and community organisations to apply for grant funding for innovative and creative programs to support the mental health and wellbeing of people in the ACT.
- Six programs with a combined value of \$305,181 (GST exclusive) were awarded through the Organisational Grants stream and 14 programs with a combined value of \$100,800 (GST exclusive) were allocated through the Community Grants stream. Representing an investment of over \$400,000 to support emerging mental health and wellbeing needs related to COVID-19.

Background Information

- The Mental Health Support Package included:
 - \$1.44 million for ACT Government mental health services to respond to acute mental health crisis in the community, with PACER and HAART;
 - Nearly \$1 million to scope new programs and expand existing programs to meet increased demand;
 - \$500,000 for a new short-term transitional accommodation service which has begun operation for people exiting acute mental health inpatient units;
 - \$450,000 for organisation and community innovation grants to improve Canberran's mental health and wellbeing;
 - \$120,000 to establish a Community Mental Health and Wellbeing Information campaign; and

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- \$985,000 to support NGOs to meet the increased demand they were experiencing and to also shift their activities online during COVID-19 restrictions. This funding was provided to the NGOs as soon as practicable and negotiated in order to support their operation.

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Portfolio/s: Mental Health

Culture Review (Mental Health)

Talking points:

- The ACT Government invests significantly in the delivery of public health services to ensure safe, high quality healthcare for the ACT community and surrounding regions. In addition to taking care of our community, we are working hard to ensure that our staff are cared for and feel valued.
- The mental health and wellbeing of our workforce is central to the changes that we will implement, ensuring our staff feel valued, safe and supported in the important work they do for our community.
- The effect of this will be a better public health system for staff and the Canberra community.
- The Culture Review Oversight Group and the Culture Review Implementation Steering Group are ensuring effective and efficient implementation across the ACT public health system, including implementation of the 20 recommendations accepted from the *Final Report: Independent Review into Workplace Culture within ACT Public Health Services*.
- A comprehensive program plan will ensure that core objectives are met.
- The Culture Review Oversight Group convened a workshop on 25 August 2020 to review the Group's Terms of Reference and discussed and agreed on the roles and responsibilities of the Group. Further discussions will occur to clarify the alignment between the Oversight Group and the Culture Review Implementation Steering Group and how ACT public health system initiatives will be progressed.
- In December 2020 information on the ACT Health website on the Culture Review Implementation was refreshed.
- The following documents were published:
 - The Workplace Culture Framework, which serves as the roadmap to support culture reform approaches across the ACT Public Health System;

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- Executive Summary: *ACT Public Health System. Investing in our People: A System-Wide, Evidence-Based Approach to Workplace Change* (Investing in our People Report);
 - ACT Public Health System: Evidence-Based Workplace Culture Framework;
 - ACT Public Health System: Evidence-Based Workplace Skills Development Model;
 - Eight Rapid Evidence Assessments; and
 - A video that outlines the work undertaken to date in cultural reform.
- The Culture Review Oversight Group acknowledged that cultural changes take time and require sustained effort over several years, and the ACT public health system is in an early phase of positive change.

Background Information

- On 10 September 2018, the former Minister for Health and Wellbeing, Ms Meegan Fitzharris announced the Independent Review into the Workplace Culture within ACT Public Health Services in response to significant negative reporting about poor workplace culture across the three arms of the ACT Public Health Service over an extended time period. The Minister appointed an independent panel to undertake the review.
- The panel presented the *Final Report of the Independent Review into the Workplace Culture within ACT Public Health Services* to Minister Fitzharris on 5 March 2019. The Final Report was released to staff and the public on 7 March 2019.
- The Review overwhelmingly highlighted:
 - Inappropriate behaviours and bullying and harassment in the workplace;
 - Inefficient procedures and processes including complaints handling;
 - Inadequate training in dealing with inappropriate workplace practices;
 - Poor leadership and management at many levels throughout the ACT public health system;
 - Inefficient and inappropriate Human Resource practices, including recruitment; and
 - Considerable disengagement by clinicians from the management of ACT public hospitals and health services.
- The Final Report was tabled on 19 March 2019 in the ACT Legislative Assembly.

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- The former Minister for Health and Wellbeing tabled the Government Response to the Report on 16 May 2019. In the response, the Government agreed to all 20 recommendations of the Report. Implementation over the next three years formally commenced.
- The Culture Review Implementation Branch was established in April 2019 within the ACT Health Directorate to lead the planning and implementation of the Government Response. The Branch works closely with the Culture Review Oversight Group and the Culture Review Implementation Steering Group, established to ensure effective and efficient implementation.

