ACT Government | Canberra Health Services

Our reference: **CHSFOI21-22.23**

[redacted]

Dear [redacted]

DECISION ON YOUR ACCESS APPLICATION

I refer to your application under section 30 of the *Freedom of Information Act 2016* (FOI Act), received by Canberra Health Services (CHS) on **Thursday 10 March 2022**.

This application requested access to:

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

I am an Information Officer appointed by the Chief Executive Officer of Canberra Health Services (CHS) under section 18 of the FOI Act to deal with access applications made under Part 5 of the Act. CHS was required to provide a decision on your access application by **Friday 8 April 2022**.

I have identified 42 documents holding the information within scope of your access application. These are outlined in the schedule of documents included at Attachment A to this decision letter.

Decisions on access

I have decided to:

- grant full access to 41 documents; and
- grant partial access to one document.

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

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

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

Full Access

I have decided to grant full access to 41 documents at references 1 – 34 and 36 – 42.

Partial Access
I have decided to partially grant access to one document.

Document at reference 35 of the identified documents contains information that I consider, on balance, to be contrary to the public interest to disclose under the test set out in section 17 of the Act as the information contained in the document is partially comprised of personal information.

This information has not been disclosed as this could reasonably be expected to prejudice the protection of the individual's right to privacy under *Schedule 2.2 (a) (ii) prejudice the protection of an individual's right to privacy or any other right under the Human Rights Act 2004*. The disclosure of an ACT Government employees' mobile number would not provide any government information pertinent to your request therefore, I have decided this factor outweighs the public interest factors in the disclosure of this information.

Charges
Processing charges are not applicable to this request.

Disclosure Log
Under section 28 of the FOI Act, CHS maintains an online record of access applications called a disclosure log. The scope of your access application, my decision and documents released to you will be published in the disclosure log not less than three days but not more than 10 days after the date of this decision. Your personal contact details will not be published.
https://www.health.act.gov.au/about-our-health-system/freedom-information/disclosure-log.

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

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

The ACT Ombudsman
GPO Box 442
CANBERRA ACT 2601
Via email: ACTFOI@ombudsman.gov.au
Website: ombudsman.act.gov.au

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

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

Further assistance
Should you have any queries in relation to your request, please do not hesitate to contact the FOI Coordinator on (02) 5124 9831 or email HealthFOI@act.gov.au.

Yours sincerely

Colm Mooney
Acting Deputy Chief Executive Officer
Canberra Hospital Services

7 April 2022

ACT Government | Canberra Health Services

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]	**Any final briefs prepared for any ACT Minister(s) or ACT Government witnesses during the 2020 – 2021 Annual Reports Hearings**	**CHSFOI21-22.23**

Ref Number	Page Number	Description	Date	Status Decision	Factor	Open Access release status
1.	1	**Index – Minister for Health Canberra Health Services 2020-21 Annual Report Briefs**	21 February 2022	Full Release		YES
Strategic Objectives						
2.	2	Strategic Objective 3 - Maximising the Quality of Hospital Services	28 February 2022	Full Release		YES
3.	3	Strategic Objective 4 - The number of people admitted to hospitals per 10,000 occupied bed days who acquire a Staphylococcus Aureus Bacteraemia infection (SAB infection) during their stay	28 February 2022	Full Release		YES
4.	4	Strategic Objective 5 - The estimated hand hygiene rate	28 February 2022	Full Release		YES

5.	5	Strategic Objective 6 - Reaching the Optimum Occupancy Rate for all Overnight Hospital Beds	28 February 2022	Full Release		YES
Canberra Health Services Output Classes						
6.	6 – 8	Output 1.1: Acute Services	28 February 2022	Full Release		YES
7.	9 – 10	Output 1.3: Cancer Services	25 February 2022	Full Release		YES
8.	11 – 14	Output 1.4: Subacute and Community Services	25 February 2022	Full Release		YES
9.	15	**Index – Minister for Mental Health and Justice Health Canberra Health Services 2020-21 Annual Report Briefs**	21 February 2022	Full Release		YES
Hot Issues						
10.	16 – 18	Child and Adolescent Mental Health Services in ACT	24 January 2022	Full Release		YES
11.	19 – 20	Adult Community Mental Health Services	24 January 2022	Full Release		YES
12.	21 – 22	Adult Acute Mental Health Unit	27 January 2022	Full Release		YES
13.	23 – 24	Community Support Options in Place for Patient Discharge	27 January 2022	Full Release		YES
14.	25 – 26	Healthcare at Alexander Maconochie Centre	24 January 2022	Full Release		YES
15.	27 – 28	Infrastructure Update	05 October 2021	Full Release		YES
16.	29 – 30	Seclusion Rates in Acute Mental Health Inpatient Units	24 January 2022	Full Release		YES
17.	31 – 33	COVID-19	24 January 2022	Full Release		YES
18.	34 – 35	Complaints Handling at Canberra Health Services	24 January 2022	Full Release		YES
19.	36 – 37	Aboriginal and Torres Strait Islander Health needs at AMC and Bimberi	27 January 2022	Full Release		YES
20.	38 – 39	Young People Cared for in Adult Mental Health Unit	24 January 2022	Full Release		YES
21.	40 – 41	Perinatal Mental Health	14 January 2022	Full Release		YES
22.	42 – 43	Eating Disorders	11 February 2022	Full Release		YES
23.	44 – 46	Auditor General Review of Mental Health Services in AMC	17 February 2022	Full Release		YES
Strategic Objectives						
24.	47	Strategic Objective 1: Reducing the Usage of Seclusion in Mental Health Episodes	10 February 2022	Full Release		YES
25.	48	Strategic Objective 2: Maintaining Reduced Rates of Patient Return to an ACT Public Acute Psychiatric Inpatient Unit	10 February 2022	Full Release		YES
Canberra Health Services Output Classes						

26.	49 – 52	Output 1.2: Mental Health, Justice Health and Alcohol and Drug Services	10 February 2022	Full Release		YES
27.	53	**Index – People and Culture for 2020-2021 Annual Report Hearings**	21 February 2022	Full Release		YES
28.	54 – 61	Workforce Profiles	21 February 2022	Full Release		YES
29.	62	VMO Profiles	21 February 2022	Full Release		YES
30.	63	ARIns / SEAs	21 February 2022	Full Release		YES
31.	64 – 67	Insecure Taskforce	21 February 2022	Full Release		YES
32.	68 – 84	Workforce Culture and Leadership	21 February 2022	Full Release		YES
33.	85 – 86	2021 CHS Workplace Culture Survey	21 February 2022	Full Release		YES
34.	87	2021 OV Culture Survey results	21 February 2022	Full Release		YES
35.	88 – 90	OV Training Data	25 February 2022	Partial Release	Schedule 2.2(a)(ii) Privacy	YES
36.	91 – 93	Staff Wellbeing / RED Framework	21 February 2022	Full Release		YES
37.	94 – 99	Inclusion Reporting	21 February 2022	Full Release		YES
38.	100 – 101	Preliminary Assessments and Misconduct	21 February 2022	Full Release		YES
39.	102 – 106	Workers Compensation	21 February 2022	Full Release		YES
40.	107 – 131	Occupational Violence and Work Health Safety documents	28 September 2021	Full Release		YES
41.	132 – 137	State of the Service Report	21 February 2022	Full Release		YES
42.	138	Background information on JMO Pay Issues	21 February 2022	Full Release		YES
Total Number of Documents						
42						

Minister for Health
Canberra Health Services
2020-21 Annual Report Briefs

Strategic Objectives

No.	Title	
A	**Strategic Objective 3 - Maximising the Quality of Hospital Services** (Annual Report 2020-21 - page 42) (2020-21 Budget Statements – page 36)	QSII
B	**Strategic Objective 4 - The number of people admitted to hospitals per 10,000 occupied bed days who acquire a Staphylococcus Aureus Bacteraemia infection (SAB infection) during their stay** (Annual Report 2020-21 - page 42) (2020-21 Budget Statements – page 36)	NMPSS/FBI
C	**Strategic Objective 5 - The estimated hand hygiene rate** (Annual Report 2020-21 - page 43) (2020-21 Budget Statements – page 36)	NMPSS/FBI
D	**Strategic Objective 6 - Reaching the Optimum Occupancy Rate for all Overnight Hospital Beds** (Annual Report 2020-21 - page 43) (2020-21 Budget Statements - page 37)	COO/FBI

Canberra Health Services Output Classes

No.	Title	
E	**Output Class 1.1: Acute Services** (Annual Report 2020-21 - page 167) (2020-21 Budget Statements – page 38)	Medicine/TWSS
F	**Output 1.3: Cancer Services** (Annual Report 2020-21 - page 171) (2020-21 Budget Statements – page 40)	CAS
G	**Output 1.4: Subacute and Community Services** (Annual Report 2020-21 - page 173) (2020-21 Budget Statements – page 41)	RACS/CAS

QUESTION TIME BRIEF

GBCHS22/22

Portfolio: Health

Strategic Objective 3 - Maximising the Quality of Hospital Services

Overall how would you rate the care you received in hospital

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

Talking points:

- This indicator highlights patients' experiences of the effectiveness and quality of care provided within Canberra Health Services. As a result of a review of all performance indicators against the ACT Government's Performance and Accountability Framework, this Strategic Indicator has been amended. The previous score of positive patient experiences lacked clarity and was not informative for the community.
- To provide a more meaningful measure and provide greater clarity over measurement. In 2021-22, this will be reported as proportion of respondents rating their care as good or very good, instead of positive patient experience responses.
- In 2020-21, CHS exceeded the desired target by 6 per cent.

Cleared as complete and accurate:	28/02/2022
Cleared for public release by:	Executive Group Manager
Contact Officer name:	Karen Grace
Lead Directorate:	Canberra Health Services
TRIM Ref:	GBCHS22/22

QUESTION TIME BRIEF

GBCHS22/22

Portfolio: Health

Strategic Objective 4

The number of people admitted to hospitals per 10,000 occupied bed days who acquire a Staphylococcus Aureus Bacteraemia infection (SAB infection) during their stay[1]

Strategic Indicator	2019-20 Outcome	2020-21 Target	2020-21 Outcome
Number of admitted patients who acquire a SAB infection per 10,000 bed days	0.90 per 10,000	<2.0 per 10,000	1.28 per 10,000

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

Talking points:

- This provides an indication of the safety of hospital-based services and is an Australian Commission on Safety and Quality in Health Care national indicator.
- The National target is is <1.0 per 10,000. The CHS target is <2.0 per 10,000 as CHS collects data for both inpatient and non-inpatient healthcare associated infections, which other jurisdictions do not routinely include in their figures.

Cleared as complete and accurate: 28/02/2022
Cleared for public release by: Executive Group Manager
Contact Officer name: Karen Grace
Lead Directorate: Canberra Health Services
TRIM Ref: GBCHS22/22

QUESTION TIME BRIEF

GBCHS22/22

Portfolio: Health

Strategic Objective 5 – Estimated Hand Hygiene Rate

Estimated Hand Hygiene Rate

Strategic Indicator	2019-20 Outcome	2020-21 Target	2020-21 Outcome
Canberra Hospital	87%	80%	83%

Talking points:

- The estimated hand hygiene rate for a hospital is a measure of how often (as a percentage) hand hygiene is correctly performed.
- It is calculated by dividing the number of observed hand hygiene 'moments' where proper hand hygiene was practiced in a specified audit period, by the total number of observed hand hygiene 'moments' in the same audit period.
- Hospital targets are based on the national target as per the National Hand Hygiene Initiative of the Australian Commission on Safety and Quality in Health Care.

Cleared as complete and accurate: 28/02/2022
Cleared for public release by: Executive Group Manager
Contact Officer name: Karen Grace
Lead Directorate: Canberra Health Services
TRIM Ref: GBCHS22/22

QUESTION TIME BRIEF

GBCHS22/22

Portfolio: Health

Strategic Objective 6 – Reaching the Optimum Occupancy Rate for all Overnight Hospital Beds

The mean percentage of overnight hospital beds in use

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

Talking points:

- As a result of a review of all performance indicators against the ACT Government's Performance and Accountability Framework, the Strategic Indicator has been removed from 2021-22.
- The mean occupancy rate for overnight hospital beds is not informative for the community as there are many reasons why bed availability and use can fluctuate within a hospital, for example, to accommodate for seasonal demand. Striving to have high bed occupancy rates may be associated with greater risks of access block, increased length of stay and hospital acquired infection.
- This can have flow on effects for staff pressures and resourcing. This indicator does not provide the community with information about the efficiency, effectiveness or quality of care and services available or provided.

Cleared as complete and accurate: 28/02/2022
Cleared for public release by: Director-General
Contact Officer name: Dave Peffer
Lead Directorate: Canberra Health Services
TRIM Ref: GBCHS22/22

QUESTION TIME BRIEF

GBCHS22/22

Portfolio: Health

Output Class 1: Health and Community Care

Output 1.1 Acute Services

	Original Target 2020-21	Actual Result 2020-21	% Variance from Original Target	Notes
Total Cost ($000's)	905,136	982,301	9%	1
Accountability Indicators				
Percentage of Elective Surgery Cases Admitted on Time by Clinical Urgency				
a. Urgent – admission within 30 days is desirable for a condition that has the potential to deteriorate quickly to the point that it may become an emergency	100%	98%	(2%)	
b. Semi-urgent – admission within 90 days is desirable for a condition causing some pain, dysfunction or disability which is not likely to deteriorate quickly or become an emergency	80%	54%	(32%)	2
c. Non-urgent – admission within 365 days is desirable for a condition causing minimal or no pain, dysfunction or disability, which is not likely to deteriorate quickly, and which does not have the potential to become an emergency	93%	49%	(47%)	2
Proportion of Emergency Department Presentations that are Treated within Clinically Appropriate Timeframes				
d. One (resuscitation seen immediately)	100%	100%	-	
e. Two (emergency seen within 10 mins)	80%	78%	(2%)	
f. Three (urgent seen within 30 mins)	75%	29%	(61%)	3
g. Four (semi urgent seen within 60 mins)	70%	43%	(38%)	3
h. Five (non-urgent seen within 120 mins)	70%	77%	10%	4
i. All presentations	70%	46%	(34%)	3

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

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

Cleared as complete and accurate:	28/02/2022
Cleared for public release by:	Deputy Director-General
Contact Officer name:	Colm Mooney
Lead Directorate:	Canberra Health Services
TRIM Ref:	GBCHS22/22

Explanation of Accountability Indicators

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

Explanation of Material Variance (>5 per cent)

1. Total Cost exceeded budgeted cost for this Output which was largely due to expenses associated with the COVID-19 pandemic response and the ACT Government's Reboot initiative.
2. Timeliness measures whether you were in time or overdue at time of surgery. The suspension to non-essential elective surgeries in March 2020, due to the COVID-19 response, led to many category 2 and 3 patients becoming overdue for surgery, totalling over 1,500 overdue patients at 30 June 2020 representing 25% of the waitlist. Given the large number of overdue patients in category 2 and 3 on the waitlist due to the cessation of non-essential surgery the timeliness percentage consequently dropped.
3. The Canberra Health Services Emergency Department continues to experience increases in presentations which exceed the rate of population growth. The reasons for this growth are a rapidly aging ACT population and increasing prevalence of chronic diseases. The complexity of these presentations requires extensive Emergency Department resources which requires longer times in emergency department for treatment. Higher demand and longer treatment times will result in longer waiting times.
4. Patients presenting who are categorised as triage category five usually have the shortest treatment times with the longest waiting time targets. The combination of these factors led to the target for triage category five patients being exceeded.

Talking Points

- Since restrictions relating to the pandemic have been lifted in the ACT, we've seen activity in our emergency department returning to peak (pre-COVID-19) levels placing significant pressure on the CHS ED. In addition, a steady increase in mental health related presentations has placed additional increased pressure on the emergency department's ability to meet this target. As such, the target has not been achieved largely due to these factors.
- The Territory performed a record 15,324 surgeries in 2021 across CHS, Calvary Public and the Private Provider Program hospitals.
- Through the Elective Joint Replacement Program (EJRP) program run by CHS, a record number 592 elective joint replacement procedures were completed.
- CHS commenced a dedicated Aboriginal and Torres Strait Islander Ear, Nose Throat (ENT) program and removed all overdue Aboriginal and Torres Strait Islander children awaiting ENT surgery in 2020-21.
- CHS completed an additional overdue 123 paediatric surgery procedures in a total of 200 through the private providers in 2020-21.
- During the COVID-19 response, treating and waiting times were impacted due to the increased cleaning requirements between patients. This includes cleaning treatment areas (in ED and Imaging) and changing PPE. This is heightened when patients are treated as a positive case, or if staff need to access red-zones.

Cleared as complete and accurate:	28/02/2022
Cleared for public release by:	Deputy Director-General
Contact Officer name:	Colm Mooney
Lead Directorate:	Canberra Health Services
TRIM Ref:	GBCHS22/22

- The Acute Medical Unit (AMU) has been established as a pilot with the view it will enhance the efficiency when admitting patients which will reduce bed block. Following the pilot, the intention is to have a fully established service in February 2023.
- CHS ED has increased the FTE of staff specialists and nursing, and has established a Medical Navigator Role to increase patient flow. The role will operate 16 hours per day Monday to Friday.
- Waiting and treatment times have been treading downwards improving CHS ED National Emergency Access Target (NEAT). However, it is anticipated that decreased demand over COVID-19 contributed to this with demand increasing as community activity increases.

Percentage of Elective Surgery Cases Admitted on Time by Clinical Urgency

- Urgent (within 30 days of listing). Target 100%. Actual 98%.
    - The inability for some surgeons during 2020-21 to enter the ACT due to COVID-19 restrictions before their patients became overdue.
    - Limited access to hybrid theatre suites.
- Semi - urgent (within 90 days of listing). Target 80%. Actual 54%.
    - A large number of Category 2 patients became overdue due to the cessation of non-essential surgery after 25 March 2020.
    - The Territory focused on catching up on this overdue cohort, with 3,497 overdue patients receiving their surgeries in 2020-21.
- Non - urgent (within 365 days of listing). Target 93%. Actual 49%.
    - A large number of Category 3 patients became overdue due to the cessation of non-essential surgery after 25 March 2020.
    - The Territory focused on catching up on this overdue cohort, with 3,497 overdue patients receiving their surgeries in 2020-21.

GBCHS22/22

Portfolio: Health

Output Class 1: Health and Community Care

Output 1.3: Cancer Services

	Original Target 2020-21	Actual Result 2020-21	% Variance from Original Target	Notes
Total Cost ($000's)	84,683	89,661	6%	1
Accountabilty Indicators				
Breast Screening				
a. Participation rate, proportion of women aged 50 to 74 who had a breast screen	60%	56%	(7%)	2
b. Total breast screens	19,500	19,595	0%	
c. Percentage of screened patients who are assessed within 28 days	90%	96%	6%	3
Radiotherapy Treatment Within Standard Timeframes				
d. Emergency – treatment starts within 48 hours	100%	100%	0%	
e. Palliative – treatment starts within 2 weeks	90%	95%	6%	4
f. Radical – treatment starts within 4 weeks	90%	97%	8%	4

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

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

Explanation of Accountability Indicators

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

Cleared as complete and accurate:	25/02/2022
Cleared for public release by:	Chief Executive Officer
Contact Officer name:	Katherine Wakefield
Lead Directorate:	Canberra Health Services
TRIM Ref:	GBCHS22/22

Explanation of Material Variances (>5 per cent)

1. The variance between Total cost and budgeted cost relates primarily to the reallocation of corporate overheads.
2. Screening attendance, and therefore the participation rate, has remained consistent despite the lack of promotional activity due to COVID-19 pandemic.
3. Timeliness to assessment has continued to improve through continuous improvement and having a full establishment of breast radiologists to staff the assessment clinics.
4. Due to COVID-19 pandemic, patient's treatments were hypofractionated to keep them safe and out of hospital. This means patients had less treatments per course and this allowed Canberra Health Services to treat more patients and commence treatment within the target. The radiation oncology department has also operated longer working hours from 7:30am to 6pm.

Talking points:

BreastScreen

Participation rate, proportion of women aged 50 to 74 who had a breast screen

- Consumer confidence due to the COVID-19 pandemic resulted in some women cancelling their screening appointments rather than risk community exposure.
- 56 per cent is in line with the national screening rate.

Percentage of screened patients who are assessed within 28 days

- Over achievement of the target for timeliness to assessment was achieved during the COVID-19 pandemic as the team were able to continue reviewing breast screens and provide follow-up appointments where this was clinically needed.

Radiotherapy Treatment Within Standard Timeframes

- CHS is committed to providing timely access to person-centred radiotherapy treatment for people diagnosed with cancer.
- Timely treatment provides greater opportunity for people to have a better quality of life and greater longevity following treatment.
- The positive variance is due to:
    - the install of new planning software and commissioning of new linear accelerators, that have helped the department improve efficiency in our planning and treatment processes.
    - 24 per cent increase in stereotactic techniques which greatly reduces the number of treatments required for each patient meaning more patients can be treated.

GBCHS22/22

Portfolio: Health

Output Class 1: Health and Community Care

Output 1.4: Subacute and Community Services

	Original Target 2020-21	Actual Result 2020-21	% Variance from Original Target	Notes
Total Cost ($000's)	215,603	208,280	(3%)	
Accountability Indicators				
a. Mean waiting time for clients on the dental services waiting list	12 months	13.5 months	12%	1
b. Sub-acute bed days of care at University of Canberra Hospital	27,600	37,550	36%	2
c. Walk-in Centre presentations to Gungahlin	20,000	16,608	(17%)	3
d. Walk-in Centre presentations to Belconnen	24,000	19,614	(18%)	3
e. Walk-in Centre presentations to Tuggeranong	24,000	18,741	(22%)	3
f. Median wait time to be seen, in minutes (all Walk-in Centre's combined)	<30 minutes	11 minutes	0%	

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

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

Notes:

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

Variances between YTD Targets and YTD Result:

1. Due to the COVID-19 pandemic the mean waiting time for the period was 1.5 months over target due to the availability of dental services appointments.
2. Additional unfunded beds opened at University of Canberra Hospital in March 2020 to assist with the CHS COVID-19 pandemic response, resulting in continued additional sub-acute bed days during 2020-21.
3. Presentations declined during the COVID-19 period leading to the under achievement against target.

Cleared as complete and accurate:	25/02/2022
Cleared for public release by:	Chief Executive Officer
Contact Officer name:	Jo Morris/ Katherine Wakefield
Lead Directorate:	Canberra Health Services
TRIM Ref:	GBCHS22/22

Mean waiting time for clients on the dental services waiting list

- Client mean waiting time is defined as the mean waiting period between when a client is placed on the adult dental central waiting list and the receipt of treatment.
- As a result of a review of all performance indicators against the ACT Government's Performance and Accountability Framework and the ACT Wellbeing Framework Health domain, this indicator has been kept for 2021-22.

Sub-acute bed days of care at University of Canberra Hospital

- Sub-acute bed days of care at University of Canberra Hospital (UCH) in the period. As a result of a review of all performance indicators against the ACT Government's Performance and Accountability Framework, this indicator has been discontinued for 2021-22.
- This indicator was brought in when UCH first opened, to ensure CHS had fully utilised the new facility. CHS has succeeded in opening and transitioning to UCH model of care, so this indicator is no longer required from that perspective.

Walk-in Centre presentations to Gungahlin

- Total patient presentations in the period to the Gungahlin Walk-in Centre. As a result of a review of all performance indicators against the ACT Government's Performance and Accountability Framework, this indicator has been discontinued for 2021-22.
- Throughput measures (for example, number of presentations) do not provide useful information to the community about the care we provide and shift the focus to quantity, not quality of service.
- This indicator does not provide the community with information about the efficiency, effectiveness, or quality of care and services available or provided.

Walk-in Centre presentations to Belconnen

- Total patient presentations in the period to the Belconnen Walk-in Centre. As a result of a review of all performance indicators against the ACT Government's Performance and Accountability Framework, this indicator has been discontinued for 2021-22.
- Throughout measures (for example, number of presentations) do not provide useful information to the community about the care we provide and shift the focus to quantity, not quality of service.
- This indicator does not provide the community with information about the efficiency, effectiveness, accessibility or quality of care and services available orprovided.

Walk-in Centre presentations to Tuggeranong

- Total patient presentations in the period to the Tuggeranong Walk-in Centre. As aresult of a review of all performance indicators against the ACT Government's Performance and Accountability Framework, this indicator has been discontinuedfor 2021-22.
- Throughout measures (for example, number of presentations) do not provide useful information to the community about the care we provide and shift the focus to quantity, not quality of service.
- This indicator does not provide the community with information about the efficiency, effectiveness, accessibility or quality of care and services available orprovided.

Median wait time to be seen, in minutes (all Walk-in Centre's combined)

- Median wait time to be seen for clients at all Walk-in Centres.
- This indicator has not changed from 2020/21.
- CHS is committed to providing the Canberra community with access to the timely assessment and treatment of minor ailments and injuries at no cost
- Access to timely treatment of minor ailments and injuries through CHS Walk-in Centres is intended to reduce avoidable presentations to public hospital emergency departments.

Talking points:

<u>Walk-in Centres</u>

- Presentations to the ACT's Walk-in Clinics was lower as a result of the COVID-19 pandemic.
- People who presented to our Walk-in Clinics with COVID-19 symptoms, were redirected to COVID-19 Testing Centres.
- The flexibility and mobility of the Walk-in Centre model of care allowed for the ACT Government to swifty respond to the COVID-19 pandemic by repurposing the Weston Creek Walk-in Centre as a COVID-19 Testing Centre for the majority of the 2020-21 financial year.
- CHS is committed to providing the Canberra community with access to the timely assessment and treatment of minor ailments and injuries at no cost.
- Access to timely treatment of minor ailments and injuries through CHS Walk-in Centres is intended to reduce avoidable presentations to public hospital emergency departments.

<u>Oral Health Services</u>

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

- Decisions about which treatments would be provided during this time were informed by both ACT Chief Health Officer advice regarding local health restrictions and advice from the Australian Dental Association (ADA).

Key Information

Walk-in Centres

- Inner North (Dickson) Walk-in Centre opened on 25 August 2020.
- Weston Creek Walk-in Centre was largely providing COVID-19 Testing services during 2020-21. (Returned to WIC business 16 December 2020 however within a few days, due to the unpredictable nature of the COVID-19 pandemic, reverted to a dedicated Testing Centre on 21 December 2020).

Minister for Mental Health and Justice Health
Canberra Health Services
2020-21 Annual Report Briefs

Hot Issues

No.	Title	
1.	Child and Adolescent Mental Health Services in ACT	MHJHADS
2.	Adult Community Mental Health Services	MHJHADS
3.	Adult Acute Mental Health Unit	MHJHADS
4.	Community Support Options in Place for Patient Discharge	MHJHADS
5.	Healthcare at Alexander Maconochie Centre	MHJHADS
6.	Infrastructure Update	IHSS/MHJHADS
7.	Seclusion Rates in Acute Mental Health Inpatient Units	MHJHADS
8.	COVID-19	MHJHADS
9.	Complaints Handling at Canberra Health Services	MHJHADS
10.	Aboriginal and Torres Strait Islander Health needs at AMC and Bimberi	MHJHADS
11.	Young People Cared for in Adult Mental Health Unit	MHJHADS
12.	Perinatal Mental Health	MHJHADS
13.	Eating Disorders	MHJHADS
14.	Auditor General Review of Mental Health Services in AMC	MHJHADS

Strategic Objectives

No.	Title	
15.	Strategic Objective 1 - Reducing the Usage of Seclusion in Mental Health Episodes (Annual Report 2020-21 - page 41) (2020-21 Budget Statements –page 35)	MHJHADS/FBI
16.	Strategic Objective 2 - Maintaining Reduced Rates of Patient Return to an ACT Public Acute Psychiatric Inpatient Unit (Annual Report 2020-21 - page 41) (2020-21 Budget Statements –page 35)	MHJHADS/FBI

Canberra Health Services Output Classes

No.	Title	
17.	Output 1.2: Mental Health, Justice Health and Alcohol and Drug Services (Annual Report 2020-21 - page 169) (2020-21 Budget Statements –page 44)	MHJHADS/FBI

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QUESTION TIME BRIEF

GBCHS22/11

Portfolio: Mental Health

CHILD AND ADOLESCENT MENTAL HEALTH SERVICE

Talking points:

Acute

- For the period 1 October 2021 to 31 December 2021, there were 12 admissions to the Mental Health Short Stay Unit compared to 13 for the same period in 2020. Majority of these admission were between 16 to 18 years.
- For the period 1 October to 31 December 2021, there were seven admissions to the Adult Mental Health Unit, compared to six for the same period in 2020 for 16 -18 years of age.
- For the period 1 October 2021 to 31 December 2021, there were 256 hospital presentations requiring assessments compared to 291 for the same period in 2020 for young people.
- Even though the number of presentations has decreased, the percentage of young people admitted to hospital has increased in 2021.
- For December 2021, 26 per cent of presentations were admitted compared to 21 per cent in 2020.
- This supports the anecdotal evidence that acuity is increasing for young people presenting to the Emergency Department.

Community

- There were 232 new community registrations between 1 October 2021 and 31 December 2021, compared to 276 for the same period in 2020.
- This represents a 19 per cent decrease in 2021.
- Child and Adolescent Mental Health Services offer daily emergency appointments to provide timely access to support in the community in order to prevent hospital admsisions and deterioration.
- The Hospital Liaison Team (in the Emergency Department) and the Adolescent Intensive Home Treatment Team are also available if a young person find themselves in crisis.

- Child and Adolescent Mental Health Services community teams offer two different type of appointment – CHOICE and PARTNERSHIP appointment.
- As of the end of December 2021, the current wait time is:

Team		
	Choice	Partnership
CAMHS Nth	11 days	89 days
CAMHS Sth	11 days	73 days

Key Information

- The Government is committed to developing youth-focused mental health services including:
    - a dedicated inpatient Adolescent Mental Health Unit;
    - a Mental Health Day Service; and
    - an Adolescent Intensive Home Treatment Team (implemented).
- Canberra Health Services has commenced design work on the new Adolescent Mental Health Unit, which has an estimated completion in 2023.
- An Adolescent Mental Health Unit Working Group, which includes consumer and carer representation, has been convened and an integrated Model of Care for the new unit at Centenary Hospital for Women and Children has been established
- Currently, dependent on diagnostic criteria, young people aged 16 to 18 years can receive inpatient treatment at the Adult Mental Health Unit Vulnerable Persons Suite, 12B or Mental Health Short Stay Unit under the approval of the accepting consultant. Clinical care is provided in close consultation with Child and Adolescent Mental Health Services to ensure appropriate developmental and therapeutic approaches are taken in order to support the young person and their family.
- If a young person requires longer or more intensive inpatient treatment, transfer to a suitable facility in another State or Territory is sought, due to the highly specialised nature of inpatient child and adolescent services.There were no interstate transfers for 2021.

