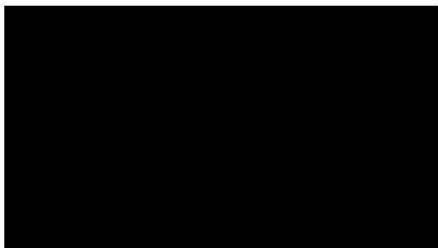




ACT
Government

**Canberra Health
Services**

FOI19-50



Dear 

Freedom of Information Request: FOI19/50

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

"Copies of the briefs prepared for the incoming Minister for Health in 2019."

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 September 2019.

Decision on access

Searches were completed and 21 relevant 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 Your personal contact details will not be published.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.

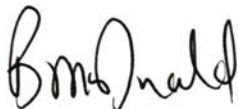
ACT Civil and Administrative Tribunal (ACAT) review

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 9831 or email HealthFOI@act.gov.au.

Yours sincerely



Bernadette McDonald
Chief Executive Officer
Canberra Health Services

3 September 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>Copies of the briefs prepared for the incoming Minister for Health in 2019</i>			FOI19/50	
Ref No	No of Folios	Description	Date	Status	Reason for non-release or deferral	Open Access release status
1.	1	Incoming Minister Briefs – table of content	26 June 2019	Full Release		YES
2.	2 - 6	Portfolio overview	July 2019	Full Release		YES
3.	7 - 15	Hospital performance	May 2019	Full Release		YES
4.	16	Activities and Key Performance Indicators (KPIs)	July 2019	Full Release		YES
5.	17 - 18	2019/20 Budget Initiatives	July 2019	Full Release		YES
6.	19 - 21	CHS Infrastructure Project Overview	July 2019	Full Release		YES
7.	22 - 23	Key Dates	July 2019	Full Release		YES

8.	24 - 27	SPIRE Centre- Parking and Residential Accommodation	July 2019	Full Release		YES
9.	28 - 31	CHWC Expansion	July 2019	Full Release		YES
10.	32	Occupational Violence	July 2019	Full Release		YES
11.	33	Independent Culture Review	July 2019	Full Release		YES
12.	34 - 35	Industrial Issues	July 2019	Full Release		YES
13.	36	Maternity Services	July 2019	Full Release		YES
14.	37 - 38	Medical Imaging	July 2019	Full Release		YES
15.	39	Endovascular Clot Retrieval Services	July 2019	Full Release		YES
16.	40 - 41	Emergency (Disaster) Management and Business Continuity Management	July 2019	Full Release		YES
17.	42	Accreditation	July 2019	Full Release		YES
18.	43	Risk Management	July 2019	Full Release		YES
19.	44	ICU Capacity	July 2019	Full Release		YES
20.	45	Mental Health Capacity	July 2019	Full Release		YES
21.	46	NDIS	July 2019	Full Release		YES

Total 46 Pages

Total 46 Pages						
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21



ACT
Government

**Canberra Health
Services**

INCOMING MINISTER BRIEFS – 26 June 2019

#	Title
1.	Canberra Health Services overview
2.	Hospital Performance
3.	Activity and KPIs
4.	2019/20 Budget Initiatives
5.	Infrastructure overview
6.	Key Dates
	HOT TOPICS
7.	SPIRE <ul style="list-style-type: none"> a. Parking b. Building 5 accommodation
8.	Centenary Hospital for Women and Children expansion
9.	Occupational Violence
10.	Independent Culture Review
11.	Industrial Issues
12.	Maternity Services
13.	Medical Imaging
14.	Clot Retrieval
15.	Emergency Management
16.	Accreditation
17.	Risk Management
18.	ICU Capacity
19.	Mental Health Capacity
20.	NDIS

PORTFOLIO OVERVIEW

Canberra Health Services (CHS) is focused on the delivery of high quality, effective, person centred care. It provides acute, sub-acute, primary and community-based health services to the Australian Capital Territory (ACT)—a catchment of approximately 400,000 people. It also services the surrounding Southern New South Wales region which includes the Bega Valley, Bombala, Cooma-Monaro, Eurobodalla, Goulburn, Mulwaree, Palerang, Queanbeyan, Snowy River, Upper Lachlan Shire and the Yass Valley. CHS administers a range of publicly funded health facilities, programs and services including but not limited to:

- **The Canberra Hospital:** a modern 600-bed tertiary hospital providing trauma services and most major medical and surgical sub-specialty services.
- **University of Canberra Hospital Specialist Centre for Rehabilitation, Recovery and Research:** a dedicated and purpose-built rehabilitation facility, with 140 inpatient beds, 75-day places and additional outpatient services.
- **Mental Health, Justice Health, Alcohol and Drug Services** provide a range of health services from prevention and treatment through to recovery and maintenance at a number of locations and in varied environments for people suffering from mental health issues.
- **Six community health centres:** providing a range of general and specialist health services to people of all ages.
- **Four Walk-in Centres:** which provide free treatment for minor illness and injury.
- A range of **community-based health services** including early childhood services, youth and women's health, dental health, mental health and alcohol and drug services.

CHS is a partner in teaching with the Australian National University, the University of Canberra and the Australian Catholic University.

Vision, Role and Values

Following the split of CHS from the ACT Health Directorate on 1 October 2018, a project was established to create a new identity. This project was to create a new Vision, Role and Values and commenced in January 2018. With the organisation being newly formed, it was critical to set a clear vision for CHS to build staff engagement, improve workplace culture and align with community and consumer needs. Eighty staff from across the organisation conducted extensive consultation with staff, patients and carers to develop the new CHS Vision and Role, which were officially launched on 14 May 2019. The Values project is yet to be finalised.

Vision:

Creating Exceptional Health Care Together.

Role:

To be a health service that is trusted by our community.

Staffing Profile

Employee Classification	As at May 2019
Administrative Officers	925
Dental	18
Executive Officers	18
General Service Officers & Equivalent	492
Health Assistants	116
Health Professional Officers	1102
Information Technology Officers	0
Legal Officers	0
Medical Officers *	987
Nursing Staff	3344
Professional Officers	9
Senior Officers	227
Teacher	0
Technical Officers	148
Trainees and Apprentices	3
Headcount Totals	7389

* Medical Officers does not include Visiting Medical Officers (VMOs). There are currently 274 VMOs, however they are not considered as employees.



Canberra Hospital Campus Map

Normal opening hours for all buildings are 6am to 9am.
For access after hours, please use the Emergency Department entrance.
Maternity presentations
At all hours present to the Centenary Hospital for Women and Children (Building 11) entry. After hours please use the intercom to gain access.
Contact
Canberra Hospital switch: 02 6244 2222



- | | | | |
|-------------------------------|--------------------|--|---|
| Emergency | Bicycle parking | 1 Central Outpatients Dept. / Tower Block / Pharmacy | 14 National Capital Private Hospital |
| Information
Main Reception | Car park | 2 Main Reception | 15 Building 15 (various departments) |
| Building entry | Helipad | 3 Building 3 (various departments) | 19 Canberra Region Cancer Centre |
| Accessible parking | Loading dock | 4 ANU Medical School | 20 Building 20 Radiation Oncology |
| Accessible ramp | Motorcycle parking | 5 Residences (Public and Staff) | 23 Building 23 (various departments) |
| ACTION Bus stop | Stairs | 6 Administration (various departments) | 24 Building 24 (various departments) |
| Courtesy Bus | Taxi pick-up point | 7 Alcohol and Drug Unit | 25 Adult Mental Health Unit |
| | | 8 Pain Management | Public hospital buildings |
| | | 9 Residences (Doctors) | Private buildings |
| | | 10 Pathology | Administration buildings |
| | | 11 Centenary Hospital for Women and Children | |
| | | 12 Emergency, Diagnostics and Treatment /
Mental Health Short Stay Unit / Clinical Records Service | |

PORTFOLIO PRIORITIES

Strategic Plan

- What we want to achieve as a health service – key strategic objectives
- The actions we will take to achieve our objectives – key projects and initiatives
- How we will measure our achievements.

Organisational vision, role and behaviours

- To provide a clear vision for the health service for the future and identify our role and behaviours which help us to achieve the vision.

Timely Care Strategy

- Innovative and creative solutions about how we can refresh and re-focus our approach to systems and processes to improve timely care for our patients.

Organisational culture

- To prioritise work focussed on our organisational culture including supporting respectful behaviours and the introduction of an Employee Advocate.

An occupational violence Strategy

- Development of an overarching strategy about how we will reduce the incidence of occupational violence and address occupational violence in all its forms.

An Internal Communication Framework

- To assist in guiding us through what has been a time of uncertainty and for some, change fatigue
- To drive commitment to change and build capacity
- To combat an over-reliance on email
- Ensure that information is immediately available and easily shared.

LEGISLATIVE RESPONSIBILITIES

Canberra Health Services Quality Assurance Committees

Quality Assurance Committees (QACs) are established under the *Health Act 1993* (the Health Act). QACs provide a forum for clinicians to confidentially discuss issues and risks associated with healthcare, and to develop recommendations for improving the quality of healthcare.

Formal approval and establishment of a QAC is by a Notifiable Instrument signed by the Minister for Health. QACs are approved for a period of three years.

The Health Act requires each QAC to provide an annual report to the Minister for Health at the end of each financial year. The purpose of the annual report is to provide the Minister with an overview of the functions and operations performed by the committee during the year. The Minister may revoke approval of a QAC if the committee fails to provide an annual report.

The Medicolegal team in the Quality, Safety, Innovation and Improvement Division are responsible for coordinating the administrative functions of the CHS QACs. Other health services in the ACT also have established and approved QACs and the same ministerial approval is required. Coordination of the administrative functions of non CHS QACs is the responsibility of the ACT Health Directorate.

Key date:

CHS QAC reports are due to the Minister for Health by 30 September each year.

