



ACT
Government

**Canberra Health
Services**

FOI19-38



Freedom of Information Request: FOI19/38

I refer to your application under section 30 of the *Freedom of Information Act 2016* (the Act), received by Canberra Health Services on 8 July 2019 in which you sought access to:

“Final Ministerial briefs prepared for the 2019-20 Estimates hearings.”

As the Principal Officer of Canberra Health Services, I am authorised to make a decision on access or amendment to government information in the possession or control of Canberra Health Services.

Canberra Health Services was required to provide a decision on your access application by 5 August 2019.

Decision on access

Searches were completed for relevant documents and 2 documents were identified that fall within the scope of your request.

I have included as Attachment A to this decision the schedule of relevant documents. This provides a description of each document and the access decision for each of those documents.

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

Charges

Processing charges are not applicable to this request.

Online publishing – disclosure log

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 Your personal contact details will not be published.

Ombudsman review

My decision on your access request is a reviewable decision as identified in Schedule 3 of the Act. You have the right to seek Ombudsman review of this outcome under section 73 of the Act within 20 working days from the day that my decision is published 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.

ACT Civil and Administrative Tribunal (ACAT) review

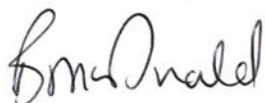
Under section 84 of the Act, if a decision is made under section 82(1) on an Ombudsman review, you may apply to the ACAT for review of the Ombudsman decision.

Further information may be obtained from the ACAT at:

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

If you have any queries concerning Canberra Health Service's processing of your request, or would like further information, please contact the FOI Coordinator on (02) 5124 9829 or email HealthFOI@act.gov.au.

Yours sincerely



Bernadette McDonald
Chief Executive Officer
Canberra Health Services

19 July 2019

FREEDOM OF INFORMATION REQUEST SCHEDULE

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>

NAME		WHAT ARE THE PARAMETERS OF THE REQUEST				File No
[REDACTED]		<i>Final Ministerial briefs prepared for the 2019-20 Estimates hearings.</i>				FOI19/38
Ref No	No of Folios	Description	Date	Status	Reason for non-release or deferral	Open Access release status
1.	1 - 44	Estimates 2019–20 – Health and Wellbeing	20 June 2019	Full Release		YES
2.	45 - 55	Estimates 2019–20 – Mental Health	20 June 2019	Full Release		YES
Total No of Docs						
2						

**Health and Wellbeing
Select Committee on Estimates 2019-20
20 June 2019**

Strategic Objectives

No.	Title
1.	Strategic Indicator 4 - NEW Maximising the Quality of Hospital Services
2.	Strategic Indicator 5 - NEW 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.
3.	Strategic Indicator 6 - NEW The estimated hand hygiene rate for a hospital is a measure of how often (as a percentage) hand hygiene is correctly performed.
4.	Strategic Indicator 7 Percentage of overnight hospital beds in use
5.	Strategic Indicator 8 Percentage of assessed emergency clients seen within 24 hours
6.	Strategic Indicator 9 Percentage of Radiotherapy Patients who commence treatment within standard timeframes
7.	Strategic Indicator 10 Participation rate for breast screening

Budget Specific

No.	Title
8.	2019-20 Budget Summary (Canberra Health Services Initiatives)
9.	Summary of 2019-20 Federal Budget – Impact on Canberra Health Services

General Information

No.	Title
10.	Canberra Health Services Budget Media Release (Comms)
11.	Key Statistics – Canberra Health Services (FBI)
12.	Canberra Health Services - Staffing Breakdown (P&C)

Fact Sheets – Recurrent Budget Initiatives

No.	Title
13.	CHS E01 - Expanding Intensive Care Services at Canberra Hospital
14.	CHS E03 - More Beds at Canberra Hospital
15.	CHS E05 - Expanding Public Fracture Clinic services
16.	CHS E06 - Improving Access to Maternity Services across Canberra
17.	CHS E08 - More specialised women's health care
18.	CHS E12 - Expanding public dermatology services
19.	CHS E13 - Strengthening care for chronic disease
20.	CHS E25 - Strengthening care for older Canberrans
21.	CHS E26 - More support for families travelling for healthcare
22.	CHS E27 - Expanding Pharmacy Services at Canberra Hospital
23.	CHS E29 - Expanding Public Ophthalmology Services
24.	CHS E30 - Strengthening care for childhood and gestational diabetes
25.	CHS E32 - More Opioid Treatment Services on Canberra's Northside
26.	CHS E33 – More Doctors in Canberra Hospital Emergency Department to respond to increased demand

Fact Sheets – 2019–20 Capital Works (use budget day briefs)

No.	Title
27.	CHS CW04 - Medical Imaging Capital Works/IR suite and other works

2018-19

Fact Sheets – Recurrent Budget Initiatives

No.	Title
28.	HEA E02: Delivering the Weston Creek Walk-in Centre
29.	HEA E30: Expanding early intervention and diversion programs for people experiencing alcohol and drug dependence
30.	JACS E39: Improving Safety of Older Drivers

Fact Sheets – 2018 – 19 Capital Works

No.	Title
31.	HEA CW06/07: Critical Asset Upgrades

BUDGET ESTIMATES BRIEF

Budget Statement C Page 36

Portfolio/s: Health and Wellbeing

Strategic Indicator 4: Maximising the Quality of Hospital Services

Table 1: Overall how would you rate the care you receive in hospital

Strategic Indicator	2018–19 target	2018–19 est. outcome	2019–20 target
Patient Experience Survey – score of positive patient experience responses	n/a	n/a	>80

Key Points

- This is a new Strategic Indicator indicator in 2019-20.
- This indicator highlights the effectiveness and quality of care provided to in-patients across Canberra Health Services (CHS) from the patient/carer perspective.
- Data is obtained using the results of the Discharged Inpatient Experience Survey which has run since April 2016 to collect feedback from patients recently discharged from CHS inpatient services.
- Feedback from patients and carers is a key component of measuring the experience of the quality of care provided by Canberra Health Services and is aligned with the ACT Health Quality Strategy 2018-2028.
- 80 is an achievable target for the period of 2019-20.

Background Information – may not be suitable for public disclosure

- **Eight discharged patients from each division across Canberra Health Services are randomly selected every week and are invited to participate in the Discharged Inpatient Experience Survey at Attachment A.**
- **The patient or carer can provide their feedback by completing the paper based survey and returning the survey by either reply paid envelope or email. Telephonic response option is also offered.**
- **Responses of the survey are captured on the survey reporting site on the Performance and Innovation Portal (PIP). PIP provides quantitative reporting by division with a variety of themes and patient demographics.**
- **For the 2017-2018 financial year 2803 surveys were sent to patients, with a target of 700 responses to be received. In 2017-2018 financial year, 786 responses were received.**

Cleared as complete and accurate: 18/06/2019
 Cleared by: Chief Executive Officer Ext: 44700
 Contact Officer name: Katherine Wakefield Ext: 49549
 Lead Directorate: Canberra Health Services
 Cleared for release
 Information Officer name: Katherine Wakefield

BUDGET ESTIMATES BRIEF

	2017-2018	2017-2018
	target	outcome
Patient Experience Survey response rate	25%	28%

Cleared as complete and accurate: 18/06/2019
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 Lead Directorate: Canberra Health Services
 Cleared for release
 Information Officer name: Katherine Wakefield

CHS EXECUTIVE BRIEF

Budget Statement C Page 37

Portfolio/s: Health and Wellbeing

Strategic Indicator 5:

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.

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

Strategic indicator	2018–19 target	2018–19 est. outcome	2019–20 target
The number of admitted patients who acquire a SAB infection per 10,000 bed days	n/a	n/a	<2.0 per 10,000

Talking Points

- Canberra Hospital is on track to achieve its target with a result of 1.2 people admitted to hospital per 10,000 occupied bed days who acquire a SAB infection, against a target of <2.0 people admitted to hospital. This result is reported in Budget Statement C on page 67 under the ACT Local Hospital Network results.
- Canberra Health Services (CHS) has a surveillance program for monitoring and investigation of all bloodstream infections (BSI) including SAB.
- The rate of SAB is reported from the CHS Infection, Prevention and Control Unit to the CHS Health Services Executive Committee on a quarterly basis.
- The CHS median rate of healthcare associated SAB infections is 0.6 which equates to approximately one infection per month.
- To reduce the rate of all healthcare associated infections CHS continues to work towards improving the percentage of hand hygiene.