Background information

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

- Partnership appointments are a combination of face-to-face contact and telehealth based on consumer preference and clinical risk. This will ensure ongoing support whilst monitoring risk.

QUESTION TIME BRIEF

GBCHS21/11

Portfolio: Mental Health

ADULT COMMUNITY MENTAL HEALTH SERVICES IN ACT

Talking points:

- A comparison of the Access Triage Line between July – December 2020 and July - December 2021 has shown an increase in demand of 7.3 per cent. The most significant increase in demand has been to the Access GP priority line, with an increase of 44 per cent in the same period. The priority Australian Federal Police / ACT Ambulance Service line for the same period increased by 5.5 per cent.
- Canberra Health Services continues to observe a decrease in the number of Emergency Actions transported to the Emergency Department, demonstrating the successful impact of the PACER initiative and changes made to the *Mental Health Act 2015*.
- There was a 51 per cent decrease in the number of people brought to the Emergency Department under an Emergency Apprehension for the period of July – December 2021, compared to the same timeframe in 2020.
- For December 2021, there was 99 people brought to Emergency Department under an Emergency Apprehension compared to 187 for the same period in 2020; that is a decrease of 53 per cent.
- From October to December 2021, PACER attended a total of 299 cases. During this timeframe, there were a total of 60 cases where PACER had patients transferred to the hospital.
- Of the 60 cases where PACER had patients taken to hospital, 41 per cent (24 cases) were admitted to a mental health inpatient ward.

Key Information

Current Waiting Times for Access

- As of 24 January 2022, current waiting times for appointments with the Access Mental Health Team are as follows:
    - Consultant Psychiatrist/Senior Specialist appointment: eight weeks
    - Psychiatry Registrar: five weeks
    - Other Mental Health Clinicians (Psychologist, Social Worker, Occupational Therapist, or Nurse): two weeks

- Post Discharge appointments occur within two weeks
- GP referrals are processed within 24 hours with phone assessment follow up.

- Consumers may utilise their General Practitioner (GP), the Access Mental Health line, private counselling or psychology services for other supports while awaiting specialist psychiatric input.
- Non-Government Organisations (NGOs) such as Lifeline and Beyond Blue are also available for phone support.

QUESTION TIME BRIEF

GBCHS22/11

Portfolio: Mental Health

ADULT ACUTE MENTAL HEALTH SERVICES OVERVIEW

Talking points:

- From 1 July 2021 to 23 January 2022, the percentage of mental health patients with a length of stay in the Emergency Department longer than 24 hours was one per cent, a decrease from the same period in 2019-20, where the rate was eight per cent.
- There has been an increase in occupancy in beds in Adult Acute Mental Health Services in the period 1 July 2021 to 23 January 2022, with a nine per cent increase in acute mental health occupancy overall.This was despite an 11 per cent decrease in high dependency occupancy during the period from 1 July 2021 to 23 January 2022, compared with the same period last year.
- Mental health bed days activity has increased nine per cent year on year for the period 1 July 2021 to 23 January 2022. There are an average of 88 patients per day for all CHS mental health inpatient units in 2020-21. This is seven more per day than in 2019-20.
- The Average Length of Stay (ALOS) has increased to 15.4 days for the period 1 July 2021 to 23 January 2022, compared with 14.6 days for the same period in 2020-21.
- Ward 12B became fully operational and accepted patients from 21 September 2021.
- All mental health patients cared for in general hospital beds are clinically assessed for suitability under the authority of a Consultant Psychiatrist. In addition to the 24/7 Mental Health Consultation Liaison Service in the Emergency Department, this service has expanded to the general wards from five days per week, business hours to include weekends and three evenings.

Key Information

Adult Mental Health Unit – High and Low Dependency Units

- Adult Mental Health Unit (40 funded beds) providing voluntary and involuntary psychiatric care and treatment for people with a mental health illness who require hospitalisation. The unit currently has capacity for 10 High Dependence Unit (HDU) beds and 22 Low Dependency Unit (LDU) beds and 8 beds that can be flexed from LDU to HDU beds depending on demand. The unit operates almost constantly at capacity with the utilisation of leave beds in response to bed pressure.

Mental Health Short Stay Unit - – Low Dependency

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

Ward 12B – Low Dependency

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

Mental Health Consultant Liaison Team

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

QUESTION TIME BRIEF

GBCHS22/11

Portfolio: Mental Health

COMMUNITY SUPPORT OPTIONS IN PLACE FOR PATIENT DISCHARGE

Talking points:

- ACT Mental Health Services recognise that some people require time to secure stable housing once they are well enough to be discharged from an acute setting. In July 2020, ACT Health established a Mental Health Discharge Support Program delivered by the ACT Mental Health Foundation.
- The Mental Health Discharge Support Program initiative has been established to enable people who experience moderate to severe mental illness, whose barrier to discharge is accommodation, to move back into the community following discharge from the ACT Public mental health inpatient units. The initiative provides short term, transitional accommodation, and recovery-focused support for people for up to 14 days.
- For the period of 1 July 2021 to 31 December 2021, the MHDSP has offset 277 acute adult inpatient bed days. On 21 August 2021, the ACT Government committed $260,000 to extend existing mental health supports delivered by community mental health organisations and sector partners during the lockdown period. This funding saw $40,000 allocated to Canberra Health Services for Homelessness Outreach.
- The City Community Recovery Service mental health team is currently operating a pilot program, Pilot Homelessness Outreach Team to meet the needs of people experiencing mental illness and homelessness in the City catchment area.
- The Homelessness Outreach Team aims to provide people with an assertive, mobile response from a designated sub-team to meet their short-term needs and then step them down to City CRS standard clinical management for ongoing and more longitudinal care.
- The Step Up Step Down facilities empower people in our community to either ‘step up’ from community-based programs to receive additional support, or ‘step down’ from a hospital setting to continue their mental

health recovery and transition back to community life. The ACT has five SUSD facilities including:

- Garran (18-64yrs) – six beds
- Lyneham (18-64yrs) – five beds
- Watson (13-17yrs) – five beds
- Kambah (18-25yrs) – six beds
- Outreach SUSD for adults (TRec' Transition to Recovery for 18-64 years)

Background

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

QUESTION TIME BRIEF

GBCHS22/11

Portfolio: Justice Health

HEALTHCARE AT ALEXANDER MACONOCHIE CENTRE

Talking points:

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

WINNUNGA DELIVERING HEALTHCARE AT ALEXANDER MACONOCHIE CENTRE

- From January 2019 to 24 January 2022:
    - 101 clients have had their health care transferred to Winnunga Health Care (Winnunga), including clients no longer in custody;
    - 72 clients transferred to Winnunga are no longer in custody;

- 1 client has had their care accepted by Winnunga and is awaiting transfer;
- 8 clients have had their health care transferred back to Justice Health Services (JHS); and
- 6 clients are currently being reviewed by Winnunga to have their care transferred to them.

- As of 24 January 2022, 21 clients (5.6 per cent) are currently receiving care via Winnunga. Shared care between JHS and Winnunga has commenced for detainees who are at risk of suicide or self-harm. This has been working well and provides a positive way forward for other areas of shared care. JHS and Winnunga are currently working in partnership to consider other proposed changes for shared care.

Key Information

- Custodial Mental Health provides specialist mental health services to detainees at the AMC who require mental health assessment and or specialised treatment for a mental illness or disorder.
- Custodial Mental Health is made up of the Assertive Response Team and the Clinical Management Team. The team completes mental health screening assessments for all detainees who enter custody and triage/follow up 'At Risk' referrals. The Clinical Management Team is responsible for providing recovery oriented, trauma informed care to people in custody who are experiencing an enduring mental illness and or disorder which is associated with significant psychosocial functional impairment
- The Custodial Health GP service provides community equivalent level of care and refers to Canberra Health Services outpatients for specialist services.

QUESTION TIME BRIEF

GBCHS21/11

INFRASTRUCTURE UPDATE

Talking points:

Adult Mental Health Inpatient Ward

- In September 2021, construction was completed on the Ward 12B mental health ward that has provided additional acute beds at Canberra Hospital. This has created a purpose built 10 bed Mental Health Low Dependency Unit, with internal capacity to flex up to 14 beds if required.
- In December 2021, construction was completed on a High Dependency Unit (HDU) wall to deliver HDU surge in-patient beds in the Adult Mental Health Unit and to create the capacity for the existing 10 High Dependency Unit beds to flex up to 18 beds as required.
- The infrastructure work will mean there will be a total of 56 acute mental health beds on the Canberra Hospital site. In addition, the unit will have flexibility to match bed availability to patient need through the ability to increase HDU beds by 80 per cent as required.

Adolescent Mental Health Unit

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

- The purpose of admission to the Inpatient Adolescent Mental Health Unit will be for the acute stabilisation of psychiatric risk, supporting the family at a time of distress, and facilitating transfer back to the family home/unit as soon as is practicable. This will minimise the disruption to education, peer connections, interpersonal relationships, social/recreational activities, and other adolescent developmental milestones.
- The Inpatient Adolescent Mental Health Unit will be incorporated in the existing Paediatric Adolescent Ward. The Model of Care for the unit will incorporate both physical health and mental health needs for this population group. This will support a unit that provides flexibility for adolescents with diverse medical, surgical and mental health needs. It will also support the efficient use of therapy, social and utility spaces within the foot print of the ward.

Key Information

- In the 2018-19 budget, $22.8 million was allocated for supported accommodation to expand the mental health system and provide more community-based alternatives for mental health care.
- The ACT Labor and ACT Greens Parliamentary and Governing Agreement has committed to investment in a number additional mental health infrastructure initiatives that include:
    - Refurbishing 10 beds at the Brian Hennessy Rehabilitation Centre for transitional and rehabilitation accommodation for consumers with enduring mental illness; and
    - Construction of five additional support accommodation houses.

QUESTION TIME BRIEF

GBCHS22/11

Portfolio: Mental Health

SECLUSION RATES IN ACUTE MENTAL HEALTH INPATIENT UNITS

Talking points

- The seclusion performance indicator was 2.43 per 1000 bed days for the period of 1 July 2021 to 20 January 2022; which is below the Strategic Indicator of less than 7 per 1000 bed days.
- The success of the implementation of various strategies has resulted in the sustained reduction in seclusion events across the territory. Particular improvements have been seen in Adult Mental Health Unit , where in recent months the seclusion rate has remained below the target.
- Multiple strategies have been embedded to reduce seclusion rates across public mental health services in the ACT. Some of these initiatives include:
    - Implementation of the Broset Violence Checklist in the Adult Mental Health Unit and Mental Health Short Stay Unit as an evidence-based tool to improve identification of acuity in inpatient units;
    - Increased focus on Workforce Strategies to reduce vacancies and increase capability and competency of staff;
    - Ongoing improvements to the Therapeutic Group Programs and sensory spaces within inpatient units;
    - The rollout of Safewards in the AMHU to support a patient centred approach to improving the patient experience and the early recognition and response to mental state deterioration; and
    - The Dhulwa and Adult Mental Health Unit Seclusion and Restraint Committees have also been combined to provide increased opportunities for sharing of information, strategies, education and learnings.

Background

- Seclusion refers to confining a person (who is being provided with treatment, care, or support at the facility) by leaving them alone in a room where they cannot physically leave for some period of time.

Cleared as complete and accurate:	24/01/2022	
Cleared for public release by:	Chief Executive Officer	Ext: 44700
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- A person is secluded in the least restrictive manner, only when necessary, and in a way that prevents the person from causing harm to themselves or someone else.
- Seclusion can only occur under the provisions of the *Mental Health Act 2015*. All seclusions are documented in a register, including the reason for the seclusion, the Public Advocate is notified, and the person is kept under constant observation during seclusion. The person is examined by a medical officer at the end of the seclusion period.
- In 2019-20, Canberra Health Services (CHS) adopted the national standard and counting methodology for this indicator with it reported as a rate per 1000 bed days. This allows a nationally consistent approach which can be benchmarked against other jurisdictions. However, in small jurisdictions such as the ACT, the small numbers mean that individuals subject to multiple episodes of seclusion can inflate the rate.

Key Information

The current seclusion data for 1 July 2021 to 20 January 2022

	Bed Days	Seclusion Events	Rate per 1,000 bed days
Seclusion rate for ACT *	19165	11	.57
AMHU #	7356	3	.41
Dhulwa +	3298	8	2.43

* Includes all acute inpatient bed days at Canberra Hospital and Calvary Healthcare Bruce
# Only includes bed days at AMHU
+ Only includes bed days at Dhulwa

QUESTION TIME BRIEF

GBCHS22/11

Portfolio: Mental Health

COVID-19

Talking points:

Vaccine Rollout

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

Staffing Safety

Staff safety measures include:

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

Cleared as complete and accurate:	24/01/2022	
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General Visitor/Patient Safety

- Visitors are restricted from visiting all inpatient units as per current Clinical Health Emergency Coordination Centre policy. Exemptions are considered in extenuating circumstances such as end of life, birthing or paediatric care.
- Staff and visitor screening at entry points, with surgical masks provided.

Rapid Evaluation and Care in the Home (REaCH) Team

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

Keeping Connected Program

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

Community Mental Health Services

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

QUESTION TIME BRIEF

COVID-19 Safety at Alexander Maconochie Centre

- As of 19 January 2021, 86 per cent of detainees currently in custody have received their first COVID-19 vaccination and 84 per cent their second dose. The booster has also been provided to 35 per cent of the population. It is important to note that this number fluctuates as detainees enter and are released from custody. A small portion of first dose vaccination rates included in this report are attributed to vaccinations given to detainees whilst in the community.
- Ongoing COVID-19 vaccination clinics are being conducted weekly to vaccinate new arrivals at the Alexander Maconochie Centre who are not already vaccinated.
- Detainees who are released prior to receiving the second dose, are provided with information where they can receive their second dose of the vaccination.
- Detainees are able to choose not to have the vaccine. Should a detainee decline the vaccination initially, additional opportunities to access a vaccine are offered whilst in custody through the weekly clinic.
- Detainees who access primary health services through Winnunga Nimmityjah Aboriginal Health Service are included in the vaccination roll out and are able to access their vaccine through Winnunga.
- Epidemiological screening is undertaken on all new admissions/inductions to the AMC.
- Surveillance testing is being conducted on all new admissions/inductions to the AMC.
- Detainees are tested at day 0 and day five regardless of symptomatic or exposure risks.
- Detainees are isolated until the day five test results are returned.
- If the detainee develops symptoms, they will be isolated for a longer period and repeat testing will occur. The period of isolation depends on epidemiological risk and symptomology and is managed in consultation with Public Health.
- Justice Health Services are monitoring and managing all positive cases within the AMC.
- Clearance from isolation of positive cases within the AMC is managed in consultation with the ACT Health Directorate.

Key Information

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

QUESTION TIME BRIEF

GBCHS22/11

Portfolio: Mental Health

COMPLAINTS HANDLING AT CANBERRA HEALTH SERVICES

Talking points:

- Consumer feedback received by Canberra Health Services is managed by the Consumer Feedback and Engagement Team (CFET).
- Consumer feedback is received via the ACT Health App, telephone, letter, hardcopy feedback form or an online form.
- CFET co-ordinates feedback investigation and responses within each Canberra Health Services Division within a 35-day timeframe in line with a national KPI.
- For feedback received on behalf of another consumer, a Request for Information form is provided with a request to be completed and returned within 14 calendar days.
- Within the Canberra Health Services response to complaints, the consumer is provided with divisional contact information should the consumer wish to further discuss the matter.
- If the consumer remains unsatisfied with the response provided, the consumer may contact the Human Rights Commission. Contact details for the Human Rights Commission are available upon request, and are available publicly.
- The Division of Mental Health, Justice Health and Alcohol & Drug Services is responsible for responding to consumer complaints in person, via telephone or in writing.
- From 1 January 2021 to 20 January 2022, Mental Health, Justice Health and Alcohol & Drug Services received a total of 535 pieces of consumer feedback. 71 per cent of these were complaints, the rest were compliments and comments.

Key Information

- Feedback received by Mental Health, Justice Health and Alcohol & Drug Services from 1 January 2021 to 20 January 2022 is broken down by type and by month in the table below.
- The below data was exported on 21 January 2022.

Cleared as complete and accurate:	24/01/2022	
Cleared for public release by:	Chief Executive Officer	Ext: 44701
Contact Officer name:	Katrina Rea	Ext: 41577
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QUESTION TIME BRIEF

Month Received	Comment	Compliment	Complaint
Jan-21	0	24	46
Feb-21	0	8	30
Mar-21	3	21	34
Apr-21	0	9	32
May-21	2	14	31
Jun-21	2	6	32
Jul-21	6	22	27
Aug-21	8	10	45
Sep-21	1	3	34
Oct-21	0	4	15
Nov-21	1	5	18
Dec-21	0	3	28
1 to 20 January 2022	1	0	10
Total	24	129	382

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

Theme Group (top 3)	Total
Conduct	543
Quality and Safety	218
Information / Communication / Education	196

QUESTION TIME BRIEF

GBCHS22/11

Portfolio: Mental Health

Winnunga contracts at AMC and Bimberi

Talking Points:

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

  - Health assessments
  - GP mental health care plans and focussed psychological strategies
  - Coordination and care planning for chronic conditions
  - Standard GP consultations and case conferencing.

- While Winnunga provides a range of comprehensive clinical service items to registered AMC clients under the Model of Care, Winnunga is not able to claim against the MBS for any of these items, as per the Health Insurance Act s19(2).
- The following MBS services have been provided by Winnunga to clients at the AMC over the January to December 2019 period:
  - 50 Aboriginal and Torres Strait Islander Health Check
  - 215 MBS equivalent Mental Health items
- In 2020/2021 Winnunga reported the provision of services to 199 AMC Clients with 8,874 occasions of services.
- Winnunga is not funded to provide primary health services at the Bimberi Youth Justice Centre. Primary health and wellbeing services at Bimberi are provided by Canberra Health Services.
- As a component of the Service Funding Agreements between Winunnga and ACT Health, healthy lifestyle, sexual health and other programs are provided as needed/requested.

Key Information:

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

Background Information:

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

QUESTION TIME BRIEF

GBCHS22/11

Portfolio: Mental Health

YOUNG PERSON ADMITTED TO THE ADULT MENTAL HEALTH UNIT

Talking points:

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

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

Background information

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

QUESTION TIME BRIEF

GBCHS22/23

Portfolio/s: Mental Health

Choose a Portfolio

Perinatal and Infant Mental Health Consultation Service (PIMHCS)

Talking points:

- The Perinatal and Infant Mental Health Consultation Service is an early intervention and prevention service which provides therapeutic and clinical services to women who are planning pregnancy, are pregnant, or in their first year after birth. The key focus of this service is on optimising the mother infant attachment and reducing the impact of parental mental health on infant development.
- The Perinatal and Infant Mental Health Consultation Service received 404 referrals in 2021 and all new referrals are contacted within 14 days.
- In 2021, the service provided early intervention support to an average of 170 mothers and their infants each month. On average the length of engagement for each mother is four months with each having contact with the service 5.5 times a month (face to face and phone contact).
- The 2021 lockdown saw a reduction in new registrations followed by a 35 per cent increase in the months following lockdown.
- The average wait time to see a Consultant Psychiatrist in 2021 was approximately six weeks for a full psychiatric assessment and seven weeks for a psychiatric review. The Psychiatry Registrar wait time for an assessment averaged at five weeks.
- The Perinatal and Infant Mental Health Consultation Service is staffed by 4.6 FTE clinicians, including psychologists and social workers, 0.6 FTE consultant psychiatrist and 1FTE registrar.

Key Information

- Lockdown has led to significant distress, mental health deterioration and isolation for women, families and their babies. Disaster research has shown that severe stress in the perinatal period can prime infants to be more anxious as they grow up and affects bonding with caregivers and feelings of safety in the world.
- Mental health expertise needs to be directed towards preventative care. Mental health interventions during neurodevelopment period for infants can prevent future mental health conditions in childhood and adolescence.
- The Perinatal and Infant Mental Health Consultation Service staff are reporting significant stress at work, due to large caseloads. A short-term clinician position was offered to the Perinatal and Infant Mental Health Consultation Service to support the team, but recruitment was unsuccessful.

Cleared as complete and accurate:	14/02/2022	
Cleared for public release by:	Chief Executive Officer	Ext: 44700
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TRIM Ref:	GBCHS22/23	

QUESTION TIME BRIEF

COVID distress for women, infants and families observed by Perinatal and Infant Mental Health Consultation Service:

- Distress and mental health deterioration caused by isolation from international, interstate and local supports due to border closures.
- Increased rates of family violence and coercive and controlling behaviours during COVID-19 pandemic. As well as heightened distress caused by financial pressures on families during lockdown.
- Shift to telephone and videoconferenced mental health care and reduced ability for services to visit homes, due to social determinant of mental illness and language barriers.
- Distress caused by inadequate support in hospital, and separation from infants in Neonatal Intensive Care Unit and Special Care Nursery due to limited visitor numbers and COVID-19 infection. Disruption to birthing rituals and feelings of loss around their plans and hopes for pregnancy and birth.
- Reduced access to supports such as mother's groups, gym and yoga access, child and family centres, childcare and school communities have increased the isolation of parents and impacted the mental health of mothers. Families and their infants become "hidden" due to social isolation with a reduction in the capacity to assess child protection risks.
- Service achievement – Research paper titled "Pivot to telehealth: Circle of Security Parenting Group during COVID-19 by Dr Judy Bragg, Rebecca Reay, Alison Cook was published in the Journal of Family Therapy March 2021.

Background Information

- The client group is women experiencing moderate to severe mental health conditions, with a particular focus on severe mood disorders such as major depressive disorder and bipolar illness, psychotic disorders such as schizophrenia, severe anxiety disorders and trauma related disorders such as post-traumatic stress disorder and borderline personality disorder. In addition, mother's present with complex psychosocial issues and comorbidities, including addiction, homelessness, domestic abuse and forensic histories.
- Perinatal and Infant Mental Health Consultation Service provides specialist support and assessments, psychiatric treatment, selected mother-infant therapy interventions, Circle of Security parenting interventions, second opinions and preconception consultation for general practitioners.

QUESTION TIME BRIEF

GBCHS22/23

Portfolio/s: Mental Health

Mental Health

Eating Disorders in the ACT

Talking points:

- The Eating Disorders Clinical Hub (the Hub) was launched on 25 January 2022.
- The Hub is a specialist community based centralised service for children, adolescents and adults who are experiencing an eating disorder as their primary presenting issue. The Hub's core business includes, assessment and treatment, consultation and liaison, education and training and system integration to strengthen eating disorders services across the Territory. The Hub will provide coordinated eating disorder services within the ACT that shift the focus of eating disorders management away from acute inpatient treatment towards a stepped care approach that increase or decrease in intensity, according to the person's changing psychological, physical, nutritional, and functional needs.
- COVID-19 pandemic has increased eating disorders with the ACT and reflects the national and international trends. Recent Australian studies on eating disorder prevalence during the COVID-19 pandemic have shown an increase in eating disorder behaviours, with 64.5 per cent increase in food restricting behaviours, 35.5 per cent increase in binge eating behaviours and a 50 per cent increase in anxiety and depression.

Key Information

- There is a 12 month wait to access eating disorders therapy with the Eating Disorders Program. The Hub has introduced two new services to support management of the waitlist. The Short Term Recovery Interventions for Disordered Eating program is a supervised student clinic that launched on 22 June 2021 to provide early intervention. When launched, this initiative reduced the wait list by 60 per cent. The parenting/carer group was launched in July 2021 to provide support and psychoeducation.
- In September 2021, the Chief Minister announced $195,000 for eating disorders as part of the Mental Health and Community Health Care Support Package for Canberrans. There is currently a gap in service provision for post hospital support. The Hub has recruited a clinician to provide short-term support and care co-ordination post hospital discharge.
- The Hub's service co-ordinators have provided in-services and training on eating disorders to upskill clinicians in early intervention, prevention and short term therapy for people with disordered eating.
- The service co-ordinators also attend multidisciplinary meetings to provide expert advice on eating disorders.

Cleared as complete and accurate:	11/02/2022	
Cleared for public release by:	Chief Executive Officer	Ext: 47700
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Lead Directorate:	Canberra Health Services	
TRIM Ref:	GBCHS22/23	

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QUESTION TIME BRIEF

Background Information

- In the 2019/20 budget, the ACT Government provided $2.2 million over four years to support the development of contemporary, coordinated and accessible Eating Disorder Services in the ACT under the umbrella of the Clinical Hub For Eating Disorders.
- The Hub is an Eating Disorder Service and is part of the Child and Adolescent Mental Health Services within Canberra Health Services. The existing Eating Disorder Program is governed by the Hub. In addition to Eating Disorders Program, both the Short Term Recovery Interventions for Disordered Eating program and the Parenting Group are governed by the Hub.
- The Hub is staffed by 4.4FTE of Clinical staff and 0.20FTE of GP Consultation and Liaison. The Eating Disorder Program comprises of 4.5FTE of clinicians and 0.20FTE Consultant Psychiatrist.
- In 2020, the Commonwealth announced funding for $13.5m to build a residential centre in the ACT.
- To implement both Commonwealth and ACT Government commitments, the Expanding Public Health Services for Eating Disorders Project was established. The Project also includes the development of the Territory-wide Model of Care for Eating Disorders, which outlines the guiding principles for the ACT Government's commitment to strengthening the eating disorders services system and provides an overview of the integrated, stepped model of care for all public eating disorder services in the ACT.
- ACT Health Directorate are in the process of conducting industrial consultation regarding the early intervention service and will undertake further consultation for ACT Residential Treatment Centre in early 2022.

QUESTION TIME BRIEF

GBCHS22/23

Portfolio/s: Mental Health

Mental Health

Auditor General Report - Review of Mental Health Services in AMC

Talking points:

- The ACT Auditor-General's Report for management of detainee mental health services in the AMC was tabled in the Legislative Assembly and is now in the public domain.
- The Report made 19 recommendation with 16 of these relating to Canberra Health Services.
- The main themes of the report are Strategic Planning, Operational Systems to Support Care, Governance, Key Performance Indicators, Clinical Services Improvement.

Key Information

Strategic Planning – One recommendation

- *Recommendation 1*- ACT Health Directorate (ACTHD) has the responsibility for setting strategic policy directions and plans for health services at the AMC. Canberra Health Services and ACT Health Directorate are working together to submit a budget bid to establish a Justice Health policy function within ACTHD.

Operational systems to support Care – One recommendation

- *Recommendation 6* - The report highlighted the need for record keeping systems to provide functionality to extract key information. The Digital Health Record go-live is scheduled for November 2022 and will go a long way to rectify this challenge.

Culturally appropriate and safe services – Two recommendation

- *Recommendation 5* - The report suggests Canberra Health Services provide oversight to Winnunga which Canberra Health Services does not support. Oversight of Winnunga is a function of ACT Health Directorate, however Canberra Health Services support review and enhancement of engagement between agencies.
- *Recommendation 17* It was recommended that Canberra Health Services review the number of Aboriginal Liaison Officers required to provide support at inductions. It is not currently feasible for Aboriginal Liaison Officers to be present during induction for Aboriginal and Torres Strait Islander people as these occur seven days a week which is not aligned to current resourcing. With consent, a referral is made on behalf of the Aboriginal and Torres Strait Islander detainee to the Liaison Officers. Canberra Health Services welcomes the continued engagement of Aboriginal Liaison Officers with detainees or future enhancements in this space.

Cleared as complete and accurate:	17/02/2022	
Cleared for public release by:	Chief Executive Officer	Ext: 47700
Contact Officer name:	Katrina Rea	Ext: 41577
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TRIM Ref:	GBCHS22/23	

Governance – Four recommendations

- *Recommendation 5* - The development of a Service Level Agreement between Justice and Community Safety Directorate and Canberra Health Services is recommended. This Service Level Agreement would outline the shared care arrangements between the agencies and could be within scope for the model of care project.
- *Recommendation 8* - The report also recommends Canberra Health Services reviews and updates the Health Advisory Group Terms of Reference which Canberra Health Services will undertake as part of preparation for accreditation against the National Safety and Quality Health Service Standards in June 2022.
- *Recommendation 9* - ACT Corrective Services and Canberra Health Services should establish clear reporting lines that provide communication linkages between current governance groups. It is anticipated this will be further addressed through the Justice Health policy function mentioned previously. In the current COVID-19 situation, all agencies within AMC meet monthly to discuss arising COVID-19 issues or challenges. This highlights the benefit of regular inter-agency communication and this principle will continue to be a priority for Canberra Health Services.
- *Recommendation 15* - Another governance recommendation is to ensure accurate and comprehensive minute taking for High-Risk Assessment Team meetings. This is noted and supported by Canberra Health Services.

Key Performance Indicators – One recommendation

- *Recommendation 10* - The report suggests Canberra Health Services and ACT Corrective Services should develop and report against key performance indicators that measure access to mental health treatment options and the delivery of Mental Health Services within AMC. Canberra Health Services has some performance indicators in place. 100 per cent of health assessments are to be completed within 24-hours induction to AMC and 100 per cent at risk referrals are to be performed within two hours. Canberra Health Services acknowledge development of additional and relevant key performance indicators would be of benefit

Clinical Service Improvement – six recommendations

- *Recommendation 4* - It was recommended that ACT Corrective Services, in conjunction with Canberra Health Services, develop a training package for Custodial Officers in the Crisis Support Unit. Canberra Health Services have and will continue to provide training on Self-Harm and Suicide Risk and mental health education to ACT Corrective Services.
- *Recommendations 7 and 16* - It was recommended that Canberra Health Services finalise the Custodial Mental Health Services Operational guide. This was initially delayed to ensure recommendations from the Auditor-General can be included, however the delay was not deemed a risk in the provision of services. Development of further operational guides are welcomed by Canberra Health Services, however as the report notes, some mental health services are provided by ACT Corrective Services and Winnunga, and as a result, it would not be appropriate for Canberra Health Services to provide an operational or clinical guide regarding these services.

- *Recommendation 14* - It was recommended that Canberra Health Services improves the comprehensiveness of Collaborative Care Plans for all detainees with psychiatric risk ratings. Specifically, it was suggested that Collaborative Care Plans for detainees with a certain ('P') rating should include the detainee's recovery goals, mental and physical health issues, substance abuse issues and family and carer support. Canberra Health Services are supportive of improving documentation relating to detainee care plans.
- *Recommendation 18* - It was recommended that Canberra Health Services develop a trauma informed care framework. Trauma informed care principles are an integral part of specialist mental health training programs. At a local level, there are training modules available for staff as part of their professional development.
- *Recommendation 19* - It was recommended that Canberra Health Services develop release planning guidance material that covers all detainees with mental health care plans. Specifically, material should describe the process for release planning, detail what information should be contained in a release plan, establish consultation processes with both ACTCS and Winnunga. Canberra Health Services is supportive of this recommendation.