Number of presentations

81,512 Last year
1.5 % % change
82,743 This FYTD

Patients seen on time

39 % Last year
70 % Target
43 % This FYTD

Patients admitted or discharged within 4 hours (NEAT)

54 % Last year
75 % Target
56 % This FYTD

Presentations with a length of stay >24 hours

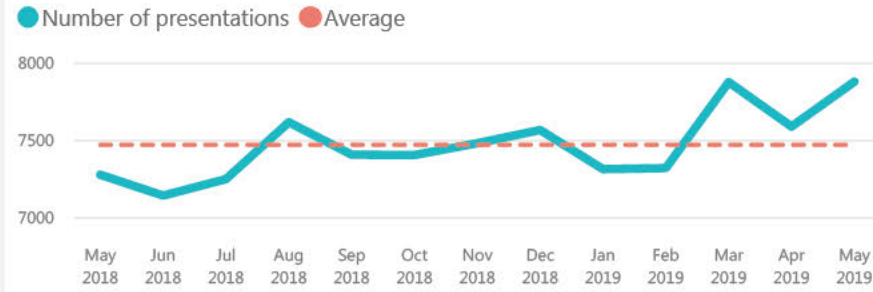
Mental health

144 Last year
135 % % change
339 This FYTD

All others

203 Last year
-32 % % change
139 This FYTD

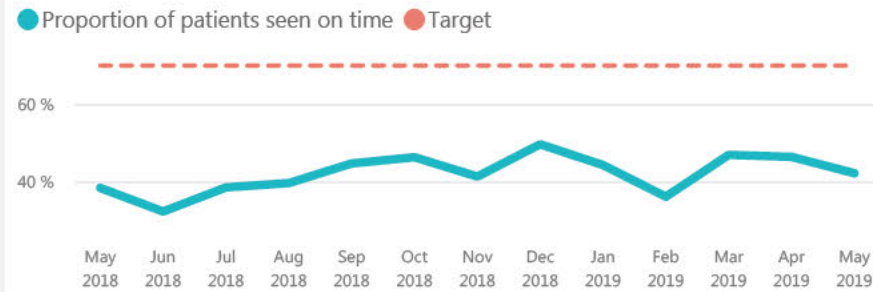
Number of presentations, last 13 months



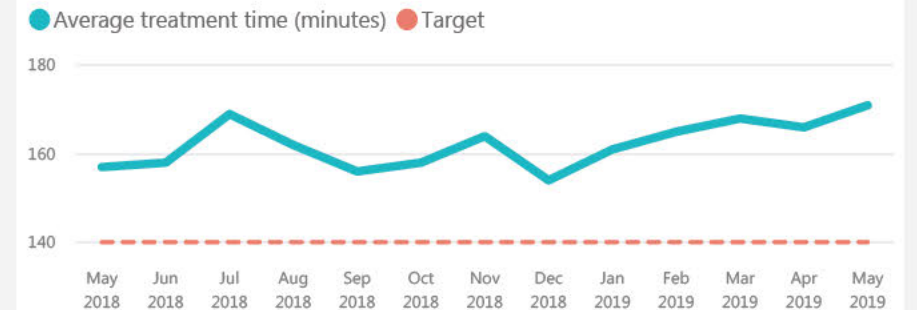
Average waiting time (minutes), last 13 months



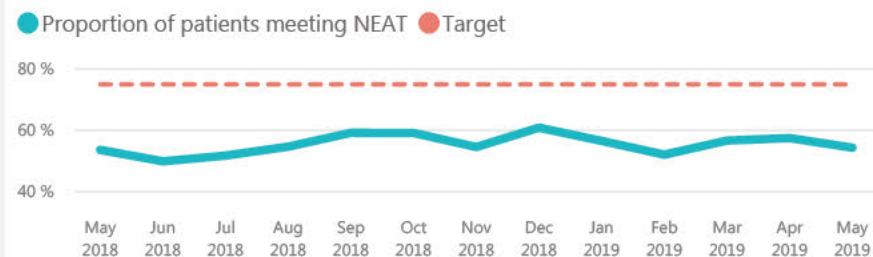
Proportion of patients seen on time, last 13 months



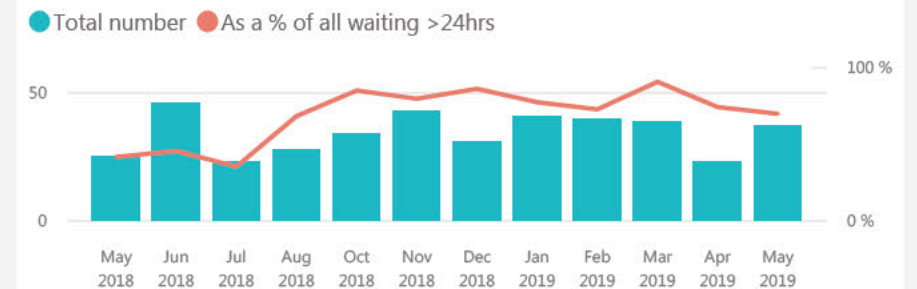
Average treatment time (minutes), last 13 months



Proportion of patients admitted or discharged within 4 hours (NEAT), last 13 months



Mental health presentations with a length of stay >24 hours, last 13 months



Number of surgeries

Emergency

9,844 Last year **2 %** % change **10,006** This FYTD

Elective

6,564 Last year **-3 %** % change **6,397** This FYTD

Treated on time

Category 1 (within 30 days)

83 % Last year **100 %** Target **95 %** This FYTD

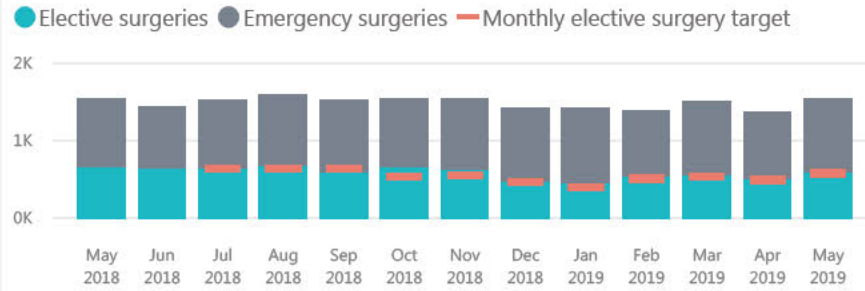
Category 2 (within 90 days)

70 % Last year **78 %** Target **71 %** This FYTD

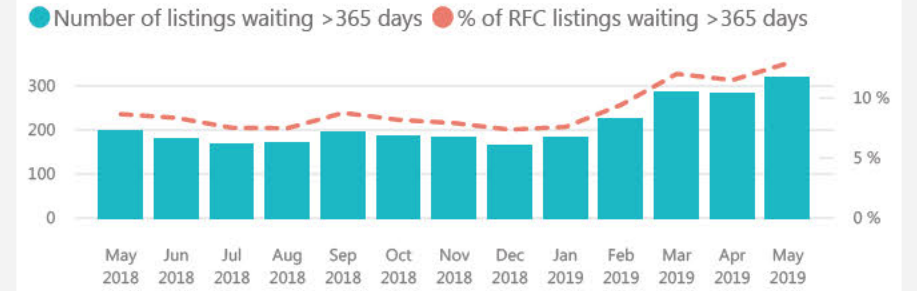
Category 3 (within 365 days)

66 % Last year **91 %** Target **73 %** This FYTD

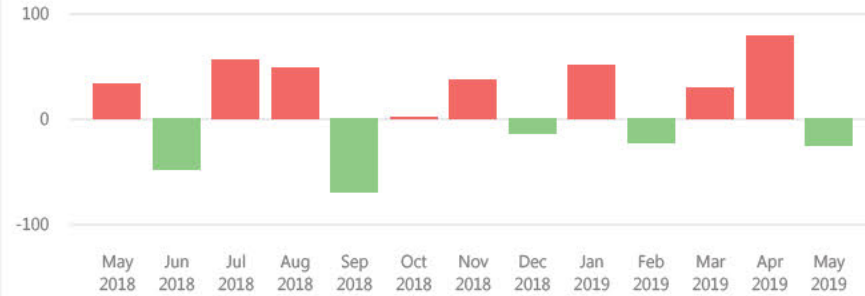
Number of elective and emergency surgeries, last 13 months



Ready for care listings waiting >365 days, last 13 months



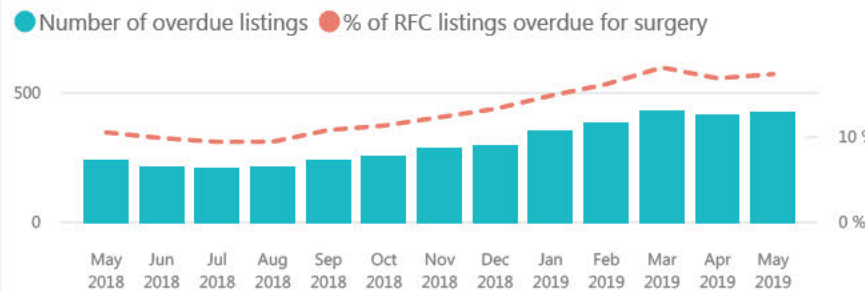
Net change to elective surgery waiting list numbers, last 13 months



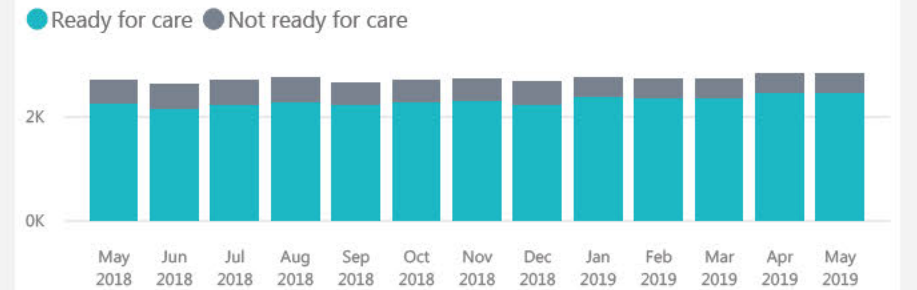
Ready for care listings by clinical urgency category, last 13 months



Ready for care listings overdue for surgery, last 13 months



Total elective surgery listings by ready for care status, last 13 months



Separations

Same day

42,749 **-5 %** **40,805**
Last year % change This FYTD

Overnight

39,537 **3 %** **40,699**
Last year % change This FYTD

Average length of stay for overnight acute episodes (days)

4.9 **4.7**
Last year This FYTD

Births

3,037 **-3 %** **2,936**
Last year % change This FYTD

Cesareans

817 **9 %** **891**
Last year % change This FYTD

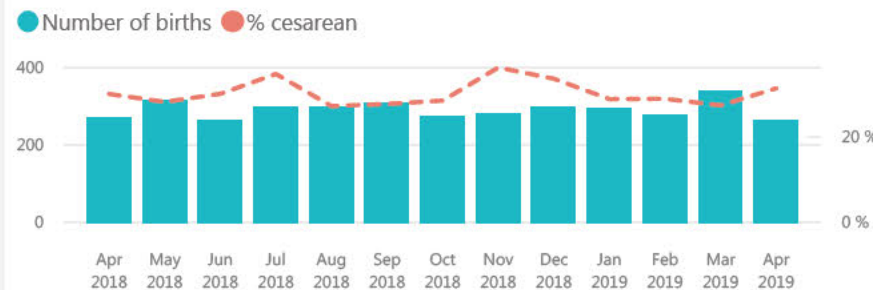
Number of separations, last 13 months



Average length of stay for overnight acute episodes (days), last 13 months



Number of births, last 13 months





All Walk-in Centres

Presentations

37,517 **43 %** **53,590**
 Last year % change This FYTD

Median wait time (minutes)