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Portfolio: Mental Health**MENTAL HEALTH ACCESS AND UTILISATION****Talking points:**

- Mental health is a key priority area for the ACT Government. Considerable investment has been made in the ACT's mental health system over the last 10 years.
- Key achievements have included the establishment of the Office for Mental Health and Wellbeing and the appointment of an ACT Coordinator-General. The Office has a mandate to work across all of government agencies to promote action for mental health in all Government agencies. The Office is an important demonstration of the ACT Government's commitment to improving mental health for all Canberrans.
- In May 2020, the ACT Government announced the \$4.5 million COVID-19 Mental Health Support Package to address increased demands on mental health support services to ensure Canberrans can receive the support they need.
- The package included a number of initiatives to support the ongoing demand for mental health care in our emergency departments and acute mental health services.
- A range of new projects are underway and in the early planning stages, to meet the needs of the growing Canberra community. This investment aims to develop a dynamic and flexible service that improves safety for staff and consumers and improves the quality of care that can be provided.
- The ACT Government, through Canberra Health Services and the ACT Health Directorate, is acting now to increase Territory-wide capacity so we can continue to provide care that meets the needs of the community.
- The recently released *2021 Report on Government Services*, which includes data up to the 2018-19 financial year, shows that demand for government mental health services continues to increase year on year. This includes services in hospital admitted patient settings, emergency departments and community mental health settings.

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Mental health presentations to emergency departments (EDs)

- The number of mental health presentations to ACT emergency departments have generally remained stable throughout the previous 6 months, during which time our COVID-19 restrictions have applied.
- 6 months.

Table 1: Mental health presentations to ACT EDs, 6 months to 31 January 2021

	Aug 2020	Sept 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021
Canberra Hospital ED	330	266	304	261	266	260
Calvary Public Hospital Bruce ED	202	168	159	187	175	165
ACT ED total	532	434	463	448	441	425

Access to mental health services for admitted patients (Quarterly Performance Report July-September 2020)

- The total number of mental health overnight bed days of care decreased by 17 per cent in the July to September 2020 quarter, when compared with the previous quarter. However, when compared to the same quarter in the previous year there was only a 6 per cent decrease.

Table 2: Comparison of mental health overnight bed days of care

	July to September 2020 (bed days)	April to June 2020 (bed days)	Percentage change (%)
Canberra Hospital	4,469	5,975	-25.2
Calvary Public Hospital Bruce	3,380	3,746	-9.8
University of Canberra Hospital	1,586	1,663	-4.6
ACT total	9,435	11,384	-17.1

- The total average length of stay for mental health overnight patients decreased by 18 percent in the July to September 2020 quarter, when compared with the previous quarter. However, when compared to the same quarter in the previous year there was only a 5 per cent decrease.

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Table 3: Comparison of average length of stay for mental health overnight patients

	July to September 2020 (days)	April to June 2020 (days)	Percentage change (%)
Canberra Hospital	11.3	14.7	-23.1
Calvary Public Hospital Bruce	20.5	25.1	-18.3
University of Canberra Hospital	56.6	61.6	-8.1
ACT total	16.0	19.6	-18.4

Mental health ward utilisation rates

- The ward utilisation rates for mental health adult overnight beds continued to be high throughout the previous 6 months, with utilisation rates regularly exceeding the number of permanently resourced beds.
- *Table 4: Mental health utilisation rates, 6 months to 31 January 2021*

	No. of beds	Aug 2020 (%)	Sept 2020 (%)	Oct 2020 (%)	Nov 2020 (%)	Dec 2020 (%)	Jan 2021 (%)
Canberra Hospital	46	97.88%	97.59%	97.03%	98.64%	95.95%	95.86%
Adult Mental Health Unit (AMHU)	40	98.15%	97.76%	97.31%	99.27%	96.94%	96.72%
Mental Health Short Stay Unit (MHSSU)	6	96.07%	96.48%	95.18%	94.40%	89.38%	90.08%
Calvary Public Hospital Bruce	41	108.06%	103.80%	108.91%	111.46%	108.09%	108.84%
Acacia Ward (formerly Ward 2N)	21	98.21%	88.36%	97.75%	97.30%	94.31%	98.21%
Older Persons Mental Health Unit (OPMHU)	20	121.85%	125.40%	124.53%	131.28%	127.38%	123.72%
ACT total	87	102.35%	100.32%	102.25%	104.27%	101.28%	101.56%