QUESTION TIME BRIEF

GBCHS22/23

Portfolio: Mental Health

Strategic Objective 1 - Reducing the Usage of Seclusion in Mental Health Episodes

The rate of mental health clients who are subject to a seclusion event while being an admitted patient in an ACT public mental health inpatient unit per 1,000 bed days

Strategic Indicator	2019-20 Outcome	2020-21 Outcome	2020-21 Target
The rate of mental health clients who are subject to a seclusion event while being an admitted patient in an ACT public mental health inpatient unit per 1,000 bed days.	10.8 per 1,000 bed days[2]	9.6 per 1,000 bed days[2]	<7 per 1,000 bed days

Talking points:

- This measures the effectiveness of public mental health services in the ACT over time, in providing services that minimise the need for seclusion.
- In 2019-20, Canberra Health Services adopted the national standard and counting methodology for this indicator which is reported as a rate per 1,000 bed days.
- During 2020–21, a small number of complex patients with significantly high acuity had multiple events of seclusion. As this indicator is currently configured with patient separations as the denominator, this scenario can significantly impact the rate.

Changes in 2021-22 Budget

- As a result of a review of all performance indicators against the ACT Government's Performance and Accountability Framework, this strategic indicator has been moved to an Accountability Indicator from 2021-22.
- This was transferred from a Strategic to Accountability as our organisation is solely responsible for the achievement of the desired target.
- We have robust data to support decision making and achievement or non- achievement of desired outcomes and are committed to improving our processes and systems to support the achievement of desired targets.
- Counting methodology was changed to match national standard of reporting as a rate per 1,000 bed days.

QUESTION TIME BRIEF

GBCHS22/23

Portfolio: Mental Health

Strategic Objective 2 - Maintaining Reduced Rates of Patient Return to an ACT Public Acute Psychiatric Inpatient Unit

The proportion of clients who return to hospital within 28 days of discharge from an ACT public acute psychiatric unit following an acute episode of care[1]

Strategic Indicator	2019-20 Outcome	2020-21 Outcome	2020-21 Target
Proportion of clients who return to hospital within 28 days of discharge from an ACT acute psychiatric mental health inpatient unit	14%	15%	<17%

Talking points:

- The methodology for this measure in 2019-20 changed to reflect the national counting methodology which now incorporates all Mental Health inpatient readmissions as opposed to the previous measure of unplanned readmissions only. The Strategic Objective measures Canberra Health Services performance only.
- This indicator is one measure of the quality of care provided to acute mental health patients.

Changes in 2021-22 Budget

- As a result of a review of all performance indicators against the ACT Government's Performance and Accountability Framework, this strategic indicator has been moved to an Accountability Indicator from 2021-22.
- This was transferred from Strategic to Accountability indicator and brought in line to match the national standard of reporting for this indicator.
- Our desired target (<17%) was met during 2020-21 (15%). We decided to keep the same desired target during the transition to an accountability indicator to monitor and ensure the positive changes (and associated administrative processes) that have been put in place to support clients being discharged from an acute psychiatric mental health inpatient unit to receive the right care in the right care location (the community) at the right time are working effectively.
- Methodology changed to match national standard of reporting of all mental health inpatient readmission as opposed to unplanned readmissions

QUESTION TIME BRIEF

GBCHS22/23

Portfolio: Health

Output 1.2: Mental Health, Justice Health and Alcohol and Drug Services

		2020-21 Targets	2020-21 YTD Result	Variance (%)
a.	Adult mental health program community service contacts [1]	198,000	213,771	8%
b.	Children and youth mental health program community service contacts [2]	72,000	109,356	52%
c.	Mental health rehabilitation and specialty services [3]	26,250	35,496	35%
d.	Alcohol and drug services community contacts [4]	70,000	53,048	-24%
e.	Proportion of detainees at the Alexander Maconochie Centre with a completed health assessment within 24 hours of detention	100%	100%	-
f.	Proportion of detainees in the Bimberi Youth Detention Centre with a completed health assessment within 24 hours of detention	100%	99%	-1%
g.	Justice health services community contacts [5]	150,000	114,717	-24%
h.	Percentage of current clients on opioid treatment with management plans	98%	97%	-2%
i.	Proportion of mental health clients contacted by a Canberra Health Services community facility within 7 days post discharge from inpatient services [6]	75%	70%	-6%
Total Cost ($'000)		195,546	192,474	-2%
Controlled Recurrent Payments ($'000)		-	-	-

Notes:

a. The number of adult mental health program community service contacts completed in the period.
b. The number of children and youth mental health program community service contacts completed in the period.
c. The number of community contacts for Mental Health Rehabilitation and Specialty Services completed in the period.
d. The number of patient service events completed by Alcohol and Drug Services.
e. The proportion of detainees at the Alexander Maconochie Centre who have a health assessment completed within 24 hours of detention.
f. The proportion of detainees in Bimberi Youth Detention Centre who have a health assessment completed within 24 hours of detention.
g. The number of community contacts completed in the period by Justice Health Services.
h. Percentage of current clients on opioid treatment who have management plans.
i. Proportion of mental health clients contacted by a Canberra Health Services and or a Health Directorate community facility within 7 days of discharge from inpatient services.

Cleared as complete and accurate:	10/02/2022	
Cleared for public release by:	Chief Executive Officer	Ext: 47700
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Lead Directorate:	Canberra Health Services	
TRIM Ref:	GBCHS22/23	

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Talking points:

Adult mental health program community service contacts

- The result over target is mostly attributed to increased staffing across the Adult Community Mental Health Services (ACMHS) program coupled with an increase in service demand and some previous changes in work practices associated with the initial COVID-19 response (e.g. more service provision through increased phone contacts as opposed to face to face contacts). Furthermore, the ACT Government mental health stimulus funding which was used to expand both the Home Assessment and Acute Response Team and Access Mental Health Team has correlated with increased staffing levels and activity in these areas.

Children and youth mental health program community service contacts

- The Child and Adolescent Mental Health Services (CAMHS) program has exceeded the target due to the new Adolescent Home Intensive Treatment Team and the extensions of the Hospital Liaison Team hours. Also the changes in work practices associated with the initial COVID-19 response (e.g. more service provision through increased phone contacts as opposed to face to face contacts).

Mental Health rehabilitation and specialty services

- The over target result is mostly attributed to reduced staff vacancies and increase with service demand.

Alcohol and drug services community contacts

The under achievement is related to a reduction in occasions of service due to health professional vacancies and the ongoing challenges in filling these vacancies.

Proportion of detainees at the Alexander Maconochie Centre with a completed health assessment within 24 hours of detention

- CHS is committed to inclusive health for underserved groups including detainees at the Alexander Maconochie Centre. Detainees often present with mental health challenges and are of Aboriginal and/or Torres Strait Islander background. CHS is committed to working in partnership with other organisations to ensure that there is an integrated approach to receiving culturally appropriate care and appropriate mental health care while detainees are incarcerated and post release from prison. Timely health assessment of detainees in the Alexander Maconochie Centre also provides opportunity for detection and early intervention for potentially chronic health care concerns

Proportion of detainees in the Bimberi Youth Detention Centre with a completed health assessment within 24 hours of detention

- This indicator is aligned to our strategic priority area of 'A partner to improve people's health'. CHS is committed to inclusive health for underserved groups including detainees at the Bimberi Youth Justice Centre. Detainees often present with mental health challenges and are of Aboriginal and/or Torres Strait Islander background. CHS is

committed to working in partnership with other organisations to ensure that there is an integrated approach to receiving culturally appropriate care and appropriate mental health care while detainees are incarcerated and post release from prison. Timely health assessment of detainees in the Bimberi Youth Justice Centre also provides opportunity for detection and early intervention for potentially chronic health care concerns.

Justice Health Services community contacts

- Under achievement is due to multiple factors, including a total detainee reduction. The introduction of Buvidal for the Opioid Maintenance Treatment (OMT) program mean that detainees require monthly injections rather than daily medication, hence reducing associated activity. In addition, COVID-19 restrictions impacted the availability of doctors and despite Telehealth options, there was an impact on service delivery.

Percentage of current clients on opioid treatment with management plans

- This indicator is informative for the community, relevant to the services CHS provides and significant for achieving safe and high quality people-centred care.

Proportion of mental health clients contacted by a Canberra Health Services community facility within 7 days post discharge from inpatient services

- This indicator is informative for the community, relevant to the services CHS provides and significant for achieving safe and high quality people-centred care. That is, ensuring care needs are met during transition from inpatient services and that the dependence on inpatient services is minimised.
- In the ACT, a proportion of inpatient admissions included interstate residents who are subsequently discharged from an ACT acute public setting or transferred back to an appropriate interstate facility / residence and do not need a 7-day post discharge follow up from ACT based community mental health services as interstate services would complete follow up in this instance. Additionally, this data also captures clients who are transferred between inpatient facilities within the ACT.

Changes in 2021-22 Budget

- As a result of a review of all performance indicators against the ACT Government's Performance and Accountability Framework, the following changes were made:
  - Adult mental health program community service contacts were removed as it is not informative for the community;
  - Children and youth mental health program community service contacts were removed as it is not informative for the community; and
  - Justice Health Services community contacts was removed as it is not informative for the community.

- National Weighted Activity Units – Acute Admitted Mental Health Services was added.
- Number of national weighted activity units for acute admitted mental health services undertaken by Canberra Health Services. This indicator has not been previously reported at Canberra Health Service level.
    - The use of National Weighted Activity Units provides a common and comparable measure among health care services; and
    - This will provide opportunity for engagement with exemplar services in like facilities to identify, redevelop or adopt innovative health care improvements that will benefit the Canberra community.
- The following indicators were moved to Strategic indicators:
    - The rate of mental health clients who are subjected to a seclusion event while being an admitted patient in an ACT public mental health inpatient unit per 1,000 bed days; and
    - Proportion of clients who return to hospital within 28 days of discharge from an ACT acute psychiatric mental health inpatient unit.

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Annual Report Fast Facts

Workforce Profiles

ACT Government | Canberra Health Services

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Annual Report Fast Facts

Workforce Profiles

Section 1: FTE and headcount by division/branch

Canberra Health Service Division/branch	2019-20	
	FTE	Headcount
Office of the Chief Executive Officer	56.2	59
Clinical Services	4621.9	5294
Finance and Business Intelligence	130.7	141
Infrastructure and Health Support Services	356.6	385
Medical Services	802.1	868
Nursing and Midwifery and Patients Support Services	398.1	489
Allied Health	176.9	216
People and Culture	81.0	90
Quality, Safety, Innovation and Improvement	47.4	51
Special Purpose Account The Canberra Hospital	1.1	4
Total	**6672**	**7597**

Canberra Health Services Division/branch	2020-21	
	FTE	Headcount
Office of the Chief Executive Officer	39.0	46
Clinical Services	4,716.7	5,484
Finance and Business Intelligence	179.5	189
Infrastructure and Health Support Services	335.2	367
Medical Services	813.3	895
Nursing and Midwifery and Patients Support Services	452.7	543
Allied Health	181.6	214
People and Culture	81.0	90
Quality, Safety, Innovation and Improvement	32.7	34
Special Purpose Account The Canberra Hospital	2.6	4
Total	**6887.7**	**7,921**

Section 2: FTE and headcount by gender

	2019-20				2020-21		
	Female	Male	Intersex/Indeterminant/Unspecified	Total	Female	Male	Total
FTE by gender	4933.8	1733,7	4.5	6667.4	5,102.3	1,780.8	6,883.1
Headcount by gender	5711	1880	6	7591	5,953	1,963	7,916
% of Workforce	75.2	24.7	0.7%	100.0%	75.2	24.8	100.0%

Section 3: Headcount by classification and gender

Classification group	2019-20			2020-21		
	Female	Male	Total	Female	Male	Total
Administration Officers	732	181	913	797	245	1,042
Dental	15	4	19	13	4	17
Executive Officers	12	4	16	14	5	19
General Services & Equivalent	187	309	496	194	319	513
Health Assistants	102	22	124	97	22	119
Health Professional Officers	893	239	1132	901	232	1,133
Medical Officers	490	528	1018	522	532	1,054
Nursing staff	2973	479	3452	3,092	489	3,581
Professional Officers	7	2	9	7	0	7
Senior Officers	172	68	240	181	76	257
Technical Officers	127	43	170	134	38	172
Trainees and Apprentices	1	1	2	1	1	

Total	**5111**	**1880**	**7591**	**5,953**	**1,963**	**7,916**

Section 4: Headcount by employment category and gender

Employment category	2019-20			2012-21		
	Female	Male	Total	Female	Male	Total
Casual	289	120	409	327	167	494
Permanent Full-time	2628	1025	3653	2,698	1,048	3,746
Permanent Part time	1865	252	2117	1,965	281	2,246
Temporary Full-time	684	433	1117	685	420	1,105
Temporary Part-time	245	50	295	278	47	325
Total	**5711**	**1880**	**7591**	**5,953**	**1,963**	**7,916**

Section 5: Headcount by age diversity group

	2018-19		2019-20	
	HC	% of Total Staff	HC	% of Total Staff
Aboriginal and /or Torres Strait Islander	76	1.0%	82	1.1%
Culturally and Linguistically diverse	2,141	29.0%	2273	29.9%
People with disability	134	1.8%	140	1.8%

Section 6: Recruitment and Separation rates

2018-19		2019-20	
Recruitment Rate	Separation rate	Recruitment rate	Separation rate
12.%	8.3%	14.2%	7.3%

Section 7: Headcount by age group and gender

Age group	2019-20			2020-21		
	Female	Male	Total	Female	Male	Total
Under 25l	345	87	432	386	88	474
25-34	1698	596	2234	1,765	615	2,380
35-44	1471	513	1984	1,553	542	2,095
45-54	1233	414	1647	1,257	421	1,678
55 and over	964	270	1234	992	297	1,289

Section8: Average length of service by gender

	2019-20				2019-20	
	Female	Male	Total	Female	Male	Total
Average years of service	7.9	6.7	7.6	7.9	6.7	7.6

Section 10: Number of Nurses reported with Excess Leave as at end of May 2020

Classification	May 2021		January 2022		
	HC	Excess Hours	HC	Excess Hours	Variance
EN1	20	1775.13	19	4263.08	2487.95
EN2	1	100.95	1	50.76	-50.19
EN2P	1	32.86	4	406.13	373.27
NURPRA	1	231.38	0	0	-231.38
RM2C	0	0	3	220.1	220.1
RM1	3	510.14	4	1551.67	1041.53
RM2	15	1821.9	13	220.1	-1601.8
RM2P	3	615.37	2	566.12	-49.25
RM3G2	3	310.28	3	511.63	201.35
RMO	17	2501.07	25	3099.97	598.9
RN1	110	10444.9	146	17351.55	6906.65
RN2	77	8298.65	91	11303.52	3004.87
RN2C	15	1195.96	22	2362.98	1167.02
RN2P	21	2476.44	24	3499.86	1023.42
RN3	10	1066.39	12	786.82	-279.57
RN3.1	22	2820.13	21	2845.9	25.77
RN3G2	18	2601.06	29	3765.45	1164.39
RN4.1	2	133.86	4	255.09	121.23

RN4.2	4	588.15	3	658.64	70.49
RN4.3	5	472.46	6	681.29	208.83
RN5.4	1	60.34	1	151.46	91.12
RN5.5	4	280.05	3	289.85	9.8
RN5.6	1	144.82	1	30.75	-114.07
Total	**337**	**35981.22**	**433**	**54652.62**	**4350.48**

*Reported above Excess Hours does not take into account future leave taken
*Includes Part-time staff which can skew the number of Excess Hours
*Leave applications submitted in retrospect are typically not recorded in end of month reporting

Contractor Profile - VMO Profile

VMOs

Canberra Health Services currently engages some 231 VMOS.

- 78 of these are on locum contracts
- 21 are honorary contracts, including a number of contracts in WYC that are in place purely to provide admitting rights
- 95 of the total are cross-territory contracts, also providing services at Calvary Public Hospital
- Expenditure on VMOs was $40.397m in 20/21, and $23.603m YTD for 2021/22 to the end of January 2022.

Staffing Profile - ARINs and SEAs

Coverage

As at November 2021, Canberra Health Services had approximately 187 staff covered by additional remuneration arrangements.

- These include ARINs, SEAs, grandfather arrangements under s245 of the PSM Act and AWAs.

  The cost of these arrangements in 2020/21 was $19,047,257.81.
- The majority of these arrangements cover medical practitioners and are either craft group or employment category based, and are designed to address market factors, including issues with recruitment.
- These arrangements are regularly reviewed in accordance with the enterprise agreement provisions.
- A number of these previously covering medical practitioners have since been incorporated in the Medical Practitioners Enterprise Agreement.

ACT Government | Canberra Health Services

MINUTE

SUBJECT: Secure Work Taskforce –

Update for Minister of Health

To: Kalena Smitham, Executive Group Manager, Canberra Health Services

From: Andrew White, Senior Director, People and Culture, Canberra Health Services

Date: 23 February 2022

Purpose

To provide you with an overview of the numbers of CHS employees converted from casual / temporary to permanent via the secure work taskforce.

Background

The ACTPS is committed to promoting permanent (ongoing) employment and job security for employees within the ACTPS and minimising the use of temporary and casual forms of employment wherever possible.

The Government endorsed a process for examining insecure work within the ACTPS and to convert any instances of insecure work where it in fact should be covered by a secure workforce.

Process

As part of this process, insecure funding is not in itself to be a barrier to permanency. While there are circumstances where fixed term or outcome-based funding will justify temporary employment, an assessment must be done on a case-by-case basis to assess whether an employee can be offered a permanent position, despite fixed term or outcome-based funding.

Regular reviews of employment at CHS occur in collaboration with CMTEDD including:

- The preparation of a full list of all temporary and casual employees that have been employed on an ongoing basis and meet the eligibility criteria.
- People and Culture undertake a first assessment in conjunction with CMTEDD and any employees that meet the criteria are compiled into a list to be appointed. Executive Directors are provided with a copy of this list, so they were aware of the possible change of status for these employees. If an employee refused the opportunity to be made a permanent employee, then this is recorded, and they will not be offered a further opportunity as part of this process.

Historic numbers of employees converted

The available data for the numbers of employees converted under this process are as follows:

Round 1: 324 casual and 239 temporary staff were eligible for consideration. **48** employees converted.

Round 2: 247 casuals and 82 temporary staff were eligible for consideration. **27** employees converted.

Round 3: 149 casuals and 97 temporary staff were eligible. **20** employees converted.

These 3 rounds have resulted in **95** employees being converted to permanent employment status at Canberra Health Services.

Reasons for employees not being converted have include:

- Employee refuses offer, preferring flexibility of casual arrangements
- Employee refuses offer, on work / life balance reasons
- Ineligible due to visa status
- Ineligible due to rotating positions / cancellation of contracts
- Employee had not met threshold criteria
- Employee already permanent through other recruitment action
- Employee had resigned from CHS

This information is provided for your information.

Andrew White
Senior Director People and Culture
Canberra Health Services

23 February 2022

CHS Annual Report 2020- 21

Breakdown of eligible staff, page

Round 1 - 324 Casual and 239 Temporary staff were eligible. 48 were put forward for permanent appointment to the Head Of Service (HOS). 504 not recommended for permanency as they were either on a vias, backfilling, in rotating positions or their contracts were cancelled as they had not worked for more than 12 months, already permanent, refused the offer or resigned from CHS.

HOS approved for permanency 24 January 2021.

Round 2 – 247 Casuals and 82 Temporary staff were eligible. 27 were put forward for permanent appointment to the HOS. 22 refused permanency for work life balance. 64 not recommended for permanency as they were either on a vias, backfilling, in rotating positions or their contracts were cancelled as they had not worked for more than 12 months, already permanent or resigned from CHS.

HOS approved for Permanency July 2021.

Round 3 – 149 Casuals and 97 Temporary staff were eligible. 20 were put forward for permanent appointment to the HOS. 84 refused permanencies for work life balance. 14 not recommended for permanency as they were either on a visa or backfilling in rotating positions or their contracts were cancelled as they had not worked for more than 12 months, already permanent or resigned from CHS.

HOS approved for permanency on 23 December 2021

Round 2	Casual			Temporary	
	Number of staff eleigible	Classification		Number of staff eleigible	Classification
	29	Assistant in Nursing		9	Administration
	1	Health Assistant		1	Health Assistant
	22	Admin		3	Assistant in Nursing
	6	Enrolled Nurse		3	Career Medical Officer
	26	Health Professional Officer		19	Health Professional Officer
	22	Health Service Officer		6	General Service Officer
	14	Registered Midwife		25	Registered Nurse
	112	Registered Nurse		3	Research Officer
	1	Research Officer		10	Specialists
	14	Technical Officers		1	Stores Supervisor
				2	Technical Officers
Total	**247**			**82**	

Round 3	Casual			Temporary	
	Number of staff eleigible	Classification		Number of staff eleigible	Classification
	18	Administration		10	Administration
	1	Health Assistant		5	Health Assistants
	29	Assistant in Nursing		4	Assistant in Nursing
	5	Career Medical Officers		1	Enrolled Nurse
	1	Enrolled Nurse		17	Health Professional Officer
	26	Health Professional Officer		55	Registered Nurse
	32	Health Service Officer		4	Professional Officer
	24	Registered Nurse		1	Research Officer
	1	Research Officer			
	12	Technical Officer			
Total	149			97	

CHS Annual Report 2020- 21

Workforce Culture and Leadership, page 38-39

Developed an Awards and Recognition Framework that encompassed local level recognition awards and the CHS CEO Awards, which were held in November 2020. This program recognises the outstanding contributions for team members who have embodied our Vision and values. Collegiate recognition and appreciation is invited form team members across all levels of experience and responsibility.

Developed the Fostering Organisational Culture Improvement Strategy 2020-2022 (FOCIS), our roadmap for creating a positive workplace. The FOCIS strategy addresses five key priorities for culture transformation including Organisational Trust, Psychological Safety, Civility, Leadership and Team Effectiveness

Commenced a review of the Performance Framework in October 2020 with a consultation process attended by 94 leaders and 73 employees.

Continued to support our team members' physical and mental health and wellbeing during COVID-19 by developing the CHS Staff Health and Wellbeing COVID-19 Strategy and Supporting Staff during the COVID Pandemic Framework.

Outlook for 2021 – 22

- Finalise and implement the CHS Leadership Strategy to build upon well-established research linking leadership and organisational performance in health care and provide a three-year road map tailored for our CHS workforce.
- Implement further cultural improvement initiatives in the FOCIS program.
- Conduct the next Workplace Culture Survey towards the end of 2021. This will enable evaluation of our progress over the past two years and provide current insight as to how our team members are experiencing our organisational environment, including our engagement culture, perceptions of leadership, organisational change, demonstration of values and safety culture.
- The launch of a new performance development approach and accompanying resources and training is scheduled to commence in the first quarter of the 2021-2022 financial year.

Briefing

Awards and Recognition

- The second annual CEO Awards was held virtually in November 2021 as a result of COVID-19 restrictions.
- CHS values continue to be showcased each quarter through staff and teams being nominated and recognised by their peers for their behaviours and commitment. Staff are awarded and provided with pins to wear noting the value they exemplify.
- Over 3,000 staff have received a value award since the inception of the new framework.

Fostering Organisational Culture Improvement Strategy 2020-2022 (FOCIS),

- The FOCIS strategy identified five priority areas for culture transformation: Organisational Trust, Leadership and People, Workplace Civility, Psychological Safety, and Team Effectiveness. Key initiatives were developed and are being implemented to address each priority area.
- Of the initiatives, 26 have been completed 36 are progressing and 6 are yet to commence.
- CHS is responsible for 12 recommendations from the Independent Culture Review. We have completed eight recommendations with work progressing on the remaining four – recommendation 3, 13, 14 and 16.
    - Over 5,600 CHS staff have attended the SUFS training. Due to COVID-19 restrictions virtual session were conducted as an interim measure (recommendation 3).
    - An action plan has been developed which outlines activities to improve the approach to resolving workplace issues and educate managers and is being progressed (recommendation 3).
    - Implementation of the Management and Leadership strategy is underway, with a range of programs to develop and promote management and leadership skills being attended by Executives and Senior Managers (recommendation 13).
    - A review of the Human Resource function in CHS was finalised, with findings considered and opportunities for improvement being implemented (recommendation 14).
    - Internal and external reviews were conducted of training programs to ensure alignment with the CHS values. Results are being used to improve learning

experiences for and impact to team performance and capability (recommendation 16).

- The second annual review of the Culture Review Implementation was conducted and the report 'Culture in the ACT public health system: Second Annual Review' was provided on 11 November 2021. The primary recommendation of this report is a move towards sustainability of culture reform, with culture improvement being embedded as a core commitment and responsibility of the organisation and associated initiatives becoming business as usual.

Performance Framework

- As a result of the review of the Performance Framework in October 2020, a new Fostering Organisational Culture Improvement Strategy – Strengths, Engagement and Development (FOCIS-SED) performance planning approach has been developed.
- Presentations are being held across CHS to inform managers/staff of the revised approach. Feedback being received at these presentations is reporting that SED is much more user friendly and engaging.
- Manager training will be ready by May 2022 and will include a resource library to support the new approach.

MyHealth Staff and Wellbeing

- Detailed information about support staff with physical and mental health and wellbeing has been provided in other document.

Leadership Strategy

- Leadership Strategy before being finalised is being reviewed with key stakeholders.
- CHS Executives nominated 73 senior staff members who will participate in the Leadership Essentials program between January and June 2022.
- All Executive Directors and Clinical Directors across CHS will participate in a 360-degree profiling and coaching process. The program will be conducted between February and June 2022.

Workplace Survey

- The Workplace Culture Survey was deployed in November 2021 and results were received in December 2021. CHS achieved a 50% response rate based on 3852 responses.
- In January 2022 Executives and Senior Managers received results for the organisational, divisional and unit areas and are sharing these with our workforce throughout January and February.

- Staff engagement has increased to 44%, up by 6% since the June 2021 Pulse Survey and has almost doubled since 2005, when the survey was first conducted. This is our best result in 16 years.
- Bullying and harassment is reported to have reduced by 18% since the November 2019 survey and continuing this trend by addressing all inappropriate behaviour is a priority.
- Further analysis of the results and action planning for improving priority areas is being undertaken during February and March 2022.
- Organisational Action Plan and Divisional Action Plans are being developed to address the survey results.

21 February 2022

MINISTERIAL BRIEF

Canberra Health Services

UNCLASSIFIED

To:	Minister for Health	**Tracking No.: MCHS21/1078**
Date:	23/12/2021	
From:	Dave Peffer, Chief Executive Officer	
Subject:	2021 Canberra Health Services Workplace Culture Survey	
Critical Date:	Not applicable	
Critical Reason:	Not applicable	

- CEO …/…/…

Recommendations

That you:

1. Note the Key results from the 2021 Workplace Culture Survey at Attachment A;

Noted / Please Discuss

2. Note the Ministerial media points at Attachment B; and

Noted / Please Discuss

3. Note the information contained in this brief.

Noted / Please Discuss

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

Minister's Office Feedback

UNCLASSIFIED

Background

1. Since 2005, Canberra Health Services (CHS) has been investing in whole-of-organisation Workplace Culture Surveys through Best Practice Australia Analytics (BPAA), previously known as Best Practice Australia. Surveys were conducted in 2005, 2007, 2009, 2012, 2015 and 2019. These surveys have provided a wealth of valuable information to the organisation as a whole and informed both organisational level initiatives and division/branch/team-based actions.

2. As part of the Independent Review into the Workplace Culture within ACT Public Health Services, CHS committed to conducting organisational wide workplace culture surveys every two years.

3. In late-2021, CHS also commenced conducting regular pulse surveys to measure staff engagement. Three pulse survey have been conducted – November 2020, March 2021, and June 2021.

4. The 2021 CHS Workplace Culture Survey measures nine research programs on organisational culture, including:

    a. About our Culture– examines our employees' engagement to CHS Cultural Norms, commonly referred to as the Type of Culture. BPA's model includes six types of culture – Blame+, Blame, Reaction, Consolidation, Ambition and Success and the Net Promoter Scores.

    b. About our Employees – examines what staff expect from the organisation, what attracts people to the organisation, if staff have a sense of wellbeing and if work/life balance issues are accommodated.

    c. About our Workplace – examines how well teams function, the prevalence of unacceptable behaviour, including bullying, harassment, favouritism, discrimination and occupational violence, and work health and safety.

    d. About our Managers – examines the management capabilities of staff in leadership roles, including providing feedback, acknowledgment, recognition, and being positive roles models.

    e. About our Values – examines the demonstration of our organisational values and our response to behaviour contrary to the values.

    f. About how we do things – examines CHS' systems, procedures, and processes for managing change.

    g. About our Clients – examines the staff views on how CHS engages with our clients, both in creating client experiences and in meeting client expectations.

    h. About our Survey Action – examines staff views of how the organisation responded to the last survey.

i. Tailored Research – asks questions specific to the needs of the organisation. CHS chose to include questions on Clinical Supervision.

5. The census period for the 2021 Workplace Culture Survey was from 1 November 2021 to 15 November 2021.

Issues

6. High level results from the CHS Workplace Culture Survey are summarised below:

   a. 7,723 surveys were distributed

   b. 3,852 staff responded which equates to a 50 per cent response rate – this meets BPAA's benchmark for reliable and valid data

   c. A total of 292 individual unit reports have been received

   d. 406,819 pieces of quantitative data

   e. 39,462 narrative comments

   f. 1,672 messages in a bottle for the CEO

   g. 1,399 messages in a bottle for other Executives

   h. Overall, 50 quantitative questions rated statistically better when compared with the 2019 workplace culture survey.

   i. Since 2005, the trending data shows CHS is steadily improving organisational culture.

   j. CHS improved our engagement rating by 6 per cent to 44 per cent (since the June 2021 Pulse Survey), placing CHS in a Culture of Consolidation. But more importantly it has almost doubled since 2005.

      i. 190 work units increased their level of Engagement. The biggest increase was 43.3 per cent

      ii. 84 work units decreased their level of Engagement. The biggest decrease was 32.5 per cent

      iii. three work units stayed the same.

      iv. 13 work units don't have trending data.

   k. CHS marginally improved our Net Promoter Scores. The Net Promoter1 provides a gauge of respondents' loyalty and engagement. Respondents are categorised into three types based on their response to the key question. On a scale of 0 to 10, how likely are you to recommend this organisation to family and friends?