14 **36 %** **19**
 Last year % change This FYTD

Belconnen

Presentations

19,797 **4 %** **20,507**
 Last year % change This FYTD

Median wait time (minutes)

12 **50 %** **18**
 Last year % change This FYTD

Gungahlin

Presentations

n.a. **n.a.** **13,130**
 Last year % change This FYTD

Median wait time (minutes)

n.a. **n.a.** **11**
 Last year % change This FYTD

Tuggeranong

Presentations

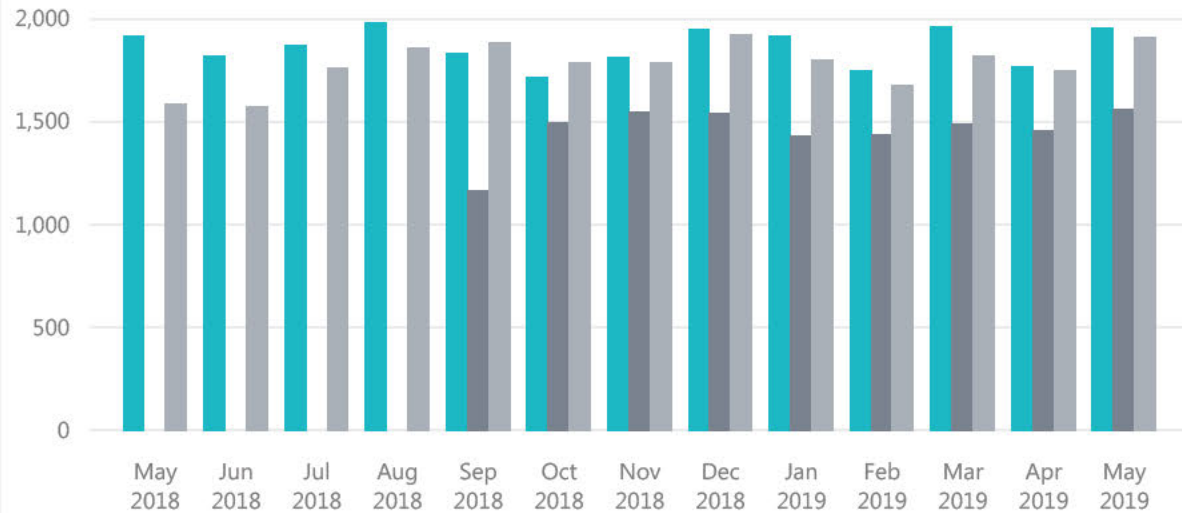
17,720 **13 %** **19,953**
 Last year % change This FYTD

Median wait time (minutes)

18 **56 %** **28**
 Last year % change This FYTD

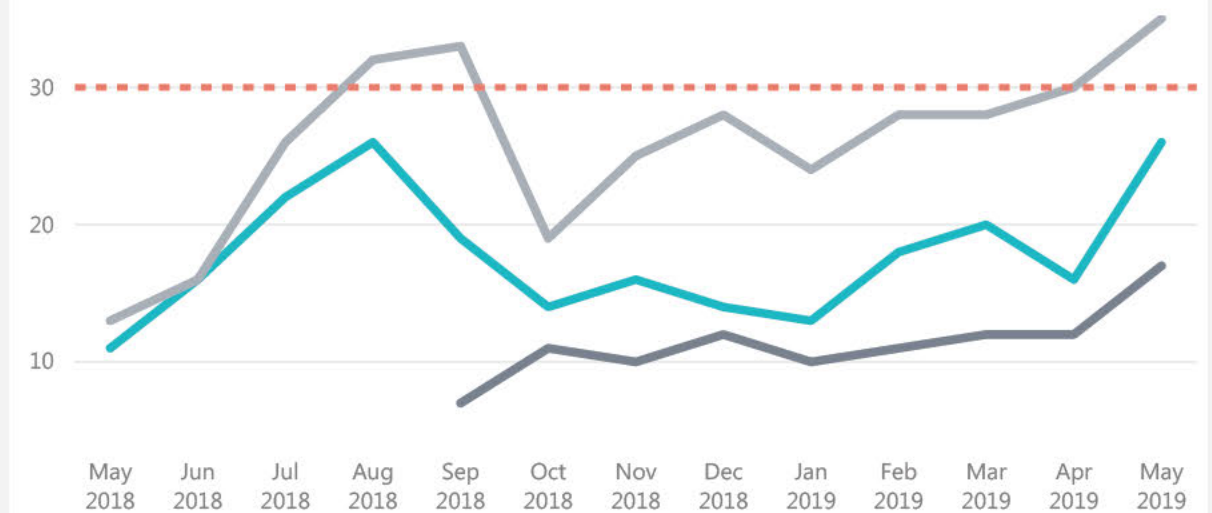
Number of presentations, last 13 months

Centre ● Belconnen ● Gungahlin ● Tuggeranong



Median waiting time (minutes), last 13 months

Centre ● Belconnen ● Gungahlin ● Tuggeranong



Admissions

Canberra Hospital

1,441 **2 %** **1,465**
Last year % change This FYTD

University of Canberra Hospital

n.a. **n.a.** **64**
Last year % change This FYTD

Dhulwa

7 **57 %** **11**
Last year % change This FYTD

Average length of stay (days)

Canberra Hospital

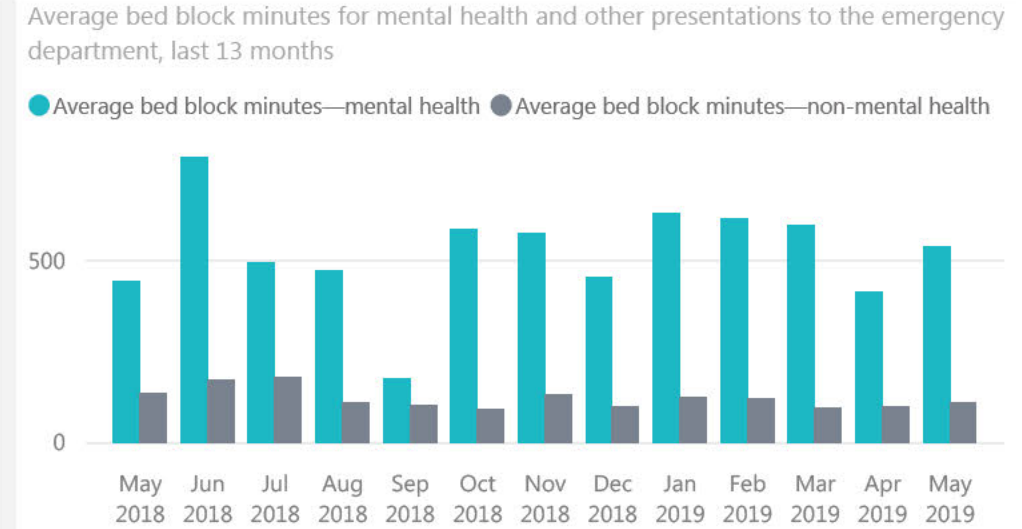
10.0 **0 %** **10.1**
Last year % change This FYTD

University of Canberra

n.a. **n.a.** **78.1**
Last year % change This FYTD

Dhulwa

65.2 **-29 %** **46.4**
Last year % change This FYTD



Emergency Department

Presentations

A count of emergency department events that *ended* (physical departure date) on a particular day.

Seen on time

A count of emergency department events *ending* on a particular day where the patient was seen on time. Seen on time benchmarks and targets are as follows:

Triage category 1—<2 minutes (100%)

Triage category 2—within 10 minutes (80%)

Triage category 3—within 30 minutes (75%)

Triage category 4—within 60 minutes (70%)

Triage category 5—within 120 minutes (70%)

All categories—70%

NEAT/4 hour rule

The proportion of emergency department events *ending* on a particular day where the patient was either discharged or admitted within four hours. The target is 75%.

Mental health type presentations

Mental health type presentations include those with:

- * a primary diagnosis code of mental, behavioural and neurodevelopmental disorders, suicide attempt, low self-esteem, intentional self-harm or sequelae of intentional self-harm and/or
- * where the patient was admitted to a mental health ward or unit.

Length of stay

The time between the earliest of clerk/triage date and either physical departure date or admission date for emergency department events that *ended* on a particular day.

Waiting time

The time between the earliest of clerk/triage date and doctor/senior doctor date for emergency department events that *ended* on a particular day. The target waiting time is 45 minutes or less.

Treatment time

The time between doctor/senior doctor date and departure ready date for emergency department events that *ended* on a particular day. The target treatment time is 140 minutes or less.

Surgery

Treated on time

A count of elective surgery waiting list entries *admitted* on a particular day where the patient was admitted for surgery within the benchmark for their clinical urgency. Benchmarks and targets are as follows:

Category 1—30 days (100%)

Category 2—90 days (78%)

Category 3—365 days (91%)

Overdue/longwaits

A count of ready for care (i.e. not suspended) elective surgery waiting list entries where the patient has been waiting longer than clinically recommended according to their current clinical urgency. Boundaries are as follows:

Category 1—31+ days

Category 2—91+ days

Category 3—366+ days

Ready for care

Ready for care listings are those which do not have a suspension in place as at the census date (e.g. end of month). While suspended, a listing does not accumulate days towards waiting time.

Inpatients

Separations

A count of hospitalisation by discharge date. Same day separations are those where the patient is admitted and discharged on the same day.

Length of stay

The time between admission and discharge of a hospitalisation by discharge date.

Acute episode

Acute episodes are hospitalisations where the primary goal is to:

- *manage labour
- *cure or treat an illness or injury
- *perform surgery
- *prevent exacerbation of an injury or illness
- *perform diagnostic/therapeutic procedures

Mental health episode

Mental health hospitalisations are those where the patient is admitted under a psychiatric clinical unit (excluding alcohol and drug). These patients are predominantly admitted to the following wards:

*Adult mental health unit (AMHU)

*Psychiatric short stay (PSS)

*Adult mental health rehabilitation unit (AMHR)

*Dhulwa (DMHU)

AMHU and PSS form the Canberra Hospital units. AMHR is located at the University of Canberra Hospital.

Readmissions

Readmissions include all non-statistical admissions under the psychiatric clinical unit where the patient was readmitted to a Canberra Health Services unit within 28 days of a previous non-statistical discharge from a psychiatric clinical unit episode.

Walk-in Centres

Presentations

A count of occasions of service according to the day of *arrival* of the patient.

Wait time

The time between arrival and the commencement of treatment for occasions of service, excluding patients who did not wait.