Cleared as complete and accurate: 12/06/2019
 Cleared by: Chief Executive Officer Ext: 47000
 Contact Officer name: Narelle Boyd Ext: 42147
 Lead Directorate: Canberra Health Services
 Cleared for release: Yes
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CHS EXECUTIVE BRIEF

Budget Statement C Page 37

Portfolio/s: Health and Wellbeing

Strategic Indicator 6:

The estimated hand hygiene rate for a hospital is a measure of how often (as a percentage) hand hygiene is correctly performed

Table 1: Estimated Hand Hygiene Rate

Strategic indicator	2018–19 target	2018–19 est. outcome	2019–20 target
Canberra Hospital	n/a	n/a	80%

Talking Points

- Canberra Hospital is on track to achieve its target with a result of 83 per cent for how often hand hygiene is correctly performed, against a target of 75 per cent. This result is reported in Budget Statement C on page 67 under the ACT Local Hospital Network results.
- Canberra Health Services (CHS) participates in the Hand Hygiene Australia Audit program three times per calendar year.
- The national benchmark for Hand Hygiene is 80 per cent.
- CHS hand hygiene audit results are reported from the CHS Infection, Prevention and Control Unit to the Health Services Executive Committee on a quarterly basis.
- In all audit periods during 2018-19 financial year to date, the CHS percentage has remained above the national benchmark.

Cleared as complete and accurate: 12/06/2019
 Cleared by: Chief Executive Officer Ext: 47000
 Contact Officer name: Narelle Boyd Ext: 42147
 Lead Directorate: Canberra Health Services
 Cleared for release: Yes
 Information Officer name: Narelle Boyd

BUDGET ESTIMATES BRIEF

Budget Statement C Page 37

Portfolio/s: Health & Wellbeing

Strategic Indicator 7: Reaching the Optimum Occupancy Rate for all Overnight Hospital Beds

Table 1: The mean percentage of overnight hospital beds in use

Strategic indicator	2018–19 target	2018–19 est. outcome	2019–20 target
Mean percentage of overnight hospital beds in use	90%	86%	90%

Key Points

- This table provides an indication of the efficient use of resources available for hospital services.
- The bed occupancy rate for this financial year as at 31 May 2019 for Canberra Health Services (CHS) and Calvary Hospital is 86 per cent with Canberra Hospital inpatient beds at 94 per cent.
- Canberra Hospital meets the 2018-19 Strategic Indicator of 90 per cent and is consistent with previous years.

Background Information – may not be suitable for public disclosure

- Bed occupancy is calculated on the number of beds at CHS and Calvary Public Hospital Bruce that are available to receive admissions from the Emergency Departments (ED), and is calculated in total minutes available per day. The calculation fluctuates depending on the level of demand being experienced across the hospitals.
- The UCH overnight occupancy utilisation for the period 1 October 2018 to 30 April 2019, in the RACS' units have been 92%.
- For the same period, the overnight occupancy for the Adult Mental Health Rehabilitation Unit (AMHRU) was 96%.

Cleared as complete and accurate: 13/06/2019

Cleared by: Lisa Gilmore

Ext: 42728

Information Officer name:

Contact Officer name: Katrina Rea

Ext: 40211

Lead Directorate: Health

BUDGET ESTIMATES BRIEF

Budget Statement C Page 38

Portfolio/s: Health & Wellbeing

Strategic Indicator 9:

Improving Timeliness of Access to Radiotherapy Services

Table 1: The percentage of cancer patients who commence radiotherapy treatment within standard timeframes

Strategic indicator	2018–19 target	2018–19 est. outcome	2019–20 target
Emergency – treatment starts within 48 hours	100%	100%	n/a
Palliative – treatment starts within 2 weeks	90%	70%	n/a
Radical – treatment starts within 4 weeks	90%	50%	n/a

Talking Points

- 100 per cent of patients requiring emergency treatment continue to be seen within the target of 48 hours.
- The performance in radiotherapy wait times is impacted by the increase in number of referrals, increasingly complex treatment techniques, treatment delivery time, workforce shortages and the decommissioning of one machine.
- Replacement of two end of life machines is underway, with one machine decommissioned from early February 2019. The new machine is now installed and will be operational by September 2019. This has led to further delays for some patients.
- The service is seeing an increased number of cases requiring stereotactic radiosurgery (SRS) or stereotactic body radiation therapy. These cases take three to four times longer to treat and hence take the place of four to five routine radiotherapy treatments. The case load of SRS has tripled from 17 cases in 2016 to 52 cases in 2018.
- Patients are triaged to ensure those who will benefit most from early treatment are seen first.
- The opening of ICON has allowed us to maintain waiting times despite being down one machine.

Cleared as complete and accurate: 11/06/2019
 Cleared by: Elizabeth Chatham Ext: 42728
 Information Officer name:
 Contact Officer name: Cathie O'Neill Ext: 42738
 Lead Directorate: Health

BUDGET ESTIMATES BRIEF

Background Information – may not be suitable for public disclosure

- Waiting time is defined as the time elapsed between the radiation oncologists decision that treatment should commence (ready for care) to the first treatment being delivered.
- Triage categories are defined as:
 - Radical – when treatment is given for control of the disease with curative intent.
 - Palliative – when treatment is given primarily for the purpose of symptom relief in patients with incurable cancer.
 - Emergency – used for acute, potentially morbid or life-threatening events related to a patients cancer.

Cleared as complete and accurate: 11/06/2019
Cleared by: Elizabeth Chatham Ext: 42728
Information Officer name:
Contact Officer name: Cathie O'Neill Ext: 42738
Lead Directorate: Health

Strategic Indicator 10:
Improving the Breast Screen Participation Rate for Women aged 50 to 74 years

Table 1: The proportion of women in the target age group (50 to 74 years) who have had a breast screen in the 24 months prior to each counting period.

Strategic indicator	2018–19 target	2018–19 est. outcome	2019–20 target
Proportion of women aged 50 to 74 who had a breast screen	60%	56%	n/a

Talking Points

- Overall number of screens completed in 2018-19 increased to 18,700 from 18,123 in 2017-18.
- The population of women aged 50 to 74 years in the ACT has increased resulting in an overall reduction in the participation rate (%) in this age group.
- The total number of breast screens performed are impacted by mammographer staffing. National recruitment campaigns have continued, however, there remains a national shortage of mammographers. The ACT did not achieve full staffing in 2018-19.
- BreastScreen continues to actively promote the program through General Practitioner surgeries, at community events and through media opportunities.
- The ACT screening rate is comparable to other jurisdictions.

Portfolio/s: Health and Wellbeing

2019-20 Budget Summary (including summary initiatives)

Key points

- The 2019-20 Budget Papers (Budget Statements C) shows the former Health Directorate split into two separate entities, the ACT Health Directorate and the Canberra Health Services.
- The estimated outcome for the 2018-19 financial year is the former Health Directorate reported against the 2019-20 Budget for Canberra Health Services only. This is due to the former Health Directorate's name being changed to Canberra Health Services. The new entity created was for the ACT Health Directorate.
- Canberra Health Services do not receive operating funding directly via an appropriation from Government, they receive funding as allocated from the Local Hospital Network.
- Canberra Health Services, through the LHN, will receive \$22.060 million new initiative funding for increased service delivery. Over the four years this is \$105.636 million.
- \$1.213 million of the new initiatives will be internally funded for Emergency Department Doctor increases per annum.
- Canberra Health Services will directly receive \$4.587 million in new capital funding, which is \$19.861 million over four years
- Mental Health, Justice Health and Alcohol and Drug Services (Output 1.2) expenses are expected to increase from \$187 million to \$195 million, an increase of five per cent.
- Mental Health and Justice Health new initiatives contained in the 2019-20 Budget total \$3.698 million and 19.035 million for the four years. This is 17 per cent of the total new initiatives.

CHS EXECUTIVE BRIEF

Portfolio: Health and Wellbeing
Mental Health

ISSUE: Summary of 2019-20 Federal Budget

Talking points:

- The ACT looks forward to working with the Commonwealth and other states and territories to progress tangible and sustainable health sector outcomes which can improve access to affordable and high-quality health care.
- The ACT Government welcomes the funding announced in the 2019-20 Budget including:
 - expansion of Clare Holland House (\$4 million);
 - more clinical trials (\$0.6 million over 3 years); and
 - an expansion of the Intensive Care Unit at Canberra Hospital (\$13.5 million over 4 years).
- The ACT is seeking further clarity from the Commonwealth relating to the Budget announcements made through media releases, including:
 - a second Headspace centre (\$3.4 million);
 - a new eating disorders centre (\$13.5 million);
 - youth mental health and suicide prevention (\$6 million); and
 - drug and alcohol addiction programs, community withdrawal support services (\$7.9 million) and more residential beds (\$4 million).
- The Commonwealth funding for adult dental care will be provided for only one year in 2019-20. All states and territories seek an ongoing commitment from the Commonwealth for this funding, as raised by the NSW Minister in previous COAG Health Council meetings.

Background

- The 2019-20 Federal Budget was handed down on Tuesday 2 April 2019.