[1] Bain and Co (2012. Bain and Company, New York. Net Promoter, Net Promoter Score and NPS are registered trademarks of Bain and Company, Inc., Satmetrix Systems, Inc., and Fred Reichheld.

0 to 6 = Detractors

7 and 8 = Passives

9 and 10 = Promoters.

NET PROMOTER SCORE (NPS) = % Promoters **minus** % Detractors

i. 'I would recommend CHS as a good place to work' is -15.1, an improvement of 1.4 from the June 2021 pulse survey
ii. 'I would recommend CHS for the services we provide' is -2.4, an improvement of 0.3 from the June 2021 pulse survey

l. CHS improved in the area of managing unreasonable behaviours with less staff indicating they had experienced or observed unacceptable behaviours (bullying, harassment, discrimination and favouritism) compared to 2019. However, we need to do more to embed our organisational values which will further drive down the prevalence of these behaviours in our organisation.

m. Whilst CHS in the 2020/21 financial year had a 26 per cent reduction in lost time injuries associated with occupational violence (OV), the survey results show there was little movement (improvement/decline) in the results from the 2019 survey. 48 per cent of our staff indicated they have been subjected to OV in the last 12 months, and this was predominately from patients/consumers/clients. CHS will continue to implement our OV Strategy to mitigate risks of OV incidences.

n. Improving our managers/leaders' capabilities is imperative to improving our overall culture and CHS is currently developing our Leadership Strategy. Whilst the results for the Manager as a Performance Coach questions benchmarked above the norm, the results to individual questions declined from 2 per cent to 5.9 per cent.

o. Overall, CHS is heading in the right direction with more of our staff indicating their colleagues, their managers/supervisors and CHS Executives demonstrate the organisational values compared to the 2019 survey. Values are the moral compass of our organisation and should guide our behaviours every day from how we make decisions to how we treat others. CHS will continue to embed our organisational values to drive positive organisational culture.

p. Overall, respondents told us the organisation is doing better at introducing and communicating about change, and for all the change questions we benchmark on the norm or above the norm. As we approach two of the most significant changes in the history of our organisation – the Digital Health Records and the Critical Services Building, consultation and engagement of our staff will be critical to the success of these significant changes.

q. We had mixed results for the consumer safety questions – we have high commitment to consumer safety, however the questions related to the application of consumer safety benchmarked below the norm. Consumer safety is the cornerstone of all we do at CHS. Understanding the challenges contributing to consumer safety will be prioritised as part of deep dive analysis of our survey results.

7. Key results from the 2021 Workplace Culture Survey are at Attachment A.

8. Organisational survey results will be communicated to staff via:

   a. Senior Managers virtual forum held on 16 December 2021. Senior Managers will be required to cascade the organisational results to their staff pre and post-Christmas shutdown.

   b. HealthHub and all staff emails.

9. Executives and managers will be sharing results at the divisional/unit level with their staff and engaging them in action planning conversations during January and February 2022.

10. In February 2022, senior staff in the People and Culture Division will be meeting with each Executive Director to discuss their specific results, help to clarify the main issues, and devise their action plans. These activities will feed into the action plans which will be developed at organisational, divisional/unit and professional group levels.

11. Comprehensive analysis of the survey results will occur in January and February 2022 to identify:

    a. The work units whose organisational culture has been poor over a sustained period and/or significantly declined since 2019 to implement focussed cultural interventions.

    b. The work units who have improved organisational culture and/or continue to have a sustained positive workplace culture to identify the drivers of positive workplace culture at the local context. The intention is to learn from these units and more broadly promote and share the findings from these work units.

12. In addition to the development of action plans to address the 2021 survey results, CHS will continue to prioritise the implementation of our Fostering Organisational Culture Improvement Strategy (FOCIS) and associated activities to address organisational culture challenges.

Financial Implications

13. Focussed cultural interventions for identified work units may incur costs. The Independent Culture Review budget will be used to finance these activities, and/or the individual business unit will fund these activities from existing budgets.

Consultation

Internal

14. CHS Union partners were briefed on the survey results on 16 December 2021.

Cross Directorate

15. Nil response.

External

16. Nil response.

Work Health and Safety

17. Nil response.

Benefits/Sensitivities

18. CHS survey results tend to attract attention from the Opposition, but to date, minimal results have been provided to the general public. There are two main reasons for this approach:

    a. The information is collected from staff on a highly confidential basis (with all results de-identified even for internal purposes). This helps to ensure a good response rate; and

    b. BPAA owns the survey instrument, and they emphasise the need to protect their commercial interests.

Communications, media and engagement implications

19. A media article may eventuate regarding the 2021 CHS Workplace Culture Survey. The CHS Media and Strategic Communication Unit will respond accordingly, and Ministerial media points are at Attachment B.

Signatory Name:	Kalena Smitham	Phone:	512 49631
Action Officer:	Flavia D'Ambrosio	Phone:	512 49585

Attachments

Attachment	Title
Attachment A	Detailed results of the 2021 CHS Workplace Culture Survey Results
Attachment B	Ministerial media points

CHS 2021 Survey Results

Key results against BPAA's eight research programs are detailed below.

About our People

Staff engagement is measured through the 11 Engagement questions in the survey instrument.

44% of staff indicated engagement with the organisation, an increase of 6% from the June 2021 pulse survey. 44% of engaged staff places CHS in a **Culture of Consolidation**. This type of culture signifies that the organisation is in a state of transition and moving in a positive direction at this time.

Table 1: Breakdown of 11 Engagement questions results

10 out of the 11 questions rated statistically higher compared to the June 2021 Pulse Survey. All percentages are rounded.

Question	June 2021 Pulse Survey	November 2021
There is a high trust in the Executive Management Team of Canberra Health Services	24%	32%
There is high trust in Managers throughout CHS	35%	42%
There is high trust in the Frontline Supervisors/Team Leaders	59%	61%
There is a climate of 'Trust and Respect' throughout the organisation	31%	36%
People are very optimistic about the organisation's future	32%	40%
There is a strong sense of success and achievement – 'Things are getting better all the time'	27%	35%
People are very positive about tackling problems. There is a 'Can do' mentality	35%	42%
Change in the organisation = Better things to come for me	39%	45%
There is a strong sense of purpose and direction	33%	40%
People want to improve the way things work in CHS	57%	57%
People are proud of the successes and achievements of the organisation	43%	49%

Net Promoter

Table 2: Net Promoter Score

Question	November 2019	November 2021
I would recommend Canberra Health Services (where appropriate) as... a good place to work	-7.2	-15.1
I would recommend Canberra Health Services (where appropriate) as... the best choice for the type of service provided	+4.5	-2.4

About our Employees

Table 3: Employee Satisfaction with Canberra Health Services and Conditions of Employment

Question	November 2019	November 2021
CHS consistently meets my most important expectations of it	37%	38%
CHS provides adequate flexibility in the hours/shifts you work	61%	58%
CHS provides clear reporting lines	n/a	59%
CHS provides workloads that are fair and equitable	43%	39%
CHS provides a fair day's pay for a fair day's work	53%	51%
CHS provides good career opportunities	46%	45%
CHS provides secure employment	75%	73%
CHS provides recognition of your achievements	37%	37%
I intend to leave this organisation within 1 year	5%	6%
I intend to leave this organisation within 2 years	12%	13%

Table 4: Employee sense of control, feeling supported, feeling worthwhile, feeling safe

I have a strong sense of	November 2019	November 2021
Being in control of many of my work choices	63%	61%
Being competent to do my role	89%	89%
Making a difference in my chosen field	78%	76%
Being supported in learning from my mistakes	71%	71%
Being supported to achieve my personal and professional goals	62%	61%
Being supported to look after myself	65%	63%
The work I do...	**November 2019**	**November 2021**
Meaningful	88%	89%
Purposeful	89%	89%
Stimulating	78%	76%
Energising	68%	66%
Something I am proud of	87%	87%
I feel safe at work...	**November 2019**	**November 2021**
To be the person I am	75%	76%
My manager...	**November 2019**	**November 2021**
Is aware of and accommodates work/life balance issue	71%	70%
Demonstrated that they care about my wellbeing	71%	70%

About our workplace

Table 5: Team problem solving

In my work team...	November 2019	November 2021
I feel safe in discussing work problems with other team members	71%	72%
I feel safe in discussing work problems with my team leader	74%	70%

Table 6: Responding to behaviour contrary to the values

Over the past 12 months...	November 2019	November 2021
There has been a focus on identifying and addressing bullying and harassment	43%	41%
There is access to appropriate training activities to address bullying and harassment	48%	50%
There is a focus on reducing bullying and harassment in the workplace	45%	44%
My manager has clearly demonstrated their preparedness to eliminate bullying and harassment	53%	54%
My team has clearly demonstrated their preparedness to eliminate bullying and harassment	51%	54%

Table 7: Prevalence, reporting and response to unacceptable behaviours

In the last 12 months, have you been subjected to any of the following behaviours in the workplace?	November 2019	November 2021
Bullying	26%	21%
Harassment	20%	15%
Discrimination	17%	15%
Favouritism	27%	25%
If you experienced bullying or harassment, did you...	**November 2019**	**November 2021**
Report this behaviour	n/a	61%
Know how to go about reporting such behaviour	n/a	71%
Trust that, if such behaviour was reported, then it would be appropriately managed	n/a	41%
If you observed bullying or harassment, did you...	**November 2019**	**November 2021**
Report this behaviour	n/a	70%
Know how to go about reporting such behaviour	n/a	75%
Trust that, if such behaviour was reported, then it would be appropriately managed	n/a	46%

Table 8: Prevalence of Occupational Violence

Question	November 2019	November 2021
Occupational violence is generally accepted as being 'part of the job' in my workplace	20%	21%
In the past 12 months, I have been subjected to Occupational Violence	46%	48%
In the last 12 months, I have been subjected to occupational violence more than once	**November 2019**	**November 2021**
...Patients/clients/consumers	n/a	32.6%
...Friends and relative of patients/clients/consumers	n/a	22.8%
...Members of the public	n/a	11.7%

Table 9: Safety at work

Question	November 2019	November 2021
Managers always take work, health, and safety seriously	77%	77%
Managers always take action to address identified work, health, and safety issues	73%	74%
Employees are always consulted on decisions that impact their work, health, and safety	55%	56%
When I act safely, I always receive positive support and recognition in my team	48%	52%
In the organisation, staff safety is considered as important as patient safety	60%	65%
Overall, the organisation has a strong effective staff safety culture	N/a	61%

About our Managers

Table 10: Setting expectations, feedback, and role modelling

My manager…	November 2019	November 2021
Clearly communicates to me what they expect of from me	69%	67%
Gives me constructive feedback on my performance	55%	55%
Helps me to set realistic performance objectives	56%	53%
Reviews my progress in achieving my objectives	52%	48%
Conducts annual performance reviews with you	58%	55%
Is a role model I look up to and learn from	59%	55%
Provides reward and recognition for outstanding performance	45%	45%
Provides appreciation for good performance	62%	57%
Is prepared to address poor performance in a constructive manner	58%	54%

Table 11: Demonstration of our Values

CHS Values	I proudly put this value in practice		The people I work with put this value into practice		My manager/ supervisor puts this value into practice		CHS Executive Management Team put this values into practice	
	Nov 2019	Nov 2021	Nov 2019	Nov 2021	Nov 2019	Nov 2021	Nov 2019	Nov 2021
Reliable	n/a	92%	70%	75%	63%	69%	35%	45%
Progressive	n/a	83%	62%	68%	62%	66%	43%	48%
Respectful	n/a	93%	70%	76%	67%	71%	47%	52%
Kind	n/a	93%	72%	79%	69%	72%	49%	54%

Table 12: Responding to Behaviour Contrary to the Values

If you observed that a staff was not demonstrating CHS' values, would you...	November 2019	November 2021
At an appropriate time or place, discuss with them the behaviour you saw and how it was inconsistent with your organisation's values	55%	58%
Report this behaviour to the staff member's supervisor	61%	60%
Trust that, if such behaviour was reported, then it would be appropriately managed	44%	43%

About How We Do Things

Table 13: Pace and direction of organisational change

Question	November 2019	November 2021
The changes that the organisation introduces are well planned, well thought-out and client focussed	31%	39%
The organisation introduces change quickly. It is fast, focussed, and flexible	19%	30%
In the last 12 months, the organisation has made significant improvements	35%	36%
In the last week, I had the opportunity to do something that was a positive influence in my team and the organisation in this time of change	N/a	46%
Over the past year, has the following improved...	**November 2019**	**November 2021**
Communication in the organisation	42%	46%
Motivation in the organisation	38%	37%
The organisation's services and facilities	36%	38%
In the last week, I had the opportunity to do something that was a positive influence in my team and the organisation in this time of change	n/a	33%

Table 14: Management Support with Change

Question	November 2019	November 2021
My manager has the skills and capability to support me in this time of change	61%	61%
My manager is supportive in this time of change	64%	64%
The Executive Management team is supportive in this time of change	40%	42%

About Our Clients

Table 15: Consumer safety measures

People in my work unit...	November 2019	November 2021
Are highly conscious of the potential for adverse consumer safety events	82%	81%
Report adverse consumer safety events and complaints quickly and openly	78%	77%
Treat consumer safety events as learning opportunities	72%	74%
Always follow evidence, guidelines, standards, procedures, and pathways no matter how difficult this might be	72%	73%

Exercise good judgement about when to escalate a deterioration in a consumer's condition	82%	80%
Will persevere in escalating concerns when they believe it's clinically appropriate	81%	77%

Table 16: Commitment to consumer safety

To what extent to you agree that...	November 2019	November 2021
I am committed to doing everything I can to ensure consumer safety	N/a	96%
My manager is committed to doing everything they can to ensure consumer safety	79%	84%
The Executive Director responsible for my workplace is committed to doing everything they can to ensure consumer safety	64%	69%
The Executive Management Team are committed to doing everything they can to ensure consumer safety	62%	67%

About Our Survey

Table 17: Feedback on the last survey

Question	November 2019	November 2021
I completed the 2019 CHS Workplace Culture Survey	59%	74%
I received feedback on the findings of the last employee survey...from CHS (e.g., CEO presentation)	32%	37%
I received feedback on the findings of the last employee survey...from my Executive/Management	40%	52%
Action was taken as a result of the last survey	19%	23%
There was a positive impact resulting from the last survey	14%	18%

Tailored Research

Table 18: Clinical supervision

The clinical supervision I have received in CHS to date has...	November 2019	November 2021
Been timely	60%	61%
Been regular	58%	57%
Been constructive	61%	61%
Been objective	62%	62%
Been adequate	59%	58%
Helped me to better understand my level of clinical competence	63%	61%
Helped me to become a better practitioner	63%	62%
Involved me in planning how to meet my clinical supervision needs	60%	58%

Demographic

Demographics – Please note not all respondents answered the demographic questions

GENDER IDENTITY:	**YES**	**RESPONDENTS PREFERRED NOT TO SAY OR DID NOT ANSWER**
Man	*23.4%*	*963*
Woman	*75.7%*	
Non-binary	*0.3%*	
Gender queer	*0.2%*	
I self describe in another way	*0.3%*	
STAFF WHO IDENTIFY AS:	**YES**	**RESPONDENTS PREFERRED NOT TO SAY OR DID NOT ANSWER**
Aboriginal and/or Torres Strait Islander origin	*1.5%*	*935*
LGBTIQ	*5.4%*	*1,006*
Having a disability	*2.9%*	*913*
English as the first language spoken	*72%*	*973*
Being born in Australia	*62%*	*961*

ROLE	**% AND NUMBER**
Administration	17.1% - 505
Allied Health	24.9% - 734
Clinical Support	0.7% - 21
Junior Medical Officer	2.9% - 84
Senior Medical Officer	4.7% - 137
Visiting Medical Officer	0.6% - 19
Nursing/Midwifery	37.1% - 1093
Support Services	4.7% - 137
Senior Management	3.4% - 101
Executive	0.6% - 18
Another type of position not specified	3.3% - 96

*907 respondent did not answer or preferred not to say

2021 Workplace Culture Survey results

- Improving Workplace Culture is a top priority at Canberra Health Services.
- We are absolutely committed to making CHS a great place to work.
- This is a key to delivering on our vision – Creating exceptional health care together.
- The results of the 2021 Workplace Culture Survey show we are well on our way.
- A key measure of the survey is the staff engagement measure.
- This has improved by 6% (now sitting at 44%) since the June 2021 Pulse Survey and has almost doubled since 2005, when Best Practice Australia first conducted the survey.
- This is our best result in 16 years, which is testament to everyone on Team CHS who has committed to making this a truly great place to work.
- Our staff engagement is better than the benchmark for public hospitals and health care services.
- This a significant improvement for such a large organisation – some 8000 team members.
- CHS is now well-embedded within a 'Culture of Consolidation'
- 190 work units experienced increased levels of engagement.
- This compares to 84 work units who experienced a decreased level of engagement.
- 50 quantitative questions rated statistically better when compared to the 2019 Workplace Culture Survey, 50 were equal and 18 rated statistically worse.
- We have seen a reduction in team members who say they have been subjected to bullying, harassment, discrimination, or favouritism in the workplace in the past 12 months.
- For bullying and harassment there has been an 18% reduction since the last survey in 2019.
- While this is an improvement, our people are telling us that unacceptable behaviours are still happening in the workplace.
- We will continue to challenge and stamp out poor behaviour such as bullying and harassment.
- Culture change doesn't happen overnight, but these results show it does happen.
- This is a continuous journey we have embarked on as a team.

- We are committed to making ongoing changes in a bid to improve culture each and every day.
- The data and information these survey results provide gives us an excellent understanding about what areas we need to focus on.
- We can drill down and see where the problems are.
- It also tells us what areas are doing well, which is an equally valuable tool.
- We'll spend the coming weeks drilling down into the results and taking action where needed.
- There are also a number of transformational projects that are underway that will continue support improved culture.
- These include the introduction of the Digital Health Record and the continued expansion and improvement of our facilities, particularly the new Critical Services Building.

QUICK STATS

- 7,723 surveys distributed
- 3,852 respondents
- 50% response rate
- 406,819 pieces of quantitative data
- Almost 40,000 narrative comments
- 1672 direct messages (more than 260 pages) sent to the CEO

COMPARISONS

- In the last 12 months, 27% of respondents have experienced bullying or harassment
    - Compared with the 2019 data, this is a statistically significant improvement of 17.7% (2019 recorded 44%)
- In the last 12 months, 40% of respondents have been subjected to one or more of the following behaviours: bullying, harassment, discrimination, or favouritism in the workplace.
    - Compared with the 2019 data, this is a statistically significant improvement of 13.2% (2019 recorded 53%)

BACKGROUND

- Independent Survey Provider, Best Practice Australia Analytics (BPA), has been conducting our survey since 2005. This marks our 10th survey with BPA (including our smaller pulse surveys)
- The 2021 survey census period was 2 weeks, whereas previously it has been extended to a 3-week census period

CHS Annual Report 2020- 21

Culture Survey OV results, page

The results from the 2021 Culture Survey in respect to OV are as follows:

Personally Subjected to Occupational Violence						
	Total responses	Yes responses		No responses	Last survey	Change
In the last 12 months, I have been subjected to Occupational Violence.	3,274	48%		52%	46%	1.9% 2019 Equal
Attitudes Towards Occupational Violence						
	Total responses	Yes responses	Neither yes or no	No responses	Last survey	Change
Occupational Violence is generally accepted as being "part of the job" in my workplace.	2,606	21%	21.9%	56.9%	20%	0.9% 2019 Equal

From: McDonnell, Sean (Health)
To: Elsey, Jennifer (Health)
Subject: Fwd: Estimates dot points from Karen O
Date: Friday, 25 February 2022 8:10:57 AM
Attachments: OV Training Data 2022-02-24.png

Jenni
Would you be able to print out this email and its attachment and place it in Kalena's folder please?
Thanks
Sean

Get Outlook for Android

From: O'Brien, Karen (Health) <Karen.O'Brien@act.gov.au>
Sent: Thursday, February 24, 2022 5:48:47 PM
To: McDonnell, Sean (Health) <Sean.McDonnell@act.gov.au>
Subject: Estimates dot points from Karen O

OFFICIAL

Hi Sean,
OV Training data attached if Kalena needs it for Estimates hearings.
Priority areas of training include:

- Acute Adult Mental Health Unit and 12B
- Secure Mental Health Unit
- Ward Services
- Security
- University of Canberra Hospital
- Emergency Department
- Community Centres
- Walk in Centres

New OV Training has continued in small groups throughout COVID-19 pandemic.

Also, of note will be the launch of new Whole of Government Learning Management System on 1 April 2022.
Business Readiness Activities are underway.
Data will be migrated from Capabiliti which will be deactivated.

Let me know if she needs anything else,

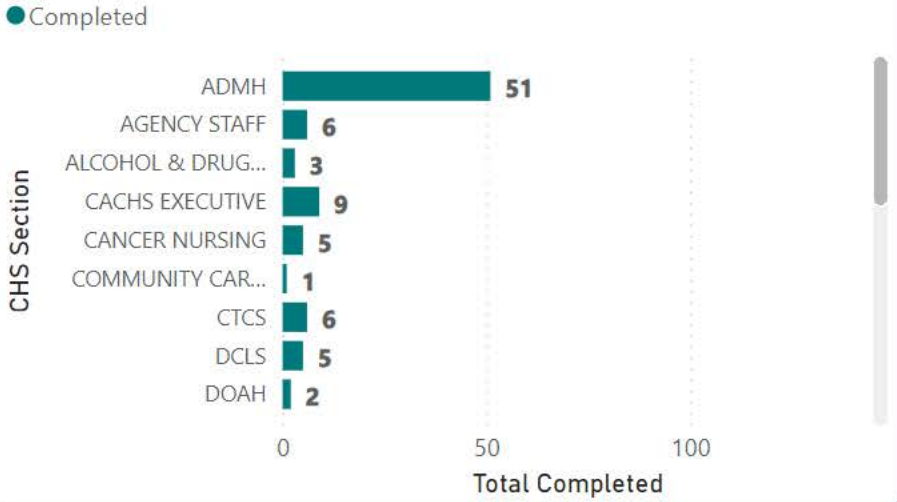
Kind regards,
Karen

Karen O'Brien | **Senior Director Workforce Capability (Staff Development Unit)**
Phone: 02 5124 2437 or [redacted] | Email: karen.obrien@act.gov.au
People and Culture | Canberra Health Services | ACT Government
Level 1 Building 8 Canberra Hospital
PO Box 11 WODEN ACT 2606 | health.act.gov.au
RELIABLE | PROGRESSIVE | RESPECTFUL | KIND

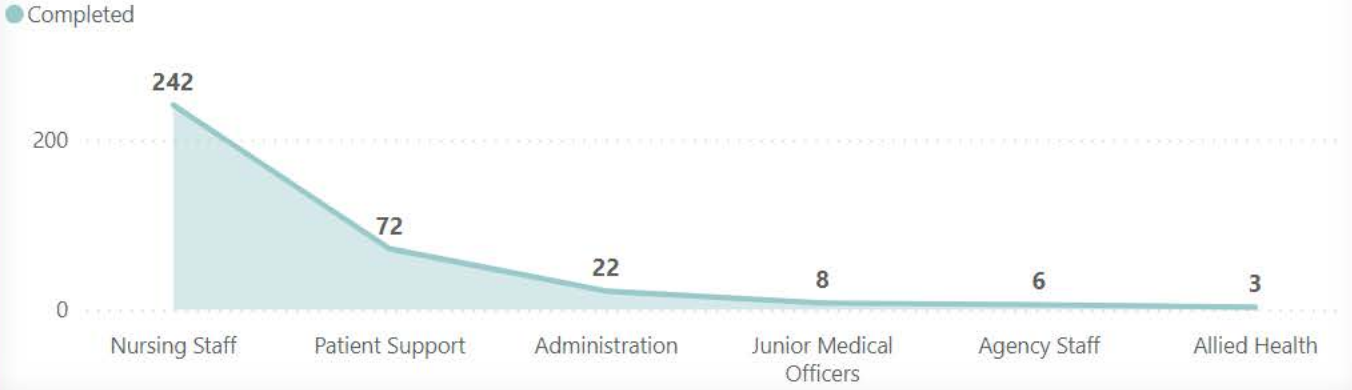
Occupational Violence Training Report - 17 February 2022

ACT Government | Canberra Health Services

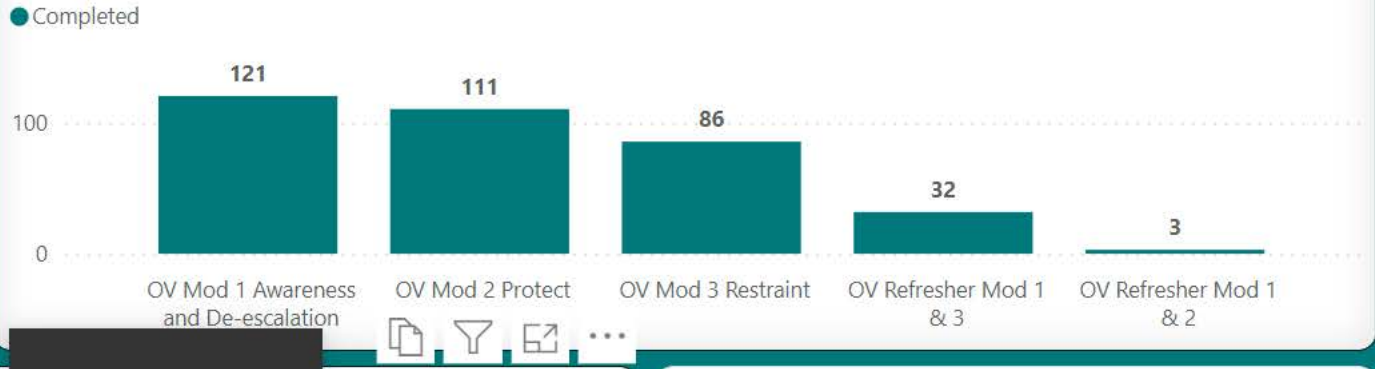
Completion by Work Area



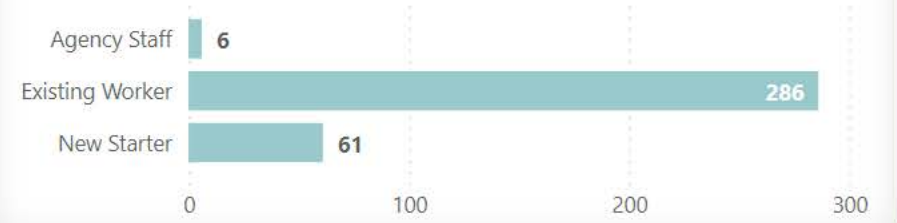
Completion by Professional Group



Completion by Course



Employment Status



CHS Total Completed

353

Trend Data

requirement within low risk work areas.

- Data is based on course attendance only for Occupational Violence face to face training.

- Employment status includes new starters who have an employment start date within last 6 months.

Filters

CHS Annual Report 2020- 21

Improving Staff Wellbeing and Mental Health, page 78

A Staff Health and Wellbeing Strategy 2020-2023 was developed to provide a strategic and holistic approach in supporting the physical and mental health and wellbeing of team members at Canberra health Services. This is critical to delivering the highest standards of safety and quality to patients. The Strategy highlights the broad range of initiatives CHS offer to promote and support the health and wellbeing of staff including Physical, Social, Environmental, Financial, Spiritual, Safety, Education and Emotional.

To outline additional supports provided to team members during the COVID-19 pandemic, the Staff Health and Wellbeing COVID Response Strategy 2021 was developed to outline how basic needs as well as the psychosocial needs of staff will be addressed.

To mitigate the psychological impact on team members, in response to the pandemic, CHS developed a comprehensive framework (Supporting CHS Staff during the COVID-19 Pandemic Framework) to understand and respond to the sources of anxiety among team members. Key messages of the Framework are: We hear you; We will support you; We will care for you; We will continue to prepare you and We will continue to protect you. The Framework includes a COVID-19 Manager Toolkit, a Checklist for Managers and communications resources. Psychologists were deployed to frontline areas to help team members deal with the stress and anxiety of caring for patients with COVID-19.

The B4 Home Checklist was developed to remind team members to check in on themselves and each other before they finish each shift. The Taking Time for You Tips and Techniques provides information to team members on what they can do to practice self-care.

Respect, Equity and Diversity (RED) Framework page 78

Since the RED Framework was introduced in 2010, CHS has had an active RED Contact Officer (REDCO) network with over 100 REDCO's. In late 2020, it was decided to 'refresh' the REDCO network requiring existing REDCOs and other employees the opportunity to apply through an EOI process. The purpose of the 'refresh' was to equip REDCO's with current resources and options to share with contacts to help resolve unreasonable behaviours in the workplace. In early 2021 CHS refreshed the REDCO network, commencing with the announcement of a new RED Executive Sponsor and, to date, training 56 new REDCOs with another 30 still to be trained. CHS seeks to continue growing the RED network through increasing the promotion, visibility and benefits of the REDCO Network.

Briefing

MyHealth and Wellbeing

- MyHealth workshops and programs were attended by 1609 staff during the 2020/21 financial year and included:

Accidental Counsellor	90
Brief Tobacco Intervention E-Learning	48
Compassion Fatigue	79
LifeBlood donors	123
Managing Mental Health in the Workplace	33
Mental Health Toolbox Talks	17
MyHealth Champions	130
Psychological First Aid	51
Psychological Support for Staff – Manager's Guide Info sessions	245
Seated massage	234
Self Care / MyHealth sessions	385
Steptember	174

- CHS Staff Health and Wellbeing COVID Response Strategy 2021
    - Welfare Checks – all staff are called during their isolation to check on their wellbeing and refer for ongoing support if required. 138 calls have been made to September 2021.
    - Care Share individual wellbeing packs were provided to 3,326 staff across 67 areas by the Canberra Hospital Foundation (through community donations).
    - In-Reach Support Service was established (within the Division of Mental Health Justice Health Alcohol and Drug Service) to provide psychological first aid and self-care to high risk COVID exposure areas. Two areas accepted the offer for IRSS and feedback on the service was very positive.
    - Managers Wellbeing Line was established by WCL to provide an internal phone number managers could contact to help them navigate the range of wellbeing supports and available resources for themselves and their teams. 32 managers were contacted about the service and 8 responded requiring further information or support which was subsequently arranged.
    - Wellbeing information is available via the COVID intranet pages.

Respect, Equity and Diversity (RED) Framework

CHS continues to embed the principles of the RED Framework:

- Respect at Work training is available for all employees
    - e-learning followed by 2-hour workshop (currently virtual due impact of pandemic)

CHS RED Contact Officer (REDCO) Network:

- In late 2020, as part of the Independent Culture Review, the REDCO Network was refreshed.
- To date 75 new REDCOs have been trained another 15 employees awaiting training.