Emergency Performance

- The number of presentations for July 2018 to May 2019 is up by 1.5 per cent on the previous corresponding period in 2017-18. The growth between February to May 2019 compared to the same period in 2018 was five per cent – with the Emergency Department again experiencing days with more than 300 presentations.
- From CHS benchmarked data up to April 2019, CHS Emergency Department is now the third busiest Emergency Department in the country when compared with its peers in our benchmarked data. Gold Coast University Hospital and Fiona Stanley in WA are the only other two hospitals experiencing larger volumes of demand and with similar performance to CHS.
- Westmead hospital in NSW is similar in volume but has considerably worse waiting times than when compared with CHS. Whilst performance can always be improved, it is worth noting that the volume of demand CHS is currently seeing day to day is unprecedented and timeliness performance is relatively similar when comparing to our actual peers.
- The average treatment time remains well above the target of 140 minutes and combined with high presentation numbers is responsible for longer average waiting times.

Emergency Performance Continued

- Due to the longer average treatment time and longer average waiting times – performance against NEAT and seen on time measures remains below target
- The number of patients in the Emergency Department for more than 24 hours remains high with most patients being a Mental Health type presentation.
- There continues to be a reduction in the number of patients who stayed more than 24 hours for non-Mental health type presentations.

Surgery Performance

- Emergency Surgery has now increased by two per cent over the first eleven months of 2018-19 when compared with the same period last year, whereas Elective Surgery performance at CHS has decreased by 3% over the same period - reflecting the capacity constraints of CHS theatre availability.
- The number of overdue elective surgery listings and the number of patients waiting for Elective Surgery for more than 365 days has increased in 2019. The proportion of patients on the list who are overdue has also increased.

Peer Groups are national categories which group hospitals together based on their size and complexity. However, not all hospital within a peer group are necessarily comparable as each. CHS is categorised as a Principal Referral and Major Metropolitan hospital (the most significant category in terms of size and complexity). In addition, when analysing against our peers, we only compare ourselves to other hospitals whose case mix (likeness of patients) is like ourselves both in volume and complexity as this allows a more consistent and fair comparison to be made.



Surgery Performance Continued

- Emergency Surgery has now increased by two per cent over the first eleven months of 2018-19 when compared with the same period last year, whereas Elective Surgery performance at CHS has decreased by 3% over the same period - reflecting the capacity constraints of CHS theatre availability.
- The number of overdue elective surgery listings and the number of patients waiting for Elective Surgery for more than 365 days has increased in 2019. The proportion of patients on the list who are overdue has also increased.
- The increase in the number of overdue elective patients continues to be a function of increased demand for surgery and the capacity constraints of CHS theatres and the demand for emergency surgery.
- The percentage of surgery patients booked on time will remain lower than target while the proportion of overdue patients remains high. When the overdue patients are removed – then this metric will decline in the short to medium term.

Inpatient Performance

- The average length of stay for acute overnight episodes has demonstrated a decreasing trend over the past 13 months. This has allowed for an increase in the overall overnight separations.
- The reduction in same-day activity is mainly due to decreases in external renal dialysis services.
- There has been no increase in birthing numbers overall compared with the previous corresponding period last year. Data has only been reported up to April for births due to clinical coding of medical records. Furthermore, decreases in births is something that is being experienced across the entire territory.
- The increase in the number of Caesarean sections performed this year up to April 2018-19 has increased the rate from 27 per cent to 30 per cent when compared with the same period last year.

Walk-in-Centre Performance

- Presentations at Belconnen and Tuggeranong continue to grow – the growth in Tuggeranong is significantly higher than Belconnen and is increasing again after a steady 2017-18.
- Gungahlin continues to have fewer average presentations per day than Belconnen and Tuggeranong.
- The increase in waiting times is reflective of the increases in demand for services with treatment times remaining relatively constant.



Adult Mental Health Performance

- The number of admissions to the Canberra Hospital Mental Health Units has increased by two per cent year on year. This is not a reflection of demand – more an indication that the service is at capacity.
- University of Canberra Hospital – Mental health Rehabilitation Unit activity has only 64 admissions for May 2019-20 to Date to a 20-bed ward and is reflective of the long length of stay for these patients. The average length of stay for patients who have separated from this facility is over 70 days.
- Dhulwa also has low volumes with the length of stay being variable. The decrease in average length of stay on separation is not statistically significant.
- The average bed block minutes for mental health patients from the emergency department remains significantly higher than for non-mental health patients. This is once again reflective of the capacity constraints of the Adult mental Health facilities at CHS and is also reflected in the number of mental health patients whose length of stay in the emergency department is greater than 24 hours.
- The percentage of patients who return to hospital within 28 days of discharge from any CHS mental health facility is high at 29 per cent for May 2018-19, up two per cent when compared with the same period last year. This includes planned readmissions as part of the alignment to national definitions.
- Significant work is being undertaken to analyse the patient journey and pathways for mental Health patients to determine the optimal care. A 28-day admission rate of zero would also not be realistic given the patient cohort under the care of CHS.



Activities and Key Performance Indicators (KPIs)

The volumes of hospital and health services provided have increased across the system.

In comparison to 2017-18 financial year we have seen:

- **Emergency Department presentations** have increased by two per cent with an expected outcome of 90,500 for 2018-19.
- The **overall seen on time** for patients in the Emergency Department is 43 per cent with a median wait time of 57 minutes
- An increase of two per cent in **emergency surgeries** performed with an estimated 10,850 to be completed for the 2018-19 year. CHS have seen a large growth in emergency surgery since the 2012-13 financial year where approximately 8000 for the year were completed.
- CHS continues to undertake 7000 **elective surgery procedures** and the demand for elective surgery is increasing. The long wait patients (those patients who have not had their procedure within recommended times) have increased from 214 in 2017-18 to 430.
- The opening of the Walk-in Centre (WiC) at Gungahlin in September 2018 has added considerable growth and capacity to the **Walk-in-Centre** service. WiC Belconnen activity has grown by five per cent. WiC Tuggeranong has grown by 15 per cent. The overall aim of walk-in centres is to improve access to high quality health care in a manner that is both efficient and supportive of the ACT Health system as a whole. The WiC complement other primary care initiatives and the EDs of the Territory.

National Emergency Access Time (NEAT) is a measure of access to timely care. Improvement in NEAT scores is multifaceted. There are many impediments to reaching and maintaining NEAT whilst also ensuring safe and efficient emergency and inpatient care. The current target for the National Emergency Access Time (NEAT) for the CHS is 81 per cent. As at May 2018 NEAT was 56 per cent.

Canberra Hospital bed occupancy is currently at 94 per cent and occupancy at the University of Canberra Hospital is 90 per cent since 17 July 2018.

2019/20 Budget Initiatives

- Canberra Health Services (CHS) do not receive operating funding directly via an appropriation from Government, funding is allocated through the Local Hospital Network (LHN), including new initiative funding.
- CHS, through the LHN, will receive \$22.060 million new initiative funding for increased service delivery. Over the four years this is \$105.636 million.
- \$20.283 million are for 23 new initiatives that will be implemented solely by CHS. \$1.777 million in funding is provided for new initiatives working with other Directorates for implementation.
- \$11.915 million has been provided to fund increased bed capacity in the service, with particular focus on Mental Health, the Intensive Care Unit and general wards.
- \$1.946 million has been provided to open a new Walk-in Centre in Weston Creek which will support the Belconnen, Gungahlin and Tuggeranong clinics, already in operation.
- \$1.213 million of the new initiatives will be internally funded for Emergency Department doctor increases per annum.
- CHS will directly receive \$4.587 million in new capital funding, which is \$19.861 million over four years.
- 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													
2019-20 New Initiatives													
Version 14.1 - 22 May 2019 - Final Agreed Position													
Treasury Ref	Revised Title	Mental Health	Recurrent					Capital					
			2019-20	2020-21	2021-22	2022-23	Total	2019-20	2020-21	2021-22	2022-23	Total	
			\$000's	\$000's	\$000's	\$000's	\$000's	\$000's	\$000's	\$000's	\$000's	\$000's	\$000's
Canberra Health Services													
CHS E01	Expanding intensive care services at Canberra Hospital		7,149	7,041	7,235	7,341	28,766						0
CHS E02	Expanding public inpatient mental health care	MH	1,680	1,722	1,765	1,809	6,976						0
CHS E03	More beds at The Canberra Hospital		3,086	3,448	3,559	3,617	13,710						0
CHS E05	Expanding public Fracture Clinic services		556	1,139	1,167	1,197	4,059						0
CHS E06	Improving access to maternity services across Canberra		513	515	529	537	2,094						0
CHS E08	More specialised women's health care		114	214	220	223	771						0
CHS E12	Expanding public dermatology services		175	180	185	188	728						0
CHS E13	Strengthening care for chronic disease		240	462	474	481	1,657						0
CHS E15	7-day-a-week Mental Health Consultation Liaison service	MH	800	1,234	1,268	1,292	4,594						0
CHS E16	More mental health services at The Canberra Hospital	MH	0	488	999	1,078	2,565	1,764	756				2,520
CHS E25	Strengthening care for older Canberrans		470	482	494	506	1,952						0
CHS E26	More support for families travelling for healthcare		250	512	525	538	1,825						0
CHS E27	Expanding pharmacy services at Canberra Hospital		302	545	749	813	2,409	2,212	3,318				5,530
CHS E29	Expanding public ophthalmology services		250	0	0	0	250						0
CHS E30	Strengthening care for childhood and gestational diabetes		567	765	784	796	2,912						0
CHS E31	Expanding health services at the Alexander Maconochie Centre	MH	258	266	273	277	1,074						0
CHS E32	More opioid treatment services on Canberra's northside		0	750	770	790	2,310	611					611
CHS CW04	More public medical imaging services for Canberra Hospital		100	677	1,217	1,458	3,452		2,800	6,100	2,300		11,200
HEA E02	Delivering the Weston Creek Walk in Centre		1,946	2,705	2,887	2,933	10,471						0
HEA E26	Delivering better mental health care for people in crisis	MH	147	0	0	0	147						0
HEA E29	Alternative justice pathways for people with mental illness	MH	731	749	768	787	3,035						0
HEA E30	Expanding early intervention and diversion programs for people experiencing alcohol and drug dependence		949	644	660	677	2,930						0
CHS E33	More doctors in the Canberra Hospital Emergency Department to respond to increased demand		0	0	0	0	0						0
Cross-agency													
CSD O3c	NDIS Full Scheme		1,179	1,208	1,239	1,270	4,896						0
CSD E15	Domestic & Family Violence Frontline training		216	296	296	301	1,109						0
JACS E39	Improving the safety of older drivers		300	0	0	0	300						0
JACS E01	A Safer Canberra - CHS resources for fixated threat mgt capability trial	MH	82	277	285	0	644						0
			22,060	26,319	28,348	28,909	105,636	4,587	6,874	6,100	2,300		19,861
Mental Health Sub Totals			3,698	4,736	5,358	5,243	19,035	1,764	756	0	0	0	2,520

Canberra Health Services Infrastructure Project Overview

Canberra Health Services (CHS) infrastructure projects are managed and delivered by the Infrastructure and Health Support Services Group's (IHSSG) Capital Project Delivery (CPD) team. Capital projects up to \$50 million (Capital Framework Tier 2) are managed by the CPD team in conjunction with an embedded Health project management team provided by Infrastructure Finance and Capital Works.