Cleared as complete and accurate:	25/05/2018	
Cleared by:	Deputy Director-General	Ext:
Contact Officer name:	Therese Gehrig	Ext:49730
Lead Directorate:	Health	
Cleared for release	Choose an item	
Information Officer name:		
TRIM Ref:	GBC19/253	

[Home \(https://apps.treasury.act.gov.au/budget/budget-2019-20/home\)](https://apps.treasury.act.gov.au/budget/budget-2019-20/home)

[Budget media releases \(https://apps.treasury.act.gov.au/budget/budget-2019-20/budget-news\)](https://apps.treasury.act.gov.au/budget/budget-2019-20/budget-news)

Future-proofing Canberra's health and hospital services

Future-proofing Canberra's health and hospital services

The 2019-20 ACT Budget delivers major new investment in infrastructure and services to future-proof our health system and help meet the healthcare needs of the entire Canberra region into the coming decade.

Growing health infrastructure

We are investing almost \$1 billion in new and upgraded health infrastructure for Canberra over the next five years.

At the Canberra Hospital campus, the major new Surgical Procedures, Interventional Radiology and Emergency (SPIRE) Centre will provide state-of-the-art critical care to meet the acute health care needs of our region into the future.

The SPIRE Centre will deliver 114 Emergency Department treatment spaces – 39 more than are currently available at the Canberra Hospital, as well as 60 ICU beds – doubling the number currently available.

SPIRE will include four new paediatric ICU beds and a family zone to provide support services for families who have children in the ICU. It will also deliver 22 new state-of-the-art operating theatres – nine more than are currently available, including hybrid theatres and interventional radiology theatres that will support the most advanced medical technology and techniques in caring for Canberrans.

In addition to SPIRE, we are investing in more beds across Canberra Health Services to help reduce waiting times and ensure that Canberrans receive the critical care they need, when the need it. This will include resourcing four additional intensive care unit beds and 12 beds for inpatient services in medicine, surgery and aged care.

We are also significantly expanding the Centenary Hospital for Women and Children which is co-located with Canberra Hospital, to support women and young people needing maternity services and other specialist care.

We will boost elective surgery at Calvary Public Hospital Bruce by expanding theatres at the hospital, and add more doctors and nurses to staff the new Emergency Department when the expansion we delivered through last year's Budget is complete.

We are building a new Walk-in Centre in Dickson to provide faster access to care for minor injury and illness for people living and working in Canberra's Inner North. This will bring Canberra's network of Walk-In Centres to five across Gungahlin, Weston Creek, Belconnen, Tuggeranong and now Dickson.

More staff and stronger health services

The 2019 Budget will invest in more services and specialists to help keep people out of hospital, reduce waiting times, remove people from waiting lists and give Canberrans access to more timely care. This includes a new program to develop better integrated pathways and improve health outcomes for people with complex and ongoing chronic health conditions, which will be co-designed with general practitioners.

We will deliver more doctors at the Canberra Hospital's Emergency Department to help reduce waiting times and respond to increasing demand. We are delivering another Interventional Radiology suite to provide state of the art care for cancer and stroke patients and funding new and upgraded MRIs. We are also boosting pharmacy services so that people who are treated at the Canberra Hospital can get access to their medications more quickly and easily.

Through the Budget we will make a significant investment in specialist services supporting Canberrans with chronic and ongoing conditions. This includes expanded services for childhood and gestational diabetes, dermatology, rheumatology and the Fracture Clinic at the Canberra Hospital, as well as an expansion of the urology service at Calvary Public Hospital Bruce. We will also deliver a new and simpler model to access maternity services, further boosting our support for expectant mums and families.

We will also make significant investments in medical and health research and in new technology to support patients and our workforce, including the development of a Digital Health Record to support Canberrans care in our public health system.

The ACT Government is committed to delivering a strong public health system with a positive work culture for all our employees. We will make a substantial investment to implement the recommendations of the *Independent Review into the Workplace Culture within ACT Public Health Services*, promoting a healthier culture, reducing inappropriate workplace behaviour and re-engaging staff. We will also invest in funding to implement the *Nurses and Midwives: Towards a Safer Culture Strategy*.

More mental health care for Canberrans

The 2019 Budget includes more support for mental health services and people experiencing mental illness so they can get access to a better range of treatment options.

We will deliver more staff resources for the Adult Mental Health Unit at Canberra Hospital to enable a more comprehensive psychosocial approach to treatment, care and support for patients. This investment will also support workforce development and improved clinical care standards.

We will expand the Mental Health Consultation Liaison Service to operate seven days a week, providing more support for people with mental illness at Canberra Hospital with a particular focus on people admitted into medical and surgical wards and those presenting to the Emergency Department.

And we will establish an Eating Disorders Specialist Clinical Hub and a community-based intervention support service to expand the range of eating disorder services available in the ACT and make these available to more Canberrans.

Through the Budget we will also start work on designing a Police, Ambulance and Clinician Early Response (PACER) model which will enable our first responders to provide better support for people experiencing acute mental health incidents. This will bring together police, ambulance paramedics and mental health clinicians to support the safe assessment and treatment of people experiencing acute mental health episodes without the need for admission to hospital.

More support for people overcoming addiction

In response to community feedback about growing areas of need across Canberra's health services, we will step up our investment in drug and alcohol services to help tackle addiction and see more people get the support they need.

We will establish a new opioid maintenance treatment clinic in Canberra's north. This will deliver more timely access to treatment for those living on the northside to help them engage with the program. We will also undertake a feasibility study and needs assessment for a medically supervised injecting facility in the ACT and continue to support Canberrans whose drug and alcohol use is a factor in their involvement in the criminal justice system.

We will continue to partner with the Aboriginal and Torres Strait Islander community to develop a culturally appropriate residential service supporting drug and alcohol rehabilitation for people in the ACT. This future service will be designed to complement existing services.

We will also recruit new specialised nursing staff to enhance drug and alcohol services at the Alexander Maconochie Centre. This will expand the existing opiate replacement treatment service and provide a range of additional drug and alcohol services. This will enable services to be delivered seven days a week so that we can better support detainees to deal with their addiction issues while they are in custody.

Through the 2019-20 ACT Budget we are building a better healthcare system that can meet the needs of our growing community today and in the years to come – delivering a healthier future for all Canberrans.

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(<tel:0422772215>) kaarin.dynon@act.gov.au (<mailto:kaarin.dynon@act.gov.au>)



[Acknowledgement of Country \(https://www.act.gov.au/ngunnawal-country\)](https://www.act.gov.au/ngunnawal-country)

We acknowledge the Traditional Custodians of the ACT, the Ngunnawal people. We acknowledge and respect their continuing culture and the contribution they make to the life of this city and this region.

Key statistics and performance

Talking points

General statistics

Key statistics	2017–18 outcome	2018–19 estimated outcomes	Percentage growth	Notes on movement in activity
Canberra Health Services staff numbers (Includes CHS & UCH)				
Overall FTE	6081	6390	5%	Detail contained in notes below.
Count of Nurses and midwives (Headcount)	3,159	3,352	6%	
Count of Doctors (Headcount)	932	988	6%	
Count of Other (Headcount) (i.e. allied health workers)	1,201	1,233	3%	
Hospital and Health Services				
Total public hospital separations (Canberra Health Services)	86,802	84,200	-3%	Opening of UCH has transferred activity from CHS
Total public hospital separations (University of Canberra Hospital)		1,800		UCH opened in the first year of operation in FY 18/19
Total Overnight Bed days of care on separation (Canberra Health Services)	228,165	226,700	-1%	Canberra Hospital in-patient bed occupancy is currently at 94%

Total Overnight Bed days of care on separation (University of Canberra Hospital)		18,000		UCH in the first year of operation in FY18/19 The UCH overnight occupancy utilization in the Rehabilitation Aged and Community Service's units for the period 1 October 2018 to 30 April 2019, has been 92%. For the same period, the overnight occupancy for the Adult Mental Health Rehabilitation Unit was 96%
Emergency Department presentations at Canberra Hospital	88,661	90,500	2%	The 2018 influenza season was very mild when compared with 2017. This has therefore understated the very large increases in Emergency Department activity in the second half of the financial year. There has been 5% growth between February and May 2019 compared with the previous corresponding period.
Emergency Surgeries performed (CHS)	10,634	10,850	2%	CHS Emergency Surgery has grown in correlation with Emergency Department presentations.
Elective surgery removals for surgery (CHS)	7,208	7,000	-3%	An adjustment was made to CHS Elective target in 2018-19 for two reasons, 1) an increase in emergency service delivery of 3% and the movement of some Urology services to CPHB. The new target was 6603, despite this new target CHS exceeded it and is estimated to complete 6984 a 5.8% increase on target.
Elective surgery removals for surgery (Calvary John James Elective Joint Replacement Program & Public Private Partnership)	689	950	38%	The Private Provider Program has been utilised by TWSS to decrease the numbers of patients waiting longer than clinically indicated for surgery. This program has been expanded to include urology, vascular, general surgery and gynaecology orthopaedics, ophthalmology, plastics and paediatric surgery, which has resulted in an increase in the number of removals through this program.