Background Information***New projects and funding commitments***

- The projects planned by the ACT Government will improve and expand clinical spaces to provide improved physical and psychological safety for people admitted to acute services as well as improving staff safety and reduce the level of occupational violence. These projects include:
 - Increasing the number of High Dependency bed capacity across the Territory to meet the needs of the changing demand for people requiring access to high acuity services; and
 - Increasing the number of Low Dependency (LDU) bed capacity across the Territory to meet the needs of the increasing demand for people requiring access to acute Mental Health services.
- As part of the \$4.5 million Mental Health Support Package, the ACT Government is investing in programs to increase options to respond early to mental health issues and suicidal crisis, reducing demand on critical emergency and crisis services:
 - \$720,000 to expand Access Mental Health and Home Assessment Acute Response Team (HAART);
 - \$720,000 to expand the tri-service Police, Ambulance and Clinician Emergency Response (PACER) service to 7 days a week;
 - \$500,000 for transitional accommodation services to address delays to discharge from acute services due to accommodation issues;
 - \$341,843 to commence work on establishing two safe haven cafes that are aimed at better support for people in distress and reduce demand on emergency and crisis services;
 - \$250,000 for an Aboriginal and Torres Strait Islander Mental Health Program;
 - Funding to support community organisations adapt to new modes of service delivery; and
 - A grants program to support innovative approaches to promote mental health and wellbeing in the ACT community. The range of projects will be supported by appropriate resources to match the increase in capacity and demand.
- The ACT Government has also committed to a range of additional investments and supports for mental health and suicide prevention in the Parliamentary and Governing Agreement for the 10th Legislative Assembly. This Agreement outlines a progressive agenda for the ACT Government to strive towards over the next 4 years and includes a range of important mental health programs including:
 - Expansions to PACER;
 - Improving the emergency department experience for people with the development of a Psychiatric Alcohol and non-prescription Drugs Assessment Unit;

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- Building additional supported accommodation houses;
- Boosting community counselling, mentoring, home visits, advocacy and case management for young people; and
- Improving the range of programs that target and support youth mental health, eating disorders, alcohol and substance use with mental health, First Nations mental health, First Nations suicide prevention and postvention and respite for mental health carers.

Mental health beds at ACT public hospitals

- At Canberra Hospital, AMHU and MHSSU contain 46 adult admitted patient mental health beds, providing voluntary and involuntary psychiatric care and treatment for people with a mental health illness.
- At Calvary Public Hospital Bruce, the Acacia Ward and OPMHU contain 41 adult admitted patient mental health beds, providing voluntary and involuntary psychiatric care and treatment. In 2020-21, the ACT Government has funded an additional 5 mental health “surge” beds, which are included in the total of 41 beds.
- There are currently no dedicated adolescent mental health beds in the ACT. The model of care for children and young people requiring admitted patient mental health services is that they are admitted to the most appropriate admitted patient unit under the lead care of a paediatrician. A dedicated adolescent mental health facility is planned for opening in late 2022 as part of an integrated adolescent unit within the Centenary Hospital for Women and Children.

Calculation methods

Tables 2 and 3

- Overnight bed days and average lengths of stay are calculated in accordance with national counting rules, where a patient’s episode of care is not counted until the episode is complete and they are discharged from hospital.
- Depending on the timings of patient admissions and discharges within a quarter, and due to the relatively small population serviced by ACT public hospitals, a small number of episodes of care can result in substantial differences in results when comparing consecutive quarters.

Table 4

- Utilisation rates (also known as occupancy rates) are a measure of resource utilisation within available hospital funding. Utilisation rates are measured using the minutes per day that an available overnight bed is used for patient care.
- In accordance with standard calculation methods used nationally, utilisation rates are calculated using the average available overnight beds. It is possible to have a utilisation rate greater than 100 per cent if beds are temporarily opened to accommodate patients as required. These beds are generally not permanently resourced and are closed when patients depart the relevant ward.

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Portfolio/s: Mental Health**Chief Psychiatrist Changes****Talking points:**

- Dr Denise Riordan, the Chief Psychiatrist previously appointed in August 2018 was successfully appointed as the Clinical Director, Child and Adolescent Mental Health Service within Canberra Health Services in December 2020, leaving the Chief Psychiatrist position vacant.
- ACT Health Directorate made arrangements for an internal backfill of the position whilst an expression of interest was finalised.
- The internal candidate nominated to act in the position, Dr Dinesh Arya, has prior experience in a similar role having held the position of Chief Psychiatrist in the Northern Territory. Dr Arya also remains a practicing psychiatrist and fulfills the legislative requirements for this position.
- The position has been advertised as an expression of interest for a six month acting opportunity on two separate occasions. A suitable candidate has not yet been identified for the position and internal backfilling of the role, by Dr Dinesh Arya, is continuing.
- It is intended that following the appointment of a suitably qualified candidate to this six month position recruitment for long term appointment with full Cabinet consultation will commence.

Key Information

- The Chief Psychiatrist position is a Statutory Appointment under the *Mental Health Act 2015* and must have a nominal or acting occupant at all times.
- The statutory functions of this role under Section 197 of the *Mental Health Act* include:
 - to provide treatment, care or support, rehabilitation and protection for persons who have a mental illness;
 - to make reports and recommendations to the Minister with respect to matters affecting the provision of treatment, care or support, control, accommodation, maintenance and protection for persons who have a mental illness; and
 - any other function given to the Chief Psychiatrist under this Act.