CPD is one of six divisions of IHSSG covering a diverse array of non-clinical support services as follows:

- Operational Support Services e.g. Parking, Security and Residences
- Logistics Support Services e.g. Food Services, Sterilising, Cleaning and Supply Services
- Facilities Management e.g. Asset Management and Repairs and Maintenance services
- Infrastructure Safety and Risk
- University of Canberra Facilities Management outsourced contract
- Capital Project Delivery.

Currently IHSSG has project management oversight of over \$400 million in capital projects summarised as follows:

1. Major Capital Projects (funded under existing budget appropriations) x 43
2. Minor Projects (funded under the Better Infrastructure Fund) x 30
3. Major Capital Projects (funded in 19/20 budget appropriations) x 5

Additionally, with the recent announcement of Major Projects Canberra, delivery oversight for Centenary Hospital for Women and Children's Expansion (\$49 million) and the ICU expansion (\$13.5 million) will be transferred to CHS IHSSG while the SPIRE project will be overseen by Major Projects Canberra with CHS as the end client /user.

CHS property portfolio is managed through a strategic asset management framework whereby buildings are rated from critical (5) to low priority /surplus (1). The current footprint of the CHS property portfolio extends to 292,000 m2 across 61 buildings.

All critical buildings have asset management plans in place underpinned by a comprehensive maintenance program, which are managed through a centralised asset management system (Mainpac). On average 3000 workorders are raised per month through the Mainpac system.

Given the diverse range of property age and condition CHS uses a comprehensive risk register approach with Risk Control Action Plans (RCAP) in place for all IHSSG risks which can be summarised as follows:

- Extreme = 33
- High = 376
- Medium = 167
- Low = 16

Projects to address all extreme and high risks are underway in construction or planning/feasibility phases to address all known risks. In the interim while permanent mitigations are provided, business continuity arrangements are in place to address issues that may impact on clinical business continuity.

A significant portion of infrastructure works at the Canberra Hospital campus relate to building services upgrades associated with aging infrastructure. These works are being delivered under the Upgrading and Maintaining ACT Health Assets (UMAHA) program. Specific areas of focus for UMAHA program of works include the following areas:

- Building electrical system upgrades;
- Building hydraulic system upgrades;
- Building heating ventilation and air conditioning systems upgrades;
- Building façade remediation;
- Lift upgrades;
- Building fire protection works;
- ICT infrastructure upgrades; and
- Building and infrastructure upgrades.

Within the UMAHA program, the biggest single project is the Electrical Main Switch Board (EMSB) replacement in building 2 and 12 at the Canberra Hospital. The current capital funding allocation for the EMSB project is \$50.9 million within the overall UMAHA program budget of \$91 million. Negotiations to finalise EMSB project variations are expected to be complete by August 2019. Building 2 EMSB is expected to be completed by August 2019 and Building 12 is expected to be completed by December 2019. Ancillary works for both EMSBs, post energisation, are expected to be completed by May 2020.

The majority of UMAHA projects are underway with the last project to be completed in December 2020 subject to funding availability. A proposal to utilise surplus funding from completed projects elsewhere within CHS will be progressed in July/August 2019 as part of a Project Variation Authority approval process.

CHS utilise the Strategic Asset Management Plan and the IHSSG risk register to inform future infrastructure requests coupled with strategic CHS objectives culminating in the CHS infrastructure plan which is used to prioritise future capital projects.

Key Infrastructure Issues

- Aluminium Composite Panel (ACP)
 - Seven CHS buildings identified
 - CHCW building remediated in 2018
 - A decision on further building remediation requires coordination with the Whole of Government ACP Review Group

- All identified buildings have been reviewed by ACT Fire and Rescue and considered low risk pending the outcome of any further decisions by the Working Group.
- Clear direction on ACP strategy is required from the WhoG review group.

- **Canberra Hospital development and impact on parking at CHS**
 - Additional parking is required at the Canberra Hospital Campus.
 - Parking issues will impact on development application approval for new builds at the Canberra Hospital Campus:
 - SPIRE
 - CHWC Expansion
 - ICU Extension
 - A short to medium term solution will be to utilise the CIT Woden campus site for surface car parking provision pending the construction of any new parking on the Canberra Hospital campus.

- **Canberra Hospital Residential Accommodation**
 - Canberra Health Services currently provides accommodation for staff and public within Canberra Hospital Building 5.
 - Building 5 will be demolished as part of the SPIRE development in mid to late 2020.
 - CHS is embarking on stakeholder consultation in July /August 2019 to develop a replacement solution for Building 5 that will reflect a more contemporary model of accommodation provision.

Key Dates

Name of Activity	Planned Date
Enterprise Agreement Implementation	A range of projects commencing from June 2019.
The Division of Rehabilitation, Aged and Community Services (RACS) within Canberra Health Services is transitioning from being an 'In-kind to 'Fee for Service' provider of National Disability Insurance Scheme (NDIS) services	1 July 2019
University of Canberra Hospital first anniversary celebrations	10 July 2019 to 17 July 2019
Replacement of Existing ARIn arrangements	Ongoing: final stages to occur when new MPEA comes into effect – last quarter 2019.
CHS Values CHS is currently renewing its organisational values to align with the new CHS Vision and Role. Staff consultation ended on 26 June 2019. Staff feedback will be collated, and top values identified at a workshop on 3 July. Staff will have one final opportunity to 'vote' on the CHS Values, via SurveyMonkey from mid to late July.	Launch of values' statements expected to be 2 August 2019.
Enterprise Bargaining - Medical Practitioners (MPEA)	Ongoing. Seeking to finalise by August 2019
Work Health Safety System Audit Self-insured for workers compensation requirement to be audited annually. An external auditor engaged by Comcare with conduct this audit.	12 – 16 August 2019
Independent Review Culture Review Implementation Steering Group	Meeting scheduled for early July. Updates on all recommendations are provided to the Steering Group
Canberra Health Services Quality Assurance Committee Reports	30 September 2019
Low Surgical Activity Day – Royal Australian College of Surgeons ACT Annual Scientific Meeting	1 November 2019
Workplace Culture Survey	November 2019
Organisation Wide review of education and training	December 2019
Review of Orientation and Manager's Orientation	October 2019
MCHS19/152 - Home Dialysis Conference – Minister agreed to open	February 2020
Health Professional Classification Review	Commenced. Scheduled for completion in December 2020
Low Surgical Activity Day – New Surgical Registrar Orientation Day	3 February 2020
Low Activity Period – Australian and New Zealand College of Anaesthetists Annual Scientific Meeting	1-5 May 2020

Infrastructure and Health Support Services key dates

Name of Activity	Planned Date
Infrastructure Projects key dates	
Completion of the Emergency Department access / entry upgrade	August 2019
Energisation of Building 2 New Electrical Main Switchboard Equipment	August 2019
Completion of ligature minimisation works in the Adult Mental Health Unit	October 2019
Completion of the Weston Creek Walk-in Centre	November 2019
Completion of the new 22-bed Haematology Inpatient Unit (Cancer Ward 14A)	October 2019
Energisation of Building 12 New Electrical Main Switchboard Equipment	December 2019
Completion of the Building 2 and Building 12 Electrical Main Switchboard Replacement Ancilliary works	May 2020
Completion of the new 28-bed Medical Oncology and Radiation Oncology Inpatient Unit (Cancer Ward 14B)	June 2020
Completion of the new Southside Community Step Up Step Down mental health facility	June 2020
Completion of the Inner North Walk-in Centre	August 2020
Completion of the refurbishment of the 10-bed Extended Care Unit at the Brian Hennessy Rehabilitation Centre	November 2020
Operational key dates	
"PICS" supply chain/procurement system replacement go live	July 2020
University of Canberra Hospital Facilities Management Contract Annual Report (BGIS) – anniversary of Operational Commencement	July 2019
Handover of the Canberra Hospital Pre Rinse Sterilising Unit	August 2019
Handover of the Canberra Hospital Food Services Ware Washer	August 2019
RAPID Contractor Induction System Go Live (full implementation)	September 2019
Infrastructure & Health Support Services SharePoint Phase 1 launch	September 2019
Delivery of SPOK – New Canberra Hospital Switchboard operating system	October 2019
Accommodation Service Desk at Main Reception	December 2019
University of Canberra Business Continuity Switchboard	December 2019
Transition/disengagement of Security Services Contract	January 2020
Facilities Management Projects key dates	
Health Infrastructure Trades Panel Contract Engagement	November 2019
Development and Implementation of Water Quality Management Plans for Canberra Hospital buildings 1, 3,11 and 12	December 2019
Development and Implementation of Asset Management Plans for TCH Critical Buildings	July 2020

Surgical Procedures, Interventional Radiology and Emergency (SPIRE) Centre – Parking and Residential Accommodation

SPIRE Parking

Background

Canberra Hospital Services (CHS) provides approximately 3,330 parking spaces across the Canberra Hospital campus. 2,076 (62 per cent) spaces are provided for staff-related use and 1,254 (38 per cent) spaces are provided for public use.

There has been no increase in parking spaces on Canberra Hospital campus since 2010, when the Southern Multistorey carpark was constructed.

In 2016, CHS progressed an informal agreement with CIT to use a 393 space carpark on the CIT Woden campus. Refer to Section A on [Attachment 1](#).

Parking at Canberra Hospital has attracted significant public interest and a further reduction in available parking will have a negative response from the community.

Issues

The SPIRE and Centenary Hospital expansion projects are projected to have a substantial negative impact on parking at Canberra Hospital from the commencement of the project in late 2019/early 2020. During the site establishment and staging/decanting phase, up to 100 parking spaces will be lost and during the construction phase approximately 300-400 construction workers are expected to be working at the site.

As part of the Development Application (DA) for the SPIRE project, ACT Planning Authority (ACTPLA) will mandate the construction of additional parking spaces to meet current and future demand to ACT Government standards. The exact number of spaces is still unknown at this time pending further advice.