Elective surgery long wait numbers (CHS)	214	430		Due to increase in Category 1 timeliness at CHS year on year, this has led to a decreased opportunity to do other work. It is estimated an additional 156 Category 1 patients had their surgery on time in 2018-19, but due to the greater complexity of this group of patients, there was less available time for other cases
Elective surgery long wait numbers (Calvary John James Elective Joint Replacement Program & Public Private Partnership)	80	150	88%	The Elective Joint Replacement program continues to provide a valuable service to patients waiting for major joint replacement surgery. The number of long wait patients can fluctuate depending on surgeon availability and timing of surgery. This cohort of patients are identified as long wait patients prior to their transfer to the EJRP program. The reason the long-waits has grown, is that patients unable to be accommodated at CHS are moved as clinically appropriate to have their procedures undertaken under the Private Provider Program, hence it consists of a large proportion of long-waits
Number of patients who have received care through Hospital in the Home - CHS	776	700	-10%	A mild influenza season has resulted in a decline in patient numbers. There is an identified need to define clearer pathways to support referrals from Staff Specialists.
Patients accessing palliative care in-patient services (Edit by CACS – Patients that have separated under Palliative Care type)	367	390	6%	Patients may receive palliative care whilst still receiving acute treatment and therefore are not captured in this number
Walk-in Centre presentations	41,543	60,500	46%	Opening of WiC Gungahlin in September 2018 has added considerable growth and capacity to the Walk-in-Centre service. WiC Belconnen has grown by 5%. WiC Tuggeranong has grown by 15%.

Maternity and child health				
Number of babies born (CHS)	3,616	3,540	-2%	<p>A small decline in the birthing rate. Note that this is subject to clinical coding.</p> <p>In July 2018, ACT Government unveiled the newly refurbished Calvary maternity ward. There has been active promotion of the refurbished Calvary Public Hospital Bruce (CPHB) maternity services. This refurbishment has made maternity facilities at CPHB more appealing and resulted in transfer of activity from Centenary Hospital for Women and Children (CHWC).</p>
Demand for maternity at Centenary (birthing occasions)	3,571	3,500	-2%	<p>CHWC and CPHB have worked collaboratively to develop a number of strategies to address demand pressures at CHWC, including referring women requiring low risk elective procedures (caesarean sections and inductions) and referring women to the low risk continuity of midwifery care model.</p>
Paediatric separations <= 16 years	9,830	9,700	-1%	<p>Activity has declined slightly due to a mild influenza season in 2017 compared with 2018.</p>

Canberra Health Services Staffing - Movement in Budgeted FTE

Talking Points

- Canberra Health Services (CHS) is reporting an increase in FTE in 2019-20 of 131 due to new initiatives (as per the below table). The Mental Health initiatives have been highlighted.

<u>2019-20 CHS INITIATIVES</u>	<u>2019-20 FTE</u>
Expanding intensive care services at Canberra Hospital	38.8
Expanding public inpatient mental health care	13.9
More beds at The Canberra Hospital	32.5
Expanding public Fracture Clinic services	3.2
Improving access to maternity services across Canberra	4.2
More specialised women's health care	0.7
Expanding public dermatology services	1.0
Strengthening care for chronic disease	1.0
7-day-a-week Mental Health Consultation Liaison service	4.0
Strengthening care for older Canberrans	3.7
Expanding pharmacy services at Canberra Hospital	2.1
Strengthening care for childhood and gestational diabetes	2.8
Expanding health services at the Alexander Maconochie Centre	1.8
Delivering the Weston Creek Walk in Centre	10.4
Delivering better mental health care for people in crisis	1.0
Alternative justice pathways for people with mental illness	2.2
Expanding early intervention and diversion programs for people experiencing alcohol and drug dependence	6.0
More doctors in the Canberra Hospital Emergency Department to respond to increased demand	2.0
TOTAL	131.3

- The 2018-19 Estimated Outcome published in the 2019-20 Health Budget Statements shows an increase of 251 in FTE compared to the 2018-19 Budget. The increase is due to:
 - 125 – 17/18 Cost reduction targets not achieved.
 - 45 – Mental health additional staffing due to demand / activity.
 - 55 – Winter demand / activity.
 - 26 – Other

CHS EXECUTIVE BRIEFS

Budget Statement C

Portfolio/s: Health and Wellbeing

CHS E01 – Expanding Intensive Care Services at Canberra Hospital

	2019/20	2020/21	2021/22	2022/23	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expense	8,152	8,069	8,289	8,421	32,931
Revenue Offset	-1,003	-1,028	-1,054	-1,080	-4,165
Net	7,149	7,041	7,235	7,341	28,766
FTE	38.8	38.8	38.8	38.8	

Key points

- The Government will provide funding for four Intensive Care Unit (ICU) beds at Canberra Hospital.
- The additional funding will support an increase in staff to operate four more beds to assist in meeting service demand.

Background

- The last time ICU bed numbers were expanded was in the 2016-17 budget. The number of beds increased by one.

Cleared as complete and accurate:	12/06/2019	
Cleared by:	Chief Executive Officer	Ext: 44700
Contact Officer name:	Lisa Gilmore	Ext: 47135
Lead Directorate:	Canberra Health Services	
Cleared for release	Yes	
Information Officer name:	Lisa Gilmore	

CHS EXECUTIVE BRIEFS

Budget Statement C

Portfolio/s: Health and Wellbeing

CHS E03 – More Beds at Canberra Hospital

	2019/20	2020/21	2021/22	2022/23	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expense	3,086	3,448	3,559	3,617	13,710
FTE	32.5	32.5	32.5	32.5	

Talking Points

- The additional 12 beds will be added to the existing available bed base to support inpatient services experiencing sustained increases in demand.

Background:

Staffing required for the beds comprises:

- Medical staff;
- Nursing staff; and
- Support staff including allied health, ward support and administration services.

Cleared as complete and accurate:	12/06/2019	
Cleared by:	Chief Executive Officer	Ext: 44700
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Information Officer name:	Elizabeth Chatham	

CHS EXECUTIVE BRIEFS

Budget Statement C Page 70

Portfolio/s: Health and Wellbeing

CHS E05 – Expanding Public Fracture Clinic Services

	2019/20	2020/21	2021/22	2022/23	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expense	556	1,139	1,167	1,197	4,059
FTE	3.2	5.4	5.4	5.4	

Talking Points

- The Government will fund an increase to the fracture clinic capacity at Canberra Hospital to support increasing demand.
- 2019-20 is a half year impact.
- This initiative seeks to meet demand through the employment of additional staff:
 - 0.6 FTE staff specialist orthopaedic surgeon (meeting criteria for Medicare billing);
 - 1.8 FTE Career Medical Officers to assist with the high demand;
 - 2.0 FTE registered nurses; and
 - 1.0 FTE (ASO3) to assist with increased clinic load and administer the Medicare billing process.
- This will enable additional clinics for both paediatric and adults, earlier review of patients presenting to the Emergency Department and reduced waiting times in the clinic.

Cleared as complete and accurate:	12/06/2019	
Cleared by:	Chief Executive Officer	Ext: 44700
Contact Officer name:	Cathie O'Neill	Ext: 42738
Lead Directorate:	Canberra Health Services	
Cleared for release	Yes	
Information Officer name:	Cathie O'Neill	

CHS EXECUTIVE BRIEFS

Budget Statement C Page 70

Portfolio/s: Health and Wellbeing

CHS E06 – Improving Access to Maternity Services across Canberra

	2019/20	2020/21	2021/22	2022/23	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expense	513	515	529	537	2,094
FTE	4.2	4.2	4.2	4.2	

Talking Points

- The Maternity Access Strategy focuses on offering women access to a model of care that is appropriate for their clinical presentation, and as close to their home as possible. This approach supports quality, safe, and person-centred care. It has been developed in partnership by Centenary Hospital for Women and Children (CHWC) and Calvary Public Hospital Bruce (CPHB) to ensure mothers receive the right care close to home.
- The main objectives of the strategy are twofold – to streamline access to care and to strengthen the community services and health care support that is available in the women’s local area.
- The strategy will see the establishment of a single intake line for maternity services and the establishment of a community based early pregnancy and parenting service. Streamlining access to high quality maternity care provided within a strong primary healthcare framework seeks to improve health outcomes for childbearing women and their families.
- Consultation on the Strategy was undertaken through a survey on the YourSay website and through face to face consultation. A total of 735 responses were received, with overwhelming positive feedback regarding a single phone number for women to call. 93.01 per cent of respondents felt a single phone number would make it easier for them to access maternity services and 86.03 per cent of respondents felt it would be helpful to meet with a midwife early to discuss public pregnancy and birthing options in the ACT.