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- For positions that hold statutory functions any permanent or long term appointment must be considered and deliberated by Cabinet as outlined in the *Governance Principles – Appointments, Boards and Committees*. However, the Chief Minister can waive these requirements should a Minister write to the Chief Minister seeking approval to proceed with the short-term appointment extensions (up to 6 months) without Cabinet approval.

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Portfolio: Mental Health**The Report on the Inquiry into Youth Mental Health in the ACT****Talking points:**

- The Standing Committee's Final Report on their Inquiry was tabled in the Legislative Assembly after the reporting period of the 2019-20 Annual Report, on 13 August 2020.
- The ACT Government's response to the Inquiry was tabled in the Legislative Assembly in February this year.
- implementing these recommendations requires a collaborative approach to address the many determinants that impact mental health. Work is already well underway on this.
- This Response demonstrates the ACT Government's commitment to supporting the mental health and wellbeing of children and young people in a holistic and coordinated manner.

Background Information

- On 11 February 2020, the Standing Committee on Education, Employment and Youth Affairs called for submissions to its Inquiry into Youth Mental Health in the ACT.
- The Report makes 66 recommendations across a number of systems and human services that young people with mental illness interact with. These include education, health, community services and justice.
- Each of the relevant ACT Government Directorates governing these systems and services reviewed the Report and contributed to the ACT Government response.
- In responding to the Report, the ACT Government acknowledges the importance of early intervention and prevention of mental illness and that the mental health and wellbeing of young people can be impacted by a wide range of social and economic determinants with intersections across human services.
- The ACT Government supports Whole of Government action to jointly improve a wide range of determinants that impact on mental health. This is evidenced by the fact that the ACT Government has advocated for this in its submissions to the Productivity Commission's Inquiry into Mental Health and demonstrated its commitment through Whole of Government actions, like the establishment of the ACT Wellbeing Indicators.

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The Office of Mental Health and Wellbeing

- The Office of Mental Health and Wellbeing (OMHW) published their Review of Children and Young People in the ACT in March 2020. The ACT Government is undertaking the key initiatives as a result of this review, including making services more accessible, increasing education and awareness of mental health and supporting those individuals experiencing moderate to severe mental illness.
- Many of the submissions from the community received by the Standing Committee as part of their Inquiry endorsed the outcomes of the Office's Review of Children and Young People, particularly for the way it actively involved young people in the consultation process.

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Portfolio/s: Mental Health

Productivity Commission Report into Mental Health

Talking points:

- I am pleased to note that the Productivity Commission Report into Mental Health is consistent with the ACT Government's submissions to the Inquiry, responses to the Draft Report, and health system more broadly.
- To a significant degree, the recommendations of the Productivity Commission fall to the Commonwealth to lead on. In part, that is being progressed through a national agreement on roles and responsibilities that the ACT will participate in. The first step in the this national agreement – a stocktake of mental health programs – is already underway.
- From the ACT's perspective, the Report aligns with a range of recent initiatives. For example:
 - The regional ACT Mental Health and Suicide Prevention Plan 2019-2024 which prioritises:
 - improved mental health outcomes for everyone;
 - services that are responsive and integrated;
 - a highly skilled and sustainable workforce;
 - early intervention in life, illness and episode;
 - whole of person care;
 - reduced self-harm and suicide prevention; and
 - improving the social and economic conditions of people's lives.
 - The \$4.5 million COVID-19 mental health support package currently being implemented that included:
 - safe and supportive emergency department alternatives for people with mental health needs;
 - an Aboriginal and Torres Strait Islander targeted mental health and suicide prevention program;
 - a new short-term transitional accommodation service for people exiting mental health inpatient units with no safe stable accommodation to exit into; and
 - a Community Mental Health and Wellbeing Information campaign to improve community mental health literacy and promote positive self-management and resilience strategies.

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- The establishment of a new, step up step down facility for South Canberra, which will provide early intervention step up support for people becoming mentally unwell, before they need hospital care; and step down support for people who have been discharged from hospital to support successful transition back to the community and improve overall recovery outcomes.
- The activities being undertaken to address the issues raised in the recent Review of Children and Young People in the ACT :
 - Developing an Online Youth Navigation Portal to assist young people to better access appropriate services to meet their needs;
 - Implementing the ACT LifeSpan Youth Aware of Mental Health (YAM) Program for all Year 9 students in the ACT; and
 - Addressing a current service gap by investigating mental health programs in schools for 8-12 year olds, among other initiatives.
- All of these activities aim to provide mental health support as early as possible, reducing the need for emergency department admission and acute care. By providing care when and where people need it, including providing support in the community where feasible, they aim to support sustainable mental health and wellbeing across our community.
- The government's significant election commitments on mental health will further improve the health system in line with these recommendations.
- This is a very significant report and the ACT Government will be giving it careful consideration as it works with the community to continue to develop a holistic and sustainable mental health system.