Interim solution

The Government is currently considering long-term options for the existing CIT Woden site in Phillip following its anticipated demolition in late 2019.

The CIT Woden campus currently provides 583 parking spaces for immediate use (refer to Section A and B on [Attachment 1](#)), which are not expected to impede on the demolition of the site.

The CIT Woden campus can provide a further 190 parking spaces (refer to Section B on [Attachment 1](#)) without impacting on planned demolition work.

The combined availability of 1,680 car parking spaces is expected to address the projected parking demand and mitigate the likely development application risk, pending completion of a future multistorey carpark development at Canberra Hospital campus.

SPIRE – Building 5 Residential Accommodation Services

Background

Residential Accommodation Services (RAS) in Building 5 provide short term dormitory-style accommodation for staff, students, outpatients and patient carers. Additionally, there are three rooms which are available for emergency accommodation purposes.

Length of stay for staff range between three nights and 12 months, with the average being six to eight weeks. Likewise, length of stay for outpatients and carers can range between one night and 12 months, with the average being four to six weeks.

Staff accommodation is offered to the groups outlined below on the basis that they live greater than 100 kilometres from the ACT, or as temporary accommodation for up to six weeks for those staff permanently relocating to Canberra.

- Locum and Seconded Doctors;
- Agency Nurses;
- Allied Health Professionals; and
- Students on clinical placement.

Outpatients and carers' accommodation are also offered for people living greater than 100 kilometres from the ACT who require ongoing treatment at Canberra Hospital at a cost of \$43 per night for a single patient. Double (a patient with carer) accommodation is charged at \$60 per night. Financial assistance may be claimed by people who meet specific criteria, such as pensioners, through the NSW Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS).

Residential Accommodation Services also provides accommodation at Building 9, off-campus Outpatient Cancer accommodation (also known as Duffy House), and off-campus student units. Building 9 contains 12 two-bedroom units for use by doctors and their families that are on interstate secondment. Doctors are not charged for this accommodation and expenses are absorbed by RAS, with the exception of a \$450 bond.

Residential Accommodation Services operates at a deficit of approximately \$370k per financial year, with current expenditure exceeding \$500k, compared with an annual revenue of about \$130k. A significant portion of its budget is allocated for administrative staffing, cleaning, maintenance and utilities.

Issues

Staff, interstate visitors and carers of patients who live more than 100km away from Canberra Health Services will have continued access to the services provided by Building 5 Residential Accommodation Services until demolition work on Building 5 commences in mid-2020 to make way for the SPIRE centre.

Canberra Health Services will establish an Accommodation Support Service which will include:

- a help desk to provide visitors with information about accommodation options including a list of hotel/motels who offer 'hospital rates'.
- online information on local hotel/motels, within a 17km radius of the hospital that could provide alternative accommodations; 26 of 29 are offering hospital rates.
- access to NSW Health's Isolated Patient Travel and Accommodation Assistance Scheme (IPTAAS) forms and criteria.
- In the near future, alternative accommodation and IPTAS information will be placed on our website, flyers/posters and all staff emails. Additionally flyers/posters and fact sheets and/or brochures will be provided and placed in all waiting rooms and other strategic locations to reach out to as many of our stakeholders as possible.

Removal of campus accommodation will result in increased out of pocket expenses for patients/carers.

Stakeholder meetings, involving internal and external groups, will commence in July/August 2019 and progress on a monthly basis throughout the remainder of 2019 in the lead up to a change in accommodation provision expected in mid-2020. Building 5 demolition is likely to be in mid to late 2020 based on refurbishment/development work required for B5 decanted spaces other than Residences.



Attachment 1 – CIT Woden Aerial View – Proposed carparking





Centenary Hospital for Women and Children (CHWC) Expansion

- The CHWC expansion will increase existing services, such as maternity and neonatology, and create space for new services designed to meet the needs of women and children. The CHWC expansion project will support the ACT Government's whole of territory health services strategic vision which is working to ensure you have the best health care, when you need it, closer to home.
- Early design for the project has been completed and the final scope approved by Government. The project will deliver additional maternity beds, more special care beds and neonatology services, an adolescent mental health inpatient unit and day service, a specialised gynaecological procedures room, and better integrated maternity services and improved paediatric services. A summary of the scope is provided in [Attachment 1](#).
- Construction of the expansion project started in the 2018-19 financial year, with completion of the security enhancement works to support a Custodial Birth Suite. This element was completed in October 2018.
- The Expansion of the CHWC is targeted for completion in 2021-22, with partial capital funding already provided through the 2018-19 budget. The 2019-20 budget will provide remaining additional capital funding.
- The expansion will enable the CHWC to meet the growing need for already provided maternity and paediatric services and will also enable the hospital to deliver new services for women and children, such as specialised adolescent mental health services.
- The total capital cost for the project is \$49.05 million, including a \$3.0 million provision for the relocation of the Ronald McDonald House to enable the delivery of expansion elements of the project.
- A site plan of the proposed works is provided in [Attachment 2](#).
- An overview of project delivery timeframes is provided in [Attachment 3](#).
- The expansion will complement recent upgrades to maternity services at Calvary Public Hospital Bruce in order to futureproof our territory-wide health system for public hospital women's, youth and children services.

Issues

- It is important to highlight that the expansion is happening in an existing facility on the Canberra Hospital campus. There are existing health services operating 24/7 and there is a need to ensure there is a continuation of care and services for patients and their families while this major project is underway.
- Delivery of the additional post-natal ward in the CHWC is dependent on the decant and relocation of Ronald McDonald House.

Attachment 1

Project Scope – Components Directly Supporting CHWC

Functional Area	Capital Solution	Beds / Spaces			
		Existing	Project	Growth	Total
<i>Custodial Birthing Suite</i>	<i>Refurbish of existing suite (Completed Oct-18)</i>	1	1	0	1
Adolescent Gynaecology Procedure Room (AdGPR)	A new dedicated procedure room in CHWC	0	1	1	1
Paediatric High Care Unit (PHCU) Improvements	Refurb of the existing 12 bed PHCU in CHWC	12	12	0	12
Postnatal Beds	15 postnatal beds in area occupied by RMH	15	15	15	30
Special Care Nursery (SCN) / NICU Beds	An additional 6 SCN Beds and 2 Rooming-in Rooms (RIRs) (part of SCN) in CHWC	36 (+2 RIRs)	6 (+2 RIRs)	6 (+2 RIRs)	42 (+4 RIRs)
Adolescent Mental Health Unit (AdMHU)	6 dedicated AdMHU beds (with flexibility up to 8) and new Day Service. AdMHU integrated with adolescent medical ward (12 to 14 beds overall) *	0	6-8	6-8	6-8
Maternity Assessment Unit (MAU) Relocation	Relocation of the MAU with an additional 4 spaces (as a result of AdGPR)	4	4	4	8
Expanded Family Support and CHWC Education	An expanded neonatology family support/admin area and new education precinct within CHWC	N/A	N/A	N/A	N/A

* Note: The current 12 bed adolescent medical ward has 2 of its 12 beds allocated for adolescent patients with mental health conditions (not specialised mental health beds).

Attachment 2

Project Solutions – Components Directly Supporting CHWC



Attachment 3

Project Delivery Timeframes

Key Deliverables	Target Completion
Project Approval	Apr-19
Next Stages of Design (Consultant Procurement and Preliminary Sketch Plans):	Dec-19
Targeted DA Approval – Package 1 and Package 3	Mar-20
Package 1 – SCN Beds and Neonatology, MAU Relocation and Expansion, New AGPR, and Support Services	Jun-22
Package 2 - Improvements to Paediatric High Care Unit (PHCU) <i>Note 1</i>	Apr-21 (or Apr-20)
Package 3 - Postnatal Ward and Adolescent Mental Health Unit (AdMHU) <i>Note 2</i>	Jan-22
Completion of all elements	During 2021-22

- Package 1 Support Services: Neonatology Family Support and Expanded Education Facilities
AGPR: New Adolescent Gynaecology Procedure Room
MAU: Expanded Maternity Assessment Unit
SCN: Expanded Special Care Nursery and Support Services
- Package 2 PHCU: Refurbed Paediatric High Care Unit
- Package 3 AdMHU: New Adolescent Mental Health Unit
Postnatal: Additional Postnatal Ward for CHWC

Note 1: There may be opportunity in project timelines to bring this forward to the preceding summer period (for completion in April 2020). This will be evaluated and confirmed as part of next design stages.

Note 2: Delivery of the additional Postnatal ward in the CHWC is dependent on the decant and relocation of Ronald McDonald House.

Occupational Violence

Incidents of occupational violence (OV) towards staff who work in healthcare is increasing. Canberra Health Services has experienced an increase in reporting of OV towards staff.

An Occupational Violence Strategy Working Group has been formed to develop an Occupational Violence Strategy.

- The first working group meeting was held in November 2018 and continue to meet regularly (most recently on 16 May 2019).
- The group is made up of clinical, administrative and ward services staff, health and safety representatives, senior leaders, Worksafe ACT, consumer representatives and unions. Most meetings have an attendance of 50-60 people, with the total membership currently sitting at 80 people.
- Since the first meeting, the group has introduced a series of changes aimed at reducing or better managing the incidence of violence in our workplaces.

Resources for staff and managers regarding OV incidents include:

- A staff factsheet which provides staff with information on how to report OV and aggression incidents in Riskman.
- A manager factsheet which outlines what steps need to be taken if one of your staff members is involved in an OV incident. The manager factsheet also outlines how managers can review and investigate an OV incident in Riskman and respond to support the staff member involved.

External Consultants (Aspex Consulting) have been engaged to assist Canberra Health Services in the development of an OV Strategy and associated tools based on international best practice including:

- OV Strategy,
- OV policy and procedure
- Implementation plan and associated tools

The documents are due mid-July 2019 consultation will be conducted with staff, unions and consumers prior to endorsement.

Independent Culture Review

The response to the Final Report of the Independent Review into the Workplace Culture within ACT Public Health Services was tabled on 16 May 2019. The Government reiterated their commitment to the implementation of the 20 recommendations made by the Independent Review. The ACT Health Directorate, as system steward, will lead the response to ensure that there is a consistent and territory wide approach taken.

Canberra Health Services (CHS) have made significant progress on work relating to the organisational culture, with reference to the development and launch of the Vision and Role for CHS which will form the foundation for CHS's values and expected behaviours within the workplace.