Cleared as complete and accurate: 12/06/2019
 Cleared by: Chief Executive Officer Ext: 44700
 Contact Officer name: Katrina Bracher Ext: 47389
 Lead Directorate: Canberra Health Services
 Cleared for release: Yes
 Information Officer name: Katrina Bracher

CHS EXECUTIVE BRIEFS

- In addition to the YourSay consultation, further consultation was held with key stakeholders including General Practitioners and women accessing the current services at Centenary Hospital for Women and Children.
- The model of care is now being finalised with feedback from the consultation incorporated. Implementation is planned for 30 September 2019.

Background:

The sustained high occupancy, acuity and demand on CHWC's maternity services has impacted on its capacity to provide tertiary level care and has created clinical, industrial and reputational risks. By managing the ongoing distribution of demand, it will ensure capacity within CHWC for the management of high risk pregnancies through appropriate allocation of low risk women to CPHB as well as Queanbeyan and Goulburn to ensure mothers receive care that is most appropriate for their needs and close to home.

Cleared as complete and accurate:	12/06/2019	
Cleared by:	Chief Executive Officer	Ext: 44700
Contact Officer name:	Katrina Bracher	Ext: 47389
Lead Directorate:	Canberra Health Services	
Cleared for release	Yes	
Information Officer name:	Katrina Bracher	

CHS EXECUTIVE BRIEFS

Budget Statement C Page 70

Portfolio/s: Health and Wellbeing

CHS E08 – More Specialised Women’s Health Care

	2019/20	2020/21	2021/22	2022/23	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expense	114	214	220	223	771
FTE	0.7	1.3	1.3	1.3	

Talking Points

- The development of a dedicated multidisciplinary service will provide women effected by transvaginal mesh with an initial assessment and continued specialised support services in the ACT.
- The Transvaginal Mesh Review Service will be governed by the existing arrangements for clinics within the gynaecology outpatients department and consist of specialist gynaecologists, pain specialists, psychologists, physiotherapists and continence nurses.

Background

Transvaginal mesh is a medical product used for the past 10-15 years to treat pelvic organ prolapse and urinary stress incontinence.

Whilst many women have benefited from such operations, increasing numbers of women around Australia have been reporting a variety of complications have emerged from the operations related to mesh insertion.

The product design and implantation techniques for transvaginal mesh have been identified to be responsible for severe, life-altering complications in some women.

In 2017, the Senate referred *“the number of women in Australia who have had transvaginal mesh implants and related matters”*, to the Community Affairs References Committee for inquiry and report.

ACT Health has been proactive in managing this issue and has written to all those women identified. Close liaison with clinicians including General Practitioners, Gynaecologists and physiotherapists has also occurred.

Cleared as complete and accurate:	12/06/2019	
Cleared by:	Chief Executive Officer	Ext: 44700
Contact Officer name:	Katrina Bracher	Ext: 47389
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CHS EXECUTIVE BRIEFS

Budget Statement C Page 70

Portfolio/s: Health and Wellbeing

CHS E12 – Expanding Public Dermatology Services

	2019/20	2020/21	2021/22	2022/23	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expense	175	180	185	188	728
FTE	1.0	1.0	1.0	1.0	

Talking Points

- The Government will increase the capacity of dermatology services at Canberra Hospital by one full-time equivalent position, to address demand.
- As the demand for dermatology services continues to grow, an additional advanced trainee would help increase access to outpatient clinics, to support and manage the wait list in dermatology as well as support the existing registrar position.

Cleared as complete and accurate: 12/06/2019
 Cleared by: Chief Executive Officer Ext: 44700
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 Cleared for release: Yes
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CHS EXECUTIVE BRIEFS

Budget Statement C Page 35-38

Portfolio/s: Health and Wellbeing

CHS E13 Strengthening Care for Chronic Disease

	2019/20	2020/21	2021/22	2022/23	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expense	240	462	474	487	1,657
FTE	1.0	2.0	2.0	2.0	

Talking Points

- The Government will increase the capacity of Rheumatology services at Canberra Hospital. This will help meet current service demand, reduce wait list times, and lead to a reduction in avoidable Rheumatology Emergency Department presentations.
- This proposal will provide two additional positions (1.0 FTE Staff Specialist and 1.0 FTE Registrar) to support new models of care.
- The change in the model of care will improve clinical throughput and provide better management of demand through partnerships with General Practice and community health services.

Background

As of late 2018 the waiting list for Rheumatology was approximately 1,800 patients. In the first half of 2019, Canberra Health Services implemented the Timely Care Strategy that saw a decrease in Category 1 and 2 outpatient referrals across all services, including Rheumatology.

As a result of the Timely Care Strategy and ongoing administrative audits, the current wait list is now approximately 1500. Although an improvement has been made, the demand for the Rheumatology service remains high.

Current rheumatology staffing (2 FTE rheumatologists, 1 FTE advance practice nurse, 1 FTE registered nurse and 1 FTE rheumatology advance trainee).

Cleared as complete and accurate:	12/06/2019	
Cleared by:	Chief Executive Officer	Ext: 44700
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Lead Directorate:	Canberra Health Services	
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CHS EXECUTIVE BRIEFS

Budget Statement C Page 71

Portfolio/s: Health and Wellbeing

CHS E25 – Strengthening Care for Older Canberrans

	2019/20	2020/21	2021/22	2022/23	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expense	470	482	494	506	1,952
FTE	3.7	3.7	3.7	3.7	

Talking Points

- Additional staff will be recruited to maintain the highest level of care for patients admitted to the Rehabilitation, Aged and Community Services Division at Canberra Hospital.
- This additional capacity will support demand and maintain the safety and wellbeing of patients in geriatric units at Canberra Hospital.

Background

- Ward 11B at Canberra hospital was initially established in November 2014 as a subacute geriatric unit with eight non acute beds for patients approved and waiting for placement in an aged care facility, in addition to 10 subacute beds.
- There has also been an increase in acuity and complexity in the Division's other Geriatric Unit (Ward 11A).
- This will fund a mix of nursing and allied health professionals.

Cleared as complete and accurate: 12/06/2019
 Cleared by: Chief Executive Officer Ext: 44700
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 Lead Directorate: Canberra Health Services
 Cleared for release: Yes
 Information Officer name: Todd Kave

CHS EXECUTIVE BRIEF

Budget Statement C, Pages 71
Portfolio/s: Health and Wellbeing

CHS E26 – More Support for Families Travelling for Health Care

Summary	2019-20	2020-21	2021-22	2022-23	Totals
	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses	250	513	525	538	\$1,826
Expenses – Offset					
Associated Depreciation					
Net Expenses					
Associated Capital					
Offset – Associated Capital					
Net Capital					

Talking points

- This new initiative will provide more money per family for a greater range of expenses than is currently available through the Interstate Patient Travel Assistance Scheme (IPTAS). This funding will merge with the IPTAS funding and supplement the existing support provided by IPTAS. It will encourage more families to claim financial support when their child/children need specialist hospital and outpatient services interstate.
- The ongoing growth in existing demand, coupled with the anticipated new growth with the proposed increases to support, it is expected that up to 500 families will be supported from this initiative.
- Access to this additional money will be via the existing IPTAS application/referral process and in accordance with the same criteria and administered by the current IPTAS officer. The IPTAS guidelines will be amended to add the new and expanded support available to paediatric patients and their families. The process will be streamlined and simplified so as not to create extra burdens on families.
- The additional support will be:
 - Provide capped financial support for two escorts for accommodation and travel costs instead of one.
 - Increase the accommodation support to \$50 per person per night.

CHS EXECUTIVE BRIEF

- Provide capped funding for carparking costs when paediatric families travel to and from Sydney in one day.
- Provide capped funding for the travel when the escorts cannot travel with the patient because they have been airlifted.

Background

Paediatric claims and cost increases for the two prior years:

Year	2016-17	2017-18	Percentage Increase
Number of claims	1039	1142	9%
Value of claims \$	\$257,000	\$293,000	12%

The current IPTAS level of assistance

Travel benefits	From 01 July 2017*			
Private vehicle <i>Fuel costs only</i>	Rebate up to the amount specified below:			(return)
	Sydney	\$110.00	Adelaide	\$300.00
	Melbourne	\$220.00	Brisbane	\$440.00
Coach (return)	Sydney	\$90.00	Adelaide	\$290.00
	Melbourne	\$160.00	Brisbane	\$390.00
Rail (return)	Sydney	\$125.00	Adelaide	\$260.00
	Melbourne	\$230.00	Brisbane	\$260.00
Patient and/or Escort (Including where patient is admitted to a hospital)	Maximum amount: \$44.00 per night each patient and/or escort (commercial accommodation providers only)			

Cleared as complete and accurate:	13/06/2019	
Cleared by:	Chief Executive Officer	Ext: 44700
Contact Officer name:	Clare Crawford	Ext: 49016
Lead Directorate:	Canberra Health Services	
Cleared for release	Yes	
Information Officer name:	Andrew Gav	

CHS EXECUTIVE BRIEFS

Budget Statement C Page 49, 52, 70

Portfolio/s: Health and Wellbeing

CHS E27 – Expanding Pharmacy Services at Canberra Hospital

Summary	2019-20	2020-21	2021-22	2022-23	Totals
	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses	302	545	749	813	2,409
Expenses – Offset					
Associated Depreciation			318	318	636
Net Expenses					
Associated Capital	2,212	3,318			5530
Offset – Associated Capital					
Net Capital					

Talking Points

- Supporting the upgrade of physical facilities within the Pharmacy to improve communication with patients and to more closely align the sterile manufacturing facilities with modern standards.
- Enhancing the quality of medicines storage throughout the hospital which will increase ease of access to medicines in patient care areas and will decrease demand on pharmacy supply services.
- Providing funding for a number of additional staff members which will assist to improve skill mix.
- Addressing issues of staffing and infrastructure that have been felt to contribute to the high staff turnover within the department.