Key Information

- The report takes a holistic view of mental health, focussing on the importance of the social and economic determinants of mental health, early intervention and prevention, and concentrating less on the delivery of clinical services.
- The ACT health system and the direction of recent reforms is consistent with the direction of the Productivity Commission's recommendations.

Background Information

- The aim of the Inquiry was to examine the effect of mental health on people's ability to participate in and prosper in the community and workplace, and the effects of poor mental health more generally on our productivity and economy.
- The Final Report on the Inquiry (the Report) was published on 16 November 2020.
- The Report highlights that almost half of adult Australians meet the criteria for mental illness at some point in their lives and that nationally the mental health system has not kept pace with our needs.
- In economic terms, mental health costs the Australian economy over \$200 billion through direct costs attributable to healthcare and other services, as well as the costs of lost

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productivity, informal care provided by family and friends, diminished health outcomes and reduced life expectancy.

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Portfolio/s: Mental Health

Strategic Objective 4: Improving the Mental Wellbeing of Canberrans

(Annual Report 2019-20 – page 65)

(2020-21 budget Statements – Strategic Indicator 1.1 – page 5)

Talking points:

- Mental wellbeing is an integral and essential component of health and fundamental to our ability to think, feel and integrate with others and the broader community. The circumstances in which people live their lives, play an important role alongside clinical services in people’s mental health.
- The indicator for the Strategic Objective 4, Improving the mental wellbeing of Canberra is the percentage of ACT adults who self-report their mental health status as good, very good or excellent. In 2019, 83% rated their mental health status as good, very good or excellent.
- This measure of mental health provides a strong indication of the mental wellbeing across our community and is consistent with the results in 2018.
- During 2019-20 the mental wellbeing of Canberrans has been impacted by the bushfires, hail storm and COVID-19 pandemic. This has been observed through measures such as self-reported level of mental health and increased psychological distress.
- In response, the ACT Government took a broad approach to addressing the impact on mental health with both preventive and intervention activities.
- It is also recognised that people with mental illness face challenges with their physical health and the ACT Government has committed to supporting preventative health through the ACT Preventive Health Action Plan.
- The ACT Government funded a \$4.5 million Mental Health Support package which resulted in:
 - increased acute mental health crisis support in the community;
 - additional non-clinical support for people who have made a suicide attempt;
 - support for workplaces and services for people who have lost employment; and
 - innovative projects that are responding to the changing circumstances.
- The ACT Government has also continued its investment to support the mental health and wellbeing of the ACT community. In the February 2021 ACT Budget, we announced that we are investing over \$19 million into the mental health system.

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- These investments include:
 - \$3.156 million for Child and Adolescent Mental Health Services (CAMHS) to ensure the continuation of the Adolescent Mobile Outreach Service;
 - \$14.1 million to the Police, Ambulance and Clinician Early Response (PACER) program through until 2024;
 - \$1.7 million to continue a range of mental health programs and services that were funded by the COVID-19 Mental Health Support Package; and
 - \$655,000 to establish two scoping studies for multidisciplinary services for adolescents and young people and to fund an Alcohol and Other Drug Nurse
- The ACT Government also recognises that there are a wide range of influences on a community's mental health and wellbeing that actually sit outside the purview of mental health services and hospital services.
- The ACT Government has taken a leading approach to the whole-of-government coordination of action for the improvement of mental health. This has included the establishment of the Office for Mental Health and Wellbeing and supporting the development of the ACT Wellbeing Indicators.

Key Information

- Self-rated mental health reflects a person's perception of their own mental health at a given point in time and provides an insight to overall mental health as opposed to the presence of mental illness.
- Self-rated mental health has been measured in the ACT General Health Survey since 2018. The result from the 2019 survey (adults who self-report their mental health status as good, very good or excellent) was consistent with the result in 2018 of 83.2%ⁱ.
- This objective reports on the percentage of ACT adults aged 18 years and over who self-rated their mental health during the past four weeks as excellent, very good or good.
- The 2019 survey was held late in 2019 and it is expected there would be an impact from the bushfires. In 2020, the impact of the pandemic has also effected the mental wellbeing of the community and it is likely that this impact will be experienced beyond the pandemic.
- The ACT General Health Survey conducted late in 2020 will provide us with a stronger indication of the impact of the pandemic. The results of this survey will be released in 2021.
- From the 2021/22 budget cycle, the definition of the indicator has changed to report the percentage of ACT adults aged 18 years and over who self-rated their mental health during the past four weeks as very good or excellent. Good has been removed from the definition because it is a neutral response category and we are looking at positive self-rated mental health. As such, the target has also changed from >90% to >60%.