Key activities completed to date include:

Vision and Role	Developed and launched on 14 May 2019. Work on the values has commenced which will then feed and inform the strategic planning process for CHS
Positive Workplace Strategy (PWS)	A Project Director within CHS is currently being recruited. This role will work closely with Executive Business Manager Culture Implementation within the Health Directorate and will drive the implementation of the Positive Workplace Strategy in CHS
Employee Advocate	Employee Advocate - This position has been recruited and the successful person will commence on 1 July 2019
HR Business Partners	A HR Business Partner model has been introduced into CHS. The partners commenced 3 June 2019
Workforce Inclusion	Manager commenced 3 June 2019
Director, Workforce Planning	Commenced 13 May 2019
Occupational Violence Strategy	Consultant has been engaged – expected strategy in July 2019
Culture 'clusters'	The methodology for dealing with these 'clusters' has been developed and is being used when working with these identified areas
Workplace Culture Survey	Provider has been procured and survey will be conducted in November 2019
Executive Development	Sessions were conducted in the week beginning 20 May 2019
Preliminary Assessments and Investigations	A monthly report is provided to the Executive's within CHS. Improvements in process are occurring.

CHS continue to incorporate the recommendations into the ongoing improvement of the organisation's culture.

Industrial Issues

Finalisation of Medical Practitioner's Enterprise Agreement

The current round of ACT Public Service enterprise bargaining has been under way for some 2 ½ years, including the as-yet unresolved Medical Practitioners Enterprise Agreement.

While most issues have been resolved, matters relating to the management of Medical Education Expenses, private practice schemes and provisions for payment for additional work remain outstanding.

- There is a high level of frustration with the delay, with both the AMA and ASMOF having raised concerns with Minister Fitzharris

Canberra Health Services will be tabling final positions on all outstanding matters very soon, with the aim of getting an agreement to vote as soon as practicable.

The AMA have pushed for significant change to JMO education support arrangements. A recent compromise position put forward by CHS has been enthusiastically accepted by the AMA and JMOs.

Mr John Wilson, of Bradley Allen Love Lawyers, representing the radiation oncologists and the majority of the radiologists in negotiations, has on a number of occasions threatened to take action in the Fair Work Commission or the Federal Court in respect to claims he has made.

- Mr Wilson's position is not supported by the other parties to the negotiations.

The Territory is represented in these negotiations by Canberra Health Services and CMTEDD, with Calvary Public Hospital also involved.

The employee representatives are:

- ASMOF, whose primary interest is senior medical practitioners – generally represented by:
 - Steve Ross, Executive and Industrial Officer
 - Dr Richard Singer, President
 - Dr Lavinia Hallam
- AMA ACT, which focuses on issues affecting JMOs, represented by:
 - Peter Somerville, Chief Executive Officer
- Mr John Wilson, an independent bargaining representative who represents the Radiation Oncologists and a sizeable proportion of the radiologists.

Transition of Medical Practitioners Attraction and Retention Incentives (ARIns)

In 2016, ACT Health commenced a major review of all ARIn arrangements covering medical practitioners.

This review identified a range of concerns with those arrangements, including inconsistency of approach and issues with governance.

While the initial approach was to seriously curtail these arrangements – which represent the bulk of the \$18.7 million spent on ARIns in 2017/2018 – concerns regarding the potential for legal challenges to such an approach, and the likely disengagement with a significant proportion of senior medical practitioners led to an approach being taken that focuses on establishing a sustainable approach for such arrangements going forward.

A grandfathering scheme involving a shift of most existing ARIn arrangements to approvals under section 245 of the Public Sector Management Act is to be introduced, with timing aligned with the new Medical Practitioners Enterprise Agreement. Any continuing group arrangements will be the subject of newly established ARIns, with annual reviews focused on market considerations.

GSO are advising on the final wording of the new arrangements to ensure any potential legal issues are addressed.

Translation of Trades Assistants to Building Trades Group

In 2018, ACT Health agreed on the translation of the Trades Assistants (current Facilities Services Officers Level 5) to the Building Trades Group – moving from the Support Services Enterprise Agreement to the Infrastructure Services Enterprise Agreement.

- Less than 10 staff are involved.

Due to an oversight, this change was not incorporated into the Infrastructure Services Agreement that was approved by a vote of staff. This has led to the CFMMEU calling for a re-ballot of the agreement to enable its inclusion.

- The issue was only identified in the week of 24 June 2019.
- CMTEDD are liaising with the union on this issue.

Maternity Services

Over 6000 babies are born in the ACT each year in multiple settings including public and private hospitals, birth centres and at home. For women choosing a public hospital for their care, there are two hospitals in the ACT:

- the Centenary Hospital for Women and Children (CHWC) as the tertiary provider.
- Calvary Public Hospital Bruce (CPHB).

Since the opening of the CHWC in August 2013, there has been an increased demand as Canberra families have been attracted to the modern facilities, in particular the single room accommodation. Additionally, several years ago, changes to the Medicare Safety Net, which increased costs for private maternity patients, have contributed to more women choosing the public hospital system for maternity care. As a result, there has been a noticeable increase in birthing numbers at CHWC (2,743 birthing events in 2010-2011 increased to 3,561 in 2016-17), and a decrease in the birthing numbers at CPHB.

The two ACT public hospitals operate separately and provide different levels and models of maternity care:

- CHWC is the tertiary referral centre for both maternity and neonatal care, offering level 6 services to the community of the ACT and regional NSW (NSW Role Delineation Guidelines).
- CPHB offer level 4 services, with a level 3 Special Care Nursery (NSW Role Delineation Guidelines).

Currently, women access these services directly, based on their personal preference, geography, and in some cases, clinical needs. Given the inequity in distribution of birthing care and complexity of the maternity service options for women, a territory wide approach to access is planned. CHWC and CPHB have worked collaboratively to develop immediate and long term strategies to address public demand for maternity services in the ACT. The Maternity Access Strategy is a territory wide approach to this issue and it is proposed to offer women a single point of entry into ACT Public Maternity Services. Through a coordinated single intake and referral system, pregnant women will receive information about the public pregnancy and birthing options available in Canberra to ensure they receive the right care, at the right place, as close to home as possible.

There has been significant media coverage of maternity services in the ACT and, in particular, the demand levels and the impact of that demand on staffing levels and morale, including allegations of vaginal examinations without consent.

External interest in maternity services over the past 12 months provided a timely opportunity to engage an external senior and respected midwife and obstetrician supported by legal advice to work with medical and midwifery staff to develop a joint understanding of informed consent.

CHS are being proactive in helping staff to manage inter professional relationships to maintain positive workplace behaviours. To assist, CHS have commissioned a consultant to develop an action plan and charter to embed positive workplace behaviours in CHS Maternity Services.

This project will support team members to identify the strengths, challenges and opportunities that exist to build a sustainable culture of safety and respect, and focus on delivering a variety of options for women during the pregnancy, birth and postnatally.

Medical Imaging

Medical Imaging is a department of CHS offering a radiology service to the ACT and surrounding region. The service operates 24 hours, seven days a week, offering a wide range of radiology procedures. Medical Imaging services at CHS include diagnostic modalities such as x-ray, Magnetic Resonance Imaging (MRI), Computerised Tomography (CT) and ultrasound, as well as some interventional radiology procedures.

College Accreditation of the Radiology Training Program

- The radiology training program at Canberra Health Services (CHS) is accredited by the Royal Australian and New Zealand College of Radiologists (RANZCR).
- Following a RANZCR site visit on 19 March 2018, the CHS radiology training program received a level D accreditation, meaning that significant issues of serious impact to the quality of training required immediate action. RANZCR made 16 recommendations for improvement.
- RANZCR accreditation relates specifically to teaching and training, and not to patient safety or clinical outcomes. Fundamentally, RANZCR found that a breakdown in communication between two previous Directors of Training had unfortunately affected registrar training.
- Since that time, arrangements have been made to meet all 16 of the RANZCR's recommendations. Significant improvements in the health and wellbeing of registrars, and the department as a training site, have occurred above and beyond the College's recommendations.
- The implementation of the RANZCR's recommendations is been managed by the Clinical Director of the Medical Imaging unit, and the CHS Director of Training in radiology.
- Progress reports are sent to RANZCR at agreed intervals. The training program was upgraded to level C following a meeting by the RANZCR accreditation committee in February 2019, and the program remains fully accredited.
- RANZCR no longer publishes levels of program accreditation for its training sites on their website, which states only that CHS is fully accredited. Feedback from radiology registrars and other radiology staff at CHS indicates much greater confidence in the training program.
- Suggestions that patient deaths can be linked to poor performance of the Medical Imaging unit at CHS are unfounded. Isolated cases of patient mortality at Canberra Hospital have been appropriately investigated by the Canberra Hospital Clinical Review Committee, a Quality Assurance Committee under the *ACT Health Act 1993*.

Radiologist recruitment

- Medical Imaging has experienced shortfalls in radiology staff specialists over the last few years. The unit has been working actively to recruit more staff radiologists. Shortfalls in the roster are



commonly filled by locums, Visiting Medical Officers, and the use of offsite radiology provider, Everlight for reporting.

- As of June 2019, three (2.25 FTE in total) new radiologists have commenced work at CHS. There will also be an additional 0.50 FTE radiologist commencing in July 2019 and two more (2.0 FTE) are due to come on board in August 2019, bringing the total number of new radiologists recruited so far in 2019 to 4.75 FTE.
- Further to this, as a result of a recent recruitment process, contract negotiations are currently underway with three more radiologists with the aim of commencing them in late 2019 or early 2020.

Infrastructure works and expansion in the Medical Imaging unit

- The Government will deliver a capital works project valued at \$11.2 million over the period 2019-20 to 2022-23, to 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: one, develop and install an additional interventional radiology suite; and two, the replacement of an existing Medical Resonance Imaging (MRI) device.
- 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 more interventional radiology medical specialist, registered nurse and radiographer resources.
- 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.

Endovascular Clot Retrieval Service

- Endovascular clot retrieval (ECR) is a procedure used in the treatment of stroke and prevention of morbidity and mortality associated with embolic stroke. Blood clots which are blocking blood flow to the brain are removed using specialised equipment. This procedure can only be carried out by a highly skilled specialist who has been trained in ECR.
- Canberra Health Services (CHS) currently delivers an in-hours endovascular clot retrieval (ECR) service. Planning processes are currently underway with CHS clinicians to further develop the service into a 24-hour service.
- A 24- hour service will require additional staffing in some clinical areas to ensure rosters can be established and maintained. In order to enable and deliver this capability, CHS is partnering with Royal Prince Alfred hospital in Sydney, to establish a network. The implementation of this networked service is now underway.
- The comprehensive details of the Model of Care have not been finalised, but will include onsite Acute Stroke Nurses to assess patients as they are pre-notified by ambulance, and fast assessment by the on-call medical specialist (neurology advanced trainee or stroke fellow).