- A new RED Executive Sponsor has been appointed, Jo Morris, Executive Director of Allied Health and Executive Director, Rehabilitation, Aged and Community Services
- CHS seeks to continue growing the RED Network through increasing the promotion, visibility and the benefits of the REDCO Network.

CHS response to the Beyond RED report:

- Prioritising actions to increase inclusion and belonging for employees and the community. The three criteria identified are **visibility, capability** and **systems**. These align with the AHRI Diversity and Inclusion maturity model (used in the Beyond RED project to assess progress).

CHS Annual Report 2020-21 (pages 37 & 38)

Inclusion reporting

As an organisation, CHS aims to build an inclusive workforce through employee awareness, understanding and engagement. CHS endeavours to attract, recruit, develop and retain a workforce that reflects the community we serve, including Aboriginal and Torres Strait Islander peoples. CHS seeks to increase the number of Aboriginal and Torres Strait Islander people employed in our workforce by investing in recruitment and retention initiatives. These initiatives are focused on our ability to provide an effective, responsive and culturally safe health system capable of providing culturally responsible and conscious care to our patients and staff.

TABLE 15 ABORIGINAL AND TORRES STRAIT ISLANDER EMPLOYEE NUMBERS IN CHS		
	30 June 2020	**30 June 2021**
Number of Aboriginal and Torres Strait Islander staff	82	102

Aboriginal and Torres Strait Islander people

As an alternative to Reconciliation Action Plan, CHS delivered a Commitment Statement - a document that captures all relevant Aboriginal and Torres Strait Islander workforce, service and operational initiatives being undertaken at CHS. The decision was made based on the feedback received from the CHS Aboriginal and Torres Strait Islander Consumer Reference Group (CRG) and has been named 'Together Forward' as per their advice. To develop the document in close collaboration with the CRG, a workshop was facilitated by Indigenous Allied Health Australia with CRG and CHS Executive Group followed by drafting the document. The document was launched via a soft launch in August 2021.

Canberra Health Services is currently undertaking multiple projects with an aim to improve health outcomes for Aboriginal and Torres Strait Islander community. To promote Aboriginal and Torres Strait Islander representation in governance structures and ensure meaningful partnerships in determining priorities, key Aboriginal and Torres Strait Islander delegates in CHS Steering Group include:

- Aboriginal and Torres Strait Islander Elected Body co-chair
- Consumer Reference Group chair
- Consumer Reference Group member

Similarly, Aboriginal and Torres Strait Islander Elected Body has membership on CHS Governance Committee. Also, Aboriginal and Torres Strait Islander Community Reference Group was established in July 2020 with an aim of ongoing community partnership.

As a result of this and many other relevant initiatives implemented in CHS, we have seen 12% increase in number of staff that identify as Aboriginal and Torres Strait Islander i.e., 104 in Oct 2021 compared to 93 in Oct 2020.

Work on the Aboriginal and Torres Strait Islander Workforce Action Plan is nearing completion and will be launched by the end of the 2021/22 financial year.

Cultural Awareness/Training for CHS staff

During the 2020/21 Financial year CHS commenced Diversity Training and Partnering with Consumers. CHS staff now have access to three updated eLearning packages:

- Working with Aboriginal and Torres Strait Islander patients and families; *
- Cultural Diversity and Inclusion; and
- Working with Interpreters. •

CHS also developed a face-to-face Diversity and Inclusion Day to complement the packages stated above. It was successfully trialled and will run twice per year. Diversity Day enables participants to explore options and solutions in relation to the experiences of diverse consumers and team members accessing and working within CHS.

Disability Initiatives

2020/21 saw an increase in the staff that identify as staff with a disability by 3.4%. CHS developed a three-month work trial for job seekers with disabilities, and placed four Work Experience and Support Program (WESP) participants during the financial year .

The Network for staff with Disability met twice in 2021 and progressed work on relevant key initiatives such as strategies to enhance membership of the staff network and explore the opportunity for developing an in-house Disability Awareness training.

Furthermore, two staff members of a team with hearing disability who were struggling to perform efficiently in their roles due to the building acoustics were provided support by liaising with the manager and assisting by: engaging a third-party provider to perform assessments and make recommendations, funding support on recommended equipment and making additional reasonable adjustments to enable staff provide efficient care to clients in a safe environment. Similarly, another staff member who had reported increase in stress and anxiety due to the struggle to communicate at work because she was unable to lip-read with mandatory usage of mask for colleagues and clients, was provided additional support by liaising with the manager to put strategies in place to support mental health and well-being of the staff member.

LGBTQI+ employees

An Ally Network to support LGBTIQ+ staff and clients at CHS was launched in June 2021. The network began with 16 volunteers and has grown to 23 staff members who hold a range of positions across diverse professions and business areas in CHS.

An Ally training was virtually delivered by ACON training provider on 15 July 21, this was attended by 18 members of the network. Additionally, a virtual training session is being planned for LGBTIQ+ Ally Network to undertake the Family Violence A Shared Understanding for Managers training, which is thought to be a good fit for those in the Ally Network as this training provides information on the CHS Family Violence Workplace Support procedure (including access to family violence leave) and provides education on sensitive practice/sensitive enquiry with staff members.

Elsey, Jennifer (Health)

From: Moore, Deborah (Health)
Sent: Wednesday, 2 March 2022 12:33 PM
To: Drady, Luke (Health); Elsey, Jennifer (Health); Canberra Health Services People and Culture
Cc: Penman, Karen (Health); O'Brien, Karen (Health); Chick, Renee (Health)
Subject: RE: Working with Aboriginal and Torres Strait Islander Patients and Families

UNOFFICIAL

This is terrific, thanks Luke and team for getting this done so quickly.

Debbie

From: Drady, Luke (Health) <Luke.Drady@act.gov.au>
Sent: Wednesday, 2 March 2022 12:23 PM
To: Elsey, Jennifer (Health) <Jennifer.Elsey@act.gov.au>
Cc: Moore, Deborah (Health) <Deborah.Moore@act.gov.au>; Penman, Karen (Health) <Karen.Penman@act.gov.au>; O'Brien, Karen (Health) <Karen.O'Brien@act.gov.au>; Chick, Renee (Health) <Renee.Chick@act.gov.au>
Subject: Working with Aboriginal and Torres Strait Islander Patients and Families

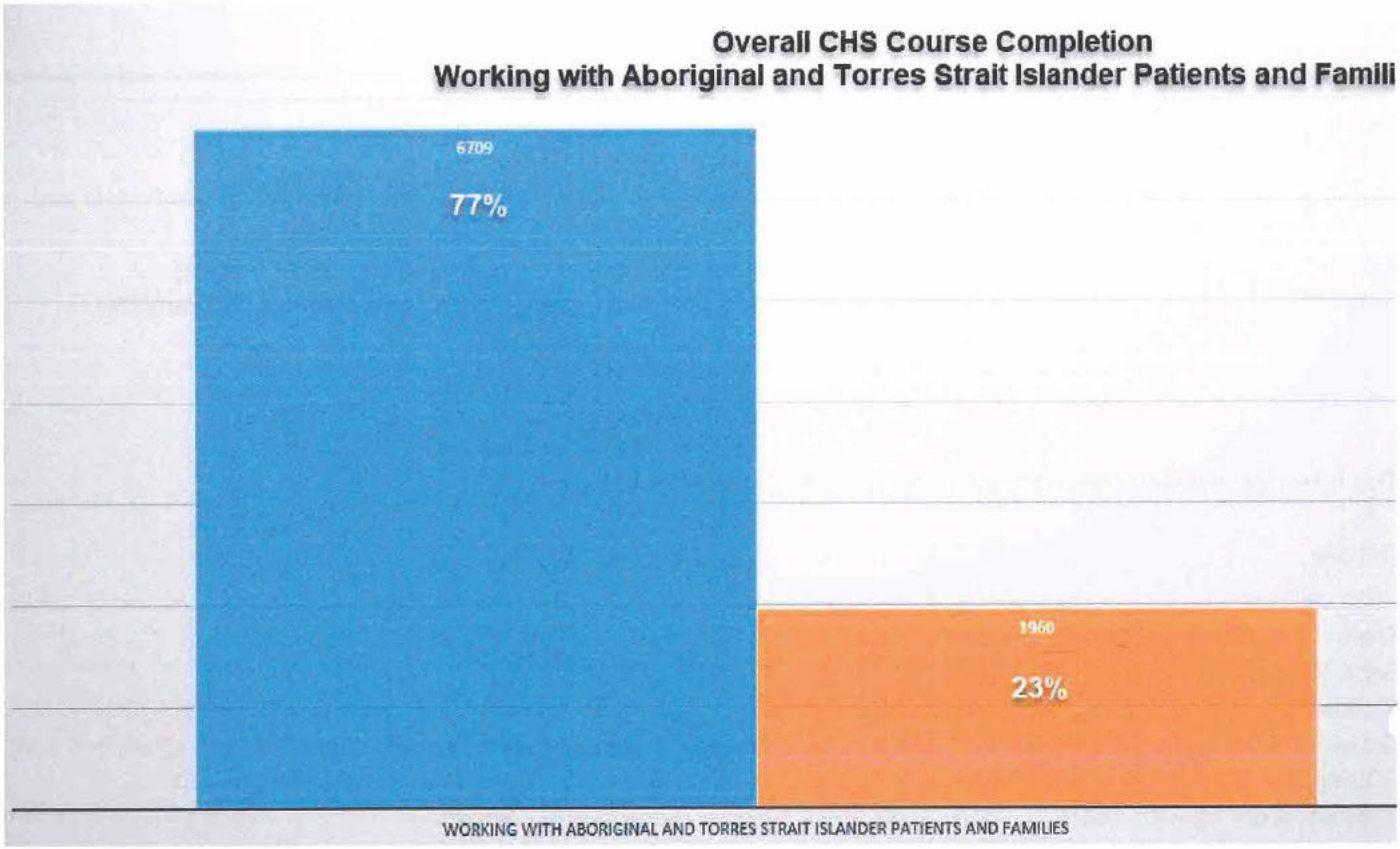
UNOFFICIAL

Good morning Jenni,

As requested please find the current CHS course completion statistics for the Mandatory Training course: **Working with Aboriginal and Torres Strait Islander Patients and Families.**
All data current as last reporting period 15 February 2022.

OVERALL SUMMARY

- **6709** or **77%** of CHS staff have completed the mandatory e-Learning course listed above.
- **1960** or **23%** staff are yet to complete the course.

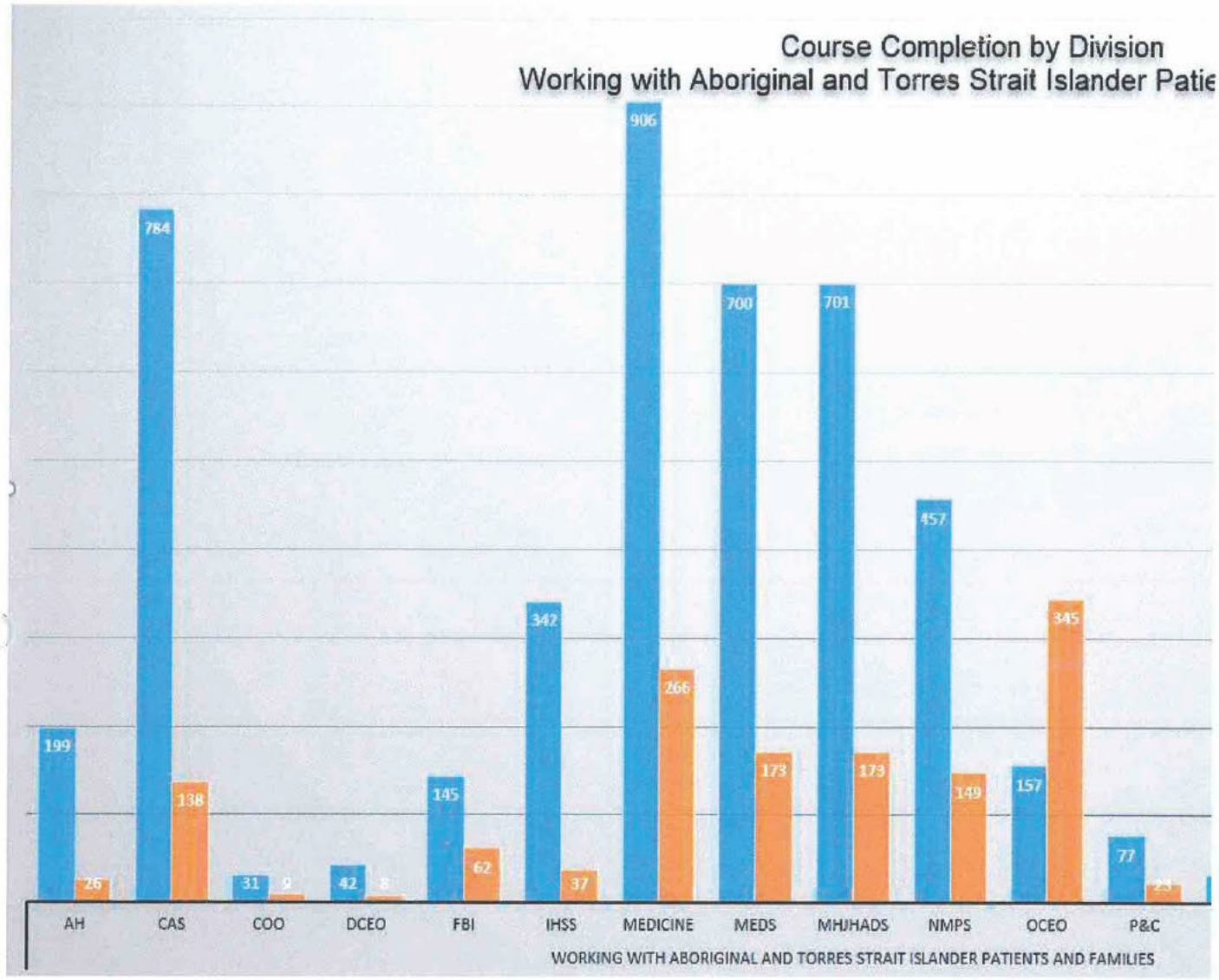


COMPLETION BY DIVISION

Table below provides percentage completions by division:

Division	% Complete
AH	88%
CAS	85%
COO	78%
DCEO	84%
FBI	70%
IHSS	90%
MEDICINE	77%
MEDS	80%
MHJHADS	80%
NMPS	75%
OCEO	31%
P&C	77%
QSII	82%
RACS	86%
SURG	81%
UCH	83%
WYC	72%

Chart below provides Course Completions by Division by staff count:



Please let me know if you need any further information?

Kind regards - Luke

Luke Drady | Learning and Development Manager - Workforce Capability (Staff Development Unit)
Phone: 5124 5313 | E-mail : luke.drady@act.gov.au
People and Culture | Canberra Health Services | ACT Government
Level 2, Building 8 Canberra Hospital
PO Box 11 WODEN ACT 2606

Reliable | Progressive | Respectful | Kind

ACT Government | Canberra Health Services

CHS Annual Report 2020-21

People and Culture, page

Preliminary Assessments and Misconduct:

Working closely with divisions across CHS, People and Culture delivers strategically-aligned workforce solutions in areas including people policy and strategies, change management, HR management, organisational development, diversity and inclusion, general clinical and leadership training, workforce planning, industrial and employee relations, pay and benefits, rewards and recruitment.

Briefing

- A preliminary assessment is not a formal investigation, it is a means of determining if, and how, to proceed with a complaint.
- A preliminary assessment may or may not result in an investigation.
- If mediation is recommended because of a preliminary assessment the matter is now referred to the Workplace Resolution and Support area which now provides this service internally within the Canberra Health Service.
- If a misconduct investigation is determined by the Delegate as needed the matter is referred to the Professional Standards Unit And they progress an investigation and once completed provide a detailed report back to the Delegate who makes a final decision on whether the matter is proven or not.
- Complaints regarding individuals are private matters dealt with by the Canberra Health Services, and I am unable to disclose any information, as to do so would be a breach of my obligations under the Information Privacy Act 2014 and relevant Enterprise Agreement.
- Clinical Directors Forum are continuing as well as a monthly Medical Officer Webinar and Q&A sessions to share information, discuss best practice and seek input for change.

Preliminary Assessments

Total number of PAs commenced in 2020-21	278
Total number of PAs completed in 2020-21	240
Number of PAs commenced in 2020-21 relating to 'Bullying and/or Harassment'	24
Number of PAs completed in 2020-21 relating to 'Bullying and/or Harassment'	43

Misconduct Investigations

Total number of Misconduct Investigations commenced in 2020-21	21
Total number of Misconduct Investigations completed in 2020-21	16
Number of Misconduct Investigations commenced in 2020-21 relating to 'Bullying and/or Harassment' following a PA	3
Number of 'Bullying and/or Harassment' Misconduct Investigations completed in 2020-21 in which the delegate made a substantiated finding of misconduct	1
Number of Misconduct Investigations completed in 2020-21 with a substantiated finding of misconduct	8
Number of Misconduct Investigations completed in 2020-21 with no findings of misconduct	8
Number of Misconduct Investigations completed in 2020-21 where no determination was made (employee resignation)	4

CHS Annual Report 2020-21

People and Culture, page 38

Workers Compensation:

Working closely with divisions across CHS, People and Culture delivers strategically-aligned workforce solutions in areas including people policy and strategies, change management, HR management, organisational development, diversity and inclusion, general clinical and leadership training, workforce planning, industrial and employee relations, pay and benefits, rewards and recruitment.

Briefing

- Our Workers' Compensation premium charge for 2021-22 is $12,915,426.62 against a budgeted figure of $12,629,022**.** CHS's targeted premium reduction for the current financial year is 7.54%. This target is progressing well, and we are presently seeing a 10.63% decrease in premiums in the current period.

- The reduction in premiums can largely be attributed to three key areas:
    - The closure of several long-term compensation claims,
    - The resolution of some critical matters at the Administrative Appeals Tribunal, and
    - The return to work of some employees with significantly high-costing claims.

- The focal area for the remainder of FY 21-22 to ensure we can achieve the FY target of a 7.54% reduction, will be focusing on prevention of illness and injury at work, early intervention and response to ill and injured employees, continuing to reduce the number of our long-term compensation claims, improvements to rehabilitation programs and helping our employees return to work quickly and safely after a work-related illness or injury.

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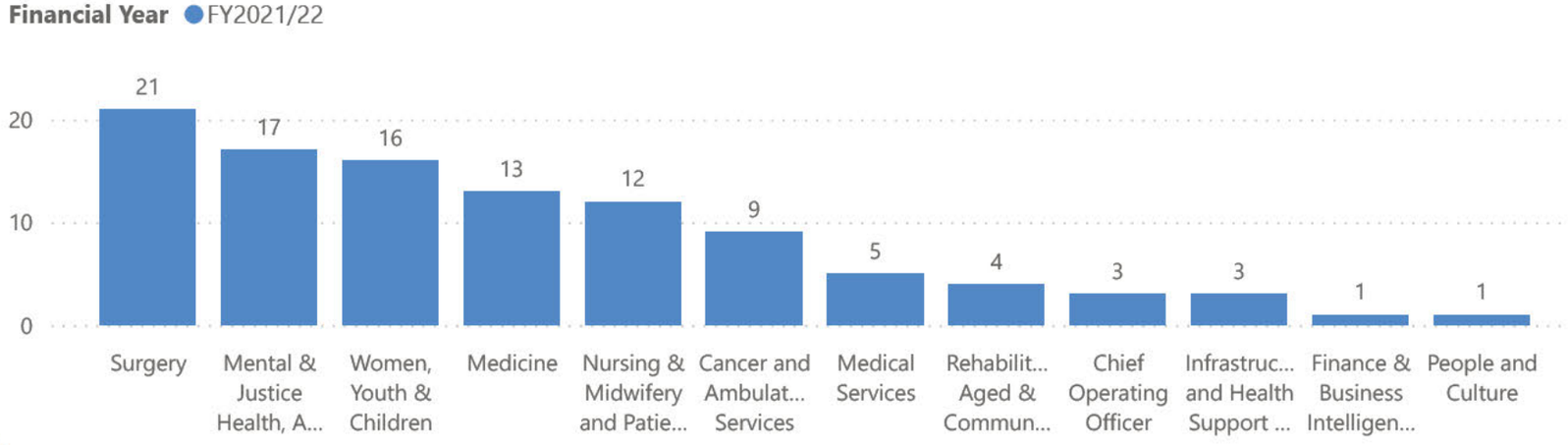
CHS - Alleged Bullying & Harassment Incidents (Riskman)

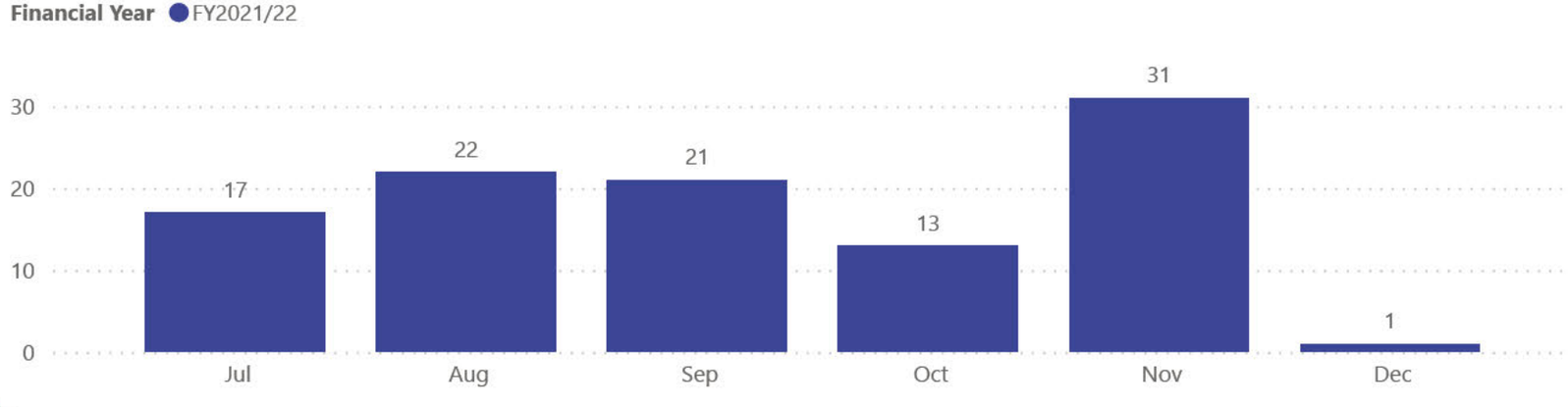
Date Range: 1/07/2021 – 7/12/2021

FYTD 2021/2022	FYTD 2020/2021	FYMonthShort...
105	(Blank)	All

Alleged Bullying & Harassment Incidents (Riskman)



Alleged Bullying & Harassment Incidents (Riskman)



Alleged BH Incidents by Physical Location (Riskman)

Physical Location	FY2021/22
Level 10 - Ward 10A	7
Level 2 - Emergency Department (ED)	6
Adult Mental Health Unit (AMHU)	5
CHWC- Paediatric High Care Ward	4
UCH - Level 2 General Areas	4
CHWC - Birth Centre	3
Covid testing Centre – EPIC	3
Level 3 - Operating Theatres	3
Level 4 - Ward 4A	3
AIS Vaccination Hub	2
Alexander Maconochie Centre	2
Belconnen Community Health Centre - Level 4	2
CHWC - Birthing Suite	2
[illegible]	2
Total	**105**

Alleged BH Staff Incidents by Quarter

Financial Year	FQ1	FQ2	Total
FY2021/22	60	45	**105**

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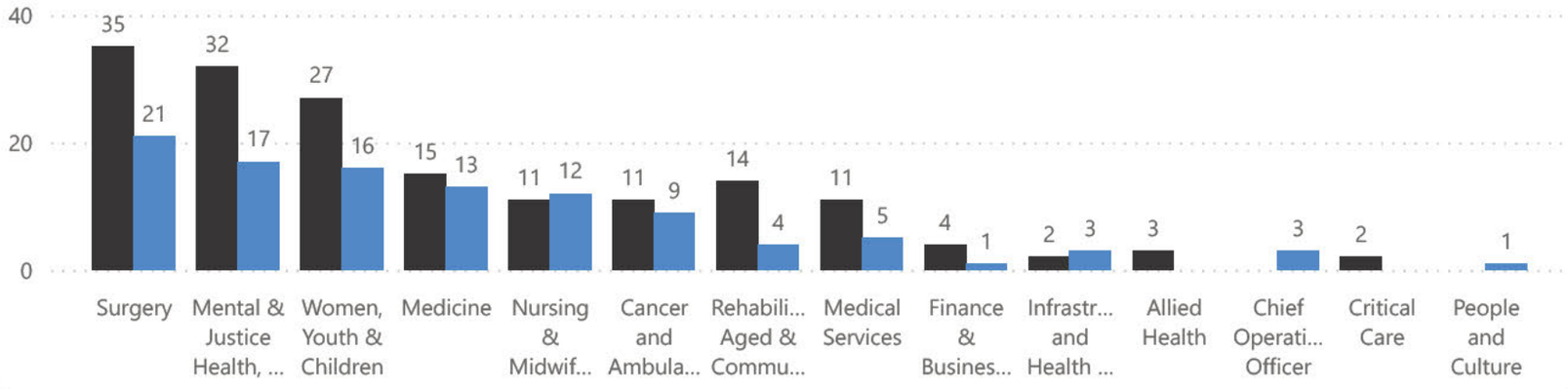
CHS - Alleged Bullying & Harassment Incidents (Riskman)

Date Range: 1/07/2020 – 7/12/2021

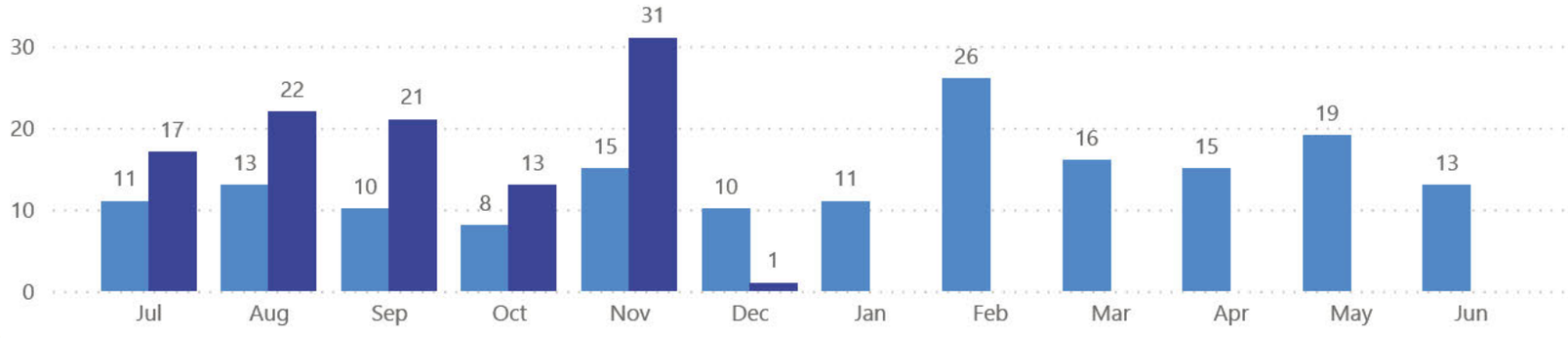
FYTD 2021/2022	FYTD 2020/2021
105	167

FYMonthShort...: All

Alleged Bullying & Harassment Incidents (Riskman)



Alleged Bullying & Harassment Incidents (Riskman)



Alleged BH Incidents by Physical Location (Riskman)

Physical Location	FY2020/21	FY2021/22
Level 10 - Ward 10A	8	7
DMHU	9	2
Level 2 - Emergency Department (ED)	5	6
Level 3 - Operating Theatres	6	3
CHWC - Birthing Suite	6	2
Adult Mental Health Unit (AMHU)	2	5
CHWC- Paediatric High Care Ward	2	4
TCH - B5 - Level 1	6	
UCH - Level 2 General Areas	2	4
Alexander Maconochie Centre	3	2
Level 2 - Gastroenterology & Hepatology Unit(GEHU)	3	2
Level 3 - Day Surgery	3	2
CHWC - Antenatal and Gynaecology Ward	3	1
Total	**167**	**105**

Alleged BH Staff Incidents by Quarter

Financial Year	FQ1	FQ2	FQ3	FQ4	Total
FY2021/22	60	45			**105**
FY2020/21	34	33	53	47	**167**

From: Flynn, Annaliesha (Health)
To: Guthrie, Daniel (Health)
Subject: FW: Annual report hearings Feb 2022
Date: Wednesday, 23 February 2022 5:06:29 PM
Attachments: 19 Occupational Violence Strategy - Minister for Health - 8-10 Feb 25012022.docx
CHS OV Incident LTIFR.PNG
CHS WHS Incident LTIFR.PNG
9. Work Health Safety Report for 10 Feb 2022.pdf
3 years incident data total.PNG
increase in work pressure reported incidents.PNG
WHS Incident Classification.PNG
OV Incidents by month 2019 2022.PNG

OFFICIAL

Hi Daniel,

Please find below and attached details for the annual report hearing. This is just a start, please let me know if there is anything in addition I can include or assist with?

I have added some information relating to the increase in reporting, not quiet sure what else to include in this section, I have attached some PowerBi snips for your refence relating to WHS Classification/ov reporting and general monthly reporting for the 3 year period.

Increase in WHS reporting

- The staff incident reporting data indicates an increase in reported from the FY2018/2019 to 20/2022
- Factors that may have contributed to the increase in WHS reported incidents:
  - improve reporting culture within CHS
  - continued staff education and awareness for reporting WHS incidents, focusing on patient facing areas i.e. Emergency Department, Mental Health teams
  - launch of the Occupational Violence (OV) Strategy which focuses on governance, prevention, training, response, reporting, support, investigation and staff/consumer awareness.
  - Supporting OV policy and procedures have been developed and are available for staff. This includes updated procedures relating to the incident classification and reporting of OV incidents to provide consistent and detailed data that can be utilised in OV prevention strategies.

Lost Time Incident Frequency Rate (LTIFR)

CHS has two KPI's relating to WHS incidents LTFIR and one specific to OV LTFIR.

- The Lost Time Injury Frequency Rate details the rate of reported staff absence due to reported WHS/OV incidents i.e. staff time lost from the workplace.
- The OV LTIFR target for 2021/2022 is 5.80 and is based on the 5% reduction from the baseline OV LTIFR for 2019/2020.
- As at 30 November 2021, the actual rate for 2021/2022 to date is 7.61.
- CHS achieved and exceeded the target of 5 per cent in the 2020-21 financial year, with a 26 per cent reduction in incidents of lost time.