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- The self-rated mental health measure is a new measure which was introduced in 2018 and so we do not have a time series history available.
- The Epidemiology Section is currently in the middle of a data migration and investigating the possibility of reweighting the data to latest ABS population estimates. As a result, the following figures presented in Tables 1 could change.
- **Individual self-rated mental health categories will fluctuate year-on-year. We do not publicly report with this degree of specificity due to the effects of sample size limitations.**
- Please see Table 1 below for breakdowns of categories by year for self-rated mental health.
- While there are national measures of psychological distress, there is no nationally-led comparison for self-rated mental health across all jurisdictions and so comparisons with the ACT are not possible at this point in time.

Table 1: Self-rated mental health – ACT General Health Survey – Adults aged 18 years and over

Mean estimates	2018	2019
Excellent	27.4%	24.2%
Very Good	28.6%	29.2%
Good	27.2%	29.6%
Fair	11.7%	13.3%
Poor	5.1%	3.7%

ⁱ <https://health.act.gov.au/about-our-health-system/data-and-publications/healthstats/statistics-and-indicators/self-rated-0>

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Portfolio: Mental Health

Changes to Strategic Objectives 4 and 5 (Strategic Indicators 1.1 and 1.2)

(Budget Statement C, pages 5 & 6)

Talking points:

- Strategic objective 4 and 5 and related strategic indicators were first introduced in last years Budget Statements (2019-20) and are reported in the 2019-20 ACT Health Directorate Annual Report (*pages 65 & 66*).
- These indicators are designed to measure ACT Health Directorate's performance on improving the mental wellbeing and the overall health status of Canberrans.
- In 2019-20, 83 per cent of respondents to the ACT General Health Survey aged 18 years and over rated their mental health as good, very good or excellent (target >90%).
- In 2019-20, 78 per cent of respondents to the ACT General Health Survey aged 18 years and over rated their health as good, very good or excellent (target >90%).

Changes to Strategic Indicators

- The 2020-21 Budget Statements includes changes to these indicators that remove the 'good' category in the definition and change the target from >90% to >60%.
- The reason the 'good' category was removed from the definition is because it is considered a neutral response category and we want to look at positive self-rated health and mental health. By including the 'good' category in the definition, we are potentially inflating the true estimates of positive mental wellbeing and positive health status of Canberrans.
- The change in the targets from >90% to >60% reflect the removal of the 'good' category from the definition.
- As these are new strategic objectives, the targets are aspirational.
- The target for health status is informed by the City of Sydney Community Wellbeing Indicators. This framework includes a target of >60% reporting health as excellent or very good, and trending upward.
- To date, a comparable target for self-rated mental health has not been identified, and so the target for self-rated health has been used for this strategic objective as well.
- The targets may change following further scrutiny of the data.

Cleared as complete and accurate: 25/02/2021
Cleared for public release by: Executive Group Manager Ext:51854
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Lead Directorate: Health
TRIM Ref: GBC21/46

Background Information

- The indicator shows self-reported data collected through the ACT General Health Survey.
- The self-rated mental health measure is a new measure which was introduced in 2018. Self-rated health has been asked since 2007.
- The ACT General Health Survey was not conducted in 2017.
- In 2019, 2,002 ACT residents aged 18 years and over participated in the ACT General Health Survey.
- In 2020, 1,200 ACT residents aged 16 years and over and 1,000 ACT children aged 5-15 years participated in the ACT General Health Survey. Data will be published on the HealthStats ACT website in 2021.

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Portfolio: Mental Health**11. Output 1.3: Mentally Healthy Communities**

(Annual Report 2019-20 – Page 313)

(2020-21 Budget Statements Output 1.3 – Page 12)

Talking points:

- The ACT Health Directorate delivers an integrated cross-sector system that supports people with mental health concerns or illness, to access appropriate treatment and care in a timely and least restrictive manner.
- The ACT Health Directorate has met its two indicator targets against the Mentally Healthy Communities Output. This is a demonstration of the ACT Government's commitment to delivering a mental health system that can meet the needs of Canberrans.

Clients with Outcome Measures completed

- The first accountability indicator in this category records the percentage of mental health clients with outcome measures completed: the ACT Government achieved a result of 73%, which was 12% higher than the original target for 2019-20.
- This result has been achieved due to a sustained focus on the monitoring of completion rates by clinical staff. The implementation of a new electronic clinical record has also supported the completion of these outcome measures.

OMHW Workplan

- The other indicator, for a progress report on the implementation of the Office for Mental Health and Wellbeing's Workplan 2019-2021 has been completed as a standalone section of the ACT Health Directorate's 2019-20 Annual Report.
- The Office for Mental Health and Wellbeing's Annual Report 2019-20 includes key achievements and deliverables under the three themes of the Office's Workplan, which are:
 - Mentally Healthy Communities and Workplaces;
 - Support for individuals, families and carers
 - System capacity and workforce
- Key achievements for the Office under these themes in 2019-20 include:
 - Completing and publishing the Review of Children and Young People in the ACT
 - Launching the Youth Aware of Mental Health (YAM) program for Year 9 students in ACT high schools.