Background

- Funding will address pharmacy services provided by CHS through a number of measures:
 - increase to Pharmacy staffing levels to meet recommended staffing guidelines, current staffing levels will increase by 6.8 FTE by 2022-23;
 - capital funding for the redesign and refurbishment of main pharmacy dispensary;
 - design of the upgrade to the Medication Imprest Rooms (sterile manufacturing suites); and
 - design and construction of a new fit for purpose Compounding Specialised Medicine room that is compliant with relevant standards.

Cleared as complete and accurate: 12/06/2019
 Cleared by: Chief Executive Officer Ext: 44700
 Contact Officer name: Paul Dugdale Ext: 43609
 Lead Directorate: Canberra Health Services
 Cleared for release: Yes
 Information Officer name: Paul Dugdale

CHS EXECUTIVE BRIEFS

Budget Statement C Page 70

Portfolio/s: Health and Wellbeing

CHS E29 – Expanding Public Ophthalmology Services

Summary	2019-20	2020-21	2021-22	2022-23	Totals
	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses	250				250
Expenses – Offset					
Associated Depreciation					
Net Expenses					
Associated Capital					
Offset – Associated Capital					
Net Capital					

Talking Points

- Chronic eye disease is increasing in the community, particularly Aged Related Macular Degeneration (AMD) in the elderly, and Diabetic Retinopathy (DR) in the working age group. While there has been growth in demand and growth in services, the Government will undertake a feasibility study for the relocation of the Eye Clinic to support these changes.
- The outputs from the feasibility study will inform a business case submission for ophthalmology service expansion in the 2020-21 budget cycle.

Background

The Ophthalmology Service does not have physical capacity to expand its current service or meet future demand without a larger clinical space. Ophthalmology Services are not proposed to be relocated to the future SPIRE Centre.

CHS EXECUTIVE BRIEFS

Budget Statement C

Portfolio/s: Health and Wellbeing

CHS E30 – Strengthening Care for Childhood and Gestational Diabetes

	2019/20	2020/21	2021/22	2022/23	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expense	567	765	784	796	2,912
FTE	2.8	3.7	3.7	3.7	

Talking Points

- This initiative will fund additional capacity within the Childhood Diabetes Service and Gestational Diabetes Service. Increasing staffing numbers will increase capacity, and responsiveness and sustainability of the services.
- The contemporary approach to diabetic care for women and children requires a cohesive multidisciplinary diabetes team that maintains current knowledge, provides best practice care and support, and delivers optimal outcomes to patients and their families with consistent but adaptive approach from diagnosis to the time that they transition to adult care.

Background

- Diabetes is affecting a growing number of people in the ACT community, including an increasing number of children with diabetes and women with gestational diabetes, and leading to increased demand for both childhood and gestational diabetes services.
- In 2018, Women Youth and Children Division conducted an independent external review of paediatric endocrinology and diabetes services. Recommendations from the report identify the need for increased nurse educators and diabetes allied health support to optimise management of paediatric and gestational diabetes services.

Cleared as complete and accurate:	12/06/2019	
Cleared by:	Chief Executive Officer	Ext: 44700
Contact Officer name:	Katrina Bracher	Ext: 47389
Lead Directorate:	Canberra Health Services	
Cleared for release	Yes	
Information Officer name:	Katrina Bracher	

CHS EXECUTIVE BRIEFS

Budget Statement C Page 52

Portfolio/s: Health and Wellbeing

CHS E32 – More Opioid Treatment Services on Canberra’s Northside

2019-20 Budget Paper Description:

The Government will establish a satellite opioid maintenance treatment clinic in Canberra’s north. This will enable more timely access to treatment for north side Canberrans, and lead to fewer patients dropping out of the program.

	2019/20	2020/21	2021/22	2022/23	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expense	0	750	770	790	2,310
Capital	611	0	0	0	611
FTE	0	3.6	3.6	3.6	

Talking Points

- The expansion of the public Opioid Treatment Service to the northside of Canberra aims to address barriers of access for treatment of people with complex opioid addiction.
- At least 50 per cent of people who access Opioid Maintenance Treatment through the public clinic reside in Canberra’s north and are forced to travel every day to Canberra Hospital.
- The Government will establish a satellite opioid maintenance treatment clinic in Canberra’s north, expanding on current services provided by the Opioid Treatment Service at Canberra Hospital.

Background

- The expansion to the OTS proposal includes funding for 2.6FTE Registered Nurse, 0.4FTE Addition Medicine Specialist and 0.6FTE HP3 Counsellor.

Cleared as complete and accurate:	12/06/2019	
Cleared by:	Chief Executive Officer	Ext: 44700
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Information Officer name:	Karen Grace	

CHS EXECUTIVE BRIEFS

Budget Statement C

Portfolio/s: Health and Wellbeing

CHS E33 More Doctors in the Canberra Hospital Emergency Department to respond to increased demand

	2019/20	2020/21	2021/22	2022/23	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expense	1,213	1,125	1,140	1,148	4,626
FTE	2.0	2.0	2.0	2.0	

Talking Points

- The Government will recruit two Senior Staff Specialists within the Canberra Hospital Emergency Department, responding to increasing demand.
- This is a step towards the recommended standards of the Australian College for Emergency Medicine (ACEM), contained in their ACEM Guidelines on Constructing and Retaining a Senior Emergency Medicine Workforce.

Background

- The expenses for these two Staff Specialists will be funded from within the Canberra Health Services budget—this is not new funding.

Cleared as complete and accurate:	12/06/2019	
Cleared by:	Chief Executive Officer	Ext: 44700
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Lead Directorate:	Canberra Health Services	
Cleared for release	Yes	
Information Officer name:	Lisa Gilmore	

**Select Committee on Estimates
2019 – 2020 Budget**

June 2019

28. CHS CW04 - Medical Imaging Capital Works/IR suite and other works

(Budget Statement C, Pages 49, 52 & 70)

Summary	2019-20	2020-21	2021-22	2022-23	Totals
	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses	100	677	1,217	1,458	3,452
Expenses – Offset					
Associated Depreciation					
Net Expenses					
Associated Capital					
Offset – Associated Capital					
Net Capital		2,800	6,100	2,300	11,200

Key points

- The Government will provide expanded medical imaging services. This will reduce pressure on existing theatres, allow for more complex procedures to be undertaken, and produce better patient outcomes through faster scanning times and improved image quality.
- This initiative will provide for the expansion of medical imaging services and includes two components; develop and install an additional interventional radiology suite; and the replacement of the existing medical Resonance Imaging (MRI) devices.
- Expansion for a new Interventional Radiology (IR) Suite will provide state of the art care for cancer and stroke patients. With this expansion there is ongoing recurrent funding (from 2020-21) for interventional radiology medical specialists, registered nurses and radiographers.
- Expansion of IR with a third IR suite is expected to result in reduced waiting times for procedures, improved access to minimally invasive interventions and the latest in diagnostic imaging technology and techniques, reduced pressure on conventional operating theatres, and improved access for registrar training and support.
- This initiative funds replacement of one MRI machine with a new machine of increased power that will enable imaging of prostate and rectal cancers. The new machine will improve diagnostic capabilities and will facilitate faster scanning, greater patient comfort and improved service operating efficiencies.
- The additional workforce that will be provided with the completion of the works includes additional senior specialist, nursing and radiographer resources.

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CHS EXECUTIVE BRIEF

HEA E02

Portfolio/s: Health and Wellbeing

HEA E02 Delivering the Weston Creek Walk-in-Centre

2019-20 Budget Paper Description:

The Government will fund operations at the Weston Creek Walk-in Centre (WiC), which will form part of the Weston Creek Community Health Centre. This will be delivered as part of the broader Weston Creek Region Community Health Infrastructure project. The Centre will relieve pressure on public hospital services by providing additional low-cost care options.

	2019/20	2020/21	2021/22	2022/23	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expense	1,946	2,705	2,887	2,933	10,471
FTE	10.4	13.9	13.9	13.9	

Talking Points:

- This proposal will fund operational costs for the Weston Creek WiC consistent with the operational costs for the Gungahlin WiC. The WiC is expected to open in November 2019 and commence seeing patients by late December 2019.
- The newly refurbished Weston Creek Community Health Centre will deliver a WiC integrated with an expanded Community Health Centre focussing on nursing clinics and maternal and child health.