Managing risks associated with COVID Patients with comorbidities

WHS is supporting work being coordinated by the COO to review processes for COVID patients

with comorbidities e.g. COVID patient either positive/quarantine with acute mental health presentation. These risks have led to a number of OV and abscond incidents and processes are being reviewed to determine any improvements that can be made to improve staff and patient safety.
This includes the processes to determine the most appropriate location to care for these patients and other risk controls including staff training and the communication of risks generally. This work is ongoing and involves ED MHJHADS, ED Medicine and key stakeholders from these Divisions. WHS is providing support for structural processes and improvements in risk controls e.g. fixed duress, training, etc.

Attachments

- Occupational Violence Strategy – Minster for health Question time brief Feb 2022
- CHS WHS LTIFR
- CHS OV LTIFR
- Recent Peak detailed WHS report
- Total staff Incident Reports
- WHS Incident report graph –2019 /2022
- WHS incident classification
- OV incidents by Month 2019/2022

I hope this gives you a good starting point, please let me know if I can assist further.

Annaliesha Flynn
Director, Occupational Violence Prevention and Management,
Work Health Safety People and Culture| Canberra Health Services
Level 1, Building 23 | Canberra Hospital
Phone: 512 49920 | 5124 9410
Email: annaliesha.flynn@act.gov.au
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QUESTION TIME BRIEF

GBCHS22/10

Portfolio: Health

OCCUPATIONAL VIOLENCE STRATEGY

- Canberra Health Services (CHS) launched the Occupational Violence (OV) Strategy on 1 April 2020.
- Implementation of the OV Strategy's progressing well with 73% of key activities completed as of the 24/01/2022.
- The OV Lost Time Injury Frequency Rate (LTIFR) details the rate of reported staff absence due to reported OV incidents i.e. staff time lost from the workplace.
- The OV LTIFR target for 2021/2022 is 5.80 and is based on the 5% reduction from the baseline OV LTIFR for 2019/2020.
- As at 30 November 2021, the actual rate for 2021/2022 to date is 7.61.
- CHS achieved and exceeded the target of 5 per cent in the 2020-21 financial year, with a 26 per cent reduction in incidents of lost time.
- The OV Strategy includes a focus on governance, prevention, training, response, reporting, support, investigation and staff/consumer awareness.
- Supporting OV policy and procedures have been developed and are available for staff. This includes updated procedures relating to the classification and reporting of OV incidents to provide consistent and detailed data that can be utilised in OV prevention strategies.

  Examples of actions that have been progressed under the OV Strategy include:
  - Review of the Alert Management System and an update to the Alert Management Procedure to improve staff understanding of the Alerts Management System and how to place alerts when high level OV events occur.
  - Development and piloting of the Behaviours of Concern (BOC) chart to identify indicators for potential OV from patients. As at 24/01/22 8 of 10 'higher' risk inpatient units, as identified through the OVRAT process, have implemented the BOC chart
  - A trial of BOC Safety Management Plan (SMP) for patients identified as a higher risk of OV towards staff (e.g. documenting triggers and strategies to prevent OV and manage OV incidents) has been completed with positive feedback from trial sites.
  - Procurement of Community Duress Devices (CDD) has been finalised and and 415 devices are in the process of being distributed tostaff who deliver community healthcare services. These devices allow staff to discretely raise alarm to a control centre during an OV incident."Respect our staff" posters have been developed and distributed across Canberra Health Services;
  - An OV Risk Assessment Tool (OVRAT) was developed to assess and treat work unit OV risks with a goal to complete an OVRAT for all client facing work units in CHS;

Cleared as complete and accurate:	28/09/2021	
Cleared for public release by:	Chief Executive Officer	Ext: 44701
Contact Officer name:	Daniel Guthrie	Ext: 49544
Lead Diretorate:	Canberra Health Services	
TRIM Ref:	GBCHS21/235	

- Of the identified 108 work units that require an OVRAT (i.e. client facing units), 61 have been completed, including all identified higher risk work units;
- Review of current security systems such as access control, CCTV and duress alarms based on assessed level of OV risk from the OV Risk Assessment Tool;
- Development and implementation of *Psychological Support for Staff: a Manager's Guide* to improve manager's knowledge of resources to support staff after an OV incident including RUOK?, Psychological First Aid, and operational debriefing;
- Commencement of two additional trainers to implement updated face-to-face OV prevention and management training to all CHS staff;
- Update of OV eLearning which is part of the mandatory training framework for all CHS staff.
- The reviewed OV face-to-face training commenced in a limited capacity during COVID lockdown period, focussing on areas of higher-risk.

Elsey, Jennifer (Health)

From: Singh, Inderjit (Health) on behalf of Canberra Health Services Work Health Safety
Sent: Friday, 11 February 2022 1:27 PM
To: Canberra Health Services Work Health Safety; CEOHealth; Peffer, Dave (Health); Smitham, Kalena (Health); deLucey, Kara (Health); Gilmore, Lisa (Health); Grace, Karen (Health); Green, Sally (Health); Jones, Maree (Health); Lang, Kellie (Health); Lazarus, Sam (Health); Lim, Boon (Health); Thompson, Louise (Health); Mooney, Colm (Health); Morris, Jo (Health); O'Neill, Cathie (Health); Swaminathan, Ashwin (Health); Elsey, Jennifer (Health); Taylor, Jacqui (Health); Tosh, Jim (Health); Taylor, Nikki (Health); Maher, Kyra (Health); Kennedy, Karina (Health); Jean, David (Health); Finlay, India (Health); Bale, Natalie (Health); Amponin, Gretchen (Health); Mercieca, Peta (Health); Doherty, Joel (Health); Campbell, Anita (Health); Chen, Judy (Health); Flynn, Annaliesha (Health); Tarbuck, Chris (Health); Ludvigson, John (Health); Bacon, Phil (Health); Seibold, Sheree (Health); Kennedy, Karina (Health); Ogilvie, Natalie (Health); Smith, Josephine (Health); Ogden, Paul (Health); Lutz, Melodie (Health); Connor, Brienne (Health); White, Andrew (Health); O'Brien, Karen (Health); Wakefield, Katherine (Health); Marwick, Samantha (Health); Liszczynsky, Sophie (Health); Bahr, Cassandra (Health); Archer, Shaun (Health); Priest, Noel (Health)
Cc: Guthrie, Daniel (Health); Kaye, Frances (Health)
Subject: 'OV incidents' and 'All WHS Incidents' KPIs as at 31/1/2022
Attachments: CHS WHS & OV LTIFR Report Jan 2022.pdf

OFFICIAL

Hi everyone,

Please find attached the CHS - Lost Time Incident Frequency Rate (LTIFR) & Divisional Breakdown for 'OV incidents' and 'All WHS Incidents' as at 31st Jan 2022.

The designated KPIs for OV and WHS for 2021/22 under the CHS OV Strategy and the CHS WHS Strategy are:

1. **CHS – OV Incidents LTIFR** – KPI = 5% Reduction from 2019/20
2. **CHS – All WHS Incidents LTIFR** – KPI = 5% Reduction from 2019/20

The graphs and tables in the attachment and via this Link show how we are tracking towards the KPIs.

Please ensure Microsoft edge or chrome browsers are used to access Power BI as **PBI is not compatible with Internet explorer**. To change your default browser, follow instructions in this Link.

If you have any questions or require further information – please email CHS.WorkHealthSafety@act.gov.au

Regards

Work Health Safety | People and Culture
Canberra Health Services | ACT Government
Phone: 02 51249410 | Email: chs.workhealthsafety@act.gov.au
Level 1, Building 23 Canberra Hospital | health.act.gov.au

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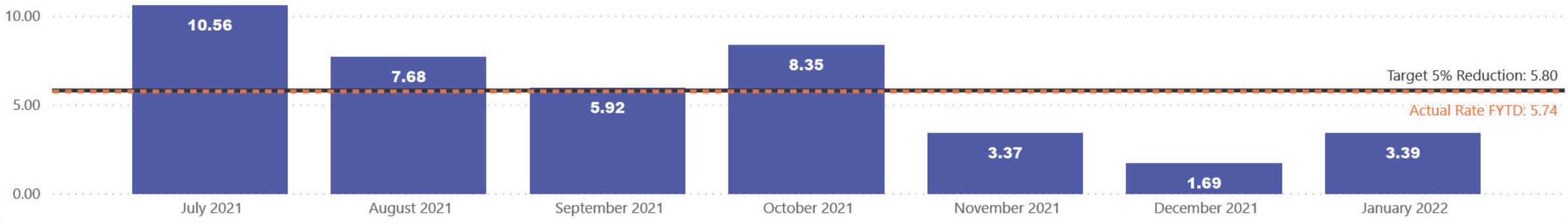
CHS OV - Lost Time Incident Frequency Rate (LTIFR)* FY2021/22

As at 31/1/2022



Divisions - OV Lost Time Incident Frequency Rate (LTIFR)*

Division	July 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	June 2022	12 Months Rolling Average	Baseline All Incidents LTIFR 2021-22	Target 5% Reduction FY2021-22	Actual Rate FYTD 2021-22
ALLIED HEALTH	0.00	0.00	0.00	0.00	0.00	0.00	0.00						0.00	1.72	1.63	0.00
CAS	20.63	0.00	0.00	0.00	0.00	0.00	0.00						2.57	1.04	0.99	2.61
MEDICINE	0.00	34.56	6.25	0.00	6.26	0.00	0.00						6.67	3.93	3.74	6.33
MHJHADS	43.89	8.83	23.31	54.57	7.77	7.70	15.60						19.76	18.37	17.45	22.96
RACS	9.04	0.00	0.00	0.00	0.00	0.00	0.00						5.08	9.37	8.90	1.18
SURGERY	14.92	7.33	6.66	6.63	6.61	0.00	0.00						6.54	4.57	4.34	5.89
WY&C	0.00	10.20	0.00	0.00	0.00	0.00	0.00						0.82	1.80	1.71	1.35
FBI	0.00	0.00	0.00	0.00	0.00	0.00	0.00						0.00	0.00	0.00	0.00
IHSS	0.00	0.00	0.00	18.20	0.00	0.00	17.81						1.63	3.54	3.36	5.33
MED SERVICES	0.00	0.00	0.00	0.00	0.00	0.00	0.00						0.00	0.00	0.00	0.00
NMPSS	15.37	0.00	28.39	14.54	14.90	14.98	14.98						11.33	11.83	11.24	14.89
Office of CEO	0.00	0.00	0.00	0.00	0.00	0.00	0.00						0.00	0.00	0.00	0.00
Office of DCEO	0.00	0.00	0.00	0.00	0.00	0.00	0.00						0.00	0.00	0.00	0.00
P&C	0.00	0.00	0.00	0.00	0.00	0.00	0.00						0.00	0.00	0.00	0.00
QSII	0.00	0.00	0.00	0.00	0.00	0.00	0.00						0.00	0.00	0.00	0.00
COO	0.00	0.00	0.00	0.00	0.00	0.00	0.00						0.00	0.00	0.00	0.00
CHS All Divisions	10.56	7.68	5.92	8.35	3.37	1.69	3.39						5.56	6.10	5.80	5.74

Data Source : Payroll Monthly Report - FTE Count by Division

Data Source : Reported OV Lost Time on RiskMan - Staff Incident Register

Last updated on 11/02/2022

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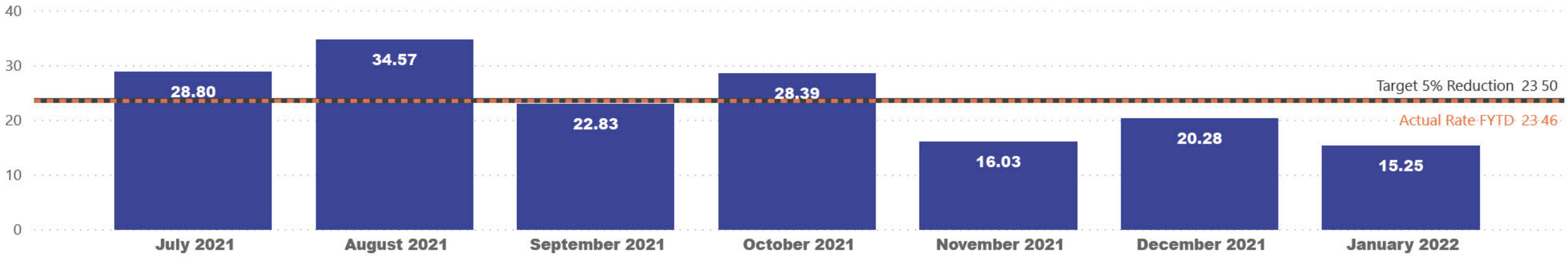
CHS All WHS Incidents - Lost Time Incident Frequency Rate (LTIFR)* FY2021/22

As at 31/1/2022



Divisions - ALL WHS Incident Lost Time Frequency Rate FYTD

Division	July 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	12 Months Rolling Average	Baseline All Incident LTIFR 2021-22	Target 5% Reduction 2021-22	Actual Rate YTD 2021-22
ALLIED HEALTH	35.97	36.28	0.00	0.00	0.00	0.00	0.00						11.82	11.31	10.74	9.49
CAS	30.95	21.13	17.70	17.28	8.71	8.64	0.00						13.69	20.05	19.05	14.33
MEDICINE	41.59	89.85	31.26	6.29	6.26	17.76	5.89						29.45	23.32	22.16	27.12
MHJHADS	70.22	35.32	31.08	70.16	31.06	30.80	15.60						40.22	38.98	37.04	40.18
RACS	27.11	36.20	24.44	32.30	23.58	32.08	31.55						28.33	35.31	33.55	29.54
SURGERY	29.85	21.98	33.29	46.44	19.84	13.35	13.69						27.35	24.60	23.37	25.53
WY&C	10.24	20.41	9.20	18.17	18.28	18.36	0.00						18.90	19.41	18.44	13.51
FBI	37.10	37.19	0.00	0.00	34.62	33.71	0.00						17.97	25.76	24.47	19.84
IHSS	19.70	39.42	0.00	72.80	18.45	36.82	35.63						37.57	35.32	33.56	32.00
MED SERVICES	0.00	16.45	14.72	7.47	7.54	7.46	7.56						9.30	10.92	10.37	8.77
NMPSS	30.73	30.70	42.58	58.16	14.90	59.93	59.91						41.54	33.60	31.92	42.54
Office of CEO	0.00	0.00	0.00	0.00	0.00	0.00	0.00						8.04	9.31	8.85	0.00
Office of DCEO	0.00	0.00	125.09	0.00	113.50	0.00	0.00						21.52	0.00	0.00	35.01
P&C	0.00	0.00	72.79	0.00	0.00	0.00	0.00						6.70	11.38	10.81	10.98
QSII	0.00	0.00	0.00	0.00	0.00	0.00	0.00						0.00	0.00	0.00	0.00
COO	0.00	0.00	0.00	0.00	0.00	0.00	339.82						0.00	0.00	0.00	22.92
CHS All Divisions	28.80	34.57	22.83	28.39	16.03	20.28	15.25						24.64	24.73	23.50	23.46

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CHS Peak Work Health Safety Committee

Agenda Item 9.0

Work Health Safety Report
(01 July 2021 – 31 December 2021)

INTRODUCTION

This report provides key Work Health Safety (WHS) information to the Canberra Health Services (CHS) Peak WHS Committee including:

- WHS incidents notified to WorkSafe ACT (the Regulator) as required by legislation
- Improvement Notices and Prohibition Notices Issued by WorkSafe ACT
- Provisional Improvement Notices Issued by Health and Safety Representatives (CHS staff)
- WHS statistics and trends
- Activities and updates in relation to Injury Management, staff Early Intervention Physiotherapy and Infrastructure and Health Support Services (e.g. development and construction activities).

The purpose of this report is to:

- Bring to the attention of the committee matters reportable under the *Work Health and Safety Act 2011*
- Identify WHS trends, patterns and hotspots and strategies to address WHS risks.

1. WHS NOTIFIABLE INCIDENTS AND NOTICES

Notifiable Incidents Reported to WorkSafe ACT *(i.e. incidents requiring notification to the Regulator)*

Between 01 July 2021 – 31 December 2021 **Five (5)** notifiable incidents were reported to WorkSafe ACT as detailed in the table below.

***Table 1** -Analysis of WorkSafe ACT Notifiable Incident Reports*

ID	Incident Date	Notification Date	Incident Outline	Division	Area	Physical Location	Manager Name
1086368	23/12/2021	23/12/2021	Staff member injured their ankle while walking down the "dirt track" requiring surgery.	Infrastructure and Health Support Services	Operation Support Services	TCH - B12	John Villatobas
1080223	24/11/2021	26/11/2021	Staff member reports a truck rolled down Duffy House resulting to property damage – no staff was injured.	Infrastructure and Health Support Services	Operation Support Services	Offsite	Anne Folger-Pleuger
1076187	09/11/2021	10/11/2021	Staff member reports receiving laceration to the finger from breaking glass vial needing surgery.	Surgery	Medical Staff	Operating Theatre	SOH Anaesthesia and Pain Management Director
1068753	07/10/2021	07/10/2021	Physical violence towards staff member – patient wrapped their hands around staff's neck.	Medicine	Clinical Services	Level 6 - Ward 6A	Louise McKenzie
1060931	02/09/2021	03/09/2021	Staff member reports water leak in work area caused by a fire sprinkler head activation.	Medical Services	Pathology	Level 1 - Pathology Outpatients	Louise Hyndes

Improvement and Prohibition Notices Issued by WorkSafe ACT

In the period 01 July 2021 – 31 December 2021 **One (1)** Improvement notice was issued by WorkSafe ACT.

Date Improvement notice was Issued	Division	Issued to	Brief description
21 July 2021	Medicine	Emergency Department	Improvement notice issued in relation to supervision and support for Administration Staff. Progress underway to complete required actions to have the notice lifted by WorkSafe by 15 December 2021. 13 December 2021 – WorkSafe lifted the Improvement notice after all requirements under the notice were satisfied.

Provisional Improvement Notices issued by Health and Safety Representatives

In the period 01 July 2021 – 31 December2021 **no (0)** Provisional Improvement Notice (PIN) was issued by a Health and Safety Representative.

2. WHS INCIDENT STATISTICS AND TRENDS

The statistics below relate to staff incident reports and hazard reports for the period 01 July 2021 – 31 December 2021

- **Staff Incident Reports** - relate to events that involve a WHS incident
- **Hazard reports** - relate to a reported hazard (e.g. a trip hazard) that may result in an incident if not addressed (i.e. an incident has not occurred).

Table 2** - Staff Incident Reports & Hazard Reports **01 July 2021 – 31 December2021

Report Type	01 July 2021 – 31 December2021
Staff Incident Reports	1335
Hazard Reports	9

Graph 1 *– Total Staff Incident and Hazard Reports* ***01 July 2021 – 31 December2021***

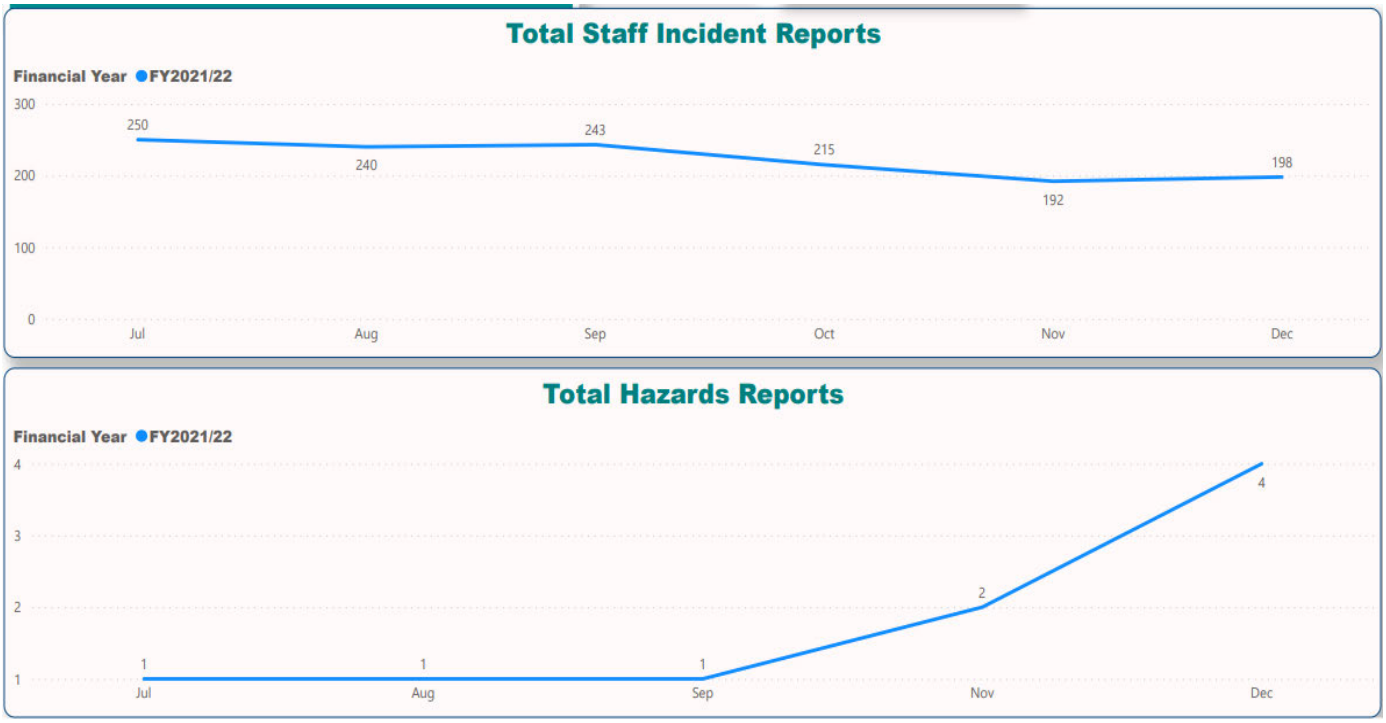


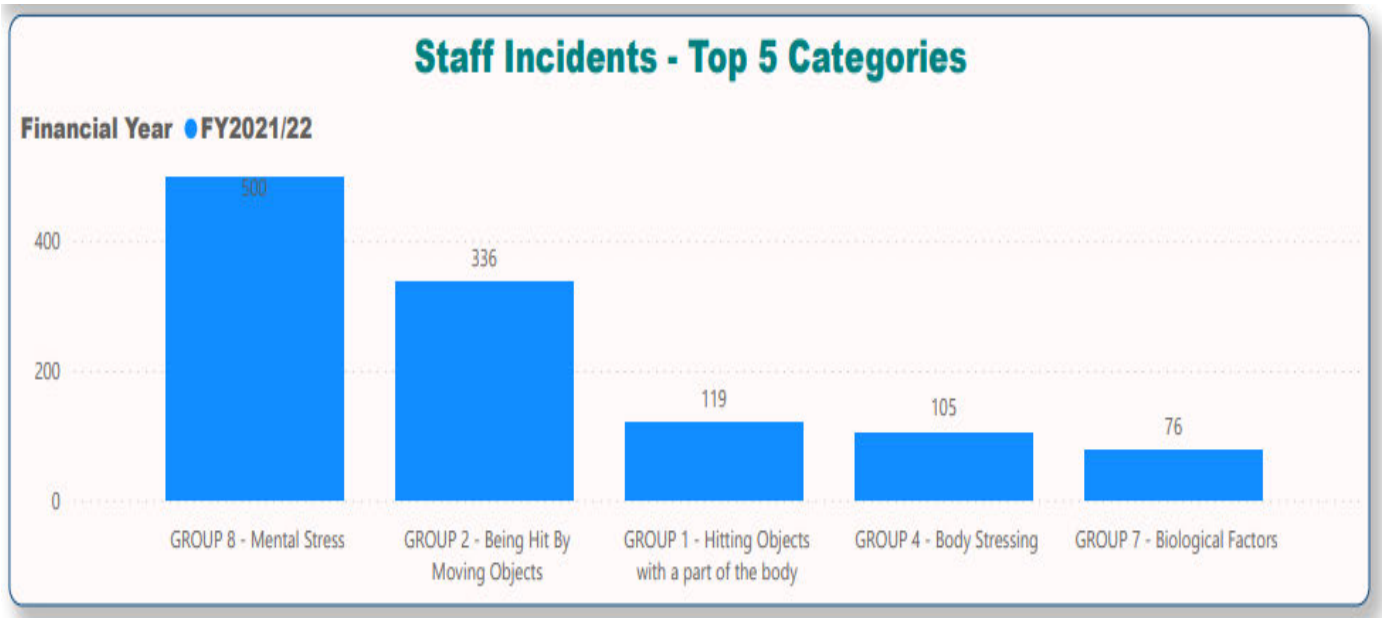
Table 3 *- Staff Incidents - Breakdown by Category and Division* ***01 July 2021 – 31 December 2021***

Staff Incident Classifications By Division FYTD

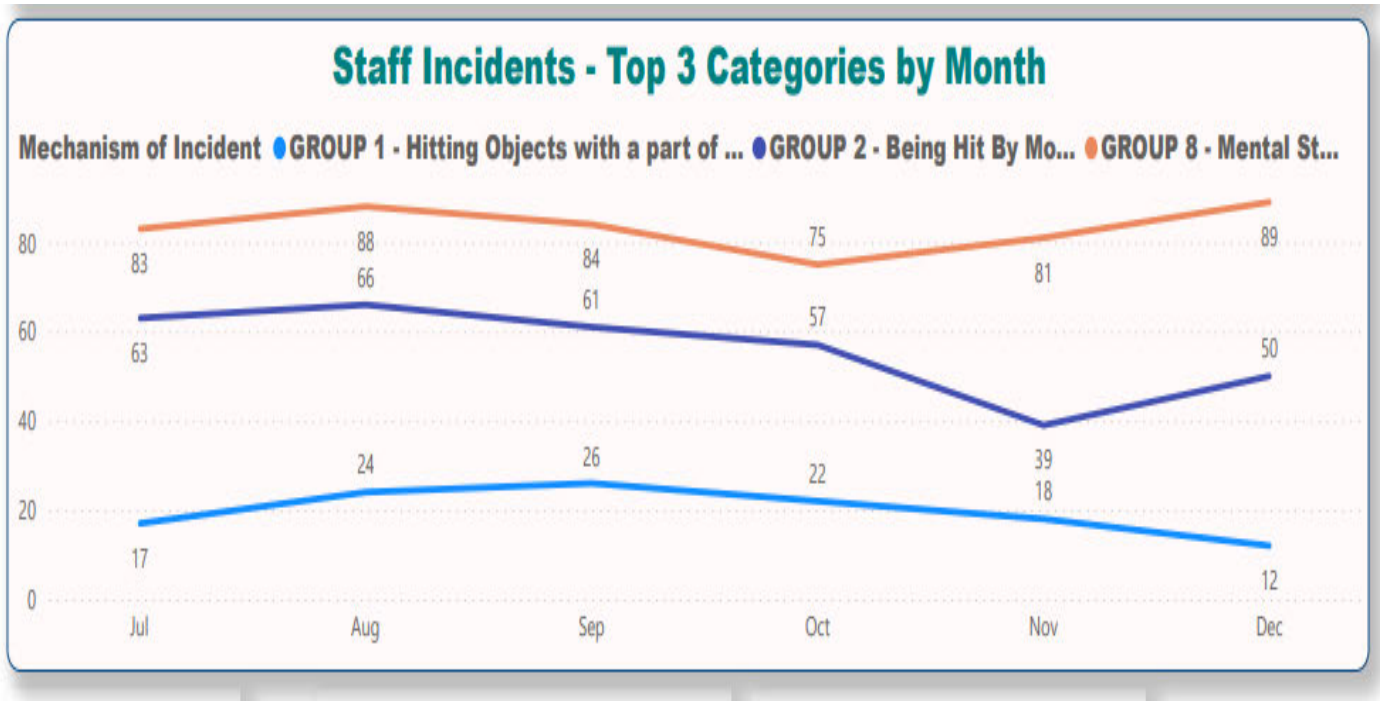
Division	GROUP 0 - Falls, trips and slips of person	GROUP 1 - Hitting Objects with a part of the body	GROUP 2 - Being Hit By Moving Objects	GROUP 3 - Sound and pressure	GROUP 4 - Body Stressing	GROUP 5A - Contact/Exposure to Heat/Cold	GROUP 5B - Exposure to Radiation	GROUP 5C - Contact with electricity	GROUP 5D - Exposure to other substances	GROUP 6 - Chemicals and other Substances	GROUP 7 - Biological Factors	GROUP 8 - Mental Stress	GROUP 9A - Other and Unspecified	GROUP 9B - Vehicle accidents	Total
Allied Health	3	1	1		2			1			3	2			13
Cancer and Ambulatory Services	11	16	11		8					7	8	64	6	2	133
Chief Operating Officer			1									3			4
Finance & Business Intelligence	1	1	2		2	2						2	1	1	12
Infrastructure and Health Support Services	9	3	10		7	1				1	5	5	13	2	56
Medical Services	4	12	5		12				1	3	10	15	4	2	68
Medicine	8	13	58		26			3		4	10	68	6		196
Mental & Justice Health, Alcohol & Drug Services	12	9	108		2					17	9	118	13	3	291
Nursing & Midwifery and Patient Support Services	2	2	27		7						1	34	4		77
Office of Deputy CEO	1				2										3
Office of the CEO Canberra Health Services												1			1
People and Culture	2	1	1									2	1		7
Quality Safety Innovation and Improvement												6			6
Rehabilitation, Aged & Community Services	9	12	62		16	1	1			1	2	59	8	2	173
Surgery	8	40	40		15			1		3	24	64	5		200
Women, Youth & Children	2	9	10	2	6	1			1	1	4	57		2	95
Grand Total	**72**	**119**	**336**	**2**	**105**	**5**	**1**	**5**	**2**	**37**	**76**	**500**	**61**	**14**	**1335**

*Source: Riskman Database. Note: Hazard incident reports are not included in this table