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TRIM Ref: GBC21/47

- Supporting the development of the ACT Mental Health and Suicide Prevention Plan 2019-2024.
- Playing key roles in the whole-of-government consideration of mental health issues, including the development of the ACT Government response to the Productivity Commission Inquiry and the ACT Government response to the Inquiry into Youth Mental Health.

Background Information

Accountability Indicators

- Output 1.3 includes two accountability indicators for the ACT Health Directorate. These are:
 1. Percentage of mental health clients with outcome measures completed.
 2. Annual progress report on the implementation of the Office for Mental Health and Wellbeing Workplan 2019-2021 published.
- Indicator 1 had a target of 65% of mental health clients having completed outcome measures and saw an actual result of 73% in 2019-20, reflecting a 12% improvement over the original target. This includes inpatient, community and residential service settings.
- Indicator 2 had a target of one progress report published by the Office for Mental Health and Wellbeing in 2019-20, which was met. This progress report was completed as a standalone component of the ACT Health Directorate's Annual Report.

Output 1.d – Acute Admitted Mental Health Services

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Output 1.1 ACT Local Hospital Network	Target 2019-20 NWAU {19}	Estimated Outcome 2019-20 NWAU {19}	Variance
Accountability Indicator 1.1d – Acute Admitted Mental Health Services	9,824	10,492	7%

Talking points:

The result is higher than target and this is primarily attributed to a combination of higher than anticipated demand and increased complexity of admissions.

Key Information

- The National Weighted Activity Unit (NWAU) target for this accountability indicator applies to acute admitted mental health service patients. These patients undergo a formal hospital admission and discharge process.
- Services included in Output Class 1 are those that meet the Independent Hospital Pricing Authority's (IHPA's) criteria for inclusion on the General List of In-Scope Public Hospital Services.
- This accountability indicator relates to the ACT Local Hospital Network and therefore measures combined for Canberra Hospital and Calvary Public Hospital Bruce.
- Mental health admissions have been increasing nationally. The Australian Institute of Health and Welfare (AIHW) reported that the national rate of overall admitted mental health-related separations with specialised psychiatric care per 10,000 population increased by 4.5 per cent in the five years from 2014-15 to 2018-19.
- In February 2020, there were higher than average mental health acute inpatient admissions. In April 2020, the NWAU weighting for admissions was significantly higher than average, reflecting higher complexity of admissions.

Background Information

- The Statement of Performance refers to the results column as 'Actual Result'. These results are current as at the time of the Annual Report preparation, and final results are subject to change through the national annual submission processes.
- The Commonwealth contributes to funding public hospitals using Activity Based Funding where practicable using the National Efficient Price (NEP) determined by

IHPA. The national efficient price is based on the projected average cost of an NWAU.

- An NWAU is a measure of health service activity expressed as a common unit, against which the NEP is paid. It provides a way of comparing and valuing each public hospital service (whether it is an admission, emergency department presentation or outpatient episode), by weighting it for its clinical complexity.
- The average hospital service is worth one NWAU – the most intensive and expensive activities are worth multiple NWAUs, the simplest and least expensive are worth fractions of an NWAU.
- NWAUs are updated annually. NWAU{19} is the 2019-20 currency as determined by IHPA in the NEP Determination 2019-20.

Cleared as complete and accurate:	23/02/2021	
Cleared for public release by:	Choose an item.	Ext:
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Lead Directorate:	Health	
TRIM Ref:	GBC21/47	

Chief Psychiatrist Annual Report 2019–20**Annual Report 2019-20 – Page 328****Talking points:**

- Clinicians implementing the *Mental Health Act 2015* continue to promote recovery and respect the rights and inherent dignity of people by providing treatment, care and support in a way that is least restrictive or intrusive.
- Less than half the people placed on Emergency Detention required further involuntary treatment, care or support. This suggests that a short period of treatment, care and support is often sufficient to stabilise a person so that they can continue receiving care in their community of choice.
- In 2019-20 there was a 20 percent increase in the number of people requiring emergency apprehension, however, the increase was significantly less than in 2018-19, where there was a 50 percent increase.
- The introduction of the Police, Ambulance and Clinician Early Response program may have been a factor in reducing the number of people requiring emergency apprehension.
- There was almost a 17 per cent increase in the number of electroconvulsive therapy orders made by ACT Civil and Administrative Tribunal. Forty one orders were made in 2019-20, compared to 35 in 2018-19. These data reflect the severity of major depression and other psychiatric disorders in people who need urgent mental health care.