Emergency (Disaster) Management and Business Continuity Management

- Canberra Health Services has Emergency Management (EM), Business Continuity (BC) plans and arrangements in place to ensure that the directorate is able to respond effectively to emergency incidents and business disruption events, at both the directorate and territory levels.
- The Office of the Chief Operating Officer (COO) is the area within Canberra Health Services (CHS) responsible for EM and Business Continuity Management (BCM) for all acute and non-acute areas.
- The Canberra Hospital (CH) Emergency Management Committee, chaired by the COO, is the forum that provides oversight of EM and BCM, including reporting on currency of plans, testing and excising updates, endorsement of governance documentation and assessment of lessons learned post incidents. This committee also monitors the EM/BC risk to ensure appropriate treatments and controls are implemented to manage and reduce the overall risk to the directorate.
- Executives are trained to ensure effective and efficient mobilisation and control of CHS resources in response to a disaster, major emergency or other incident occurring within the CHS or as part of a larger response required to support the broader Health sector. The CHS Hospital Emergency Operations Centre (HEOC) procedure gives clear guidelines for the CHS Incident Management Team (IMT) to manage level two and three incidents. Table 1- Incident Classification details the definitions of incident ratings.
- The CHS Chief Executive Officer (CEO) participates as a member of the Security and Emergency Management Senior Officials Group (SEMSOG) as part of a whole of government response to a territory or area wide emergency. CHS EM/BC staff participate in a liaison officer roster to support the CEO in this role.
- EM and BC staff work closely with Infrastructure Services to ensure planned infrastructure upgrade projects have minimal impacts on clinical areas and that all affected areas have Business Continuity Plans in place. The Hospital Emergency Management Coordinator also ensures that the appropriate executive staff are aware of their role in the IMT should the HEOC be activated during critical phases of an infrastructure project impacting on critical services.
- EM staff work closely with the Health Emergency Management Unit in the ACT Health Directorate and sit on the Health Sector Emergency Management Committee (HSEMC) to collaborate with other Emergency Agencies including ACTAS, ACT Fire and Rescue, ACT Policing and other Health Services across the Territory to ensure a collaborative response to incidents requiring a multi-agency response.

Table 1 – Incident Classification

Incident Classification	Description
Level 1	Level 1 incidents are generally characterized by being able to be resolved through the use of local or initial response resources only
Level 2	Level 2 incidents may be more complex due to size, resources, risk or consequence. They are characterized by the need for: <ul style="list-style-type: none">• Deployment of resources beyond initial response or• Sectorisation of the incident or• The establishment of functional sections due to the levels of complexity or• A combination of the above
Level 3	Level 3 incidents are characterized by degrees of complexity and consequence that may require the establishment of significant resources and structure for the effective management of the situation. These incidents will usually involve delegation of all functions

Australasian Inter-Service Incident Management System (AIIMS) guidelines which is the Command and Control System all Emergency Services use in the ACT.

Accreditation

Canberra Health Services (CHS) undertakes numerous accreditation activities across the organisation. Activities can include site accreditation for training provided to professional staff and accreditation to ensure our services comply with relevant International and Australian standards. CHS maintains a calendar of all known accreditation activities across the organisation, to provide executives with an oversight of accreditation activity and enable the monitoring of progress towards accreditation, and to ensure that CHS ultimately achieves compliance across the organisation.

National Safety and Quality Health Service Standards (National Standards)

- CHS has organisation wide accreditation against the National Standards (first edition) until 30 July 2021.
- The Australian Council on Healthcare Standards (ACHS) are CHS's accreditation agency with an approved membership contract between the agencies until April 2022.
- CHS is due for reassessment against the National Standards (second edition) by 31 March 2021, ACHS will conduct an organisation wide accreditation assessment from 22 to 26 March 2021. This involves ten ACHS assessors attending CHS facilities during this period, where they will verify the organisation has met the requirements of the 148 actions within the National Standards (second edition).
- On 1 January 2019, the second edition of the National Standards came into effect. The second edition was developed by the Australian Commission on Safety and Quality in Healthcare in consultation with state and territory partners.
- The primary aim of the National Standards are to protect the public from harm and improve the quality of health care. The second edition of the National Standards includes new content to improve safety and quality of care specific to Aboriginal and Torres Strait Islander health needs, Mental Health, Cognitive Impairment, Health literacy and End of Life care.
- A National Standards governance structure has been implemented at CHS. Committees and targeted working groups have been formed to oversee and ensure organisation wide implementation of the National Standards. The formation of a Quality Plan for each Committee is currently underway with expected completion by 31 August 2019. Implementation of the Quality Plan for each National Standard will ensure all content within the National Standards are implemented prior to the next accreditation assessment in March 2021.

Risk Management

As a new organisation, Canberra Health Services (CHS) is currently finalising its Risk Management Framework, Policy and related systems and processes.

In March 2019 the CHS Executive undertook a Risk Management maturity self-assessment using the ACT Insurance Authority's (ACTIA's) newly developed risk maturity self-assessment tool. CHS was self-assessed as having a basic level of maturity and have developed a Risk Management Plan to improve our maturity level over the next 12 months.

CHS's existing Enterprise Risk Register currently outlines three risks:

- a) CHS staff exposure to Occupational Violence and Aggression (OVA) from patients, consumer and visitors
- b) Ineffective response to and recovery from Level 2 and 3 Emergency Incidents/Business Disruption Events on Canberra Health Service sites; and
- c) Patients with identified serious mental health illness having long waits within the Emergency Department at Canberra Hospital and other general hospital wards prior to transfer to an appropriate mental health care location.

CHS has commenced its annual Enterprise Risk review cycle and identified additional enterprise risks which are currently being finalised.



ICU Capacity

- The Canberra Hospital Intensive Care Unit (ICU) has physical capacity for 31 beds. It services Canberra and the Greater Southern NSW region. The ICU treats approximately 2,200 patients annually. The unit has accreditation under the College of Intensive Care Medicine of Australia and New Zealand.
- The demand for ICU services is consistently increasing in volume and complexity as our city is growing and our community is getting older. This has resulted in Canberra Hospital experiencing pressure from increased demand for critical care services, where this demand can sometimes exceed occupancy. CHS has a staged approach to managing this demand over the coming years via a number of budget initiatives that provide additional staffing and infrastructure works in the short-term, and the new Surgical Procedures, Interventional Radiology and Emergency (SPIRE) Centre in the long-term.
- While SPIRE will expand ICU capacity in the long-term, early planning work has identified that extra capacity in the existing ICU will be required ahead of SPIRE's completion. CHS currently manages capacity issues for the ICU by utilising internal acute capacity at Canberra Hospital and cross-territory capacity. In addition, CHS is in the process of developing an ICU escalation policy to address periods of excessive demand which is likely to include the use of the Post-Anaesthetic Care Unit (PACU).
- The 2019-20 ACT Budget has committed an investment of \$28.7 million over four years (\$7.1 million indexed per annum) to provide support to fund staff for additional ICU beds. This support equates to an additional 38.8 full time equivalent (FTE) staff. The resources will be split between medical (2 FTE), nursing (28.4 FTE), allied health (8.1 FTE) and administration officers (0.3 FTE).
- In addition, the Commonwealth Government recently announced funding of \$13.5 million for the expansion of the Canberra Hospital ICU. This funding is part of the Community Health and Hospital Reform Program and will deliver an additional six to eight ICU beds, medical equipment and infrastructure, meeting the medium term demands for ICU beds. CHS are working in partnership with the ACT Health Directorate to progress the design work for this project.
- The expansion of Canberra Hospital with the SPIRE development will significantly increase the ICU at Canberra Hospital by delivering capacity for 60 ICU beds. This will double the ICU bed capacity currently available at Canberra Hospital. SPIRE will build on the existing capacity through a project that will be custom-designed on the advice of CHS clinicians to improve safety, the patient experience and the working environment for CHS staff.

Mental Health capacity

Canberra Health Services (CHS) is aware that demand for acute mental health services, including acute hospital beds is increasing in the ACT. Data from January 2016 to January 2019 shows there were 98,296 presentations to Canberra Hospital and 6,554 or 6.66 per cent were mental health presentations.

The demand is coming from a number of sources, including people self-presenting to the Emergency Departments, people transported to the Emergency Department via ACT Police, Ambulance and under orders pursuant to the *Mental Health Act 2015*.

CHS is actively looking at strategies to address the increasing demand in a clinically safe and appropriate way, including:

- The 2019-20 Budget provided for \$4.5 million over four years for the expansion of mental health consultation liaison services to operate seven days a week. The expanded service will provide more support to people with mental illness across Canberra Hospital campus, with a particular focus on people admitted into medical and surgical wards and those presenting to the Emergency Department. The expanded service will ensure that mental health issues can be safely managed in general wards and will reduce pressure on acute inpatient beds in the Adult Mental Health Unit.
- Possible expansion of mental health bed capacity at Canberra Hospital by utilising vacated ward areas and making it a “fit for purpose” mental health ward and the inclusion of 10 mental health beds in the new SPIRE.
- Development of governance frameworks through the Territory Wide Mental Health Management Committee to assess, review and manage capacity across the mental health system.
- Ongoing clinical leadership with patient flow procedures and guidelines and mental health escalation plans to ensure patients are provided treatment and care in the most clinically appropriate location, and
- Continue to link with the community mental health services in providing responsive, assertive and intensive support in the community prior to and post discharge from an inpatient admission.

National Disability Insurance Scheme (NDIS)

- In December 2012, the ACT Government committed to the Commonwealth's National Disability Insurance Scheme (NDIS) by signing the *Transition to a National Disability Insurance Scheme* Bilateral Agreement. Funding was also committed.
- In April 2013, the ACT agreed to implement the full scheme from July 2019 under the Heads of Agreement between the Commonwealth and Australian Capital Territory Governments on the NDIS. The ACT commenced as a trial site for the implementation of the NDIS on 1 July 2014 and made the full scheme available to all eligible residents by July 2016. In this agreement, some services were immediately 'cashed out' and others were identified to be provided 'in-kind'. Both were recognised as a financial contribution by the Territory.
- On 5 December 2018, Cabinet agreed that from 1 July 2019 all eligible NDIS services delivered by Canberra Health Services (CHS) would change from being provided as 'in-kind' to a fee for service. Participants who would like to receive NDIS funded supports will need to have them supported through their NDIS plan funds. Clients will now need to connect with particular CHS services the same way they do with other NDIS service providers in the community.
- The services provided to NDIS participants are not changing. Clients can choose to access the NDIS funded services that they need through CHS or alternate providers.
- If a client has services listed as 'in-kind' on their NDIS plan this will automatically change on 1 July 2019. The National Disability Insurance Agency (NDIA) have agreed to place funding into current client plans for services that are presently being provided to assist with the transition. CHS are working with the NDIA to ensure the transition occurs smoothly.