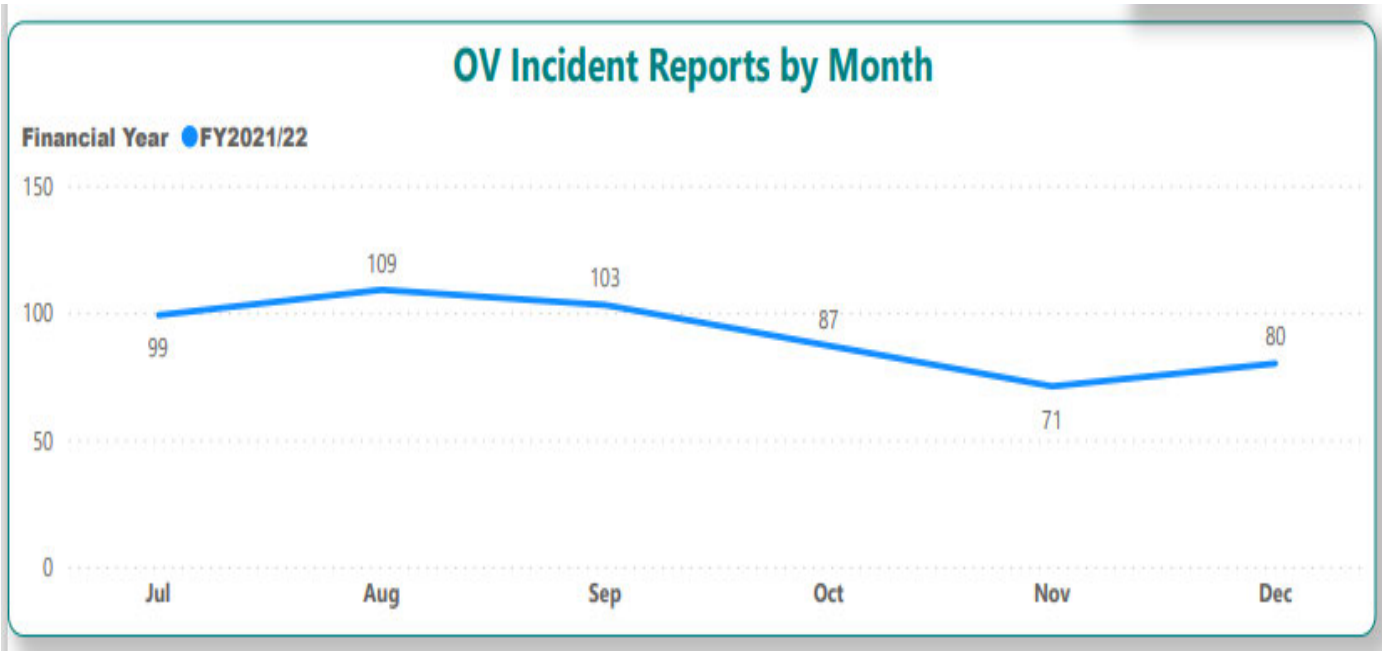
Graph 2 *-Staff Incidents – Top 5 Categories* ***01 July 2021 – 31 December 2021***



Graph 3 *- Staff Incidents – Top 3 Category trends* ***01 July 2021 – 31 December 2021***



Graph 4 *- Total Occupational Violence (OV) Incidents Reported* ***01 July 2021 – 31 December 2021***



Note – Occupational violence data is based on the staff incidents coded to Type of occurrence classification system (TOOCS) Mechanism of Incident '29-Being assaulted by a person or persons'* ***or* *'82-Exposure to workplace or occupational violence'*

Graph 5 *- Incidents Involving OV by the Type of Violence* ***01 July 2021 – 31 December 2021***

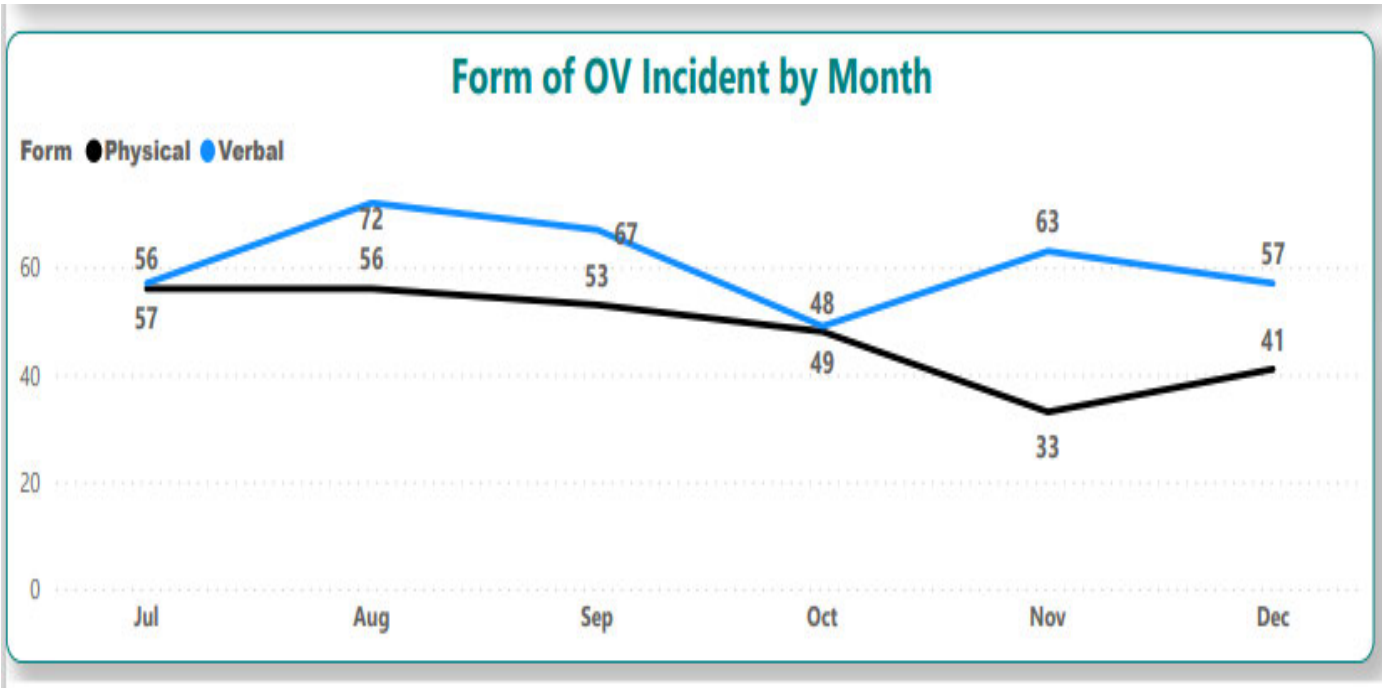
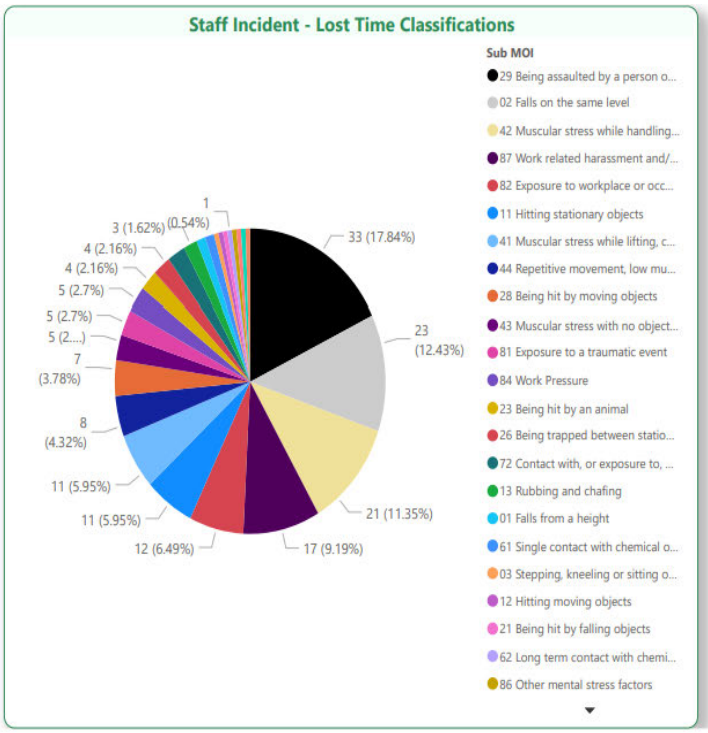
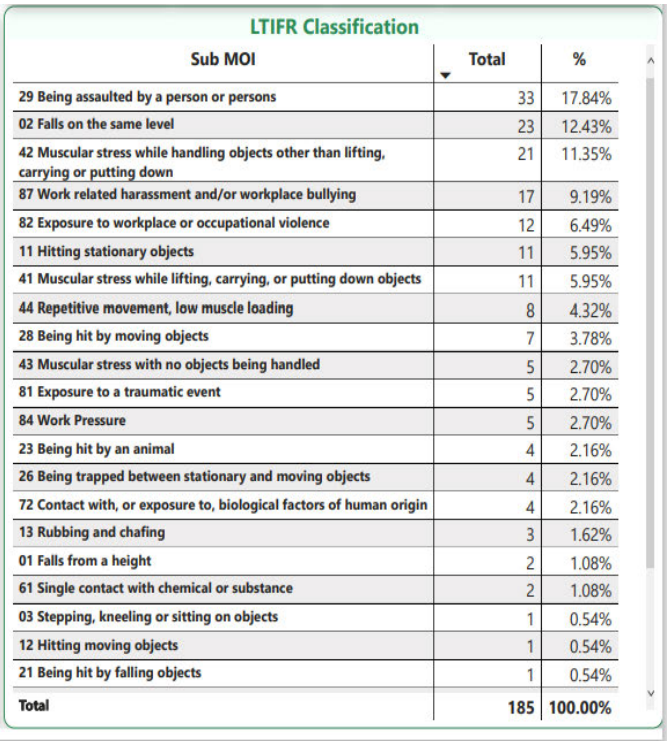


Figure 1 – *Lost Time Incidents Analysis* ***01 July 2021 – 31 December 2021***





LTIFR Classification

Sub MOI	Total	%
29 Being assaulted by a person or persons	33	17.84%
02 Falls on the same level	23	12.43%
42 Muscular stress while handling objects other than lifting, carrying or putting down	21	11.35%
87 Work related harassment and/or workplace bullying	17	9.19%
82 Exposure to workplace or occupational violence	12	6.49%
11 Hitting stationary objects	11	5.95%
41 Muscular stress while lifting, carrying, or putting down objects	11	5.95%
44 Repetitive movement, low muscle loading	8	4.32%
28 Being hit by moving objects	7	3.78%
43 Muscular stress with no objects being handled	5	2.70%
81 Exposure to a traumatic event	5	2.70%
84 Work Pressure	5	2.70%
23 Being hit by an animal	4	2.16%
26 Being trapped between stationary and moving objects	4	2.16%
72 Contact with, or exposure to, biological factors of human origin	4	2.16%
13 Rubbing and chafing	3	1.62%
01 Falls from a height	2	1.08%
61 Single contact with chemical or substance	2	1.08%
03 Stepping, kneeling or sitting on objects	1	0.54%
12 Hitting moving objects	1	0.54%
21 Being hit by falling objects	1	0.54%
Total	185	100.00%

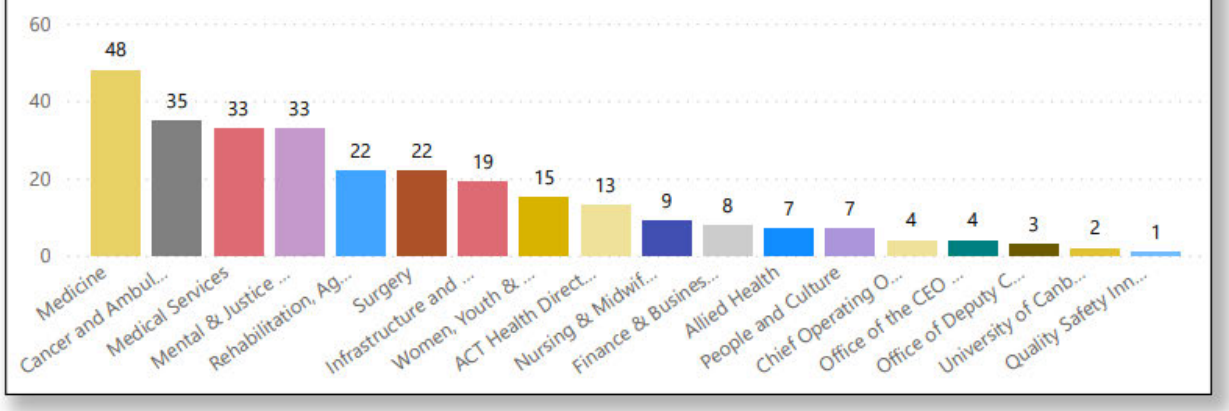
3. STAFF EARLY INTERVENTION PHYSIOTHERAPY

ACT Government | Canberra Health Services

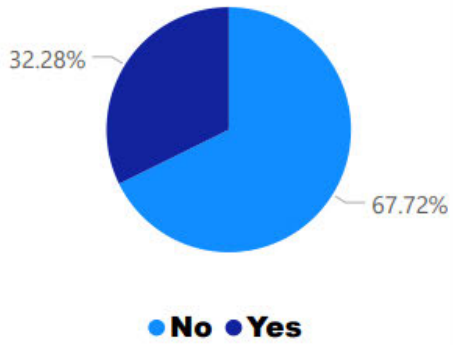
Staff Early Intervention Physio (EIP) Report FYTD 2021-2022

Total Number of Appointments	Total number of Reviews	Total number of New Appointments
370	183	187

Number of Staff Attending EIP Services by Division



Work Related Injury (Reported)



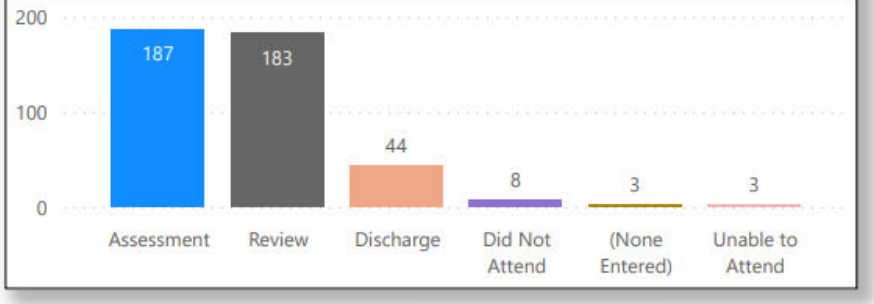
Total EIP Outreach Work Activities

71

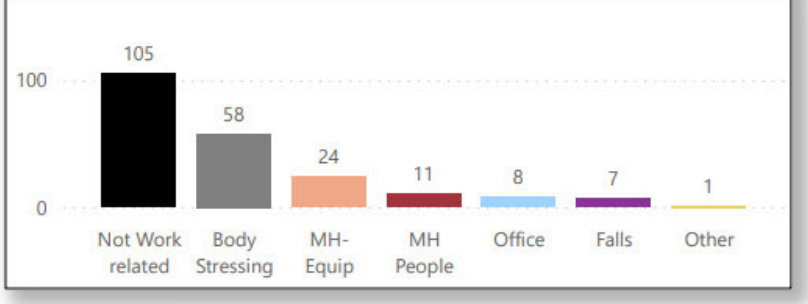
EIP Outreach Work Activities

Workplace Assessment	Total	No. of Attendees
Individual Assessment	59	59
Work Area Assessment	2	2
Total	**61**	**61**

EIP Appointments by Activity Type



Reported Mechanism of Incident



Top 5 Body Part Treated

Body Part Treated	NO.
2.1 Shoulder	82
1.3 Lumbar Spine	66
2.5 Wrist	39
3.5 Ankle	37
3.3 Knee	34
Total	**258**

Data Source : Riskman Physio Register

Date Range 1 July 2021 to 31 Dec 2022

Last updated 24 Jan 2022

4. CHS INJURY MANAGEMENT

The following report provides a summary of compensation claims lodged between **01 July 2021 to 31 December 2021**

Accepted Claims ByMechansim of Incident

Division	Accepted
Mental Health, Justice Health and Alcohol and Drug	28
Nursing and Midwifery and Patient Support Services	22
Critical Care	16
Medicine	14
Surgery	14
Rehabilitation, Aged and Community Services	13
Infrastructure and Health Support Services	12
Cancer and Ambulatory Services	10
Women, Youth and Childrens Health	10
Medical Services	7
University of Canberra Hospital	7
Canberra Health Services Admin and Other	5
Finance and Business Intelligence	3
Quality, Safety, Innovation and Improvement	2
Allied Health	1
Office of the CEO Canberra Health Services	1
People and Culture	1
Total	**166**

Accepted Claims By Division

Division	Total
Mental Health, Justice Health and Alcohol and Drug	28
Nursing and Midwifery and Patient Support Services	22
Critical Care	16
Medicine	14
Surgery	14
Rehabilitation, Aged and Community Services	13
Infrastructure and Health Support Services	12
Cancer and Ambulatory Services	10
Women, Youth and Childrens Health	10
Medical Services	7
University of Canberra Hospital	7
Canberra Health Services Admin and Other	5
Finance and Business Intelligence	3
Quality, Safety, Innovation and Improvement	2
Allied Health	1
Office of the CEO Canberra Health Services	1
People and Culture	1
Total	**166**

Year

1/07/2020 — 24/12/2021

Month

All

Initial Liability Status	Total
Accepted	166
Rejected	46
Withdrawn	10
Total	**222**

Year	January	February	March	April	May	June	July	August	September	October	November	December	Total
⊟ 2020							11	15	9	15	16	11	77
Accepted							11	12	7	10	12	6	58
Rejected								3	2	5	3	5	18
Withdrawn											1		1
⊟ 2021	12	17	12	6	15	11	10	9	18	12	9	14	145
Accepted	6	11	10	3	11	8	9	8	15	10	6	11	108
Rejected	5	3	1	2	4	2	1	1	3	1	2	3	28
Withdrawn	1	3	1	1		1				1	1		9
Total	**12**	**17**	**12**	**6**	**15**	**11**	**21**	**24**	**27**	**27**	**25**	**25**	**222**

Duties	Accepted	Rejected	Withdrawn
1 - PRE INJURY DUTIES FULL HOURS	109	9	1
2 - MODIFIED DUTIES FULL HOURS	21	17	3
4 - MODIFIED DUTIES REDUCED HOURS	21	5	
5 - UNFIT	13	14	1
8 – NO CERTIFICATE	2	1	5
Total	**166**	**46**	**10**

Last updated on 31st Jan 2022

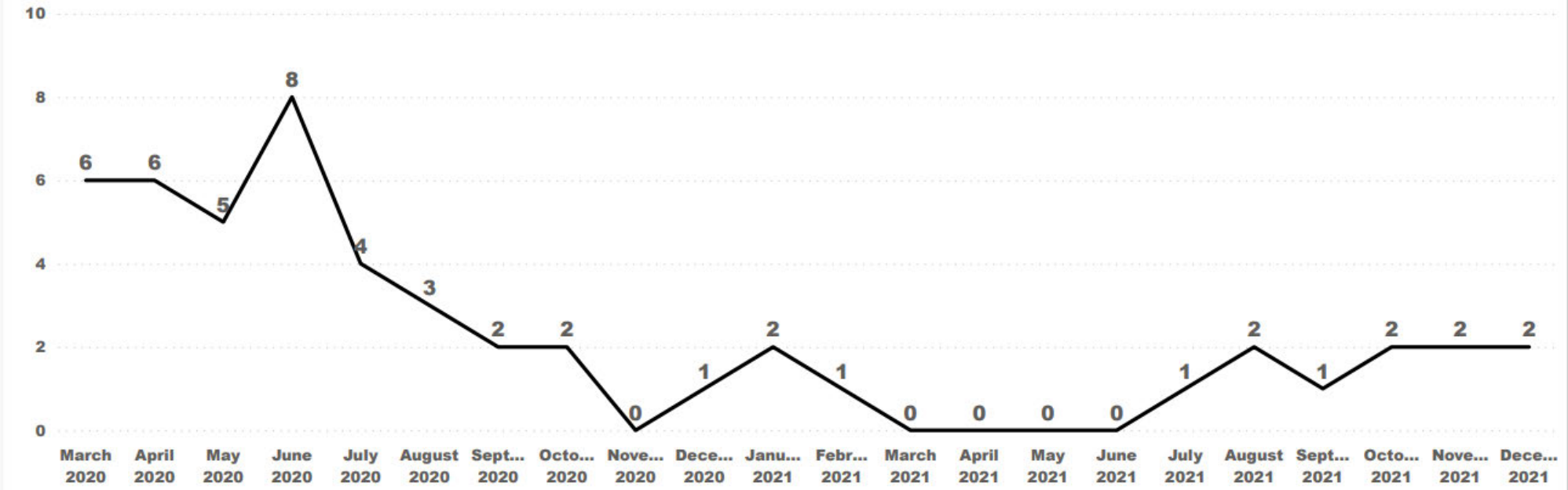
Monthly Breakdown of work ready Staff not placed into Suitable Duties

Year	January	February	March	April	May	June	July	August	September	October	November	December
2020			6	6	5	8	4	3	2	2	0	1
2021	2	1	0	0	0	0	1	2	1	2	2	2

12 Month Average of Staff not placed into Suitable Duties

2.27

Number of work ready staff not placed into Suitable Duties



Status

Year	January	February	March	April	May	June	July	August	September	October	November	December	Total
⊟ **2020**							**11**	**15**	**9**	**15**	**16**	**11**	**77**
Accepted							11	12	7	10	12	6	**58**
Rejected								3	2	5	3	5	**18**
Withdrawn											1		**1**
⊟ **2021**	**12**	**17**	**12**	**6**	**15**	**11**	**10**	**9**	**18**	**12**	**9**	**14**	**145**
Accepted	6	11	10	3	11	8	9	8	15	10	6	11	**108**
Rejected	5	3	1	2	4	2	1	1	3	1	2	3	**28**
Withdrawn	1	3	1	1		1				1	1		**9**
Total	**12**	**17**	**12**	**6**	**15**	**11**	**21**	**24**	**27**	**27**	**25**	**25**	**222**

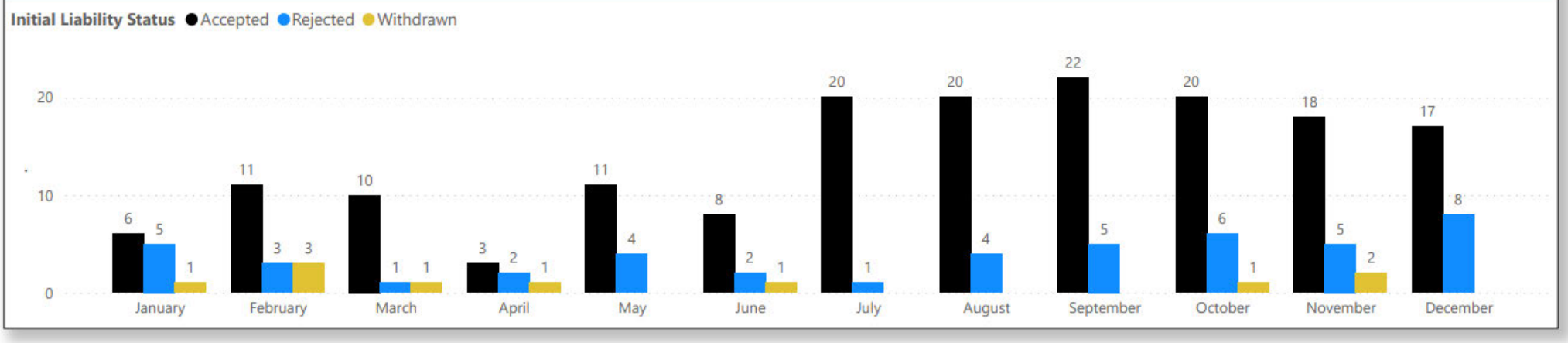
Total
222

Accepted
166

Rejected
46

Withdrawn
10

Claims Status By Month



Total Staff Incidents

3905

Top 5 Staff Incident by Division

Division	Total
Mental & Justice Health, Alcohol & Drug Services	871
Medicine	553
Rehabilitation, Aged & Community Services	540
Surgery	535
Women, Youth & Children	326

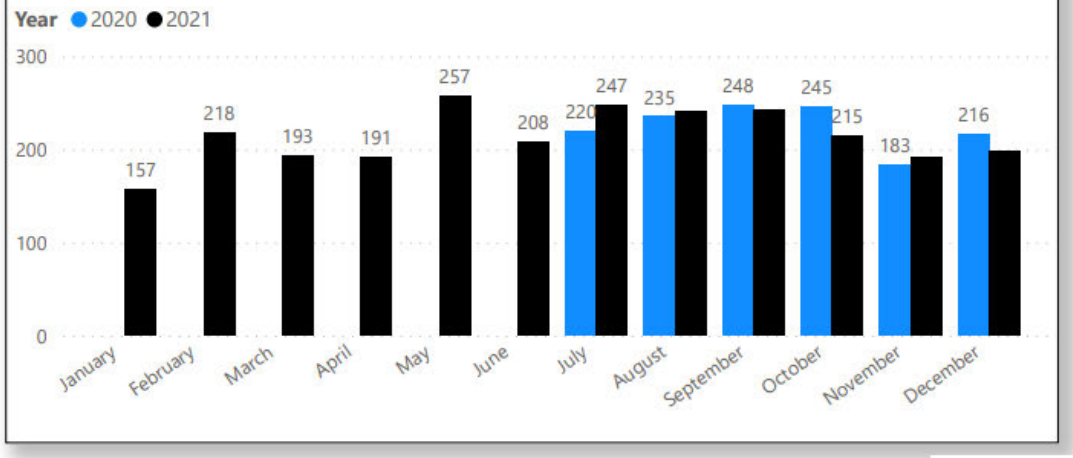
Accepted Claims

166

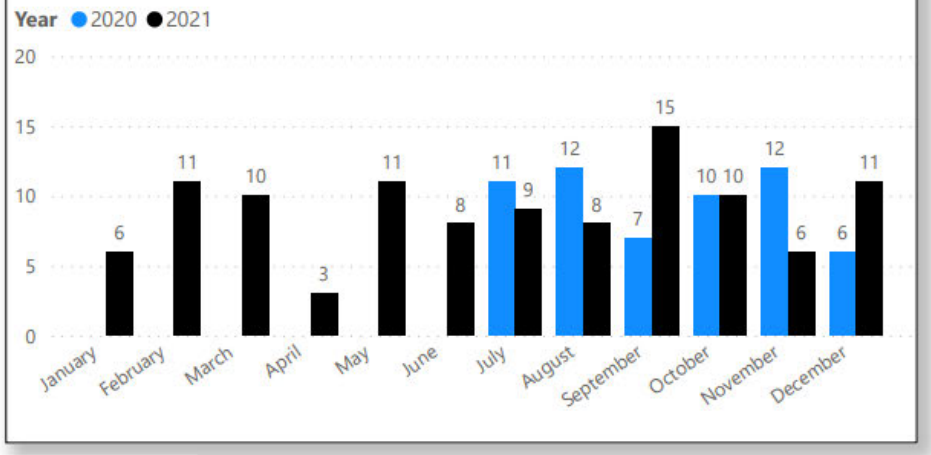
TOP 5 Accepted Claims By Division

Division	Total
Mental Health, Justice Health and Alcohol and Drug	28
Nursing and Midwifery and Patient Support Services	22
Critical Care	16
Medicine	14
Surgery	14