Key Information

- The Office of the Chief Psychiatrist continues to work with other ACT government agencies to ensure that the emergency apprehension provisions were being used appropriately.
- The 2020 amendments to the emergency apprehension provision mean if a person attended by Ambulance or Police Officer is in need of immediate mental health examination and consents to an examination by a doctor, they do not have to be apprehended.
- It is anticipated that the expansion of the Police, Ambulance and Clinician Early Response (PACER) program will reduce the number of people who are transported under an emergency apprehension.

Background Information

- Section 80 of the *Mental Health Act 2015* (MH Act) provides for the apprehension and detention of a person in specified circumstances. Subsection 80(1) allows a police officer or ambulance paramedic to apprehend a person and take them to an approved mental health facility if the police officer or paramedic reasonably believes that the person has a mental illness or mental disorder and the person has attempted, or is likely to attempt, suicide or to inflict harm on themselves or another person. This process is known as emergency detention.
- This provision was recently amended by the *Mental Health Amendment Act 2020* which added another condition into subsection 80(1), that the person requires immediate examination by a doctor and refuses. This allows a person to agree to being assessed and recognises the importance of a person being able to provide consent to their treatment in line with the objects and principles contained in the MHA Act.
- While the decisions to enact an apprehension are often made by a combination of professionals, it is the ambulance paramedics who most often transport patients to the Canberra Hospital. This is because patients travelling by ambulance is less restrictive than police vehicles for example. As a result, it can be expected that ambulance paramedics will be the most common apprehending professionals for a section 80.

GBC21/47

Portfolio/s: Mental Health

Office for Mental Health and Wellbeing Annual Report 2019–20

Annual Report 2019-20 – Page 339

Talking points:

- The Office for Mental Health and Wellbeing was established in 2018 to partner with lead agencies and the broader community to lead the change required to enhance mental health and wellbeing across our community
- In 2019-20 the Office continued the implementation of its three year Work Plan which was based on community and sector consultations undertaken in 2018-19.
- The Office developed a comprehensive Community Engagement Commitment that sets out how the Office works with the community using principle based, quality engagement approaches.
- A critically important communication activity undertaken by the Office in 2019-20 was promoting the importance of mental health during the bushfires and the COVID-19 pandemic and coordinating access to resources.
- The Office undertook a review of the mental health and wellbeing of Children and Young People in the ACT. Through this review the Office heard from a wide range of young people and their families about the challenges and issues they face.
- The Review report includes recommendations from the community which are being addressed through further projects that the Office is progressing including the development of an Online Youth Navigation Portal for the ACT to enable easier access to the supports and services.
- The Office also commenced a project to consider the needs of young people with moderate to severe mental health concerns. This project will report in 2021.
- The roll out of Lifespan has continued this year. Lifespan is an evidence-based approach to integrated suicide prevention developed by and jointly implemented with the Black Dog Institute.
- In 2020 in partnership with ACT Education, Lifespan commenced Youth Aware of Mental Health (YAM) to year 9 students in four ACT high schools in first term. The program was expanded in the second half of 2020 with over 2000 students having now participated.
- The Office has also worked closely with Capital Health Network, ACT Health Directorate, Canberra Health Services and peak non-government organisations on the development of the *ACT Mental Health and Suicide Prevention Plan 2019– 2024*.

Cleared as complete and accurate: 15/02/2021

Cleared for public release by:

Director-General

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Contact Officer name:

Elizabeth Moore

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Lead Directorate:

Choose directorate:

TRIM Ref: GBC21/47

Key Information

- This year the Office has also supported the ACT Government responses to the mental health impacts of the pandemic and the Productivity Commission Report into the Mental Health and Wellbeing of Australians and the .
- The Office has provided support for the development of positive mental health messages throughout the pandemic, monitoring of the impacts of the pandemic on mental health across the community and the development of ACT and national plans responding to the mental health impacts of the pandemic.
- The Office is informed about mental health issues and priorities affecting specific groups and populations, through a range of community, sector and government committees and working groups including:
 - Peak Mental Health Non-Government Organisations Committee
 - Mental Health Advisory Committee
 - The Children and Young People Community of Practice
 - Lifepsan Aboriginal and Torres Strait Islander Working Group,

Background Information

- The Office's three-year work plan will run until the end of 2021. It sets out three themes and key deliverables. This year, the Office completed three key deliverables and progressed eleven deliverables, including some for emerging issues. The Office is on target to achieve the deliverables in the Work Plan.
- The three completed deliverables were
 - Community Engagement Commitment
 - review of the mental health and wellbeing of Children and Young People in the ACT
 - contributing to the Wellbeing Framework launched in March 2020
- The ACT Mental Health and Suicide Prevention Plan 2019–2024 - Part A: The Framework was published by Capital Health Network in 2019. The final two sections were launched by Minister Rattenbury in August 2020. *The Plan is a collaborative plan with Capital Health Network, ACT Government and Peak Mental Health Non-Government Organisations.*