Background

- The Weston Creek WiC will operate from the refurbished health facility at 24 Parkinson Street, Weston. The refurbishment has commenced and is funded through 2018-19 commitments.
- The Weston Creek WiC is an election commitment.

Cleared as complete and accurate:	12/06/2019	
Cleared by:	Executive Group Manager	Ext: 6244 2738
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Lead Directorate:	Canberra Health Services	
Cleared for release	Yes	
Information Officer name:	Cathie O'Neill	

CHS EXECUTIVE BRIEF

CHS E30

Portfolio/s: Health and Wellbeing

HEA E30 – Expanding early intervention and diversion programs for people experiencing alcohol and drug dependence

2019-20 Budget Paper Description:

The Government will improve drug and alcohol services for individuals who are in contact, or at risk of contact, with the justice system. This will meet the demand in the community and allow for responsive early intervention services.

	2019/20	2020/21	2021/22	2022/23	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expense	949	644	660	677	2,930
FTE	6.0	4.8	4.8	4.8	

Key points:

- The ACT Government will provide \$2.93 million over four years to support the expansion of alcohol and drug treatment services delivered by Canberra Health Services.
- This funding will support an expansion of service provision and enable Canberra Health Services to provide additional support to individuals at risk of contact with the criminal justice system along with those already involved with the system.
- This would lead to an increase in the services provision within the community via early intervention services and is likely lead to judicial and community confidence that individuals experiencing AOD concerns are being supported and monitored by specialist agencies.
- This proposal aligns with JACS omnibus business case 'Building Communities not Prisons' with distinct focus to on diverting people from the criminal justice system. It is the Government view that harmful drug and alcohol use is primarily a health matter.

Cleared as complete and accurate: 12/06/2019
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CHS EXECUTIVE BRIEFS

Budget Statement C Page 38

Portfolio/s: Health and Wellbeing

Strategic Indicator 8: No Waiting for Access to Emergency Dental Health Services

Table 10: The percentage of assessed emergency clients seen within 24 hours

Strategic indicator	2018–19 target	2018–19 est. outcome	2019–20 target
Percentage of assessed emergency clients seen within 24 hours	100%	100%	n/a

Key Points

- 100 per cent of Dental Health Program clients triaged as an emergency are offered an appointment within 24 hours.
- The Dental Health Program's definition of an emergency client is someone who has visible facial swelling, is unable to open their mouth widely, bleeding from a recent extraction or an injury/accident to teeth in the last 72 hours.
- Appointment books are structured to ensure adequate emergency appointment times are available to meet triaged timeframes. All staff are trained annually in the Dental Health Program Business Rules which includes the emergency triage process. Trained staff include:
 1. Dental clinical staff (dentists, dental assistants, dental therapists/oral health therapists and prosthetists)
 2. Dental administration staff
 3. Community Health Intake staff
 4. Reception staff working in Community Health Centres
- The emergency triage processes are regularly reviewed by management and clinical staff to ensure triage categories and timeframes for children, youth and adults are appropriate for the clinical need.

Cleared as complete and accurate: 12/06/2019
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CHS EXECUTIVE BRIEFS

Budget Statement C

Portfolio/s: Health and Wellbeing

JACS E39 – Improving Safety of Older Drivers

	2019/20	2020/21	2021/22	2022/23	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses	300	0	0	0	300
FTE	1.6				

Key points

- The funding will continue the operations of the Canberra Hospital's Fitness to Drive Medical Clinic (FTDMC). The FTDMC assesses the medical suitability of older and other drivers to hold an ACT driver's license.
- The FTDMC was previously delivered within existing resources of the Canberra Hospital's Clinical Forensic Medical Services (CFMS), funded by ACT Health for sexual assault and domestic violence clinical care, due to their experience in forensic medicine including traffic matters.

Background

- The funding provides for part-time staff of 1.6FTE for the FTDMC to provide an ongoing ability to meet the demand for the service including a senior doctor (0.5FTE), Registered nurse (0.5FTE), and an administrative officer (0.6FTE).

Cleared as complete and accurate:	12/06/2019	
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CHS EXECUTIVE BRIEFS

Budget Statement C Page 51 Table 26

Portfolio/s: Health and Wellbeing

HEA CW06/07 Critical Asset Upgrades

Summary	2019-20	2020-21	2021-22	2022-23	Totals
	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses					
Expenses – Offset					
Associated Depreciation					
Net Expenses					
Associated Capital					
Offset – Associated Capital					
Net Capital	6,324	16,199			22,523

Talking Points

- The Upgrade and Maintain ACT Health Assets (UMAHA) program was originally conceived in 2016 to deal with extreme and high risks across the ACT Health network and medium and low risks associated with the deferment of the Building 3 and 2 redevelopment project.
- Through the roll out of UMAHA works, the development of a Strategic Asset Management Plan (SAMP) and evolution of an Infrastructure Risk Register, Canberra Health Services (CHS) is better informed now about the condition of their built asset base compared to 2016.
- The output of these elements informed a follow-on funding program, ACT Health Critical Assets Upgrades, which primarily focuses on critical front-line service buildings to maintain and extend the reliable service life of these buildings by addressing known extreme and high infrastructure risks.
- These risks have been identified in critical buildings including 1, 2, 3, 10 and 12 at TCH in areas such as Heating, Ventilation and Air Conditioning (HVAC), fire risk mitigation, hydraulic and mechanical services.
- Initially, funding was provided for two years commencing in 2018-19 that has now been extended to reflect additional time required for procurement and staging construction activities to minimise impacts on visitors and patients. Extending the remaining funding into a third year (to 2020-21) will ensure adequate timing is available to engage construction contractors for completion of these critical works.

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CHS EXECUTIVE BRIEFS

- The output from the Critical Asset Upgrade program items will inform future business cases as part of ongoing CHS infrastructure planning.

Cleared as complete and accurate: 12/06/2019
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Cleared for release: Yes
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Mental Health
Select Committee on Estimates 2019-20
20 June 2019

Budget Specific

No.	Title
1.	2019-20 Budget Summary (including summary of CHS Initiatives) FBI
2.	Summary of 2019-20 Federal Budget – Impact on Canberra Health Services FBI

General Information

No.	Title
3.	Mental Health Budget Media Release (Comms)
4.	Removed
5.	Canberra Health Services Staffing Breakdown (P&C)

Mental Health – Budget Initiatives

No.	Title
6.	CHS E02 - AMHU additional beds
7.	CHS E15 - Expand Mental Health Consultation Liaison Service
8.	CHS E16 - Electroconvulsive Therapy (ECT)
9.	CHS E31 - Expansion of Justice Health Services at the AMC

Mental Health – Recurrent Budget Initiatives

No.	Title
10.	Strategic Indicator 2 (Strategic Indicator 5) (NEW) Proportion of clients with a mental health seclusion episode
11.	Strategic Indicator 3 (Strategic Indicator 6) Acute psychiatric unit patient 28 day readmission rate
12.	HEA E26: Delivering Better Mental Health Care for People in Crisis
13.	HEA E29: Alternative Justice Pathways for People with Mental Illness

CHS EXECUTIVE BRIEF

CHS E02

Portfolio/s: Mental Health

ISSUE: Expanding Public Inpatient Mental Health Care

2019-20 Budget Paper Description:

The Government will boost administration, allied health, and nursing staff levels in the Adult Mental Health Unit. This will allow a more comprehensive psychosocial approach to support inpatients, as well as support workforce development and improved clinical care standards.

	2019/20	2020/21	2021/22	2022/23	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expense	1,680	1,722	1,765	1,809	6,976
FTE	13.9	13.9	13.9	13.9	

Talking Points:

- Throughout 2017 and 2018, increased demand and presentations to the Emergency Department (ED) have meant that bed occupancy is consistently at or over capacity, resulting in long length of stay for patients in ED who require a mental health bed

Background:

- This proposal will expand the Adult Mental Health Unit (AMHU) from 37 to 40 beds. Commissioning of AMHU in 2012 funded 35 beds and a subsequent expansion in 2015 from 35 to 37 beds.
- AMHU has been operating at 40 beds for some time. While measures have been deployed to address demand (three additional un-funded nurses were employed in January 2018 in response to Nurse Hours Per Patient Day (NHPPD)) staffing for 40 patients were not sustainable.

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CHS EXECUTIVE BRIEF

CHS E15

Portfolio/s: Mental Health

ISSUE: 7 Day-a-week Mental Health Consultation Liaison Service

2019-20 Budget Paper Description:

The Government will expand the Mental Health Consultation Liaison (MHCL) service to operate at Canberra Hospital seven days a week, increasing the level of support available for people with mental illness.