Riskman Staff Incidents by Month



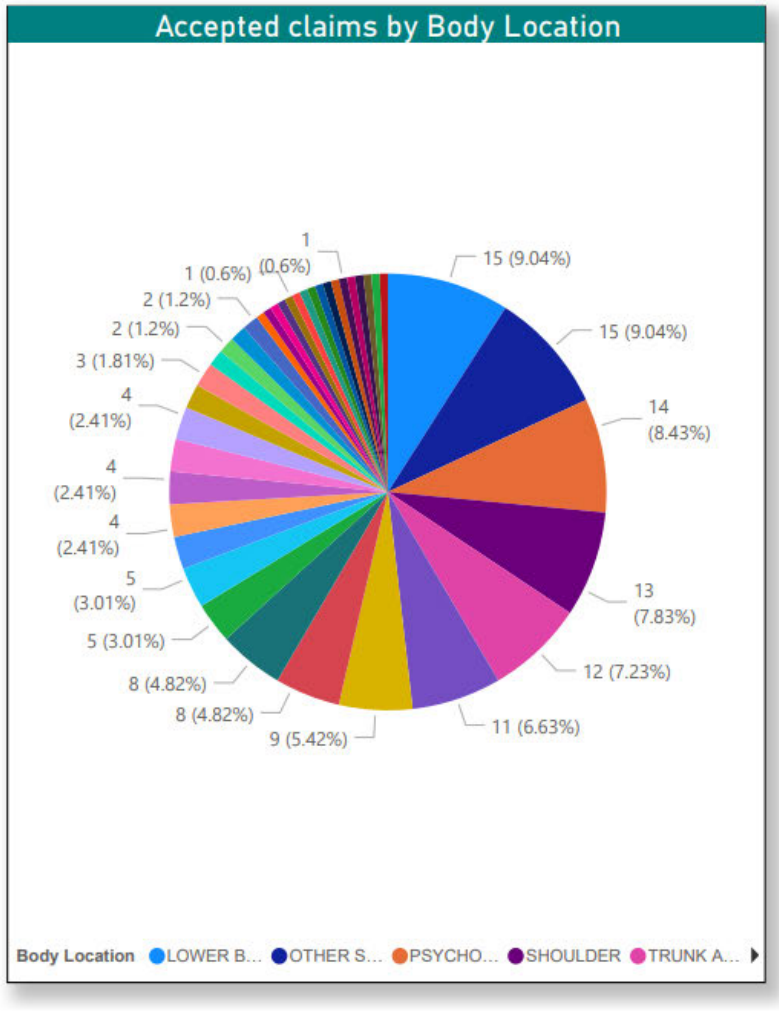
Accepted Claims by Month

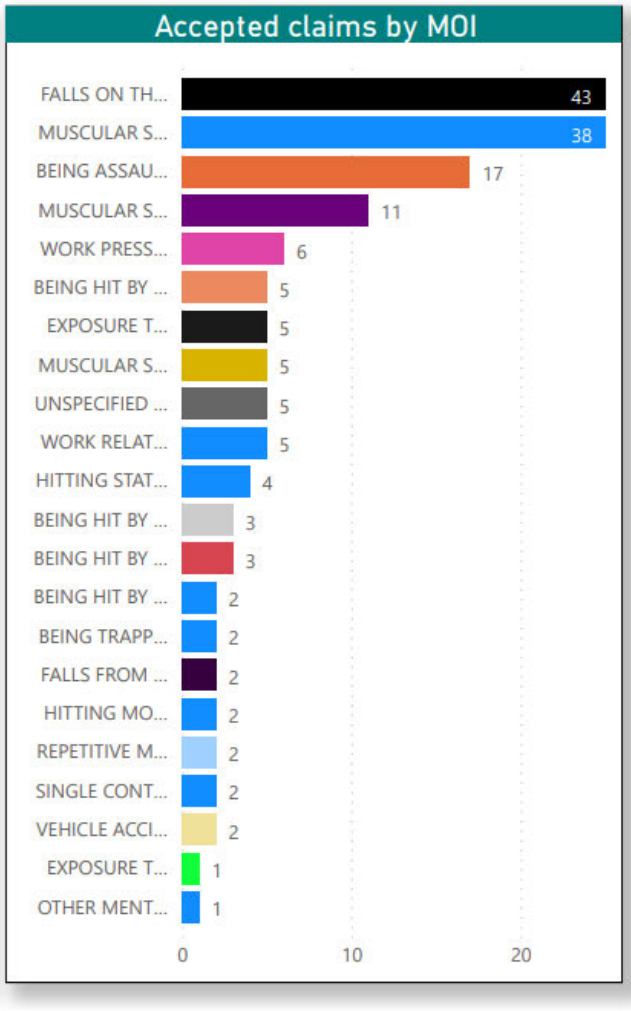


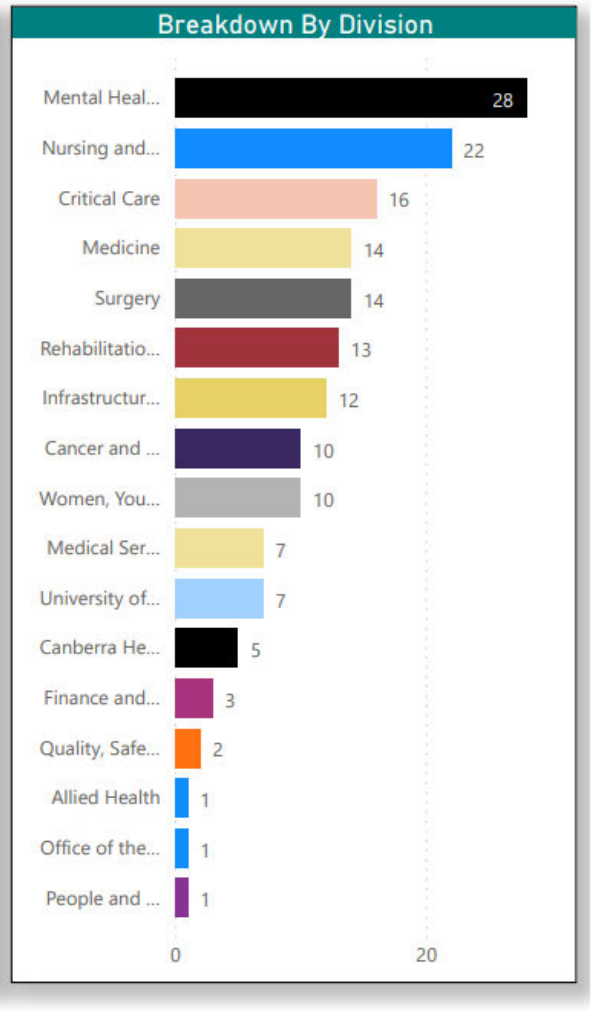
Date Range 1 July 2020 to 31 Dec 2021

Division	January	February	March	April	May	June	July	August	September	October	November	December	Total
Mental Health, Justice Health and Alcohol and Drug	3	1	2		2	1	4	3	1	6	3	2	**28**
Nursing and Midwifery and Patient Support Services		2	2	1	1	2	2	3	2	2	2	3	**22**
Critical Care		2	3		1		1	2	2	1	3	1	**16**
Medicine							4	2	4	4			**14**
Surgery		1					1	2	3	1	3	3	**14**
Rehabilitation, Aged and Community Services		1	1		2	1	1		1	3	1	2	**13**
Infrastructure and Health Support Services	1			1	3		2	2	2		1		**12**
Cancer and Ambulatory Services	1				1		1	2		1	3	1	**10**
Women, Youth and Childrens Health		1	1			2	1	1	1	1	1	1	**10**
Medical Services		2		1			1	1				2	**7**
University of Canberra Hospital						1	2	2	1		1		**7**
Canberra Health Services Admin and Other	1								1	1		2	**5**
Finance and Business Intelligence		1			1				1				**3**
Quality, Safety, Innovation and Improvement			1						1				**2**
Allied Health									1				**1**
Office of the CEO Canberra Health Services						1							**1**
People and Culture									1				**1**
Total	**6**	**11**	**10**	**3**	**11**	**8**	**20**	**20**	**22**	**20**	**18**	**17**	**166**

Year	January	February	March	April	May	June	July	August	September	October	November	December	Total
2020							11	12	7	10	12	6	**58**
2021	6	11	10	3	11	8	9	8	15	10	6	11	**108**
Total	**6**	**11**	**10**	**3**	**11**	**8**	**20**	**20**	**22**	**20**	**18**	**17**	**166**


Accepted claims by Body Location
15 (9.04%)
15 (9.04%)
14 (8.43%)
13 (7.83%)
12 (7.23%)
11 (6.63%)
9 (5.42%)
8 (4.82%)
8 (4.82%)
5 (3.01%)
5 (3.01%)
4 (2.41%)
4 (2.41%)
4 (2.41%)
4 (2.41%)
3 (1.81%)
2 (1.2%)
2 (1.2%)
1 (0.6%)
1 (0.6%)
Body Location LOWER B... OTHER S... PSYCHO... SHOULDER TRUNK A...


Accepted claims by MOI
FALLS ON TH... 43
MUSCULAR S... 38
BEING ASSAU... 17
MUSCULAR S... 11
WORK PRESS... 6
BEING HIT BY ... 5
EXPOSURE T... 5
MUSCULAR S... 5
UNSPECIFIED ... 5
WORK RELAT... 5
HITTING STAT... 4
BEING HIT BY ... 3
BEING HIT BY ... 3
BEING HIT BY ... 2
BEING TRAPP... 2
FALLS FROM ... 2
HITTING MO... 2
REPETITIVE M... 2
SINGLE CONT... 2
VEHICLE ACCI... 2
EXPOSURE T... 1
OTHER MENT... 1
0
10
20


Breakdown By Division
Mental Heal... 28
Nursing and... 22
Critical Care 16
Medicine 14
Surgery 14
Rehabilitatio... 13
Infrastructur... 12
Cancer and ... 10
Women, You... 10
Medical Ser... 7
University of... 7
Canberra He... 5
Finance and... 3
Quality, Safe... 2
Allied Health 1
Office of the... 1
People and ... 1
0
20

Claims By Division

Division	Accepted Claims	Total Claims Costs to Date	Total Medical Paid	Future Costs	Total Weekly Paid	Average of Incapacity Weeks
Women, Youth and Childrens Health	10	$149,740	$69,966.66	$104,129	$70,184.18	5.00
University of Canberra Hospital	7	$71,840	$24,277.77	$0	$46,445.25	2.60
Surgery	14	$133,996	$63,444.99	$281,772	$52,736.69	2.55
Rehabilitation, Aged and Community Services	13	$494,655	$133,150.63	$433,024	$295,616.45	14.17
Quality, Safety, Innovation and Improvement	2	$138,992	$18,736.82	$24,163	$106,367.46	46.00
People and Culture	1	$19,758	$13,186.73	$0	$6,571.76	7.00
Office of the CEO Canberra Health Services	1	$5,404	$4,134.62	$0	$1,269.75	0.00
Nursing and Midwifery and Patient Support Services	22	$435,652	$113,814.29	$256,275	$295,926.78	9.67
Mental Health, Justice Health and Alcohol and Drug	28	$702,567	$217,843.86	$575,955	$398,647.58	6.64
Medicine	14	$253,922	$106,149.66	$228,622	$127,575.51	4.31
Medical Services	7	$167,452	$77,073.52	$257,290	$81,892.75	9.50
Infrastructure and Health Support Services	12	$365,385	$112,381.84	$499,192	$225,745.24	11.27
Finance and Business Intelligence	3	$18,467	$11,728.83	$124,697	$551.79	0.00
Critical Care	16	$526,456	$138,306.20	$413,106	$358,053.83	11.00
Cancer and Ambulatory Services	10	$228,126	$77,608.24	$148,678	$138,152.62	6.63
Canberra Health Services Admin and Other	5	$101,393	$50,619.92	$134,673	$41,795.21	7.75
Allied Health	1	$36,560	$10,855.98	$34,131	$25,704.38	13.00
Total	**166**	**$3,850,365**	**$1,243,280.56**	**$3,515,706**	**$2,273,237.23**	**8.11**

Average Claims in Capacity Weeks

8.11

Average of claims cost to date

$23K

Average of Future Costs

$21K

TOP 5 Work Area

Area	Total Claim Costs to Date	Total Medical Paid	Future Costs	Total Weekly Paid	Average of Incapacity Weeks
Adult Mental Health Unit AMHU	$268,944	$101,930.55	$207,531	$140,287.49	8.40
Emergency Department Nursing	$268,232	$63,115.96	$90,462	$195,236.92	12.86
Secure Mental Health Inpatient Unit	$232,564	$48,681.20	$45,181	$148,713.83	7.83
Intensive Care Unit Nursing	$208,924	$57,622.49	$245,536	$137,790.59	14.00
Wardspersons	$172,767	$46,689.93	$161,841	$114,191.10	8.44
Food Services	$135,211	$37,167.23	$152,875	$88,182.64	12.00
Canberra Health Services Admin	$101,393	$50,619.92	$134,673	$41,795.21	7.75
Total	**$1,420,633**	**$418,039.37**	**$1,038,098**	**$884,384.00**	**9.17**

Claims By Division

Mechanism of Injury	Accepted Claims	Total Claims Costs to Date	Total Medical Paid	Future Costs	Total Weekly Paid	Average of Incapacity Weeks
FALLS ON THE SAME LEVEL	43	$912,937	$337,418.05	$1,040,594	$490,978.97	6.06
MUSCULAR STRESS WHILE HANDLING OBJECTS OTHER THAN LIFTING, CARRYING OR PUTTING	38	$756,996	$287,725.25	$691,662	$430,299.45	6.10
MUSCULAR STRESS WHILE LIFTING, CARRYING, OR PUTTING DOWN OBJECTS	11	$407,032	$135,249.36	$164,199	$242,421.05	12.36
WORK PRESSURE	6	$406,624	$71,726.28	$237,119	$294,239.46	32.20
BEING ASSAULTED BY A PERSON OR PERSONS	17	$376,083	$113,739.46	$275,137	$226,860.81	5.94
WORK RELATED HARASSMENT AND/OR WORKPLACE BULLYING	5	$235,965	$49,720.63	$355,809	$147,522.94	23.50
EXPOSURE TO WORKPLACE OR OCCUPATIONAL VIOLENCE	5	$166,662	$40,698.30	$199,315	$109,004.75	17.25
BEING HIT BY A PERSON ACCIDENTALLY	3	$133,792	$49,036.74	$58,674	$77,529.06	16.33
MUSCULAR STRESS WITH NO OBJECTS BEING HANDLED	5	$119,894	$46,101.96	$0	$59,238.12	13.67
EXPOSURE TO ENVIRONMENTAL HEAT	1	$106,011	$20,483.47	$25,014	$82,651.48	33.00
BEING HIT BY FALLING OBJECTS	3	$62,435	$19,479.73	$79,965	$29,642.12	5.67
REPETITIVE MOVEMENT, LOW MUSCLE LOADING	2	$49,918	$22,445.49	$212,771	$23,558.35	6.50
BEING HIT BY MOVING OBJECTS	5	$40,349	$16,064.65	$0	$24,284.48	1.80
UNSPECIFIED MECHANISMS OF INCIDENT	5	$17,789	$6,530.16	$21,673	$11,259.08	1.50
HITTING STATIONARY OBJECTS	4	$15,429	$5,806.95	$0	$9,621.94	1.25
OTHER MENTAL STRESS FACTORS	1	$12,116	$7,715.61	$100,965	$0.00	
HITTING MOVING OBJECTS	2	$7,546	$6,222.95	$39,190	$1,322.89	1.00
VEHICLE ACCIDENT	2	$7,511	$1,507.00	$0	$3,155.37	0.50
SINGLE CONTACT WITH CHEMICAL OR SUBSTANCE	2	$5,743	$3,319.44	$131	$2,423.93	0.00
BEING TRAPPED BETWEEN STATIONARY AND MOVING OBJECTS	2	$4,497	$366.95	$0	$4,130.30	1.00
BEING HIT BY AN ANIMAL	2	$4,003	$1,257.50	$13,488	$2,745.49	0.50
FALLS FROM A HEIGHT	2	$1,032	$664.63	$0	$347.19	0.00
Total	**166**	**$3,850,365**	**$1,243,280.56**	**$3,515,706**	**$2,273,237.23**	**8.11**

Summary
Compensation Cases

Month	Open	New Referrals	Cases Closed
October 2021	270	7	17
November 2021	252	8	25
December 2021	250	13	18
Total	772	28	60

Summary
Non - Compensation Cases

Month	Open	New Referrals	Cases Closed
October 2021	18	3	1
November 2021	19	2	1
December 2021	18	0	1
Total	55	5	3

Data source : CMTEED Injury Management Monthly Report

Report Last updated on 31 Jan 2022

5. HEALTH INFRASTRUCTURE – Development and Construction

Regular Meetings

- Quarterly – IHSS Construction Safety Forum
- Weekly - Disturbance or Interference with Services, Safety or Traffic (DISST) Forum for the consideration/approval for planned works in ACT Health.

Construction Sites (External contractors)

- All Health Infrastructure construction sites have regular assurance inspections undertaken to monitor safety conditions, along with Active Certification Audits every 13 weeks.

Staff Incident Classifications

Mechanism of Incident	FY2019/20	FY2020/21	FY2021/22
⊞ GROUP 2 - Being hit by moving objects	794	814	418
⊟ GROUP 8 - Mental stress	547	695	578
⊞ 82 Exposure to workplace or occupational violence	340	403	310
⊞ 87 Work related harassment and/or workplace bullying	137	167	134
⊟ 84 Work Pressure	47	105	118
DMHU		12	4
CHWC - Birthing Suite	2	6	5
Level 2 - General Areas			13
Level 10 - Ward 10A	1	7	4
Level 7 - Ward7B	1	4	6
Level 2 - Emergency Department (ED)	2	3	5
Level 7 - Ward 7A	3	2	4
CHWC - Neonatal Intensive Care Unit			7
Level 2 - Hospital in the Home (HITH)	5	2	
Total	2117	2571	1592

Staff Incident Classifications

Mechanism of Incident	FY2019/20	FY2020/21	FY2021/22
⊞ GROUP 2 - Being hit by moving objects	794	814	418
⊞ GROUP 8 - Mental stress	547	695	578
⊞ GROUP 4 - Body stressing	217	255	122
⊞ GROUP 1 - Hitting objects with a part of the body	140	169	139
⊞ GROUP 0 - Falls, trips and slips of person	127	144	94
⊞ GROUP 9A - Other and unspecified	59	170	70
⊞ GROUP 7 - Biological factors	94	87	94
⊞ GROUP 6 - Chemicals and other Substances	59	131	41
⊞ GROUP 9B - Vehicle accidents	41	47	15
⊞ GROUP 5A - Contact/exposure to	16	33	10
⊞ GROUP 5C - Contact with electricity	10	13	6
⊞ GROUP 3 - Sound and Pressure	8	5	2
⊞ GROUP 5B - Exposure to radiation	4	7	1
⊞ GROUP 5D - Exposure to other substances	1	1	2
Total	**2117**	**2571**	**1592**

STATE OF THE SERVICE REPORT DATA COLLECTION

Instructions

When asked to provide a case study, please write no more than 300 words of prose.

Photos, graphs or similar should be sent as attachments in your return email accompanying your survey response. Use the question number, your directorate and the name of the project or initiative in your file name to identify your additions.

Where possible, examples have been provided to assist you in answering the questions of this survey. They are in *blue italic text.* You may wish to consider including or adapting material previously published by communications areas which showcase good examples or you may wish to expand on cases included in your annual report.

We have also included, where identified, examples or data from your draft annual report, award recipients or other information. This is written in purple text. Please check this, expand if needed, and come back to us with any comment.

The reporting period to be considered for all questions is from July 2020 – June 2021 i.e. the last financial year.

Key Achievements and Initiatives of Your Agency

1. Please provide information on three key achievements or initiatives your agency has performed over the reporting period. Please consider the themes of the report in your case study: **Resilience**- (Recovering, Leadership, Workforce planning) and **Looking Forward- (**Flexible work, Diverse and inclusive, Digital and data, Learning, mobility and career development). *Note: You may provide more than 3 case studies if you wish to.*

Achievement 1

Example: Theme- Resilience/recovering

Housing ACT in the Community Services Directorate was tasked with delivering the ACT Government's $250 one-off payment for eligible public housing tenants. The Housing ACT team also checked on tenants' health and wellbeing. Vulnerable tenants were given priority for these calls. Key ACT Health messaging and linkages were provided during these conversations and immediate linkages of support were made where necessary. As at 30 June 2020, the team had made more than 20,000 calls, sent 9,263 letters, 2,630 emails, and 5,341 texts to tenants to facilitate this payment. The team had also handled more than 4,000 incoming calls through a dedicated number for this payment. At 30 June 2020, all 10,555 eligible households had been provided with the payment either via direct debit to their provided bank account or as a credit on their rent account.

Achievement 2:
Example: Theme Looking Forward- Data and digital

COVID-19 has proven to be a catalyst for significant changes to service delivery. In April 2020 Access Canberra introduced a range of significant changes to the service delivery model. These changes were underpinned by a commitment to supporting employees and community safety while maintaining accessibility, particularly for more vulnerable customers.

By driving digital and phone services as the preferred transaction channels, Access Canberra has minimised the need for face-to-face transactions and non-essential travel to Service Centres, and in turn reduced Service Centre transactions by around 60%. Access Canberra now has more than 450 services available online. For customers requiring a face-to-face transaction, Access Canberra Service Centres remained open between 9am and 4pm on weekdays, with a dedicated "Quiet Period" between 9am and 11am each day for our vulnerable customers. In harnessing innovative approaches to service delivery, Access Canberra combined a range of alternative measures including some that were not purely digital, such as telephony and webchat. Access Canberra also took a pragmatic risk-based approach to adopting digital solutions such as accepting electronic documents for proof of identity checks in the licencing and registration space.

This risk-based approach meant the risks were assessed and mitigated as Access Canberra considered the best way to deliver the services required. Noting that change is dynamic, work is underway to refine and enhance the revised service delivery model, particularly in relation to governance and process streamlining.

Early stakeholder engagement was a critical factor in ensuring the successful development, implementation and crucial uptake, of Access Canberra's revised service delivery model. Cross-government consultation and connectivity, and early, frequent engagement with the community has ensured support for the new model and accelerated uptake of non-face-to-face channels for engaging with Access Canberra. The broad community acceptance of this rapid reform process has demonstrated the importance of effective communications when undertaking a transformation journey.

Achievement 3:
Please include a case study
Suggestion

You may wish to include something on the Molecular Pathology team who were awarded with a 'Highly commended – Integrity' for their tireless work and excellence in developing and managing Covid-19 detection methods.

Remuneration Arrangements

2. Comment on how your directorate/agency uses additional remuneration arrangements: Attraction and Retention Incentives (ARins), Special Employment Arrangements (SEAs), Australian Workplace Agreement (AWA) and/or any other instrument that provides employees with additional remuneration.

If applicable, please provide a short explanation.

For example:
The Directorate currently has 5 ARins in place, which provide additional remuneration to attract senior palaeontologists. Senior palaeontologists are crucial to the Directorate's goals in discovering and researching new dinosaurs, and given the worldwide shortage of these skills, additional remuneration provided through ARins is key to attracting the right skill set.

Improving Staff Well-being and Mental Health

3. What initiatives has your directorate/ agency taken in supporting employee well-being over the past year?

For example:
Transport Canberra and City Services Directorate adopted measures to ensure that staff who were providing essential travel for members of the ACT community were working in a safe environment, this included introducing rear door entry only and cashless travel for buses.

4. How has your directorate supported staff mental health in the 2020-2021 reporting year? Please detail any significant initiatives.

For example:
To mitigate the psychological impact on staff, Canberra Health Services developed a Framework to understand and respond to sources of anxiety among team members in Canberra Health Services. Key messages of the Framework are We hear you, We will support you, We will care for you, We will continue to prepare you and We will continue to protect you. The Framework includes a COVID-19 Manager Toolkit, a Checklist for Managers and communications resources. Psychologists were deployed to frontline areas to help staff deal with the stress and anxiety of caring for patients with COVID-19.

Respect, Equity and Diversity (RED) Framework

The RED Framework was introduced in 2010 and has been supported since this time by the provision of training and refresher training across directorates/agencies.

5. In the 2020-2021 financial year did your directorate/agency provide RED specific training to employees?

Yes/No

If so, how many employees completed RED specific training in the 2019-20 financial year?
Please insert a number

6. In the 2020-2021 financial year, did your directorate/agency implement any new RED initiatives?

Yes/No

If so, please provide a case study of the initiative/s and its outcomes.
Please provide a case study if applicable

Behaviour

7. Bullying

Note: information captured in this section is intended to gain insight into the mechanisms of the reporting of bullying and harassment. The figures captured are not a one for one indicator of bullying and harassment as it is possible for an employee to report through multiple mechanisms, or multiple employees may report the same incident. In the ACTPS, work bullying is defined as unreasonable, undesirable behaviour that:

- is repeated;
- is unwelcome and unsolicited;
- creates, or could create, a risk to health and safety (including physical or psychological harm);
- occurs between workers of an organisation; and
- a reasonable person would consider to be offensive, intimidating, humiliating or threatening.

For more information visit: CMTEDD Employment Framework

For the 2020-2021 financial year, please list the total number of bullying and harassment contacts:	
Contacts received by your Agency's RED Contact Officers	*Please insert number*
Contacts Received by HR (not by RED Contact Officer)	*Please insert number*
Contacts received through other mechanisms	*Please insert number*
What is the number of bullying or harassment matters where a preliminary assessment under Section H[1] of ACTPS Enterprise Agreements was commenced during the financial year?	*Please insert number*
What is the number of bullying or harassment matters progressed to a formal misconduct process under Section H of ACTPS Enterprise Agreements during the financial year?	*Please insert number*
What is the number of bullying or harassment related misconduct processes completed during the financial year in which the delegate made a substantiated finding of misconduct?	*Please insert number*
What is the number of bullying or harassment related misconduct processes completed during the financial year where the delegate made a substantiated finding specifically of bullying or harassment?	*Please insert number*
What is the number of bullying or harassment related misconduct processes (not including preliminary assessments) which were in progress at the end of the financial year (as at 30 June 2021)?	*Please insert number*

Note: Data from RiskMan will be provided by the Workplace Safety and Industrial Relations team, CMTEDD.

Diversity and Culture

8. **In the 2020-2021 financial year, did your directorate/agency have a Reconciliation Action Plan in place?**

No. As an alternative to Reconciliation Action Plan, CHS has delivered a Commitment Statement - a document that captures all relevant Aboriginal and Torres Strait Islander workforce, service and operational initiatives being undertaken at CHS. The decision was made based on the feedback received from the CHS Aboriginal and Torres Strait Islander Consumer Reference Group (CRG) and has been named 'Together Forward' as per their advice. To develop the document in close collaboration with the CRG, a workshop was facilitated by Indigenous Allied Health Australia with CRG and CHS Executive Group followed by drafting the document. The document was launched via a soft launch in August 2021.

If so, what were the key attributes of the plan and what activities/initiatives were undertaken by your directorate/agency to promote or implement the plan?

Attributes of the plan are all aligned to the CHS strategic priority 'A partner to improve people's health'. Key priorities include:

i. Understanding and addressing the health needs of the ACT Aboriginal and Torres Strait Islander community in the ACT and surrounding region.
ii. Increasing identification rates for people of Aboriginal and Torres Strait Islander origin to improve healthcare delivery
iii. Creating a welcoming environment at CHS for all Aboriginal and Torres Strait Islander team members, consumers, their families and carers.
iv. Increasing the participation of Aboriginal and Torres Strait Islander people in our workforce at all levels and across all disciplines
v. Working in partnership with ACT Health, primary health care providers, community-controlled health organisations and Aboriginal and Torres Strait Islander communities to deliver high value healthcare
vi. Implementing and monitoring targeted health strategies and outcomes related to the CHS Strategic Plan, National Agreement on Closing the Gap, and National Safety and Quality Healthcare Standards requirements
vii. Improving cultural competency of our team members to ensure a fully integrated and diverse workforce and culturally safe environment for Aboriginal and Torres Strait Islander people.

Associated Activities:
An action plan has been developed to deliver on the key priorities and improvement areas through twenty tangible actions such as enhancing staff participation in relevant significant events; developing and reporting on Aboriginal and Torres Strait Islander Health Measurement Plan; Developing a Workforce Action Plan; reviewing training to enhance staff cultural competency; Implementing Yarning Circles to capture patient journeys; to name a few.

9. Were there any other notable initiatives involving the ATSI community or employees? If so, please provide a case study of the initiative/s and its outcomes.

Canberra Health Services is currently undertaking multiple projects with an aim to improve health outcomes for Aboriginal and Torres Strait Islander community. To promote Aboriginal and Torres Strait Islander representation in governance structures and ensure meaningful partnerships in determining priorities, key Aboriginal and Torres Strait Islander delegates in CHS Steering Group include:

i. Aboriginal and Torres Strait Islander Elected Body co-chair
ii. Consumer Reference Group chair
iii. Consumer Reference Group member

Similarly, Aboriginal and Torres Strait Islander Elected Body has membership on CHS Governance Committee. Also, Aboriginal and Torres Strait Islander Community Reference Group was established in July 2020 with an aim of ongoing community partnership.
As a result of this and many other relevant initiatives implemented in CHS, we have seen 12% increase in number of staff that identify as Aboriginal and Torres Strait Islander i.e., 104 in Oct 2021 compared to 93 in Oct 2020.

10. In the 2020-2021 financial year, did your directorate/agency have a Disability Action Plan in place?

No. One of the key initiative implemented in 2020 for disability was launch of network for staff with disability on International Day of People with Disability. A consultation workshop on initiatives to be included in Workforce Action Plan has been scheduled and postponed twice due to Covid and current service demands but work on disability workforce action plan will be resumed once the network members able to meet again, which is their preferred method of yarning with the group.

If so, what were the key attributes of the plan and what activities/initiatives were undertaken by your directorate/agency to promote or implement the plan?

A virtual event is being planned to celebrate International Day of People with Disability in 2021 by inviting guest speakers. Opportunity to hold an integrated end of year session with other inter-directorate networks is also being explored.

As a result of recent disability initiatives implemented in CHS, we have seen 3.4% increase in number of staff that identify as staff with disability i.e. 152 in Oct 2021 compared to 147 in Oct 2020.

11. Were there any notable activities undertaken to support people with a disability, or employees with a disability? If so, please provide a case study of the initiative/s and its outcomes.

The Network for staff with Disability has met twice in 2021 and progressed work on relevant key initiatives such as strategies to enhance membership of the staff network and explore the opportunity for developing an in-house Disability Awareness training. Furthermore, two staff members of a team with hearing disability who were struggling to perform efficiently in their roles due to the building acoustics were provided support by liaising with the manager and assisting by: engaging a third-party provider to perform assessments and make recommendations, funding support on recommended equipment and making additional reasonable adjustments to enable staff provide efficient care to clients in a safe environment. Similarly, another staff member who had reported increase in stress and anxiety due to the struggle to communicate at work because she was unable to lip-read with mandatory usage of mask for colleagues and clients, was provided additional support by liaising with the manager to put strategies in place to support mental health and well-being of the staff member. The feedback from staff after two weeks was very positive as the strategies put in place were working well whilst the staff member was still efficiently able to meet the operational demands of the service.

12. Were any notable activities undertaken for culturally and linguistically diverse people? If so, please provide a case study of the initiative/s and its outcomes.

Other than acknowledging significant multicultural days in CHS communications, no notable activities were undertaken for culturally and linguistically diverse people. CHS takes pride in providing an inclusive and positive workplace culture to each of its diversity group. As a result of this, we have seen 16.5% increase in the number of culturally and linguistically diverse staff at CHS i.e., 2761 in Oct 2021 compared to 2370 in Oct 2020.

13. Were any notable activities undertaken for LGBTQI+ employees? If so, please provide a case study of the initiative and it/s outcomes.

An Ally Network to support LGBTIQ+ staff and clients at CHS was launched in June 2021. The network began with 16 volunteers and has now (October 21) grown to 23 staff members who hold a range of positions across diverse professions and business areas in CHS.

An Ally training that was virtually delivered by ACON training provider on 15 July 21, was attended by 18 members of the network. Additionally, a virtual training session is being planned for LGBTIQ+ Ally Network to undertake the Family Violence A Shared Understanding for Managers training, which was thought to be a good fit for those in the Ally Network as this training provides information on the CHS Family Violence Workplace Support procedure (including access to family violence leave) and provides education on sensitive practice/sensitive enquiry with staff members.

14. Has your directorate undertaken any significant initiative to support the employment of veterans? If so, what were the key attributes of the initiative?

In response to ACTPS identifying veterans as targeted inclusion group in 2019, CHS has also identified veterans as one of the key inclusion groups in CHS Workforce Inclusion Roadmap with an increased focus on recruitment of veterans by becoming a veteran-friendly employer. CHS is in process of becoming a Gold Pledge Partner of Solider On as a part of veterans' inclusion program to give veterans and their families better visibility to job opportunities at CHS and to recruit veterans from highly skilled Soldier On candidate pool.

15. How many graduate enrolled nurses were there at 30 June 2021?

Please insert number

Background

- Last year, several pay related issues were raised by some Junior Medical Officers in relation to possible problems with the application of entitlements. The Canberra Hospital took these issues seriously and working with GSO and Shared Services examined all issues raised across the JMO cohort.

- Further investigation by Shared Services Payroll and Canberra Health Services, in consultation with the Junior Medical Officers, identified that the main issues related to public holiday pay and more recently, Accrued Days Off (ADO).

Public Holiday Pay (resolved)

- It was identified that there was an issue with the interpretation of some clauses in the Enterprise Agreement in relation to payment after 10 hours and payment on a Public Holiday.

- Interpretation was discussed with the relevant representatives and once agreed, Shared Services then developed an internal tool that calculates junior medical officer entitlements automatically.

- In addition, the tool will provide more information on Junior Medical Officer's payslips to make it easier for them to raise any issues in the future.

- The automated system is in place and following an internal review, backpays have been made across the JMO cohort who were impacted.

ADOs (pending finalisation)

- It was identified that the accrual rate of ADOs for Junior Medical Officers was incorrect; and should be 13 per year instead of the 12 currently configured in the payroll system, Chris21.

- Canberra Health Services has been engaging with the Junior Medical Officers group to fix this outstanding issue concerning ADO accrual and are working to finalise this matter across the JMO cohort.

Other information

- We have no information to indicate there are any other similar matters presently on foot. Should any further matters be raised, they will be addressed on a case-by-case basis and rectified as appropriate.