	2019/20	2020/21	2021/22	2022/23	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expense	800	1,234	1,268	1,292	4,594
FTE	4.0	6.0	6.0	6.0	

Talking Points:

- The expansion to seven day a week will enable the coverage of afterhours and weekend shifts, with a focus on adults admitted into the medical and surgical wards and/or presenting in the Emergency Department.

Backgrpumd:

- Over the previous five years, the rate of referrals to the Adult MHCL team across medical and surgical wards has increased by 38 per cent.
- The service currently receives over 700 new referrals a year.
- The projected annual referral rate is 987 referrals by 2023.

Cleared as complete and accurate: 12/06/2019
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CHS EXECUTIVE BRIEF

CHS E16

Portfolio/s: Mental Health

ISSUE: More Mental Health Services at Canberra Hospital
2019-20 Budget Paper Description:

The Government will establish an Electroconvulsive Therapy (ECT) service to operate within the Adult Mental Health Unit at Canberra Hospital. This will provide access for mental health patients who previously have been unable to receive this treatment.

	2019/20	2020/21	2021/22	2022/23	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expense	0	488	999	1,078	2,565
Depreciation	0	0	126	126	252
Capital	1,764	756	0	0	2,520
FTE	0	2.1	4.1	4.1	

Talking Points:

- ECT will be provided from a dedicated self-contained unit within the Adult Mental Health Unit. All clients will be managed by a specialist ECT team.

Background:

- ECT is a therapeutic medical procedure which involves the delivery of an electrical current to the brain in order to induce a seizure for therapeutic purposes.
- ECT has a strong evidence base in the treatment of more severe forms of depression and catatonia.
- Currently Calvary Public Hospital Bruce is the only provider of elective ECT in Canberra which has proven to be insufficient to provide adequate service to Canberra's growing population.
- ECT has not been routinely provided at Canberra Hospital since the opening of the Adult Mental Health Unit in 2012.

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 Cleared for release: Yes
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CHE EXECUTIVE BRIEF

CHS E31

Portfolio/s: Mental Health

ISSUE: Expanding health services at the Alexander Maconochie Centre

2019-20 Budget Paper Description:

The Government will provide a targeted opiate replacement treatment service and a range of additional drug and alcohol services at the Alexander Maconochie Centre (AMC). This will help reduce waiting times for alcohol and drug consultations, and will provide earlier access to interventions for detainees.

	2019/20	2020/21	2021/22	2022/23	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expense	258	266	273	277	1,074
FTE	1.8	1.8	1.8	1.8	

Talking Points:

- The Government will enhance the clinical provision of Justice Health Drug and Alcohol Services at the Alexander Maconochie Centre (AMC) to provide a targeted opiate replacement treatment service and a range of additional drug and alcohol services
- Expanding service provision by 1.8 FTE Registered Nurses would enable key recommendations of the ACT Drug Strategy Action Plan 2018-2021 and the AMC Drug and Blood Born Virus Strategy 2018-2022 and the Human Rights Commission Independent Review into the Opioid Replacement Therapy Program at the AMC to be addressed.
- This would also enable a seven day a week service.

Background:

- In November 2018 the AMC detainee muster ranged between 475 and 490 individuals in custody. During this time 104 of these detainees were managed on the Opiate Maintenance Therapy Program. This equates to 21 per cent of the prison population.

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Strategic Indicator 2: Reducing the Usage of Seclusion in Mental Health Episodes

Table 1: Strategic Indicator 2.1: The proportion of mental health clients who are subject to a seclusion episode while being an admitted patients in an ACT public mental health inpatient unit.

Strategic indicator	2018–19 target	2018–19 est. outcome	2019–20 target
The proportion of mental health clients who are subject to a seclusion episode while being an admitted patients in an ACT public mental health inpatient unit	<5%	16%	n/a

Table 2: Strategic Indicator 2.2: The rate of mental health clients who are subject to a seclusion event while being an admitted patients in an ACT public mental health inpatient unit per 1,000 bed days.

Strategic indicator	2018–19 target	2018–19 est. outcome	2019–20 target
The rate of mental health clients who are subject to a seclusion event while being an admitted patients in an ACT public mental health inpatient unit per 1,000 bed days.	n/a	n/a	<7 per 1,000 bed days

Key Points

- Seclusion refers to confining a person (who is being provided with treatment, care or support at the facility) by leaving them alone in a room where they cannot physically leave for some period of time.
- A person is secluded in the least restrictive manner, only when necessary and in a way that prevents the person from causing harm to themselves or someone else.
- The clinical reason for the increase in the use of seclusion is complex, as people that require an acute inpatient admission are presenting with a higher acuity and can be volatility when acutely mentally unwell.
- Seclusion can only occur under the provisions of the *Mental Health Act 2015*. All seclusions are documented in a register, including the reason

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CHS EXECUTIVE CHOOSE BRIEF TYPE

for the seclusion, the Public Advocate is notified and the person under constant observation during seclusion and is examined by a medical officer at the conclusion of the seclusion period.

- In 2018-19, it is forecasted there will be 2,050 admitted episodes of care in an acute mental health inpatient unit, of which forecasting there were 334 (16%) seclusion events.
- During 2018-19 there were a small number of complex patients with significantly high acuity that resulted in these individual patients having multiple events of seclusion. As this indicator is currently configured, with patient separations as the denominator, this scenario can significantly impact the rate .
- For 2019-20 Canberra Health Services have adopted the national standard and counting methodology for this indicator with in reported as a rate per 100,000 bed days.

Cleared as complete and accurate: 07/07/2018
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Strategic Indicator 3:

Maintaining Reduced rates of patient Return to an ACT Acute Psychiatric Unit

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

Strategic indicator	2018–19 target	2018–19 est. outcome	2019–20 target
Proportion of clients who return to hospital within 28 days of discharge from an ACT acute psychiatric mental health inpatient unit	<10%	n/a	<17%

Key Points

- This indicator is based on the Australian Health Care Standards (ACHS) definition of unplanned readmissions. A clinical review/audit is required to determine if a return to hospital for an inpatient admission within 28 days is part of planned treatment and care or unplanned. The intent of the indicator is to show the rate of readmissions within 28 days that are unexpected and not part of ongoing supported recovery treatment planning.
- An estimated outcome for 2019-20 is not available at this time due to the unplanned readmission within 28 days not being distinguishable from all readmissions, planned or unplanned. This is in part impacted on by the Auditor-General's Report, Mental Health Services – Transition from Acute Care. This report recommended the clinical review/audit for readmissions within 28 days not be conducted by the inpatient facility staff receiving the consumer due to a potential perception of a conflict of interest.
- For 2019-20, the methodology for this indicator will change to align more closely with the national indicator. The new methodology does not require a senior clinical resource to manually review and determine whether a patient's readmission was planned or otherwise.

Cleared as complete and accurate: 07/06/2018
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CHS EXECUTIVE BRIEFS

- The 2019-20 measure will inevitably report an increased rate as it will be measuring all mental health Psychiatry related readmissions within 28 days of discharge from hospital and not just the unplanned readmissions.
- As such, the target for 2019-20 has also increased to reflect the change in methodology. As previously explained, this method aligns more closely with other jurisdictions and national publications.

Cleared as complete and accurate: 07/06/2018
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CHS EXECUTIVE BRIEFS

HEA E26

Portfolio/s: Mental Health

ISSUE: Delivering better mental health care for people in crisis

2019-20 Budget Paper Description:

The Government will undertake planning and design work for a Police, Ambulance and Clinician Early Response model to better manage acute mental health related incidents in the community.

	2019/20	2020/21	2021/22	2022/23	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Health Expenses	147	0	0	0	147
Justice & Community Safety Expenses	176	0	0	0	176
FTE	1.0				

Talking Points:

- This will establish a tri-service mental health co-response capability for the ACT Police, Ambulance and Clinician Early Response. Funding will be required for ACT Policing, the ACT Ambulance Service and ACT Health to contribute personnel and infrastructure in support of the initiative.

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CHS EXECUTIVE BRIEFS

HEA E29

Portfolio/s: Mental Health

ISSUE: Alternative justice pathways for people with mental illness

2019-20 Budget Paper Description:

The Government will expand Mental Health, Justice Health and Alcohol and Drug Services to address the over-representation of people with mental health concerns who are in contact with the criminal justice system.

	2019/20	2020/21	2021/22	2022/23	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses	731	749	768	787	3,035
FTE	2.2	2.2	2.2	2.2	

Talking Points:

- Health will be provided additional funding for 2.2 FTE on-going to meet the demand of a larger JACS Omnibus proposal that is envisaged to have a direct impact on government and non-government agencies and the service provision required to support complex individuals who may be bailed with mental health conditions to engage with mental health services.
- Expansion to the Mental Health Justice Health service will enable a higher level of intervention for individuals with a mental illness who are on bail and require an assertive model of intervention by employing experts to assist with the interface and governance between ACT Health and the ACT Courts. Increase in funding to Wellways for the expansion of the Detention Exit Community Mental Health Outreach Service.

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